



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

2017

Annual Report

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2017 ABPN Board of Directors



Front row left to right: Drs. Allison Brashear, Laurie Gutmann, Kerry Levin (Chair), Larry Faulkner (President/CEO), Robert Ronis (Vice Chair), Paramjit Joshi and Nina Schor. Second row left to right: Drs. J. Clay Goodman, Steven Lewis, Jeffrey Lyness, Christopher Thomas, Joan Anzia, Imran Ali, Josepha Cheong, John Bodensteiner, George Keepers and Robert Golden.

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Rochester, NY



The ABPN MOC Program: A Collaborative Approach to Life-Long Learning

By Larry R. Faulkner, MD, ABPN President and CEO

T. S. Eliot in his introduction to *Dante's Inferno* wrote, "Hell is a place where nothing connects to nothing." Eliot's words could be a good motto for how **not** to design a maintenance of certification (MOC) program, and the American Board of Psychiatry and Neurology (ABPN) has taken Eliot's words to heart. When it comes to our MOC Program, the ABPN is all in with respect to collaboration. We believe that effective and efficient programs to promote diplomate life-long learning require an extensive network of collaboration. A friend of mine once made clear to me the difference between cooperation and collaboration. He said, "Cooperation is when you agree to work together with someone else toward a mutual goal. Collaboration, on the other hand, is when you agree to work together with someone else toward a mutual goal **and** you put cash on the table to do it." In other words, what we mean when we say that life-long learning requires collaboration is that all entities involved must have some "skin in the game." Idle talk and passive support are not sufficient to promote diplomate life-long learning. That requires effective and meaningful collaboration.

Along with the concepts of accountability, independence, competence, peer-driven, continuous quality improvement, professionalism, credibility, and convenience, **collaboration** is one of the basic philosophical tenets underlying the ABPN Life-Long Learning (MOC) Program. We believe that effective specialty board programs for diplomate life-long learning (MOC) require collaboration between those specialty boards and their related health systems, professional societies, and diplomates. We also believe that effective diplomate life-long learning (MOC) will only be possible if those diplomates are immersed in collaborative networks of supportive specialty boards, health systems, professional societies, teachers, peers, and patients. A mistake that the ABPN and others likely made in the early days of MOC was that we significantly underestimated the amount of support and nurturance many of our stressed diplomates would require for them to pursue effective life-long learning (MOC).

In addition to specific advantages to diplomates of a collaborative approach to life-long learning (MOC), there are also distinct advantages of collaboration between specialty boards and their related professional societies. Such collaboration broadens the base of support for the life-long learning (MOC) effort so that it does not appear to be driven solely by the specialty boards. Collaboration between the specialty boards and the member relations divisions of professional societies can facilitate communication with diplomates about life-long learning (MOC) requirements and strategies. Collaboration with professional societies also provides specialty boards with different perspectives on the complex issues underlying life-long learning (MOC). Through their MOC product development and communication and education efforts, collaboration with specialty boards around life-long learning (MOC) also provides specialty societies opportunities to demonstrate value to their members.

For the reasons just mentioned, the ABPN has collaborated extensively with related professional societies in the development of its Life-Long Learning (MOC) Program. We have established close working relationships with at least 18 related professional societies in psychiatry and neurology, including the APA, AAN, ACP, ANA, CNS, AADPRT, CNPD, AACDP, AUPN, and numerous subspecialty societies. The ABPN has encouraged and facilitated regular meetings with the leadership of each of these professional societies to discuss a wide range of important issues relevant to diplomate life-long learning (MOC), including MOC requirements, fees, and products; communication with diplomates about MOC requirements; and expressed concerns about MOC by members of societies who are ABPN diplomates. In 2016, the ABPN invited representatives from all related professional societies and others to attend its "Crucial Issues Forum on Needed Innovations in MOC" during which specific changes in MOC were proposed and discussed. To obtain feedback and suggestions concerning its Life-Long Learning (MOC) Program, the ABPN established an MOC Clinical Advisory Committee composed of practicing psychiatrists and neurologists recommended by the APA and the AAN.



Other than its MOC examination, the ABPN does not develop or market any products to meet the requirements of its Life-Long Learning (MOC) Program. Instead, the ABPN reviews and endorses products developed by related professional societies for Self-assessment (MOC Part 2), CME (MOC Part 2), and Improvement in Medical Practice (MOC Part 4). The ABPN has also provided unrestricted grants to both the APA and the AAN to support the development of their registries, and we give MOC Part 2 and Part 4 credit to diplomates who participate in them.

Partly on its own initiative and partly based on feedback from its professional societies and diplomates, the ABPN is in the process of developing a Pilot Project as an alternative option to a secure, proctored 10-Year MOC examination. Eligible ABPN diplomates who participate in the Pilot Project will read and answer multiple choice questions based upon recent journal articles. The journal articles will be selected and the questions about them will be written by committees with members nominated by the APA, AACAP, AAN, and CNS.

In addition to its related professional societies, the ABPN has also collaborated with individual diplomates who have provided constructive suggestions for improvements in its Life-Long Learning (MOC) Program. Among other things,

these suggestions have resulted in changes that have enabled diplomates themselves to select the most relevant MOC activities they want to complete, provided additional options for Self-assessment (MOC Part 2) and Improvement in Medical Practice (MOC Part 4), awarded MOC credit for subspecialty certification, given diplomates the option of completing combined MOC examinations for multiple certificates at reduced fees, afforded diplomates two opportunities to pass their MOC examination before being listed as not certified, required only one set of MOC activities (Self-assessment, CME, and Improvement in Medical Practice) for multiple certificates, and reduced MOC fees by 34% since 2007.

In his book, *Imagine: How Creativity Works*, Jonah Lehrer wrote: “Because the act of invention is often a collaborative process—we are inspired by other people—it’s essential that we learn to collaborate in the right way.” The ABPN believes that Lehrer is indeed correct. Collaboration in the correct way holds the key to productive relationships between the ABPN and its related professional societies. Meaningful collaboration is also the key to the types of innovation necessary for diplomates to engage in effective life-long learning.

2017 Computer Examination Results

- The ABPN administered 34 computer-based specialty and subspecialty certification and maintenance of certification (MOC) examinations in 2017 (Some examinations had two administrations).
- In addition, 34 combined MOC examinations (specialty and specialty, specialty and subspecialty, or multiple subspecialties) were administered to 375 ABPN diplomates of whom 362 (97%) passed.
- About 7,540 ABPN computer-based examinations were administered at Pearson VUE testing centers.
- Two additional subspecialty examinations and three additional subspecialty MOC examinations were administered by other ABMS boards.
 - The American Board of Anesthesiology administered certification and MOC Pain Medicine examinations.
 - The American Board of Internal Medicine administered certification and MOC Sleep Medicine examinations. The American Board of Internal Medicine also administered the maintenance of certification examination in Hospice and Palliative Medicine.

Examination Type	Examination	Number Passing	Number of Candidates	Percent Passing
Certification	Psychiatry Certification	1447	1890	77%
Certification	Neurology Certification	688	899	77%
Certification	Child Neurology Certification	118	163	72%
Subspecialty	Child and Adolescent Psychiatry	428	562	76%
Subspecialty	Clinical Neurophysiology	210	239	88%
Subspecialty	Epilepsy	345	401	86%
Subspecialty	Forensic Psychiatry	132	140	94%
Subspecialty	Neurodevelopmental Disabilities	5	5	100%
Subspecialty	Pain Medicine*	9	10	90%
Subspecialty	Psychosomatic Medicine	139	163	85%
Subspecialty	Sleep Medicine*	78	91	86%
MOC	Psychiatry	1714	1755	98%
MOC	Neurology	704	726	97%
MOC	Child Neurology	115	121	95%
MOC	Addiction Psychiatry	95	104	91%
MOC	Child and Adolescent Psychiatry	311	322	97%
MOC	Clinical Neurophysiology (General, EEG, EMG)	130	151	86%
MOC	Forensic Psychiatry	72	79	91%
MOC	Geriatric Psychiatry	69	74	93%
MOC	Hospice and Palliative Medicine*	2	3	67%
MOC	Neurodevelopmental Disabilities*	5	5	100%
MOC	Neuromuscular Medicine*	13	13	100%
MOC	Pain Medicine*	7	9	78%
MOC	Psychosomatic Medicine	55	60	92%
MOC	Sleep Medicine*	198	210	94%
MOC	Vascular Neurology	51	54	94%

*ABPN only

ABPN Diplomates With Time-Limited Certificates Who Maintain Certification

Specialty/Subspecialty	Diplomates with Time-Limited Certificates	Number Recertified	Percent Recertified as of 12/31/2017
Child Neurology	667	614	92%
Neurology	5,463	4,956	91%
Psychiatry	14,464	12,172	84%
Child and Adolescent Psychiatry*	2,514	2,088	83%
Addiction Psychiatry <i>Fellowship trained</i>	1,959 142	1,009 98	52% 69%
Clinical Neurophysiology <i>Fellowship trained</i>	1,811 600	1,093 397	60% 66%
Forensic Psychiatry <i>Fellowship trained</i>	1,693 309	1,001 209	59% 68%
Geriatric Psychiatry <i>Fellowship trained</i>	2,823 399	1,586 294	56% 74%
Neurodevelopmental Disabilities** <i>Fellowship training first required 2008; first certificates lapse 2018</i>	67	30	45%
Pain Medicine** <i>Fellowship training first required 2007; first certificates lapse 2017</i>	224 6	110 3	49% 50%
Consultation Liaison Psychiatry <i>Fellowship training first required 2010; first certificates lapse 2020</i>	582	301	52%
Sleep Medicine** <i>Fellowship training first required 2012; first certificates lapse 2022</i>	340	215	63%
Vascular Neurology <i>Fellowship training first required 2010; first certificates lapse 2020</i>	379	245	65%

*Not required to maintain Psychiatry certification

**ABPN Diplomates Only

ABPN Award Programs Support Effective Training and Reliable Procedures for Certification and Continuous Certification

The directors of the ABPN established two award programs in accordance with the Board's strategic plan to support effective training and lifelong learning for psychiatrists and neurologists and to provide valid and reliable procedures for certification and continuing certification. The first Faculty Innovation in Education Awards were presented in 2014-15, and there have been nineteen recipients thus far. Four Research Awards have been granted, three for 2017-18 and one for 2018-19. The most recent recipients and their projects are listed below.

The awardees have hailed from a broad range of U.S. medical schools, and while most have been junior or mid-level faculty, some more senior educators/researchers have also received funding. The projects have focused on a range of topics including clinical skills assessment and using innovative simulation and online technologies for teaching and assessment across the continuum from residency to practice.

Final reports have been received from two of the three Faculty Innovation in Education Award cohorts whose funding cycles have been completed. The recipients noted the scarcity of funding for educational endeavors and were appreciative of the opportunity to pursue such activities and for the visibility the award provided within their institutions. In terms of their career trajectories, the projects generated results that served as the basis for presentations and publications and helped to establish an agenda for ongoing professional pursuits. In terms of challenges, the projects, especially IRB approval, often took longer than anticipated, and some technical issues



Award recipients summarized their projects at an electronic poster session at the Fall 2017 ABPN Board Meeting in Chicago. Front row left to right: Drs. Andrea Crowell, Jeffrey Rakofsky and Alauna Davis Curry. Second row left to right: Drs. Shilpa Srinivasan, Douglas Larsen, Michael Jibson and Robert Golden (Chair).

with specific technology and software were encountered.

Overall, the ABPN Directors have concluded that the projects met the objectives of the award program to provide models of innovative and sound educational and assessment practices in psychiatry and neurology and to support the professional development of educational practitioners/researchers in these fields.

Larry R. Faulkner, MD, ABPN President and CEO, notes that, "The ABPN is very aware of the financial pressures facing many academic departments and the difficulty faculty often have in obtaining protected time to pursue innovative education and research projects. Hopefully, these awards will help especially younger faculty in initiating their academic careers."

The 2017 award committees included ABPN Directors and educational leaders in neurology and psychiatry. The members of the Faculty Innovation in Education Award Committee, chaired by Robert Golden, MD, were Drs. Allison Brashear (Vice Chair), Chandlee Dickey, Steven Epstein, David Fink, Laurie Gutmann, Ralph Jozefowicz, Jaffar Khan, and Christopher Thomas. The Research Award Committee, also chaired by Robert Golden, MD, included Drs. Kerry Levin (Vice Chair), L. John Greenfield, Jr., Ruth Levine, Michele Pato, Devon Rubin, Sanjay Singh, and Lowell Tong.

Additional information, including specific objectives for each award and application forms, are posted on the ABPN website, with applications due in August 2018.

Current Faculty Innovation in Education Award Recipients

Dara V. F. Albert, DO (2018-19)

Division of Child Neurology/Department of Pediatrics, Nationwide Children's Hospital/The Ohio State University College of Medicine

An Objective Structured Clinical Exam for Child Neurology Residents

Andrea Crowell, MD (2017-18)

Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine

Using Simulation to Teach and Evaluate Effectiveness of the Safety and Management of Agitation Resident Training (SMART) Program

Alauna Davis Curry, MD (2017-18)

Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine/Michael E. DeBakey VA Medical Center

Bridging the Silence Gap: A Trauma-Informed Approach to Addressing Racism

Andres Fernandez, MD (2018-19)

Department of Neurology, Vickie and Jack Farber Institute for Neuroscience at the Sidney Kimmel Medical College at Thomas Jefferson University

Development of a Critical Care EEG Curriculum for Epilepsy and Neurophysiology Fellows Through an Interactive Online Educational Platform

Jacqueline Hobbs, MD, PhD (2018-19)

Department of Psychiatry, University of Florida College of Medicine

Quality Improvement and Patient Safety for the Practicing Psychiatrists: Keeping It Relevant, Efficient, and Fun (REF)

Nicholas Morris, MD (2018-19)

Department of Neurology, Program in Trauma, University of Maryland School of Medicine

Development and Validation of Evaluative Simulation Scenarios for Neurological Emergencies

Jeffrey Rakofsky, MD (2017-18)

Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine

An Advanced Longitudinal Psychopharmacology Assessment (ALPA) Using a Conversational Virtual Human Patient-Care Simulator

Current Research Award Recipients

Michael Jibson, MD, PhD (2017-18)

Department of Psychiatry, University of Michigan Medical School

Establishment and Maintenance of Validity, Inter-rater Reliability, and Generalizability of the Clinical Skills Evaluation as an Assessment Tool for Residency Training

Douglas Larsen, MD, MEd (2017-18)

Department of Neurology, Washington University School of Medicine in St. Louis

In Pursuit of Meaning: An Actor Network Theory Analysis of How Resident Evaluations Communicate Competency

Robert Marvin, MD (2018-19)

Dr. Marvin, Department of Psychiatry, and his collaborators from the Department of Medical Education, Yoon Soo Park, PhD, and Ara Tekian, PhD, are at the University of Illinois College of Medicine at Chicago. They will work with faculty from the Department of Psychiatry and Behavioral Neuroscience, University of Chicago Pritzker School of Medicine, and the Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine.

Evaluating the Validity of Assessment Systems in Psychiatry Residency Programs: A Multisite Collaborative Study

John Q. Young, MD, MPP, PhD (2017-18)

Department of Psychiatry, Hofstra Northwell School of Medicine

Assessing Competence in Medication Management: Using Psychometric Methodologies to Develop a Structured Observation Tool for Pharmacotherapy

Previous awardees are listed on the ABPN website.

ABPN Redesigns Primary Certification Examinations

In 2017, the ABPN successfully launched its redesigned psychiatry, neurology, and child neurology certification examinations. These examinations feature four major changes: disease-centered content, criterion-referenced cut score, a standardized score scale, and a new score report that electronically provides candidates more meaningful and user-friendly performance feedback.

The redesigned content outlines require that examinations be constructed around a list of carefully selected disease categories. In addition, the outlines dictate that disease-oriented test questions focus on a physician's abilities to understand, identify, analyze, and manage these medical problems.

An examination cut score is used to decide who should pass or fail the certification examination. How the cut score is determined is critical to the exam defensibility. To set new cut scores for the 2017 certification examinations, committees with many physicians with diverse professional and demographic backgrounds reviewed every question in the assigned examination to determine the knowledge level that they collectively believed represents the passing performance. The decision-making body of the certification examinations reviewed the committee-recommended cut scores and finalized these scores.

The ABPN certification examinations are standardized tests and, starting in 2017, scores for these examinations were standardized on a scale with a mean of 300 and a standard deviation of 50. The score standardization means that scores for examinations in future

years will be on this same scale. An important implication of the standardized scoring is that the standardized cut scores for the 2017 certification examinations will be applied to the subsequent examinations. A consistent passing and failing standard is the core to fairness for standardized tests. The standardization of cut scores will provide vital protection of ABPN's certification examinations.

The score reports for the 2017 primary certification examinations changed substantially. Instead of delivery by mail, ABPN sent score reports electronically. Examinees conveniently received scores in their secure and personal ABPN Physician Folios accounts. The electronic score report provides the standard score for the total test, the mean and standard deviation of first-time test takers, and the cut score. Thus, examinees can know how they performed relative to their first-time test taker peers. In addition, the score report provides graphic profiles of an examinees' performance on the subtests relative to the minimum passing level, which is designed to help examinees identify their strengths and weaknesses. This paperless and more user-friendly score reporting is one of ABPN's recent efforts to provide better services to its candidates.

The results of the redesigned primary certification examinations are encouraging. All the primary certification examinations had high reliability. The end-of-exam survey results reflected examinees' positive reactions. The ABPN believes that the changes and improvements greatly enhances the validity and defensibility of its primary certification examinations.

Ambassadors Reinforce Life-long Learning to Professional Groups

The ABPN MOC Ambassador Program was developed in 2011 in anticipation of launching the Continuous MOC Program in 2012. With this program, trained volunteer diplomates communicate a consistent positive message about life-long learning and maintenance of certification to our diplomates via professional organizations, group practice settings and other groups. Our goal is to work together with the MOC Ambassadors to continue to keep the field informed about ABPN policies and programs.

Thank you to the following psychiatrists and neurologists:

Psychiatry Ambassadors:

Carol Bernstein, MD
James Boehnlein, MD
Melissa Buboltz, MD
Carlyle Chan, MD
Kristen Dunaway MD
Steven Epstein, MD
Richard Frierson, MD
Rita Hargrave, MD

Christopher Lange, MD
Mary Lu, MD
Barbara Lubrano Di Ciccone, MD
Gail Manos, MD
Annette Matthews, MD
Elinore McCance-Katz, MD, PhD
Aida Mihajlovic, MD
Sahana Misra, MD
Jonathan Morris, MD, MPH

Sandra Sexson, MD
G. Richard Smith, Jr., MD
Susan Stagno, MD
Marcia Verduin, MD
Arthur Walaszek, MD
Mitzi Wasserstein, MD
Linda Worley, MD

Neurology Ambassadors:

Harold Adams, Jr., MD
José Biller, MD
Stephen Conway, MD
Patricia Crumrine, MD
Charles Flippen, II, MD
Nestor Galvez-Jimenez, MD
Linda Hershey, MD
Atif Husain, MD

Michael Johnston, MD
John Kincaid, MD
Brett Kissela, MD
Robert Pascuzzi, MD
Marc Patterson, MD, MBBS
Philip Pearl, MD
Patricia Penovich, MD
Alan Percy, MD
Mark Ross, MD
Benn Smith, MD
William Theodore, MD

Advisory Committee Provides Input on MOC Program Enhancements

The MOC Clinical Advisory Committee was developed at the end of 2015 to provide physician feedback and contributions towards potential improvements to the ABPN MOC Program. The American Psychiatry Association and the American Academy of Neurology were solicited for names of committee volunteers. The group consists of practicing board certified psychiatrists and neurologists who provide input on how MOC impacts their practice and potentially improves patient care.

Thank you to the following psychiatrists and neurologists:

Psychiatry

Valerie Arnold, MD

J. Robert Batterson, MD

Lama Bazzi, MD

L. Russell Pet, MD

Neurology

Charlene Gamaldo, MD

Elaine Jones, MD

Eddie Patton, MD

Michael Rosenbloom, MD

Physician Wellness and Burnout Explored at 2017 Crucial Issues Forum

The 2017 ABPN Crucial Issues Forum was held on April 9-10, 2017 in Chicago. The objective of the forum was to bring together ABPN directors and senior staff, representatives of major organizations in psychiatry and neurology, selected diplomates in clinical practice, and selected psychiatry and neurology residents and fellows to discuss factors contributing to physician wellness and burnout and what might be done to promote physician wellness and decrease burnout by medical schools, residencies, specialty boards, and professional societies. The meeting was chaired by Dr. Kerry Levin, ABPN Chair.

On the first day, three plenary speakers gave summaries of the key factors associated with physician wellness and burnout. In the keynote address, Dr. Tait Shanafelt (Mayo Clinic) discussed what is known and not known about physician wellness and burnout. Afterward, Drs. Kerry Levin and Joan Anzia presented the ABPN's perspective on what drives these factors for physicians. Later, small groups discussed specific drivers of wellness and burnout. Their conclusions are below:

What are the specific drivers of physician wellness and burnout?

Ten Drivers of Wellness

1. Peer support and connectedness
2. Sense of autonomy and control
3. Professional culture at all levels that values and supports provider wellness
4. Availability of effective tools to assess burnout
5. Training on strategies to manage adverse events
6. Support systems, including families
7. Appropriate work-life balance
8. Longitudinal relationships with patients
9. Sense of professional life progress
10. Personal characteristics, including resilience

Ten Drivers of Burnout

1. Isolation, lack of connectedness, and lack of collegiality
2. Loss of autonomy, authority, and control
3. Lack of respect and stature
4. Lack of professional meaning and purpose
5. Lack of time and pressure to increase clinical service
6. Decreased sense of professionalism in medicine
7. Economic pressure, including student debt
8. Electronic health records and regulations without discernible value
9. Lack of leadership, empathy and understanding
10. Personal characteristics, including perfectionism and obsessiveness

On the second day, two keynote panels discussed the role of specific professional groups in promoting physician wellness and decreasing physician burnout. Drs. Darrell Kirch (AAMC), Thomas Nasca (ACGME) and Mira Irons (ABMS) presented the perspectives of medical schools, residencies and specialty boards, respectively. Small group discussions afterward focused what these groups should do to promote physician wellness and decrease burnout. Following are their conclusions:

What should medical schools, residencies, and specialty boards do to promote physician wellness and decrease physician burnout?

Ten Medical School Strategies

1. Emphasize life experiences in student selection.
2. Assess and improve the medical school culture concerning student wellness.
3. Foster a sense of peer support and community among students.
4. Encourage student self-awareness and recognition of strengths and limitations.
5. Implement student and faculty wellness programs.
6. Mentor students with faculty and residents.
7. Minimize competition among students for grades and Step 1 scores.
8. Increase meaningful student involvement with patients.
9. Provide students with “boot camps” to prepare for residencies.
10. Provide faculty with adequate time for student teaching.

Ten Residency Strategies

1. Assess and improve the institutional culture concerning resident wellness.
2. Foster a sense of peer support and community among residents and faculty.
3. Implement a resident curriculum on burnout prevention and recognition.
4. Establish a “buddy system” for new residents.

5. Encourage resident self-awareness and recognition of strengths and limitations.
6. Implement resident and faculty wellness programs.
7. Mentor residents with faculty and senior residents.
8. Encourage resident involvement in committees and teaching.
9. Provide back-up for resident personal health and life event needs.
10. Provide faculty with adequate time for resident teaching and supervision.

Ten Specialty Board Strategies

1. Provide MOC credit for faculty education, teaching, and mentoring.
2. Provide MOC credit for current activities of diplomates.
3. Provide MOC credit for diplomate self-assessment of burnout.
4. Provide MOC credit for diplomate wellness activities.
5. Increase opportunities for professional involvement in Board activities.
6. Increase the relevance of MOC requirements.
7. Minimize the burden and cost of MOC requirements.
8. Simplify the process of MOC.
9. Support research on physician resilience and burnout.
10. Support the development of a “tool kit” for burnout assessment and management.

Later, Drs. Anita Everett (APA), Terrence Cascino (AAN) and Patrice Harris (AMA) summarized the topic from the professional society perspective and discussed initiatives they are spearheading around this issue. Afterward, small groups discussed strategies for professional societies to address wellness and burnout for the physician. Their conclusions were:

What should professional societies do to promote physician wellness and decrease physician burnout?

Ten Professional Society Strategies

1. Collaborate with other medical organizations and advocacy groups to increase recognition of the importance of physician well-being and the dangers of burnout.
2. Disseminate information on best practices for promoting physician wellness and preventing burnout.
3. Disseminate information on best practices for practice management and electronic health records.
4. Advocate for reasonable governmental regulations and reimbursement for physicians.
5. Provide opportunities for physician professional engagement.
6. Conduct and support research on physician resilience and wellness and on strategies to identify and mitigate physician burnout.
7. Advocate with the FSMB to minimize the effect of physician help seeking on medical licensure.
8. Provide on-line resources for wellness education and sources of help for physicians.
9. Advocate for the destigmatization of physician help seeking.
10. Provide leadership training on issues related to physician wellness and burnout.

More information on the 2017 Crucial Issues Forum is available in a separate publication on the ABPN website.



Test Development Committee Names and Members

Addiction Psychiatry

William Haning, MD, Chair
Karen Miotto, MD, Vice Chair
James Berry, DO
Stuart Gitlow, MD
Grace Hennessy, MD
Brian Hurley, MD
Eugene Kim, MD

Brain Injury Medicine

David Baron, DO
Jodi Hawes, MD
Michael Jaffee, MD
Gregory O'Shanick, MD
David Ross, MD
David Ruskin, MD
Seth Tuwiner, MD
Felise Zollman, MD

Child and Adolescent Psychiatry Certification

Lee Ascherman, MD, Chair
Janice Forster, MD, Vice Chair
Donald Bechtold, MD
Peter Daniolos, MD
Amanda Elliott, DO
Ellen Heyneman, MD
Clinton Martin, MD
Kathleen McKenna, MD
Adair Parr, MD
Sandra Rackley, MD
Kenneth Rogers, MD
Cynthia Santos, MD
David Schonfeld, MD *
Cynthia Telingator, MD

Child and Adolescent Psychiatry Maintenance of Certification

Jeffrey Hunt, MD, Chair
Robert Harper, MD, Vice Chair
Irena Bukelis, MD
Regina Bussing, MD
James Cullinan, DO
Terry Lee, MD
Alvin Lewis, MD
Julie Sadhu, MD

Child Neurology Maintenance of Certification

John Bodensteiner, MD, Chair
Nina Schor, MD, PhD, Vice Chair
Elizabeth Bebin, MD
Patricia Crumrine, MD
Kara Lewis, MD
Jonathan Mink, MD, PhD
Shannon Standridge, DO
Ann Tilton, MD

Clinical Neurophysiology

Kerry Levin, MD, Chair
John Kincaid, MD, Vice Chair
Laurie Gutmann, MD
Ioannne Karakis, MD
Adriana Palade, MD
Mark Quigg, MD, MSc
Devon Rubin, MD
Linda Selwa, MD
Jinny Tavee, MD

Consultation-Liaison Psychiatry

James Levenson, MD, Chair
Steven Epstein, MD, Vice Chair

Madeleine Becker, MD
Catherine Crone, MD
Paul Desan, MD, PhD
Maryland Pao, MD
Marcella Pascualy, MD
Terry Rabinowitz, MD
Peter Shapiro, MD

Epilepsy

Patricia Crumrine, MD, Chair
Kerry Levin, MD, Vice Chair
Imran Ali, MD
Ritu Bagla, MD
David Dunn, MD
Alica Goldman, MD
Alison Pack, MD
Patricia Penovich, MD
Joseph Sirven, MD
William Theodore, MD

Forensic Psychiatry

Jeffrey Metzner, MD, Chair
Jeffrey Janofsky, MD, Vice Chair
Liza Gold, MD
Martin Guerrero, MD
Annette Hanson, MD
Donald Meyer, MD
Raymond Patterson, MD
Delaney Smith, MD

Geriatric Psychiatry

Rita Hargrave, MD, Chair
Elizabeth Santos, MD, Vice Chair
Josepha Cheong, MD
Ariel Gildengers, MD
Helen Kyomen, MD
Cindy Marshall, MD
Dinesh Mittal, MD
Irene Ortiz, MD
Shilpa Srinivasan, MD

Hospice & Palliative Medicine

Thomas Strouse, MD

International Examination - US

George Keepers, MD, Chair
Beth Ann Brooks, MD, MSA
Jasvinder Chawla, MD
Irving Kuo, MD
Paul Leung, MD
Gail Manos, MD
James Shore, MD

Neurodevelopmental Disabilities

Bruce Shapiro, MD, Chair *
John Bodensteiner, MD, Vice Chair
Peter Blasco, MD *
Keith Coffman, MD
Sandra Friedman, MD *
Imad Jarjour, MD
Amy Newmeyer, MD *
Max Wiznitzer, MD

Neurology Maintenance of Certification

Laurie Gutmann, MD, Chair
Allison Brashear, MD, Vice Chair
Imran Ali, MD
Zeina Chemali, MD, MPH
Julie Hammack, MD
Ann Killoran, MD
Michelle Mauermann, MD
MaryAnn Mays, MD

Luis Mejico, MD
Maria Sam, MD
Christopher Skidmore, MD
Andrew Southerland, MD

General Neurology (Neurology Part A)

J. Clay Goodman, MD, Chair
Terrence Cascino, MD, Vice Chair
Dane Chetkovich, MD, PhD
Nestor Galvez-Jimenez, MD, MS
Deborah Hall, MD
Shannon Kilgore, MD
Steven Lewis, MD
Benn Smith, MD

Behavioral Neurology, Cognition, and Psychiatry (Neurology Part B)

Steven DeKosky, MD, Chair
Laurie Gutmann, MD, Vice Chair
Anna Barrett, MD
Julie Fudge, MD
David Gill, MD
Michael Jaffee, MD

Clinical Neurology Adult (Neurology Part C)

Robert Pascuzzi, MD, Chair
Kerry Levin, MD, Vice Chair
José Biller, MD
Stephen Conway, MD
Jaison Grimes, M.D.
Sara Hocker, MD
Jonathan Howard, MD
Steven Lewis, MD
Jerry Swanson, MD

Neurology Certification Standard Setting

Kerry Levin, MD
Anjaneyulu Alapati, MD
Joachim Baehring, MD
Tracy Butler, MD
Laurie Gutmann, MD
Jonathan Howard, MD
Mircea Iacob, MD
Raja Khan, MD
Paul Mazzeo, MD
Merlin Nelson, MD
Yvonne Rollins, MD, PhD
Andrew Schneider, MD
Geoffrey Starr, MD
Nimish Thakore, MD
Eroboghene Ubogu, MD
Ashok Verma, MD

Clinical Neurology Child (Neurology Part C)

John Bodensteiner, MD, Chair
Nina Schor, MD, PhD, Vice Chair
Tonya Balmakund, MD
Sidney Gospe Jr., MD
Karen Keough, MD
Marc Patterson, MD, MBBS
Phillip Pearl, MD

Neurology Child Certification Standard Setting

John Bodensteiner, MD
Harry Abram, MD
Elizabeth Bebin, MD
Jodie Bolt, MD
Geetha Chari, MD
Raymond Cheng, MD

Patricia Crumrine, MD
Denise Morita, MD
Shulamit Portnoy, MD
Rana Said, MD
Nina Schor, MD, PhD
Ann Tilton, MD

Neuromuscular Medicine

Janice Massey, MD, Chair
Laurie Gutmann, MD, Vice Chair
Noor Pirzada, MD
Emma Ciafaloni, MD
William David, MD, PhD
Janak Doshi MD **
Shawn Jorgensen MD **
Lawrence Robinson MD **
John Sladky, MD
Jayashri Srinivasan, MD, PhD
Gil Wolfe, MD

Neuromuscular Medicine Maintenance of Certification Standard Setting

Janice Massey, MD
Michele Arnold, MD **
Renee Buchanan, MD
Janak Doshi, MD **
Amanda Guidon, MD
Doreen Ho, MD
Shawn Jorgensen, MD **
Seth Periman, MD
Michael Rosario-Prieto, MD
Jinny Tavee, MD
Jonas Vanags, MD
Louis Weimer, MD

Pain Medicine

Julie Elaine Hammack, MD
Christina Herring, MD
Sheryl Johnson, MD
Raphael Leo, MD
Manu Mathews, MD
Paola Sandroni, MD, PhD
Brian Wainger, MD
Ajay Wasan, MD
James Watson, MD

Professionalism

Laurie Gutmann, MD, Chair
Christopher Thomas, MD, Vice Chair
Harold Adams, MD
Imran Ali, MD
Joseph Bloom, MD
Patricia Crumrine, MD
Andrea Leep Hunderfund, MD
Deepak Prabhakar, MD, MPH
Laura Roberts, MD
Madhu Soni, MD
Susan Stagno, MD

Psychiatry Maintenance of Certification

Robert Ronis, MD, MPH, Chair
Paramjit Joshi, MD, Vice Chair
Peter Buckley, MD
Maria Caserta, MD, PhD
Karon Dawkins, MD
Brian Fuehrlein, MD
Pleas Geyer, MD
Alan Louie, MD
Barbara Lubrano Di Ciccone, MD
Michael Miller, MD
Andrea Stolar, MD
Matthew Warren, MD

General Psychiatry (Psychiatry Part A) Subcommittee

Robert Golden, MD, Chair
Joan Anzia, MD
Timothy Dellenbaugh, MD
Brian Evans, DO
Charlotte Ladd, MD, PhD
Dawnelle Schatte, MD
Roomana Sheikh, MD

Basic Neurology and Neuroscience (Psychiatry Part B) Subcommittee

George Keepers, MD, Chair
Sepideh Bajestan, MD
Amelia Dubovsky, MD
Jordan Eisenstock, MD
William LaFrance Jr., MD, MPH
Margo Lauterbach, MD
David Spencer, MD

Clinical Psychiatry (Psychiatry Part C) Subcommittee

Jeffrey Lyness, MD, Chair
Christopher Cargile, MD
Josepha Cheong, MD
Crystal Clark, MD
Anne Gross, MD
Stephen Kramer, MD
Robert Pary, MD
Ilisse Perlmutter, MD
Roman Rodriguez, MD
Mitzi Wasserstein, MD

Psychiatry Certification Standard Setting

George Keepers, MD
Joan Anzia MD
Kathleen Banks, MD
Karon Dawkins, MD
Robert Guynn, MD
Jerry Halverson, MD
John Kinzie, MD
Xiaohua Li, MD
Jeffrey Lyness, MD
Josephine Mokonogho, MD
Netor Riel, MD
Jonathan Ritvo, MD
Stacey Smith, MD
Amanda Winters, MD

Sleep Medicine

Andrew Krystal, MD
Bradley Vaughn, MD
Phyllis Zee, MD

Vascular Neurology

José Biller, MD, Chair
Steven Lewis, MD, Vice Chair
Michael De Georgia, MD
Megan Leary, MD
Enrique Leira, MD, MS
Alejandro Rabinstein, MD
Natalia Rost, MD
Fernando Testai, MD
Allyson Zazulia, MD

* Diplomate of the American Board of Pediatrics

** Diplomate of the American Board of Physical Medicine and Rehabilitation

New Board Members

At the end of 2017, ABPN welcomed two new board members:



Robert J. Boland, MD, Boston, MA

Dr. Boland is an Associate Professor of Psychiatry at Harvard Medical School and the Vice Chair for Education at the Brigham and Women's Hospital in Boston MA. He is the residency training director for the Brigham and Women's/ Harvard Medical School Psychiatry Residency. As an ABPN Director, Dr.

Boland serves on the Psychiatry Council and as Vice Chair for the MOC Pilot Project-Psychiatry, Consultation-Liaison Psychiatry Steering and the Consultation-Liaison Psychiatry Certification and MOC Examination Committees. He is also a member of the Core Competencies, Credentials-Psychiatry, Conflict of Interest, Strategic Planning, Maintenance of Certification, and Certification Examination Combined-Basic Neurology and Neuroscience Committees. He is the past president for the Academy of Psychosomatic Medicine (now the Academy of Consultation-Liaison Psychiatry), the American Association of Directors of Residency Training and the Association for Academic Psychiatry and currently chairs the Residency Review Committee for the Accreditation Council for Graduate Medical Education (ACGME). In the past, Dr. Boland was the Chair for the Psychiatry Milestone Project Subspecialty Workgroup and for several Special Section Scientific Review groups for the National Institutes of Health.



Amy R. Brooks-Kayal, MD, Aurora, CO

Dr. Brooks-Kayal is Professor of Pediatrics and Neurology at University of Colorado School of Medicine, where she has served as Chief and Ponzio Family Chair in Pediatric Neurology for 9 years. She is a principal investigator and co-director of the Translational Epilepsy Research Program at University of Colorado. As an ABPN

Director, Dr. Brooks-Kayal serves on the Neurology Council and is Vice Chair of the MOC Pilot Project-Child Neurology Committee. She is also on the Communications, Credentials-Neurology, Strategic Planning, Maintenance of Certification, MOC Pilot Project, Certification Examination Combined-General Neurology, MOC Examination-Child Neurology, and the Epilepsy Certification and MOC Examination Committees. She serves on the NINDS Advisory Council, North American Commission of the ILAE, and AES Board of Directors (ex officio), and has held the positions of President of the AES, councilor of the Professors of Child Neurology (PCN), and executive councilor of the ANA. Dr. Brooks-Kayal is recognized as an international expert in the field of epilepsy.

Retiring Board Members

Two ABPN board members retired at the end of 2017 after 8 years of service. The ABPN thanks them for their commitment and contributions to the Board.



Kerry H. Levin, MD, Cleveland, OH, 2017 Chair

Kerry H. Levin, MD, was the 2017 Chair of the ABPN. Dr. Levin is Chairman of the Department of Neurology at Cleveland Clinic, Cleveland, Ohio. He serves as Director of the Neuromuscular Center and Vice-Chairman for Education in the Neurological Institute and is a Professor of Medicine (Neurology)

in the Cleveland Clinic Lerner College of Medicine. Dr. Levin's clinical and research activities focus on neuromuscular electrodiagnosis, myasthenia gravis, and peripheral neuropathies. As an ABPN Director, Dr. Levin served as Chair of the Neurology Council. He also served as Chair of the Committees on Disability Accommodations, Neurology Appeals Review, Irregular Behavior, Maintenance of Certification, 2018 Officer Nominations, Certification Examination Combined - Neurology, Clinical Neurophysiology Steering, Clinical Neurophysiology Certification and MOC Examination, and Epilepsy Steering. He was Vice Chair of the Research Award Committee, Certification Examination Combined Clinical Neurology Subcommittee, and Epilepsy Certification and MOC Examination Committee. He served as a member of the Communications, Finance, Investment, and Strategic Planning Committees. Dr. Levin was also the liaison for the ABMS CCC.



Robert J. Ronis, MD, MPH, Cleveland, OH, 2017 Vice Chair

Robert J. Ronis, MD, MPH, was the 2017 Vice Chair of the ABPN. Dr. Ronis is the Douglas Bond Professor and Chair of Psychiatry at Case Western Reserve University School of Medicine and University Hospitals Cleveland Medical Center in Cleveland, Ohio. As an ABPN Director, Dr. Ronis served as Chair of

the Psychiatry Council. Dr. Ronis was also Chair of five committees: Bylaws, Psychiatry Appeals Review, Alternative Pathways Oversight, MOC Examination - Psychiatry and Addiction Psychiatry Steering. He is a liaison to the ABFM and serves on its Board of Directors. Dr. Ronis was also a member of the ABPN Committees on Communications, Finance, Investment, Irregular Behavior, Strategic Planning, Nominations for 2018 Officers and Delegates for the RRC - Psychiatry.

Flexible MOC Options a Key Modification for ABPN Diplomates

By Kerry H. Levin, MD

As I reflect back on how fortunate I was to be chosen to serve on the ABPN Board of Directors for the last eight years, I realize that I am most proud of the MOC Program modifications we have diligently worked on for ABPN diplomates. The program now provides additional flexibility and the ability for diplomates to use the activities already being carried out in their workplaces as credit toward continuing certification.

Another important milestone is the new MOC Part III Pilot Project, with its introduction of a professional journal article-based assessment activity designed as an optional alternative to the current 10-year MOC examination.

The challenge for the ABPN in the future continues to be with delivering the message to diplomates that MOC is something they should want for their own professional development and recognition.

The advances the Board of Director has made so far give me confidence that the ABPN will continue to improve its service to the general public and to its diplomates.

Leaving our Professions Stronger and Better Prepared

By Robert J. Ronis, MD, MPH

It has been an honor and pleasure to serve as a Director for the American Board of Psychiatry and Neurology. Having come to this position after twenty years of service as an oral board examiner, I had heard how rewarding this experience was and how quickly the years on the Board passed. Indeed, it does not seem possible now that eight years have already gone by.

Although the Board has tackled many challenges over the last eight years, issues related to Maintenance of Certification have clearly been a dominant theme. When Dr. Levin and I started, MOC was new to psychiatry and neurology but not so with organized medicine. While we were chided on one hand by our medical colleagues for being “late to the dance,” on the other hand, we faced our own guild organizations in opposition to these new “cumbersome and unnecessary” requirements. Now at the end of our tenure, as our own professions seem resigned to (or even embracing of) MOC’s continuing role in assuring life-long learning, it appears that some others in the House of Medicine have acceded to rising opposition with increasingly less stringent standards for MOC. Regardless of their choices, we have had the opportunity to learn from others’ experience, and I am pleased to see the Board moving in new directions to maintain and improve our own continuous certification process.

I was pleased to serve on the Psychiatry RRC during my tenure on the Board, and I continue to serve as a Director for the American Board of Family Medicine. Relative to both, I am proud that during my tenure we saw and overcame a challenge to Combined Training programs, or as we now refer to them, Alternative Pathways to Certification. As we anticipate that integrated care will be increasingly embraced by our medical delivery systems, the opportunity for our trainees to train and seek certification in more than one specialty, including in some cases primary care, should become invaluable. I am proud that the Board stepped up at the point that the RRC determined these programs were too few in number to be separately accredited and monitored. I was also pleased that we endorsed the establishment of Addiction Medicine as a multi-specialty subspecialty under the umbrella of the American Board of Preventive Medicine, while at the same time we did not bow to pressures to eliminate Addiction Psychiatry as a distinct subspecialty of Psychiatry.

These are but a few of the issues than what we’ve struggled with during the past few years. The bigger challenges that face our professions will continue, and these smaller ones may soon be forgotten. From my vantage, it has been a challenging, productive, and certainly never dull, eight years. I am proud to have served, and thankful to those who will do so in the future. We’ve made friends and memories to last a lifetime, we’ve struggled in some areas and triumphed in others, but in the end, I believe, we, as our forebears and those who will follow, are leaving our professions stronger and better prepared for what may lie ahead.

Spring 2017 Fellowship Brings Novel Educational Opportunity



By M. Saul Farris, MD, Forensic Psychiatry Fellow, Oregon Health and Science University, Portland, OR

It was my distinct honor to be the Spring 2017 ABPN Senior Resident Administrative Fellow. During this fellowship, I spent time at ABPN's headquarters learning about the Board's mission and how it is accomplished, attended regular didactics designed by Dr. Faulkner, worked on a research project, and attended staff meetings. In addition, I attended several annual professional meetings, (e.g. APA, AADPRT, ANA, etc.), visited the APA and ANA headquarters, and was a guest at Northwestern University's Psychiatric Residency program for a day.

Dr. Faulkner laid out the schedule and format of the fellowship in clear terms so that I knew what to expect. I was impressed how, at the ABPN Board Meetings, I was able to experience some prominent neurologists and psychiatrists come together to interact with each other with sincerity and humor, to hear their thoughtful deliberations, and to witness them wrestle with the competing interests of diplomates, the greater medical community, and the public at large.

Likewise, meeting with prominent staff members of the ANA and APA was also eye opening. Both instances were tremendous opportunities to see how these organizations worked to meet the needs of their members and how they fit into the large community that supports neurologists and psychiatrists.

In our didactics, Dr. Faulkner included his own hard-won knowledge about being an administrator, academic medicine, and lessons for success that he had learned throughout his career. This may be the single most valuable part of the fellowship, as the pace of residency rarely leaves time for these types of learning opportunities.

Finally, I want to mention the staff at ABPN, many of whom went out of their way to help me learn about the organization and complete my research project. They are a great group of people and I was fortunate to see how hard they work to support diplomates and the ABPN.

This fellowship is such a novel educational opportunity for someone interested in administration, such as myself. It has given me a good understanding of what the ABPN does and about the greater educational/professional community that supports neurologists and psychiatrists. It was a great experience and I'm grateful to Dr. Faulkner and my home psychiatry department for helping me have it.

Fellowship Provides Window to MOC Innovations



By Linda Drozdowicz, MD, Chief Resident, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY

I had the pleasure of serving as the ABPN Senior Resident Administrative Fellow in Fall of 2017. Prior to this experience, I had only heard of the ABPN and had very little insight into its range of responsibilities and activities. However, based on my interest in administration, I decided to pack my bags and kiss the mean streets of NYC goodbye for three months in order to delve into the inner workings of the organization.

I started my fellowship at a particularly exciting time: one week prior, the MOC Pilot Project was announced. As a result, I had a front row seat to discussions regarding the development of the

Pilot. I also completed a research project surveying Chief Residents in Psychiatry and Neurology across the country regarding views about MOC and the Pilot Project. This study revealed strong support for the idea behind the Pilot. By the end of the rotation, I had a firm grasp of the landscape of MOC as well as its possible future directions.

My experience with the fellowship was invaluable in terms of my learning, and it has now led to my sitting on the Child and Adolescent Psychiatry MOC Committee for the Pilot Project. As I move into a career in Child and Adolescent Psychiatry, I look forward to continuing my development as an administrator in addition to my clinical work. I hope to give back to the ABPN through continued contributions to the organization whenever possible, and I thank everybody that I worked with for their time and efforts in teaching me.

Awards and Honors

Current and former members of the ABPN Board of Directors received awards in 2017.

Harold Adams, Jr., MD, former ABPN director, received the A.B. Baker Award for Lifetime Achievement in Neurologic Education from the American Academy of Neurology.

Laurie Gutmann, MD, ABPN director, was appointed Chair of the Neurology Review Committee for the Accreditation Council for Graduate Medical Education.

Paramjit Joshi, MD, ABPN director, received the 2017 Virginia Q. Anthony Outstanding Woman Leader Award from the American Academy of Child and Adolescent Psychiatry.

Steven Lewis, MD, ABPN director, received the Timothy M. Breidegam Endowed Chair in Neurology with the Lehigh Valley Health Network.

Jeffrey Lyness, MD, ABPN director, received the Leonard Tow Humanism in Medicine Award from the Gold Foundation given by the University of Rochester School of Medicine & Dentistry Class of 2017.

Nina Schor, MD, PhD, ABPN director, received the 2017 Hower Award from the Child Neurology Society and was recognized as a NRMN Master Mentor by the National Research Mentoring Network.

2017 Publications

Several articles written by ABPN staff, current and former board members and former fellows appeared in related publications throughout 2017.

Early Career Neurologist's Feedback About the Primary Care and Psychiatry Components of Residency Training by L. Gutmann, H. Adams, D. Juul, S. O'Shea and L. Faulkner, *Neurology*, April 2017.

Subspecialty Training and Certification in Geriatric Psychiatry: a 25-year Overview by D. Juul, C. Colenda, J. Lyness, L. Dunn, R. Hargrave, and L. Faulkner, *American Journal of Geriatric Psychiatry*, May 2017.

The Decanal Divide: Women in Decanal Roles at U.S. Medical Schools by N. Schor, *Academic Medicine* e-publication, August 2017.

Letter to the Editors on Medical Specialty Board Finances by L. Faulkner, *JAMA*, November 2017.

2017 Presentations

Throughout 2017, ABPN Directors, staff and MOC Ambassadors contributed their knowledge of both the psychiatry and neurology specialties and subspecialties and the importance of certification and continued certification by engaging in presentations to various groups.

January

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Gutmann, American Academy of Neurology Breakthroughs in Neurology Conference, Phoenix, AZ, January 2017.

February

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Bodensteiner, Pediatric Neurology Conference, Mayo Clinic, Rochester, MN, February 2017.

March

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Morris, Department of Psychiatry, U.S. Naval Hospital, Guam, March 2017.

ABPN Update, presented by L. Faulkner, American Association of Directors of Child and Adolescent Psychiatry Residency Training Annual Meeting, San Francisco, CA, March 2017.

Update on ABPN Geriatric Psychiatry MOC Program, presented by J. Lyness, American Association for Geriatric Psychiatry Annual Meeting, Dallas, TX, March 2017.

Survey of Early Career Child Neurologists: Opinions Regarding Residency Training, presented by A. Fine and L. Faulkner, Southern Pediatric Neurology Society, New Orleans, LA, March 2017.

April

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by JC Goodman, American Academy of Neurology Annual Meeting, Boston, MA, April 2017.

Feedback from Early Career Neurologists and Child Neurologists About the Primary Care and Psychiatry Components of Residency Training, poster presented by L. Gutmann, H. Adams, S. O'Shea, D. Juul and L. Faulkner, American Academy of Neurology Annual Meeting, Boston, MA, April 2017.

The Accreditation and Certification of the Movement Disorders Subspecialty, poster presented by S. O'Shea, L. Gutmann and L. Faulkner, American Academy of Neurology Annual Meeting, Boston, MA, April 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by M. Wasserstein, Idaho Psychiatric Association Meeting, Boise, ID, April 2017.

May

ABPN Update, presented by L. Faulkner, American Association of Directors of Child and Adolescent Psychiatry Annual Meeting, Washington, DC, May 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Bodensteiner, Arizona Neurological Society Meeting, Phoenix, AZ, May 2017.

Psychiatrists in Trouble: Licensure Actions Involving ABPN Diplomates, paper presented by L. Faulkner and D. Juul, American Psychiatric Association Annual Meeting, San Diego, CA, May 2017.

September

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Cheong, 2017 Psych Congress, Chicago, IL, September 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Gutmann, Pennsylvania Neurological Society Annual Meeting, Pittsburgh, PA, September 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Biller, Illinois State Neurological Society Annual Meeting, Chicago, IL, September 2017.

October

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by S. Lewis, Wisconsin Neurological Society Annual Conference, Elkhart Lake, WI, October 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by S. Lewis, United Council for Neurologic Subspecialties Meeting, Minneapolis, MN, October 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by G. Keepers, American Psychiatric Association District Branch - South Dakota, Sioux Falls, SD, October 2017.

Summary of the ABPN MOC Program, presented by L. Faulkner, American Neurological Association Annual Meeting, San Diego, CA, October 2017.

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by B. Smith, American Academy of Neurology Fall Conference, Las Vegas, NV, October 2017.

Maintenance of Certification 101: Meeting the Requirements Member Services Forum, presented by P. Joshi, American Academy of Child & Adolescent Psychiatry Annual Meeting, Washington DC, October 2017.

November

The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by J. Lyness, Western New York Psychiatric Society, Buffalo, NY, November 2017.

December

The ABPN MOC Program: A Collaborative Approach to Promoting Life-Long Learning, presented by L. Faulkner, Meeting of the Council of Medical Specialty Societies, State Specialty Societies, and ABMS, Rosemont, IL, December 2017.

ABPN Participation in American Board of Medical Specialties Committees and Interest Groups

The ABPN continues its active involvement in the ABMS. The following ABPN directors, emeritus directors and staff served on committees and interest groups:

Christopher C. Colenda, MD, MPH: Finance and Audit Committee

Kerry H. Levin, MD: Committee on Continuing Certification

Jeffrey M. Lyness, MD: Health and Public Policy Committee

Victor I. Reus, MD: Board of Directors for the Accreditation Council for Continuing Medical Education for ABMS

Barbara S. Schneidman, MD, MPH: Board of Directors

Christopher R. Thomas, MD: Ethics and Professionalism Committee

ABPN Staff:

Tina Espina: ProNet

David Homan: TechNet

Patricia Janda: ProNet

Catherine Szmurlo: ComNet

Patricia Vondrak: ComNet and MOCNet

Professional Society Meeting Participation

ABPN staff values the importance of attending meetings of our professional society partners and participating with display tables or booths, in order to meet with and answer questions from program directors and coordinators, candidates and diplomates. The following organizations were included in the 2017 schedule:

- Academy of Psychosomatic Medicine
- American Academy of Addiction Psychiatry
- American Academy of Child and Adolescent Psychiatry
- American Academy of Neurology
- American Academy of Psychiatry and the Law
- American Association of Directors of Psychiatric Residency Training
- American Association of Geriatric Psychiatry
- American Association of Neuromuscular & Electrodiagnostic Medicine
- American Clinical Neurophysiology Society
- American Epilepsy Society
- American Psychiatric Association
- Child Neurology Society

Our Mission

The mission of the ABPN is to develop and provide valid and reliable procedures for certification and maintenance of certification in psychiatry and neurology by:

- Developing the best testing methods to evaluate candidate and diplomate competencies;
- Applying the best technologies and information available to collect and analyze pertinent data;
- Communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional and health care organizations, and the public; and
- Operating programs and services effectively and efficiently.

Statement on Professionalism

Professionalism forms the basis of medicine's contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through: a physician's clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and MOC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these essential aspects of professionalism.



American Board of Psychiatry and Neurology, Inc.

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