Changes to ABIM’s Maintance of Certification Process

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Disclosures

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Commercial Interest: Nothing to Disclose
ABIM’s Cardiovascular-Specific Certifications

Certifications:

• Internal Medicine (1936)
• Cardiovascular Diseases (1941)

Added Qualifications:

• Clinical Cardiac Electrophysiology (1992)
• Interventional Cardiology (1999)
• Advanced Heart Failure & Transplant Cardiology (2010)
• Adult Congenital Heart Disease (2015)
ABIM Certification Requirements

- **Pre-1990**
  - Certification (Grandparents)

- **1990-2005**
  - Recertification

- **2006-2013**
  - Maintenance of Certification (MOC)
Maintenance of Certification 2006-2013

Part I  Licensure and Professional Standing

Part II  Self-Evaluation of Medical Knowledge

Part III  Cognitive Expertise & Secure Examination

Part IV  Self-Evaluation of Practice Performance
ABIM Certification Requirements

- **Pre-1990**
  - Certification (Grandparents)

- **1990-2005**
  - Recertification

- **2006-2013**
  - Maintenance of Certification (MOC)

- **2014-**
  - Changes to Maintenance of Certification
Maintenance of Certification 2014

• In **January 2014** – ABIM has begun reporting whether or not physicians are “**Board Certified**” as well as “**Meeting MOC Requirements**”

• Everyone holding a current certificate and valid license will be “**Meeting MOC Requirements**”

• You will remain “**Board Certified**” regardless of your participation in MOC – until your current certification expires
Maintenance of Certification 2014

Earn total of 100 points every 5 years

Complete an MOC activity every 2 years

20 points
Part II

20 points
Part IV

20 points
Either Part II, III or IV

20 points
Either Part II, III or IV

20 points
Either Part II, III or IV

Part II = Self-Evaluation of Medical Knowledge
Part III = MOC secure exam
Part IV = Self-Evaluation of Practice Assessment
Maintenance of Certification 2014

- Enroll in MOC program by **March 31, 2014** to remain “Meeting MOC Requirements”

- Complete MOC activity by **December 31, 2015** (and every 2 years), either offered by ABIM or another organization, to earn MOC points to be reported as “Meeting MOC Requirements”

- Earn a total of 100 MOC points by **December 31, 2018** (and every 5 years), in a mix of Self-Evaluation of Medical Knowledge and Self-Evaluation of Practice Assessment modules (as well as complete the new patient safety and patient survey requirements)
What’s Not Changing?

• MOC exam every 10 years
• ABIM MOC exam “eventual” pass rates is 96% from 1996-2013
• Earn MOC points by working in groups, participating in learning sessions, and receiving credit for approved professional society products
MOC Status for Henry H. Ting

The status below is listed by certification. However, you are publicly reported as meeting MOC requirements for all certifications as long as you are meeting MOC requirements in one certification area.

Enrolled in MOC through 12/31/2015

- Cardiovascular Disease Certified, Meeting MOC Requirements *
- Interventional Cardiology Certified, Meeting MOC Requirements *
- Internal Medicine: Not Certified

You have chosen to maintain this certificate.

Requirements & Deadlines

Below are the requirements and deadlines for the certifications you have chosen to maintain. Your first MOC exam attempt, per certificate, earns 20 MOC points.

By 12/31/2015:

- Complete any MOC activity

By 12/31/2017:

- Pass the Cardiovascular Disease MOC examination

By 12/31/2018:

- Complete 100 points of which 20 must be medical knowledge points and 20 must be practice assessment points
- Complete a patient survey module
- Complete a patient safety module
- Complete Interventional Cardiology Attestation

By 12/31/2022:

- Pass the Interventional Cardiology MOC examination
  You will be eligible to register in 2018
Search results for Name Henry H. Ting

Ting, Henry H.

Interventional Cardiology: Certified
Cardiovascular Disease: Certified

Meeting Maintenance of Certification Requirements: Yes

INITIAL CERTIFICATION
Internal Medicine: 1983
Cardiovascular Disease: 1998
Interventional Cardiology: 2002

For more information about ABIM certification and MOC, go to:

MOC Requirements
Reporting Certification Status
Board Eligibility
Representation of Certification Status
Suspension and Revocation of Certification

Important notes about this page:

- Most diplomates certified prior to 1990 are not required to participate in MOC but are strongly encouraged to do so.
- All ABIM certifications issued in 1990 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter must be maintained through ABIM's MOC program.
- ABIM's website serves as primary source verification.
- Certification status is updated to this system within 5 days of notification to the physicians. Data elements, such as name changes, are updated in ABIM's records within 24 hours of being processed by ABIM.
- If you do not find your physician or they are listed as not certified, they may be certified by another board of the American Board of Medical Specialties. Please check www.certificationmatters.org. Additionally, information on Allergy and Immunology, Clinical Laboratory Immunology and Diagnostic Laboratory Immunology diplomates can be now found at www.certificationmatters.org.
Those Who Certified Prior to 1990 (Grandparents)

1. Your initial, lifetime certification does not expire

2. Starting January 2014, the new MOC requirements apply to you

3. To be reported as “Meeting MOC Requirements”:
   - Enroll in the MOC program by March 31, 2014
   - Complete an MOC activity to earn points every 2 years
   - Earn 100 MOC points every 5 years
   - Complete patient survey & patient safety modules every 5 years
   - Pass ABIM’s MOC Exam by December 31, 2023 (10 years)

4. You will remain certified whether or not you are “Meeting MOC requirements”. However, if you choose not to undertake all required MOC activity, you will be reported as “Certified” and “Not Meeting MOC Requirements”
1. Starting January 2014, the new MOC requirements apply to you

2. Finish out your current, individual 10-year MOC cycles for Parts II & IV, and the MOC exam. Any points earned after January 2014 will apply both to those you need to maintain your existing certification and to be “Meeting MOC Requirements”

3. To be reported as “Meeting MOC Requirements”:
   - Enroll in the MOC program by March 31, 2014 (if not already enrolled)
   - Complete an MOC activity to earn points every 2 years
   - Earn 100 MOC points every 5 years
   - Complete patient survey & patient safety modules every 5 years
   - Pass ABIM’s MOC Exam by the expiration date of your current certification
Those Who Certified after January 2014

1. Starting January 2014, the new MOC requirements apply to you

2. To be reported as “Meeting MOC Requirements”:
   - Activate your MOC program within 3 months of passing certification exam
   - Complete an MOC activity to earn MOC points every 2 years
   - Earn 100 MOC points every 5 years
   - Complete patient survey & patient safety requirements every 5 years
   - Pass ABIM’s MOC Exam every 10 years
Sub-Specialty Certification

Diplomates must hold a current, valid ABIM certification in Cardiovascular Disease to be eligible for MOC in:

- Advanced Heart Failure and Transplant Cardiology
- Clinical Cardiac Electrophysiology
- Interventional Cardiology
- Adult Congenital Heart Disease

If you have more than one ABIM certification, all MOC points earned will apply to all certifications you are actively maintaining.

You will receive 20 MOC points for completion of one MOC exam per certification area being maintained.
Patient Safety & Patient Survey Requirements

- A number of ABIM and third-party Medical Knowledge and Practice Assessment activities meet these requirements now.
- Developing process to meet requirement with patient safety related activities at institutions.
- Will be adding many more patient safety options.
- PIMs with a patient survey will count toward patient survey requirement.
- Will offer options to meet requirement without doing a full PIM.
- Developing process to approve surveys already in use.

* Diplomates have until **December 31, 2018** to meet the *Patient Safety and Patient Survey requirements*
ACC Communications Plan

Easy Button

One Voice

We Hear You

ACC Member Support
“One Voice”

ACC will build awareness among its domestic members about the new requirements, with a special focus on “Grandparents”. This will include:

• Inform members clearly and concisely about the new ABIM requirements

• Provide presentations, webinars, web pages, articles, mail, emails, editorials, exhibits, events, and social media resources which address ABIM’s MOC changes.

• ACC will become a comprehensive and credible source of information on the changes
“Easy Button”

ACC educational and performance improvement opportunities available to assist members meet the new MOC requirements:

- Dedicated ACC web pages addressing ABIM’s changes to MOC, Glossary, FAQs (www.cardiosource.org/MOC)
- ACC MOC Part II (Self-Evaluation of Medical Knowledge) educational modules (www.cardiosource.org/MOCEducation)
- ACC MOC Part IV (Self-Evaluation of Practice Assessment) performance improvement modules (www.cardiosource.org/MOCEducation)
- Step-by-step instructions for ABIM’s MOC Part IV Self-Directed PIM and use of NCDR data (www.cardiosource.org/SelfDirectedPIM)
“We Hear You”

ACC will work to establish a forum for gathering member feedback on issues critical to the MOC change initiative that will serve as a foundation for ACC’s advocacy to ABIM on its members’ behalf.

• ACC will provide mechanisms to systematically gather and summarize information from members – “Listening Tour”

• ACC will advocate to ABIM on members’ behalf making recommendations for process improvements
Summary of ABIM MOC Changes

1. “Board certified” and “Meeting MOC Requirements” are separate designations and apply to everyone in 2014

2. “Meeting MOC Requirements” include:
   - Complete an MOC activity every 2 years
   - Earn 100 MOC points every 5 years
   - Complete Patient Safety & Patient Survey requirements
   - MOC exam remains every 10 years
Important Dates

• **March 31, 2014:** If ACC members are not already enrolled in MOC, they should enroll on the ABIM website by March 31, 2014 to be “Meeting MOC Requirements”

• **December 31, 2015:** By December 31, 2015, ABIM diplomates should complete an MOC activity to earn ABIM MOC points to continue to be reported as “Meeting MOC Requirements”

• **December 31, 2018:**
  – By December 31, 2018, ABIM diplomates should earn a total of 100 MOC points in a mix of Self-Evaluation of Medical Knowledge & Self-Evaluation of Practice Assessment
  – By December 31, 2018, complete the new patient safety and patient survey requirements
Resources

Changes to Maintenance of Certification

- ACC: [http://www.cardiosource.org/MOC](http://www.cardiosource.org/MOC)

MOC Part II Modules

- ACC: [http://www.cardiosource.org/MOCEducation](http://www.cardiosource.org/MOCEducation)

MOC Part IV Modules

- ABIM: [http://www.abim.org/moc/earning-points.aspx](http://www.abim.org/moc/earning-points.aspx)
- ACC: [http://www.cardiosource.org/PartIV](http://www.cardiosource.org/PartIV)
Need Help?

ABIM

• MOC program requirements: moc2014.abim.org
• Enroll in MOC or check your status: www.abim.org
• Contact ABIM
  – 800-441-ABIM (2246)
  – E-mail: request@abim.org
  – Go online to: http://www.abim.org/moc/

ACC

• Ellen Cohen, ACC Director of Certification and Accreditation
  – ecohen@acc.org; 202-375-6526
• Melanie Stephens-Lyman, ACC Associate Director of MOC Part IV
  – mstephenslyman@acc.org; 202-375-6427
Frequently Asked Questions

1. Do I need to be “Board Certified” and “Meeting MOC Requirements” for Internal Medicine in order to do so for Cardiovascular Diseases?

   NO

2. Do I need to be “Board Certified” and “Meeting MOC Requirements” in Cardiovascular Diseases in order to do so for Interventional Cardiology?

   YES

3. Do I need 100 MOC points for each ABIM certification (e.g. Internal Medicine, Cardiovascular Diseases, and Interventional Cardiology)?

   NO, MOC points you earn will count toward all certifications but you will need to take one ABIM’s MOC Board Exam for each certification
4. If I fail to complete one component of MOC requirements during the 5 years, is there a grace period?

*NO, you will have a lapse in certification*

5. If I am a grandparent and complete all MOC requirements, will I be reported as “Meeting MOC Requirements” if I never take the MOC exam and retire before December 31, 2023 (10 years)?

*YES, you will be reported as “Meeting MOC Requirements”*
American Board of Internal Medicine: Who We Are

Richard J. Baron, MD, MACP
President and CEO
ABIM

American College of Cardiology
Washington, DC
March 29, 2014
An Early Effort at Physician Organization

- **Litchfield County, CT**
  - 31 physicians formed a “medical society” in 1767
  - 1779: Created “The First Medical Society in the thirteen United States of America since their Independence”
  - This society proposed to examine “every Candidate for Practice, either Apprentice or any Physician or Surgeon within this County, or Foreigner, coming into the County”
Specialty Certification: A Unique Strength of US Medical Professionalism

- Created by but independent of membership societies
- Voluntary, independent, non-governmental
- American Board of Medical Specialties: 24 approved medical specialty boards
Origins of ABIM

- Created in 1936 by the American College of Physicians (ACP) and the American Medical Association (AMA)

- Goal: to publicly differentiate members who met a peer standard from other physicians who could not (or chose not) to meet the standard
Origins of Subspecialization

- From its inception, ABIM recognized the need to develop “similar qualification and procedure for additional certification in certain of the more restricted and specialized branches of internal medicine, as gastroenterology, cardiology....”

From the original ABIM policies and procedures (July 1936)

While the Board is, at present, concerned chiefly with the qualification and procedure for certification in the general field of internal medicine, it is intended to inaugurate, immediately after July 1, 1937, similar qualification and procedure for additional certification in certain of the more restricted and specialized branches of internal medicine, as gastroenterology, cardiology, metabolic diseases, tuberculosis, allergic diseases, et cetera. Such special certification will be considered only for candidates who have passed the written examination required for certification in general internal medicine. The operation of such a plan will require the active cooperation and participation of recognized representatives from each of such special fields of medicine.
Origins of ABIM Cardiology Certification

- In 1939, the ABIM Board of Directors approved a petition from the American Heart Association for ABIM to recognize cardiology as a subspecialty.

- Cardiology was the first subspecialty considered and approved by ABIM.

- The first ABIM subspecialty examinations were administered in 1941, in Cardiovascular Disease, Gastroenterology, Tuberculosis (later renamed Pulmonary Disease) and Allergy.
Origins of ABIM Subspecialty Certification

Motivations for creating the initial subspecialty certifications:

• to set high standards;

• to keep subspecialties within the house of medicine (rather than fracturing internal medicine into multiple boards); and

• to address the “impending danger” presented by non-ABMS boards (particularly the American Board of Gastroenterology and the American Board of Tuberculosis) who would set their own standards if ABIM did not.
Origins of ABIM Subspecialty Certification

“As I passed by the exhibit of the Advisory Board of Medical Specialties, I could not help but note that separate boards had been established in Urology, Orthopedic Surgery, Neuro-Surgery, Anesthesiology, all of which might properly be subspecialties of the American Board of Surgery. I understand they are contemplating the formation of a board in Thoracic Surgery. Our way has solved the problem so much better.”

– Dr. Walter Bierring, first Chairman of ABIM, in a 1940 letter
“ABIM’s mission is …

to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care.”

“We are…

*Of the profession, for the public.*

*ABIM strategic plan adopted by the Board of Directors on June 5, 2007*
Our Mission

- Throughout ABIM’s history, certification has evolved to harmonize with the changing medical landscape.

- Both physicians and the public recognize that assessing knowledge and performance once every 10 years is not sufficient.

- Board certification is a tangible part of earning the privilege enjoyed by the medical profession to self-regulate.
Our Obligation

- ABIM’s obligation is to make MOC more efficient without losing the rigor of the credential, and to create a program that is relevant to and meaningful for physicians and patients.
Why is ABIM Changing MOC?

**Every 10 Years is not enough**

“The growing knowledge base requires that training and ongoing licensure and certification reflect the need for lifelong learning and evaluation of competencies.”

Why is every 10 years insufficient?

- Exponentially increasing new medical knowledge – doubling time has decreased to ~8 years; at current rates, a clinician will need to learn, unlearn, then relearn half of their medical knowledge base 5 times during a typical career. (Brent James, MD)

MOC Enrollments (as of March 20)
Enrolled Since January 3,040 10%
Enrolled Prior to January 12,937 44%
Not Enrolled 13,354 46%

CV Diplomates & MOC
N=29,331

All data as of March 20, 2014
Cardio Grandfather Engagement in MOC
N=9,205

- Enrolled Since January 899 (10%)
- Enrolled Prior to January 1,802 (19%)
- Not Enrolled 6,504 (71%)

All data as of March 20, 2014
Non Grandfathers/Non Lapsed
N=18,321

- Not Enrolled: 6,258 (34%)
- Enrolled since January 1: 2,119 (12%)
- Enrolled Prior to January: 9,944 (54%)

All data as of March 20, 2014
Lapsed CV Diplomates
N=1,805

- Not Enrolled: 592 (33%)
- Enrolled Since January: 22 (1%)
- Enrolled Prior to January: 1,191 (66%)

All data as of March 20, 2014
Changes to ABIM’s Governance and Assessment 2020
We are Changing our Governance

- Structure of ABIM Board of Directors had been unchanged for decades

- Meanwhile challenges and opportunities in the external environment have significantly changed

- Nimble and responsive policy-setting and decision-making limited by governance structure

- Subspecialty Boards have remained focused on writing secure exam questions
ABIM’s New Governance Structure

Mission-Driven, Future-Focused

Do the Work, Improve the Work
The Role of the New Specialty Boards

- Define, refine and set standards for Certification and MOC in the discipline;

- Perform oversight/review of performance assessments in the discipline; and to

- Build partnerships with societies and other organizational stakeholders in support of ABIM work.
Cardiology Board

A two-tier distributed board

- Create an overarching Cardiology Board with a stronger more unified voice
  - Up to 10 physician members who “cover multiple bases” including gender, race, practice setting, geographic location, relationship to education, etc.
  - Up to 3 non-physicians including an inter-professional and public/patient member
- Enables tertiaries to have a formal structure to address unique discipline issues
- Board formation getting underway now
Assessment 2020

- A new initiative to define what competencies physicians will need as the field of medicine evolves

- Seeks to engage physicians, patients, assessment experts and other stakeholders in conversations about future of physician assessment

- ABIM will use feedback from the community, analysis of the latest assessment research and focus groups and surveys to inform future enhancements to ABIM's Certification and MOC programs
Welcome

Assessment 2020 Vision

Improve ability to evaluate physician performance and better reflect what physicians are doing in practice.

How can we enhance physician assessment?

The American Board of Internal Medicine is always seeking to evolve and improve the Certification and Maintenance of Certification processes. We believe that any changes to the programs must be responsive to physician and patient needs, and meet your and our high standards for assessment.

To help us improve and move forward, we seek to engage physicians, the public and other important stakeholders in helping us think through the future of assessment for ABIM Certification and Maintenance of Certification. Part of an ongoing effort to inform and engage the community, this site will help us share and gather perspectives.
Assessment 2020

- Participate in conversations on the Assessment 2020 Blog

- Weigh in, via polls, on issues related to changes in assessment

- Learn about ABIM exam enhancements that are in R&D

- Find out about the work of the ABIM Assessment 2020 Task Force
ABIM Cardiovascular Disease Examinations

William C. Little, MD, FACC
Patrick Lehan Professor of Cardiology
Chair, Department of Medicine
University of Mississippi Medical Center
Chair, ABIM Subspecialty Board on Cardiovascular Disease

March 29, 2014
Cardiovascular Disease Secure Exam

What do Cardiologists need to know?

- What is on the exam?
- How is the exam developed?
- Is it fair, especially for MOC?
- What does it take to pass?
- How does it perform?
The Cardiovascular Disease Exams

• Computer station at Pearson VUE test centers

• Initial Certification exam given once annually
  • One full day of testing: 240 multiple-choice questions
  • One half day of testing: ECGs, Echo’s, Cor Angios

• MOC exam given twice annually (180 multiple-choice questions)
## What is on the Exam?

[https://www.abim.org/pdf/blueprint/card_moc.pdf](https://www.abim.org/pdf/blueprint/card_moc.pdf)

<table>
<thead>
<tr>
<th>Medical Content Category</th>
<th>% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmias</td>
<td>13%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>12.5%</td>
</tr>
<tr>
<td>Acute Coronary</td>
<td>12%</td>
</tr>
<tr>
<td>Valvular Disorders</td>
<td>12%</td>
</tr>
<tr>
<td>Congenital Disorders</td>
<td>5%</td>
</tr>
<tr>
<td>Pericardial Disease</td>
<td>4%</td>
</tr>
<tr>
<td>Aorta / Peripheral Vascular</td>
<td>9%</td>
</tr>
<tr>
<td>Hypertension / Pulmonary</td>
<td>7%</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>5%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>13%</td>
</tr>
<tr>
<td>Physiology / Biochemistry</td>
<td>6%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
## What is on the Exam?

[https://www.abim.org/pdf/blueprint/card_moc.pdf](https://www.abim.org/pdf/blueprint/card_moc.pdf)

<table>
<thead>
<tr>
<th>Arrhythmias 13% of Exam</th>
<th>Approximate % within Arrhythmias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial fibrillation/Atrial flutter (including postoperative), cardioversion or ablation</td>
<td>20%</td>
</tr>
<tr>
<td>Ventricular arrhythmias/Sudden cardiac death/Wide QRS complex tachycardias/ICD indications, malfunctions, and interactions</td>
<td>20%</td>
</tr>
<tr>
<td>Paroxysmal supraventricular tachycardia/Wolff-Parkinson-White diagnosis and ablation</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Antiarrhythmic drug indications/interactions/proarrhythmia</strong></td>
<td>10%</td>
</tr>
<tr>
<td>Pacemaker indications and management/malfunctions/interactions</td>
<td>10%</td>
</tr>
<tr>
<td>Electrophysiologic testing/Noninvasive electrocardiographic testing</td>
<td>10%</td>
</tr>
<tr>
<td>Syncope and noninvasive testing/Sinus node dysfunction/AV block/Bundle branch block</td>
<td>10%</td>
</tr>
<tr>
<td>Miscellaneous arrhythmias (arrhythmias in pregnancy, etc.)</td>
<td>5%</td>
</tr>
</tbody>
</table>
57-year-old man is seen because of syncope that occurred while he was running to catch a bus. The patient has a sedentary lifestyle. He vaguely recalls being told he had a heart murmur as a teenager.

Pulse is 60 per minute, and blood pressure is 100/80 mmHg. A systolic murmur is loudest at the upper right sternal edge and radiates into the neck and is recorded in the audio below. The patient is asked to perform the Valsalva maneuver and the murmur is softer. The apical impulse is in the mid-clavicular line and is approximately 2 to 3 cm in diameter.

NOTE: place your earphones on to listen to the audio clip.

Which of the following is the most likely diagnosis?

- A. Hypertrophic obstructive cardiomyopathy
- B. Coarctation of the aorta
- C. Pulmonary stenosis
- D. Valvular aortic stenosis
- E. Mitral valve prolapse

Single Correct Answer
The Cardiovascular Disease Examination: ECG, Echo, Coronary Angio?
ECG Sample Case: a 60-year-old woman undergoing evaluation prior to cholecystectomy

GENERAL FEATURES
- Normal ECG
- Normal variant
- Incorrect electrode placement
- Artifact

P WAVE ABNORMALITIES
- Right atrial abnormality/enlargement
- Left atrial abnormality/enlargement

Click here for Figures
ECG Sample Case: a 60-year-old woman undergoing evaluation prior to cholecystectomy

Click here for Figures

ATRIAL RHYTHMS
- Sinus rhythm
- Sinus arrhythmia
- Sinus bradycardia (<60)
- Sinus tachycardia (>100)
- Sinus pause or arrest
- Sinoatrial exit block
- Atrial premature complexes
- Atrial tachycardia
- Atrial tachycardia, multifocal

VENTRICULAR RHYTHMS
- Ventricular premature complex(es)
- Ventricular parasystole
- Ventricular tachycardia (3 or more consecutive complexes)
- Accelerated idioventricular rhythm
- Ventricular escape complexes or rhythm
- Ventricular fibrillation

Answer Options Selected
- Sinus rhythm

Figures

End Tutorial
ECG Sample Case: a 60-year-old woman undergoing evaluation prior to cholecystectomy

AV CONDUCTION
- AV block, 1^
- AV block, 2^ - Mobitz type I (Wenckebach)
- AV block, 2^ - Mobitz type II
- AV block, 2:1
- AV block, 3^
- Wolff-Parkinson-White pattern

Answer Options Selected
- Atrial Rhythms
  - Sinus rhythm
- AV Conduction
  - Wolff-Parkinson-White pattern
How is the Exam Developed?

Cardiovascular Disease Board 2013-2014

Christopher P. Appleton  Mayo Clinic, Scottsdale, AZ
Timothy M. Bateman  Saint Luke’s, Kansas City, MO
Michael H. Crawford  UCSF Medical Center, San Francisco, CA
George William Dec, Jr.  Massachusetts General Hospital, Boston, MA
Mario J. Garcia  Montefiore Med. Center, New York, NY
William C. Little, Chair  University of Mississippi, Jackson, MS

John Jeffrey Marshall  Northeast Georgia Heart Center, Gainesville, GA
Emile R. Mohler III  University of Pennsylvania, Phila., PA
Elizabeth Odiliie Ofili  Morehouse School of Medicine, Atlanta, GA
Andrea M. Russo  Cooper University Hospital, Camden, NJ
Thomas Ryan  The Ohio State University, Columbus, OH
Paul D. Thompson  Hartford Hospital, Hartford, CTD
How is the Exam Developed

• Questions assigned based on blueprint
• Each question reviewed twice by CVD Board
• Is testing point appropriate?
• Does the question fairly evaluate the testing point?
• Must be consistent with guidelines, but not limited to guidelines.
• Question is then pre-tested for psychometric validity
Psychometric Evaluation

Question 4
Difficulty = 0.60
Discrimination = .25
Quality Control

- CVD Board reviews all questions in the pool each year for relevance, accuracy, performance
- Computer picks the questions from the pool to match the blueprint
- Performance of each question reviewed after the exam
How is the passing standard set for ABIM exams?

- Not graded on a “curve”
- Passing standard determined using modified Angoff method
- Each question analyzed by CVD Board to determine what portion of those minimally qualified to be Board Certified will correctly answer the question
- Each member’s judgments are systematically combined to derive the passing standard
CVD Exam for Initial Certification

- Must pass both:
  - Multiple choice questions
  - ECG and Imaging exam (echo’s and cor angios)

CVD Exam for Maintenance of Certification

- Only Multiple Choice questions
New Score Report Format for Spring 2015

- More graphical display
- More detailed feedback
- Easy to understand
- Designed by diplomates

**Your Performance in Medical Content Areas**

<table>
<thead>
<tr>
<th>Cardiovascular Disease</th>
<th>Endocrinology, Diabetes, and Metabolism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital heart disease</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Atrial septal defect and patent foramen ovale</td>
<td>Type 1 diabetes</td>
</tr>
<tr>
<td>Hypertension (see also Endocrinology, Nephrology, and Obstetrics/Gynecology)</td>
<td>Endocrinology and Metabolism</td>
</tr>
<tr>
<td>Other hypertension</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Miscellaneous cardiovascular disease</td>
<td>Type 2 diabetes</td>
</tr>
<tr>
<td>Pericardial disease</td>
<td>Endocrinology and Metabolism</td>
</tr>
<tr>
<td>Constrictive pericarditis</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Preoperative consultation</td>
<td>Type 2 diabetes</td>
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<tr>
<td>Testing indicated</td>
<td>Endocrinology and Metabolism</td>
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**Your Score: 363, Jane Doe, MD**

- **ABIM ID:** 000000
- **Exam Date:** 2012/08/16

**FAIL**

<table>
<thead>
<tr>
<th>Name: Jane Doe, MD</th>
<th>ABIM ID: 000000</th>
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<tbody>
<tr>
<td><strong>Score:</strong> 363</td>
<td><strong>Passing Score:</strong> 370</td>
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<td><strong>Reference Group Mean Score:</strong> 452</td>
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CVD Initial Certification Pass Rate - First-Time Takers

Source: http://www.abim.org/about/examInfo/data-pass-rates.aspx
CVD Maintenance of Certification (MOC) Pass Rate
- First-Time Takers

97% MOC Eventual Pass Rate

Source: http://www.abim.org/about/examInfo/data-pass-rates.aspx
First-Time Taker MOC 2013 Exam Pass Rates

- IM: 78%
- CARD: 87%
- CCEP: 34%
- CRIT: 89%
- ENDO: 86%
- GAST: 84%
- GERI: 91%
- HEMA: 80%
- HOSP: 86%
- ID: 91%
- ICARD: 86%
- ONCO: 91%
- NEPH: 87%
- PULM: 80%
- RHEUM: 85%
Cardiovascular Disease Secure Exam

What do Cardiologists need to know?

- What is on the exam?
- How the exam developed?
- Is it fair, especially for MOC?
- What does it take to pass?
- How does it perform?

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