



# ACC.14

TCT@ACC-i2 | innovation in intervention

63<sup>rd</sup> Annual Scientific Session & Expo  
March 29 – 31, 2014 • Washington, DC

## Changes to ABIM's Maintenance of Certification Process

Henry H. Ting, MD MBA  
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# Disclosures

**Henry H. Ting, MD, MBA, FACC, FAHA**

*Professor of Medicine, Cardiovascular Diseases*

*Mayo Clinic*

*Director, Mayo Clinic Quality Academy*

*Associate Dean, Mayo School for Continuous Professional Development*

**Commercial Interest** : Nothing to Disclose



ACC.14  
TCT@ACC-12

# 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)



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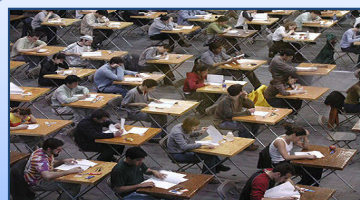
# Maintenance of Certification 2006-2013



## **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

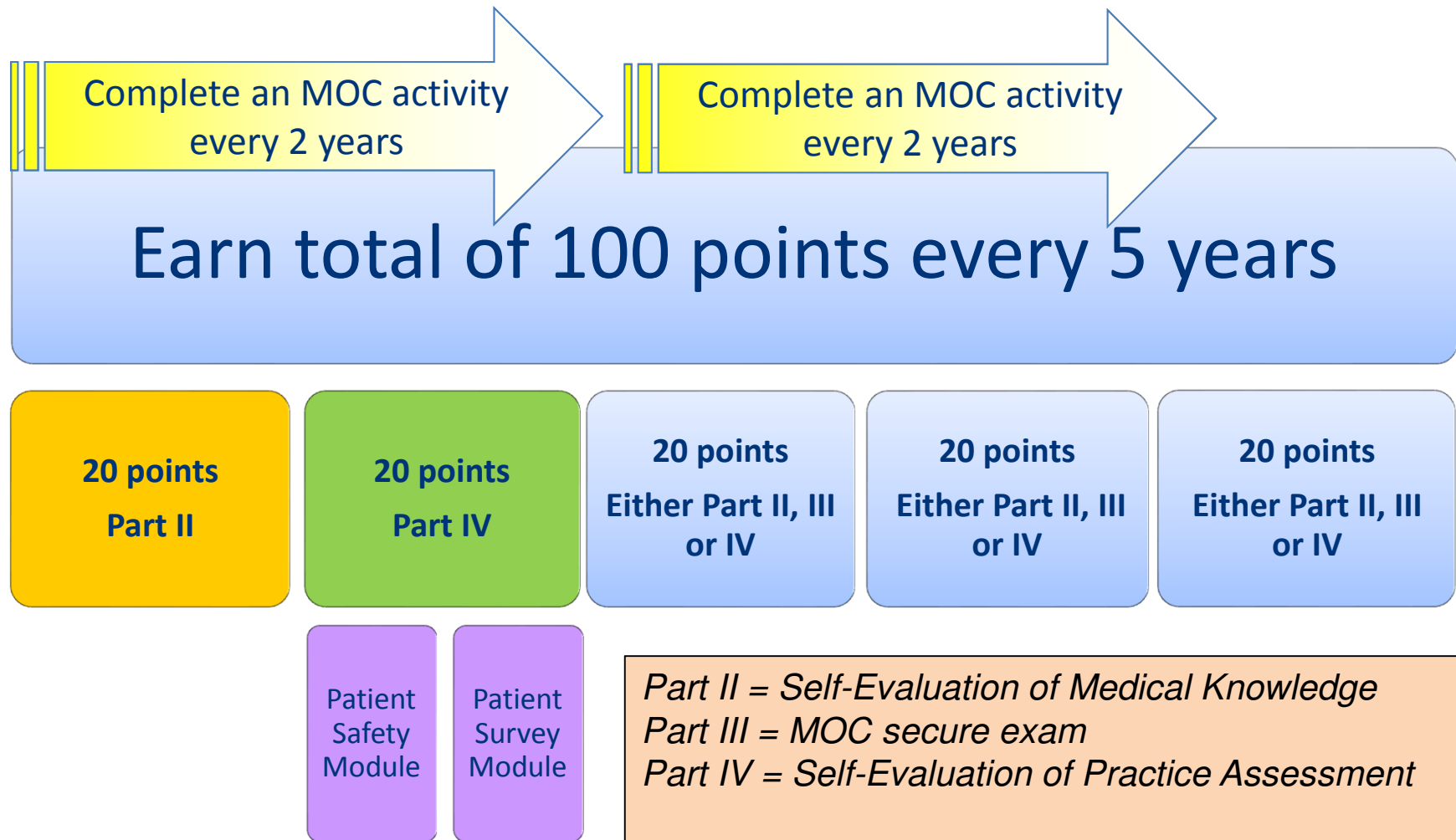


# Maintenance of Certification 2014

- 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





# 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



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## Related Information...

- ▶ [MOC Program Requirements](#)
- ▶ [View History of My Completed Products](#)
- ▶ [View Examination Results](#)

# myMOCStatus

A resource for monitoring your Maintenance of Certification (MOC) program.  
Check this page at least annually.

## MOC Status for Henry H. Ting

The status below is listed by certification. However, you are [publically 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](#).

*Please note that points you earn count toward the milestones for all 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*



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[Home](#) › Search results for Name Henry H. Ting

## 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: 1993  
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](http://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](http://www.certificationmatters.org).

#### Verify a physician's ABIM Certification

by...

First (if known):

Middle (if known):

Last (required):

Dob (if known):

mm/dd/yy format

☒ Match Exactly ☐ Show All

☐ Is Similar ☐ Show 20

# 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”**



# Those Who Certified 1990 – 2013

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



# “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](http://www.cardiosource.org/MOC))
- ACC MOC Part II (Self-Evaluation of Medical Knowledge) educational modules ([www.cardiosource.org/MOCEducation](http://www.cardiosource.org/MOCEducation))
- ACC MOC Part IV (Self-Evaluation of Practice Assessment) performance improvement modules ([www.cardiosource.org/MOCEducation](http://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](http://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

- ABIM: <http://moc2014.abim.org/>
- ACC: <http://www.cardiosource.org/MOC>

## MOC Part II Modules

- ABIM: <http://www.abim.org/maintenance-of-certification/medical-knowledge.aspx>
- ACC: <http://www.cardiosource.org/MOCEducation>

## MOC Part IV Modules

- ABIM: <http://www.abim.org/moc/earning-points.aspx>
- ACC: <http://www.cardiosource.org/PartIV>





# Need Help?

## ABIM

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

## ACC

- Ellen Cohen, ACC Director of Certification and Accreditation
  - [ecohen@acc.org](mailto:ecohen@acc.org); 202-375-6526
- Melanie Stephens-Lyman, ACC Associate Director of MOC Part IV
  - [mstephenslyman@acc.org](mailto: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*



# Frequently Asked Questions

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®

# American Board of Internal Medicine: Who We Are

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

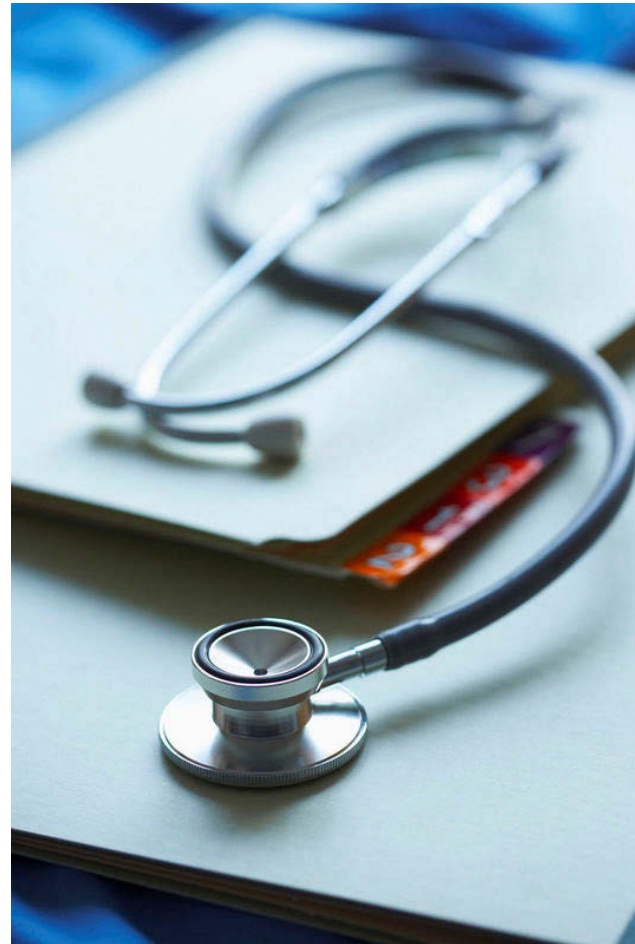
American College of Cardiology  
Washington, DC  
March 29, 2014

# 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



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# 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?

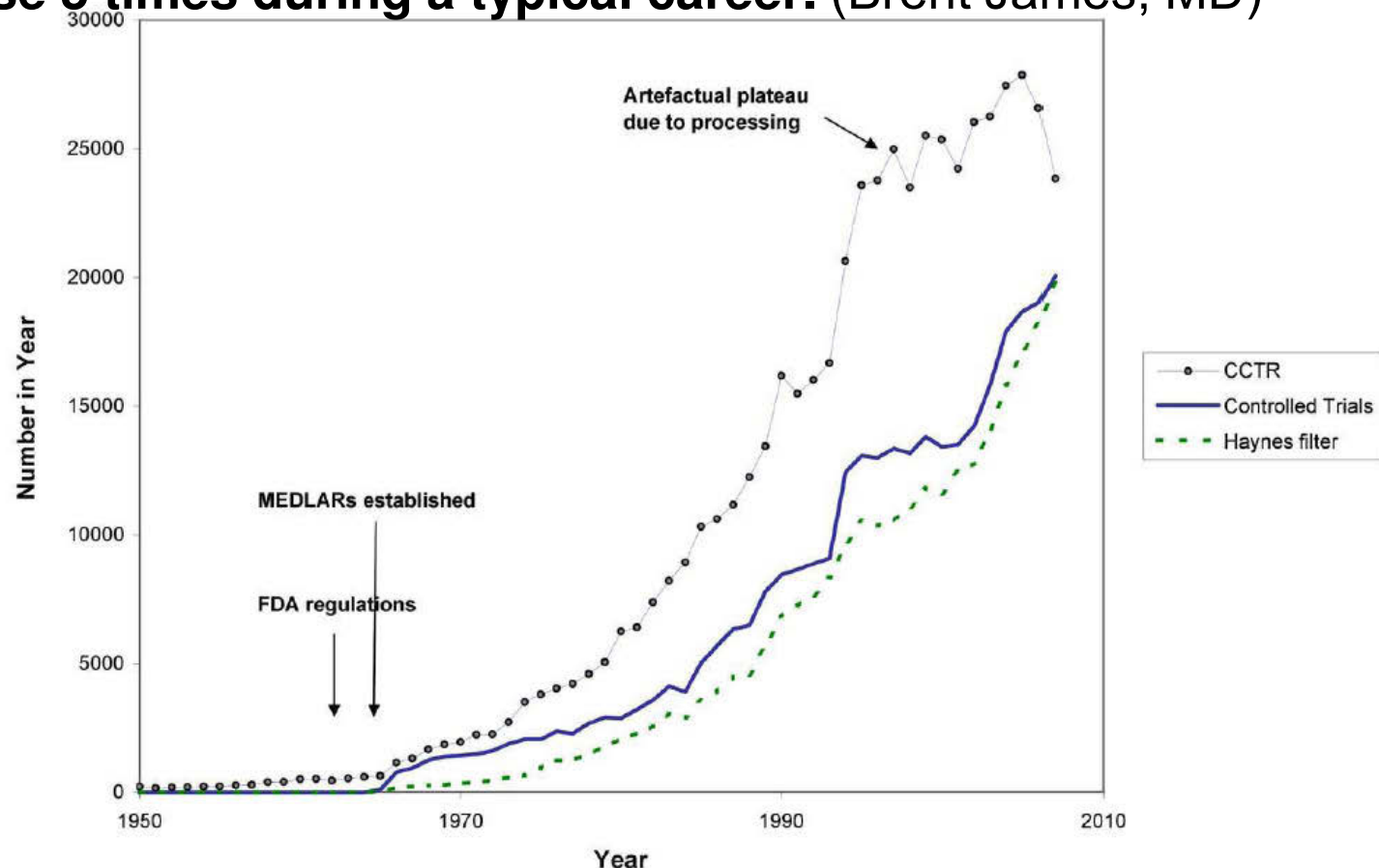
## Every 10 Years is not enough

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

*National Research Council. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press, 2001.*

# 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)

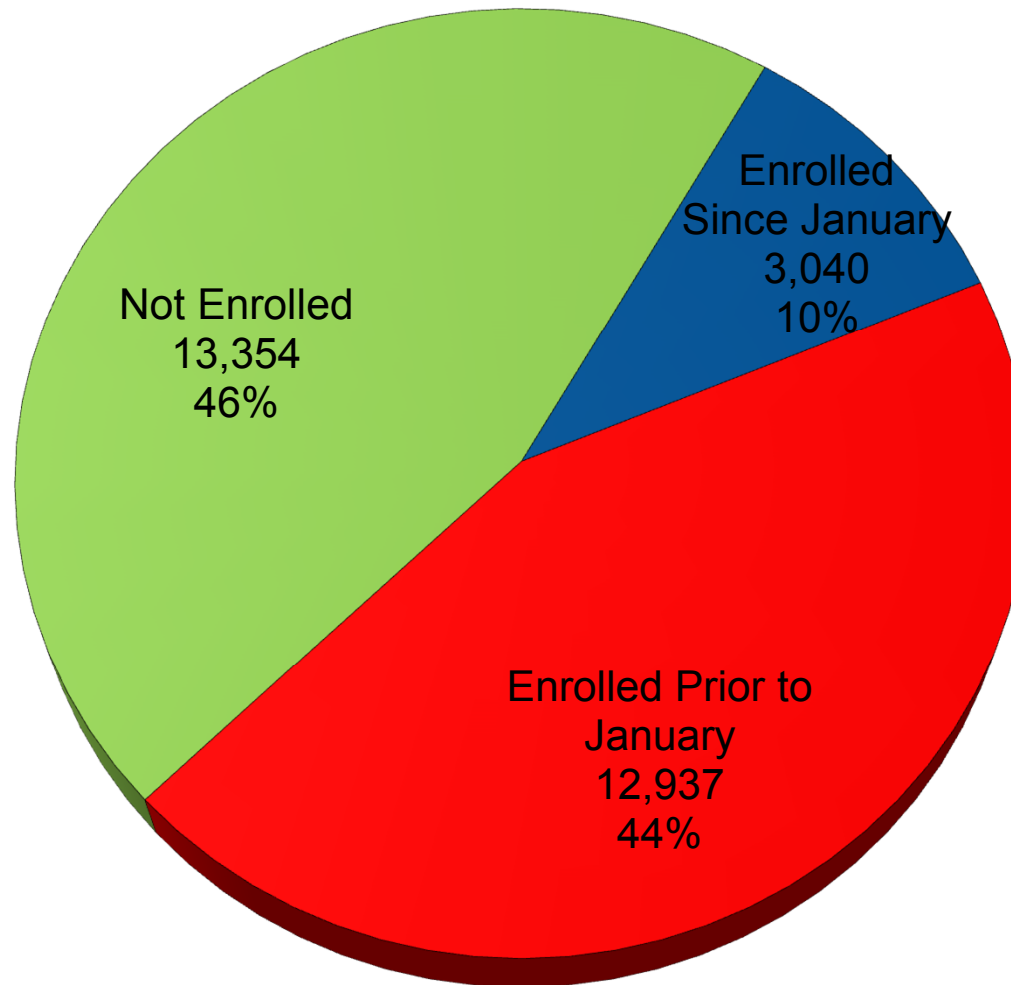


Bastian H, Glasziou P, Chalmers I. "Seventy-five trials and 11 systematic reviews a day: how up?" *PLoS Med* 2010; 7(9). (Slide from Bisognano, ABIM Foundation Forum 2013)



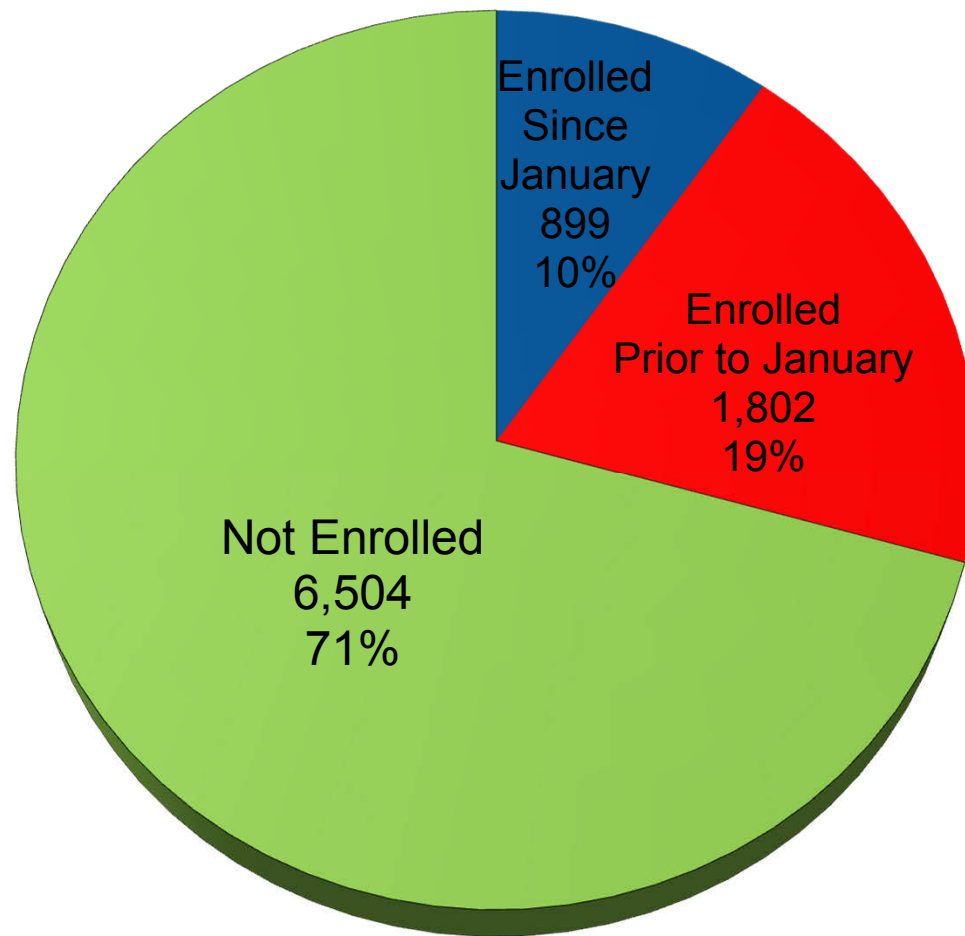
# MOC Enrollments (as of March 20)

# CV Diplomates & MOC N=29,331



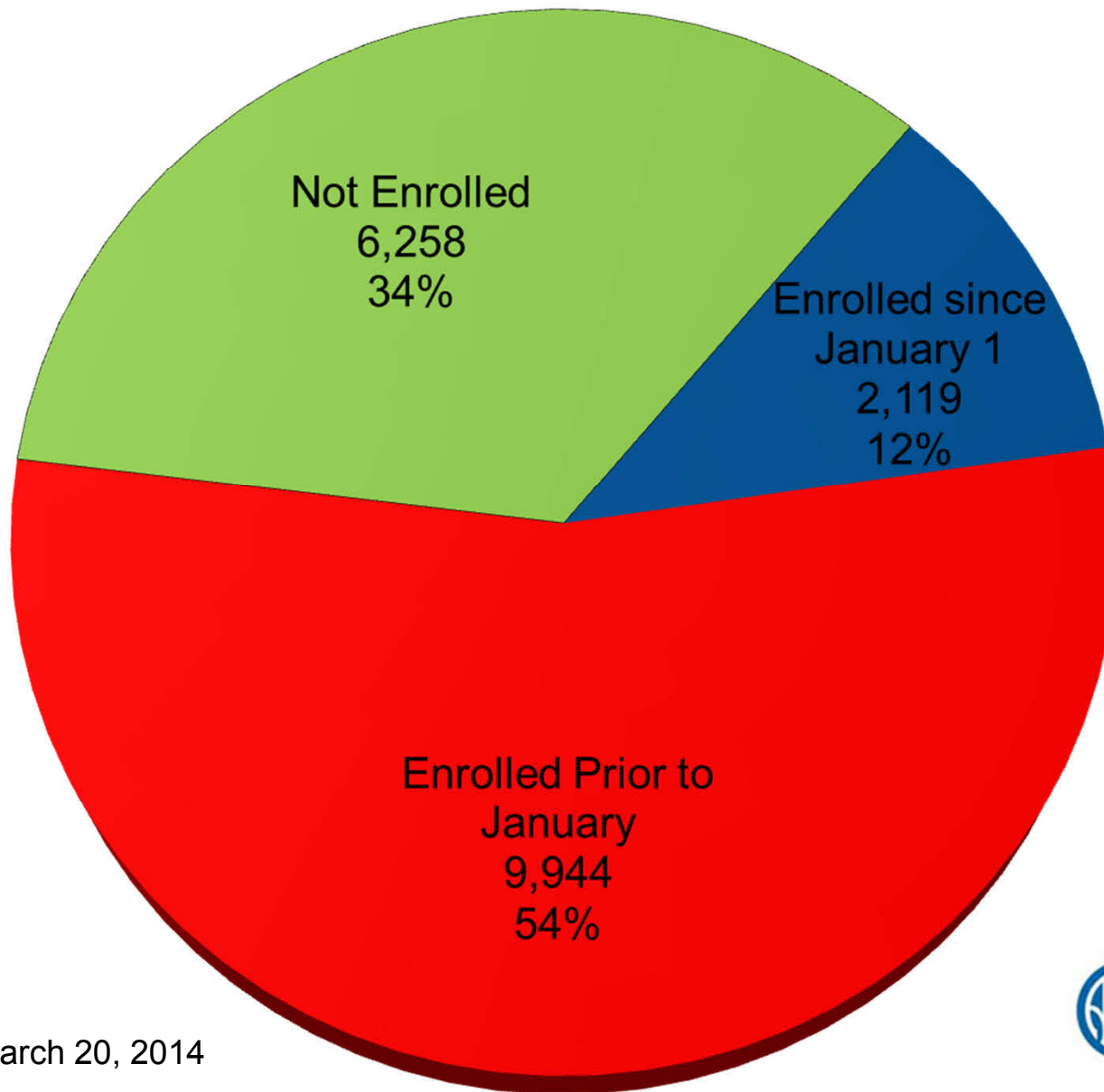
All data as of March 20, 2014

# Cardio Grandfather Engagement in MOC N=9,205



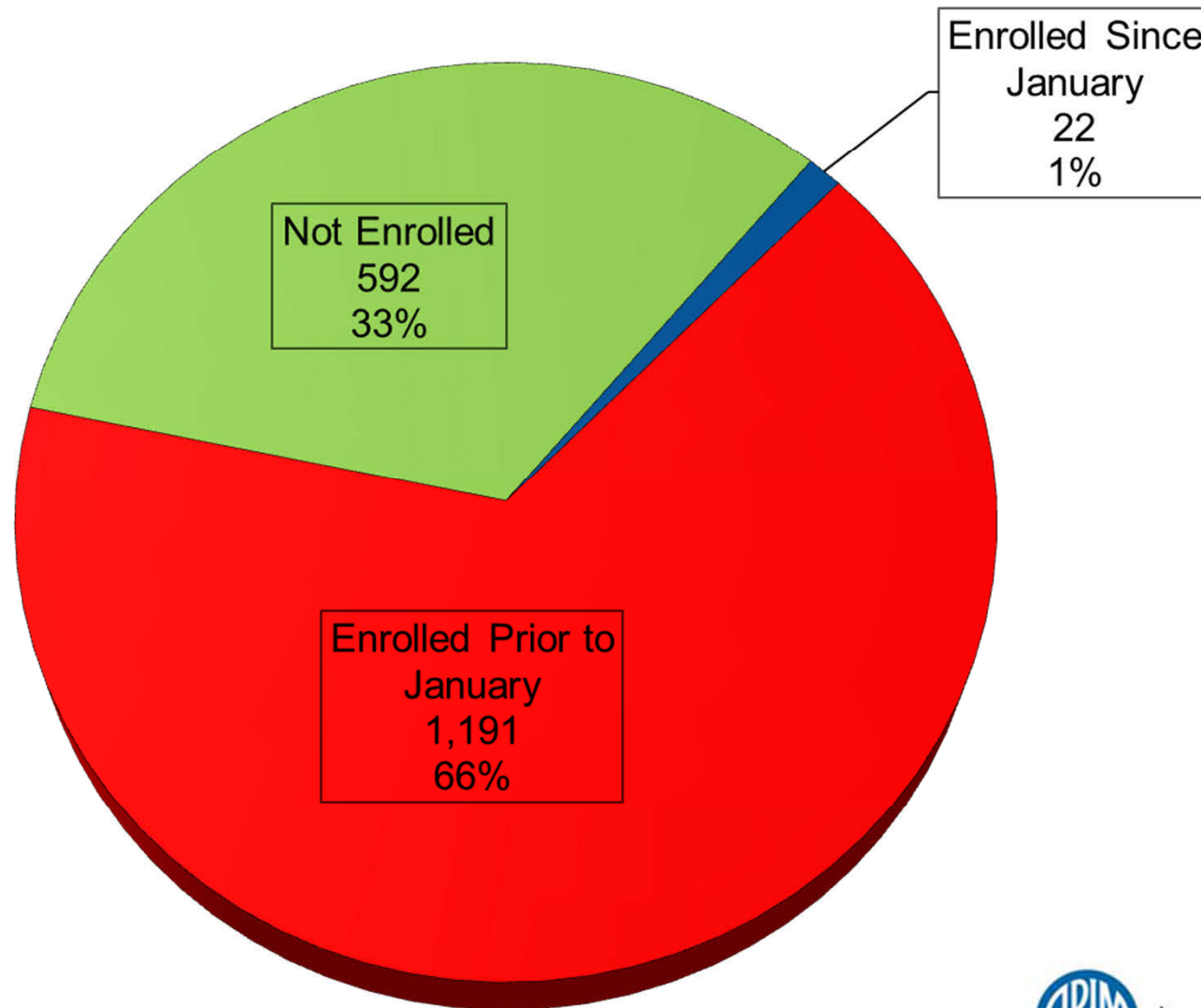
All data as of March 20, 2014

Non Grandfathers/Non Lapsed  
N=18,321



All data as of March 20, 2014

# Lapsed CV Diplomates N=1,805



All data as of March 20, 2014

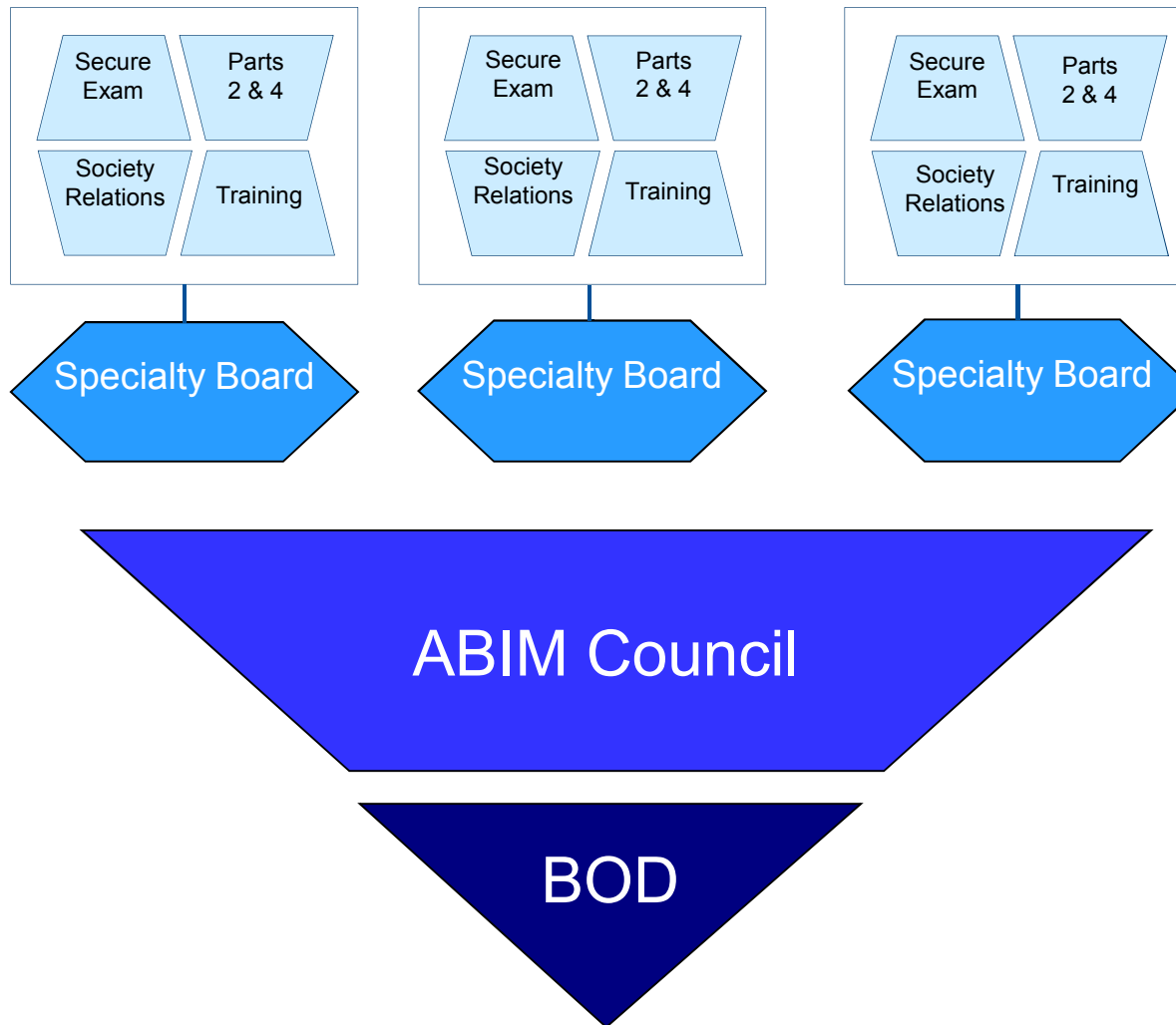
# Changes to ABIM's Governance and Assessment 2020

# 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

*Of the profession, for the public*  
**DIPLOMATES / PATIENTS**



Do the Work,  
Improve the Work

Mission-Driven,  
Future-Focused



# 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

# assessment 2020



welcome



[the committee](#)



[projects in progress](#)



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## 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

<http://assessment2020.abim.org/>

The screenshot displays the ABIM assessment2020 website. The left sidebar contains the ABIM logo, the text 'assessment 2020', and navigation links for 'welcome', 'the committee', 'projects in progress', and 'blog'. A green button labeled 'email us your feedback' and social media icons are also present. The main content area features a blog post titled 'If everyone agrees teamwork is crucial to providing quality patient care, why is it so hard to achieve?'. The post is attributed to Benjamin Chesluk, PhD, and includes a 'Share' button with a count of 7. The post text discusses the importance of teamwork in healthcare. A 'read more' button is located at the bottom of the post. The right sidebar contains links for 'About Our Blog' and 'About Our Authors', a 'Subscribe' section with an email input field and 'Subscribe'/'Unsubscribe' buttons, and expandable sections for 'Categories', 'Recent Posts', 'Recent Comments', and 'BlogRoll'. A red circle highlights the 'Subscribe' section.

ABIM American Board of Internal Medicine®

assessment 2020

welcome

the committee

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If everyone agrees teamwork is crucial to providing quality patient care, why is it so hard to achieve?

By ABIM on February 27, 2014 | 2 Comments

Share 7

The following post was written by Benjamin Chesluk, PhD, Clinical Research Associate, ABIM.

Teamwork matters to good health care. When physicians and other care providers communicate well and collaborate, it makes the care patients receive better and safer, and it can make clinicians happier and more fulfilled by their work.[1]

Everyone recognizes this, and has for decades [...]

read more →

Posted in: [Medical Education & Training](#), [Physician Assessment](#)

Tagged in: [physician assessment](#), [quality improvement](#), [teamwork](#)

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American Board  
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# 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)

Medical Content Category	% of Exam
Arrhythmias	13%
Coronary Artery Disease	12.5%
Acute Coronary	12%
Valvular Disorders	12%
Congenital Disorders	5%
Pericardial Disease	4%
Aorta / Peripheral Vascular	9%
Hypertension / Pulmonary	7%
Pharmacology	5%
Congestive Heart Failure	13%
Physiology / Biochemistry	6%
Miscellaneous	1.5%
Total	100%



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# What is on the Exam?

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

<b>Arrhythmias 13% of Exam</b>	<b>Approximate % within Arrhythmias</b>
Atrial fibrillation/Atrial flutter (including postoperative), cardioversion or ablation	20%
Ventricular arrhythmias/Sudden cardiac death/Wide QRS complex tachycardias/ICD indications, malfunctions, and interactions	20%
Paroxysmal supraventricular tachycardia/Wolff-Parkinson-White, diagnosis and ablation	15%
Antiarrhythmic drug indications/interactions/proarrhythmia	10%
Pacemaker indications and management/malfunctions/interactions	10%
Electrophysiologic testing/Noninvasive electrocardiographic testing	10%
Syncope and noninvasive testing/Sinus node dysfunction/AV block/Bundle branch block	10%
Miscellaneous arrhythmias (arrhythmias in pregnancy, etc.)	5%



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# The Cardiovascular Disease Examination

## Multiple Choice Questions?

Clinically Relevant  
Synthesis  
Judgment  
Not recall of facts  
ECG, Echo, Nuc,  
CT, MR, Angio, Audio

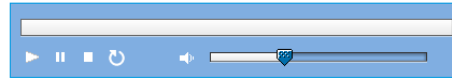
### ABIM Tutorial - Normal - Portal User

Notes Highlight Strikethrough Calculator

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 rate 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.



*Harsh systolic murmur, No S2*

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

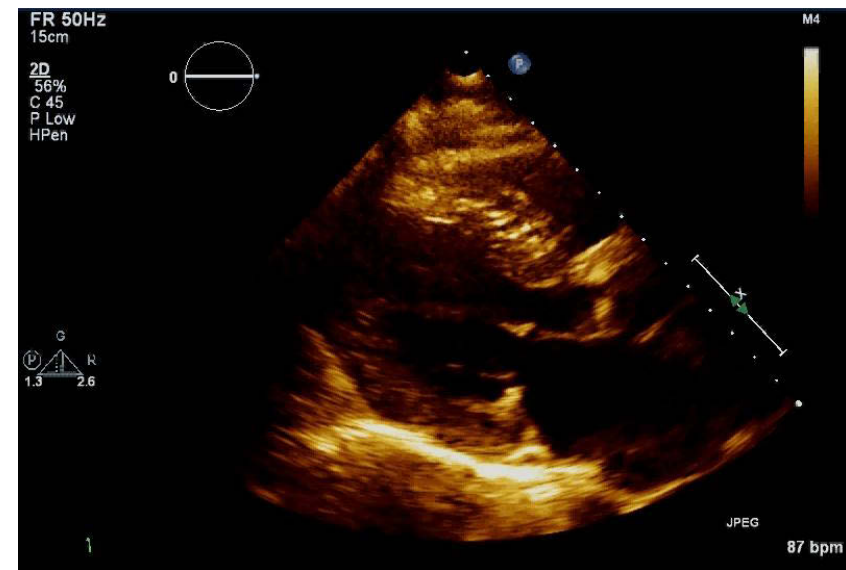
Single Correct  
Answer



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# The Cardiovascular Disease Examination: ECG, Echo, Coronary Angio?





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

[Click here for Figures](#)

GENERAL FEATURES & P WAVE ABNORMALITIES		RHYTHMS	AV CONDUCTION
VOLTAGE OR AXIS / HYPERTROPHY	INTRAVENTRICULAR CONDUCTION	Q WAVE MYOCARDIAL INFARCTION	
ST, T, U WAVE ABNORMALITIES	CLINICAL DISORDERS	PACEMAKER FUNCTION	

**GENERAL FEATURES**

☐ Normal ECG

☐ Normal variant

☐ Incorrect electrode placement

☐ Artifact

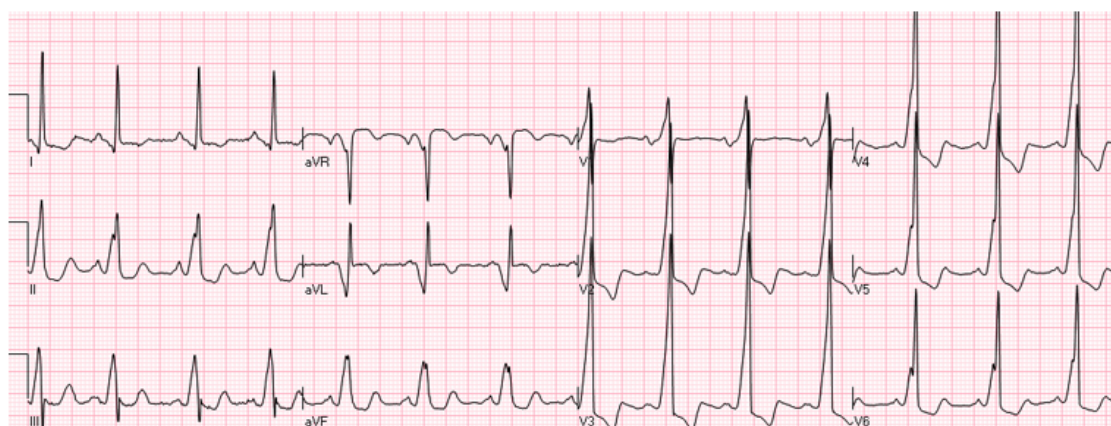
**P WAVE ABNORMALITIES**

☐ Right atrial abnormality/enlargement

☐ Left atrial abnormality/enlargement

**Answer Options Selected**

**Figures**

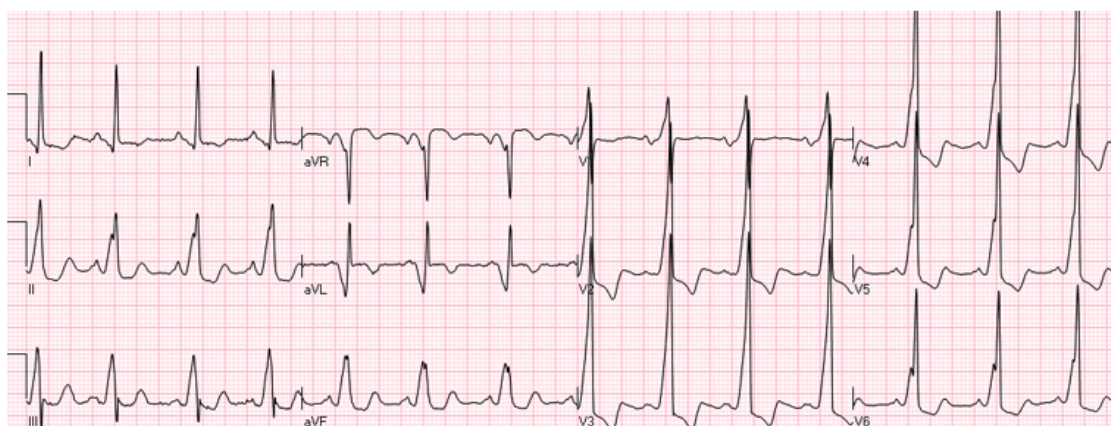


Close

**ECG Sample Case: a 60-year-old woman undergoing evaluation prior to cholecystectomy**[Click here for Figures](#)

GENERAL FEATURES & P WAVE ABNORMALITIES		RHYTHMS	AV CONDUCTION
VOLTAGE OR AXIS / HYPERTROPHY	INTRAVENTRICULAR CONDUCTION	Q WAVE MYOCARDIAL INFARCTION	
ST, T, U WAVE ABNORMALITIES	CLINICAL DISORDERS	PACEMAKER FUNCTION	
<b>ATRIAL RHYTHMS</b>		<b>Answer Options Selected</b>	
<input checked="" type="checkbox"/> Sinus rhythm		<b>RHYTHMS</b>	
<input type="checkbox"/> Sinus arrhythmia		<b>ATRIAL RHYTHMS</b>	
<input type="checkbox"/> Sinus bradycardia ( $\leq 60$ )		Sinus rhythm	
<input type="checkbox"/> Sinus tachycardia ( $>100$ )			
<input type="checkbox"/> Sinus pause or arrest			
<input type="checkbox"/> Sinoatrial exit block			
<input type="checkbox"/> Atrial premature complexes			
<input type="checkbox"/> Atrial tachycardia			
<input type="checkbox"/> Atrial tachycardia, multifocal			
<b>VENTRICULAR RHYTHMS</b>			
<input type="checkbox"/> Ventricular premature complex(es)			
<input type="checkbox"/> Ventricular parasystole			
<input type="checkbox"/> Ventricular tachycardia (3 or more consecutive complexes)			
<input type="checkbox"/> Accelerated idioventricular rhythm			
<input type="checkbox"/> Ventricular escape complexes or rhythm			
<input type="checkbox"/> Ventricular fibrillation			

Figures



Close

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

Click here for Figures

GENERAL FEATURES & P WAVE ABNORMALITIES

VOLTAGE OR AXIS / HYPERTROPHY

ST, T, U WAVE ABNORMALITIES

RHYTHMS

INTRAVENTRICULAR CONDUCTION

CLINICAL DISORDERS

AV CONDUCTION

Q WAVE MYOCARDIAL INFARCTION

PACEMAKER FUNCTION

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

☐ AV dissociation

Answer Options Selected

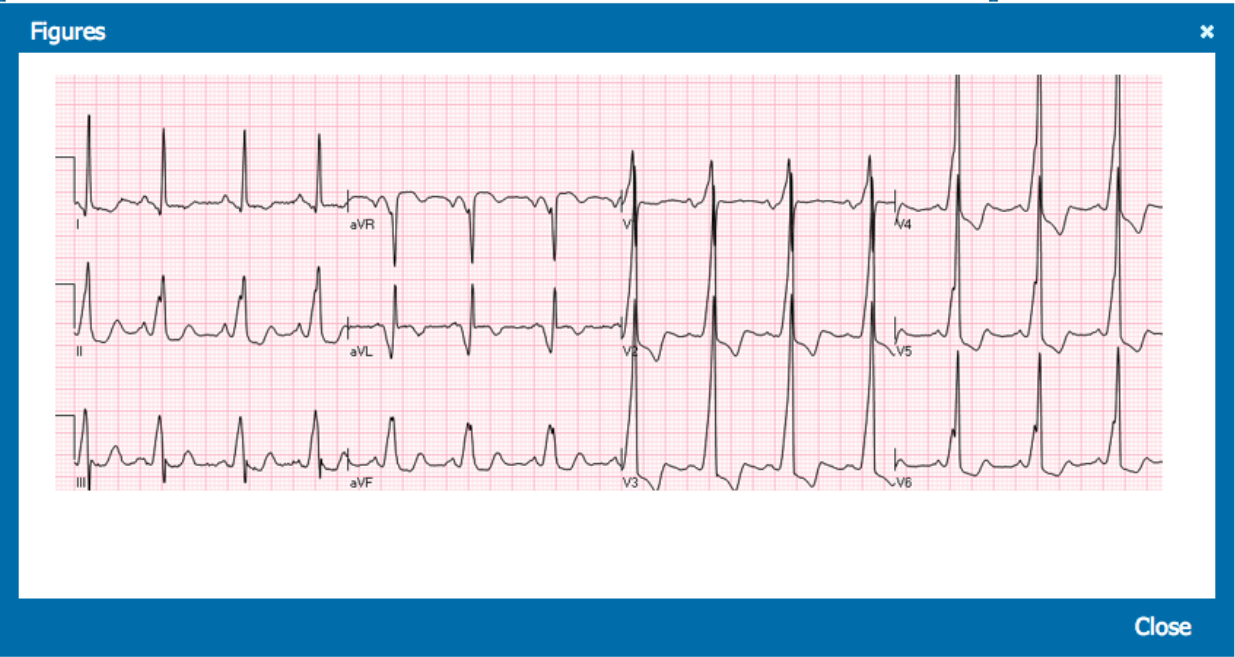
RHYTHMS

ATRIAL RHYTHMS

Sinus rhythm

AV CONDUCTION

Wolff-Parkinson-White pattern





# How is the Exam Developed?

## Cardiovascular Disease Board 2013-2014



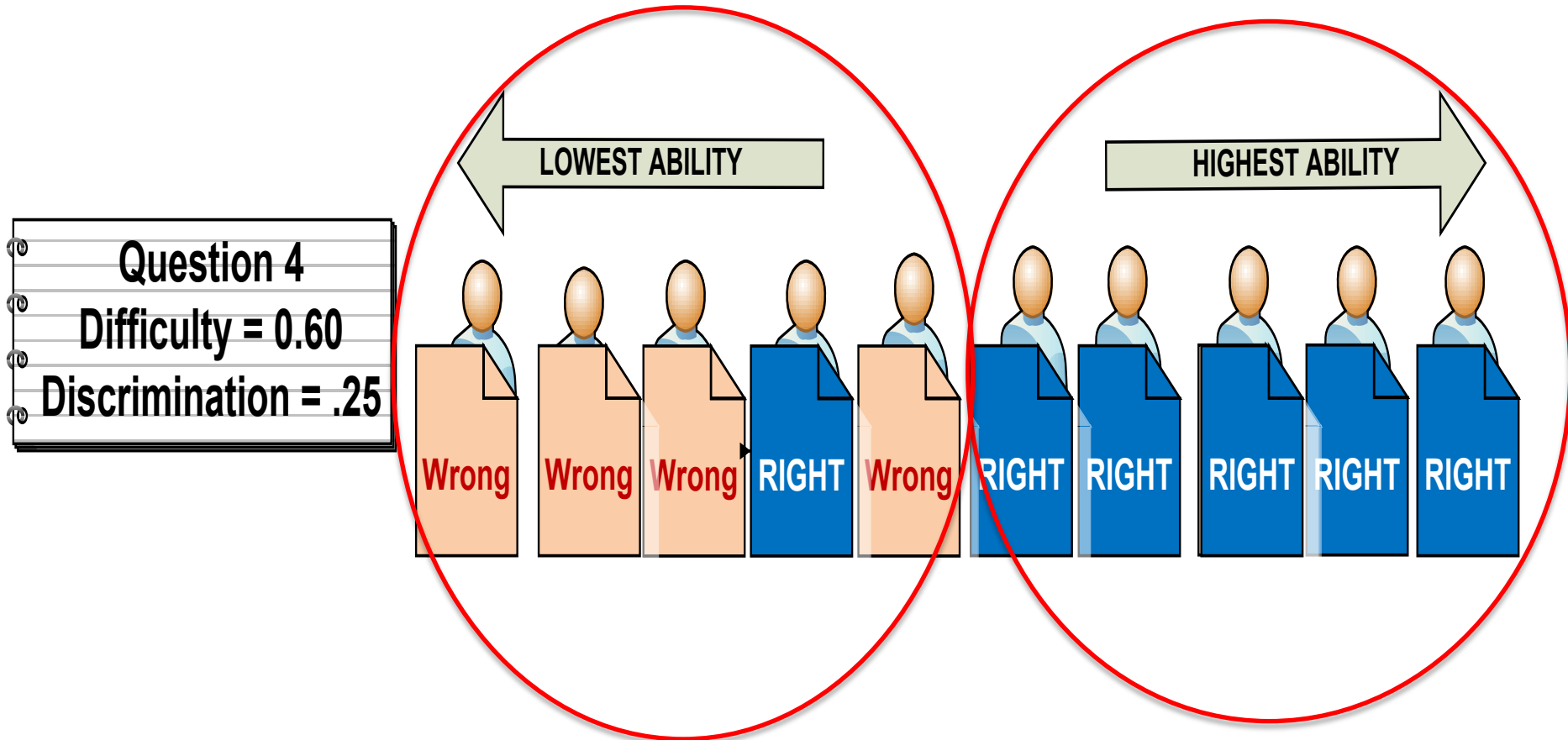
Christopher P. Appleton	Mayo Clinic, Scottsdale, AZ
Timothy M. Bateman	Saint Luke's, Kansas City, MO
Michael H. Crawford	UCSF Medical Center, San Francisco, CA
George William Dec, Jr.	Massachusetts General Hospital, Boston, MA
Mario J. Garcia	Montefiore Med. Center, New York, NY
William C. Little, Chair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

John Jeffrey Marshall	Northeast Georgia Heart Center, Gainesville, GA
Emile R. Mohler III	University of Pennsylvania, Phila., PA
Elizabeth Odile Ofilii	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



# 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)

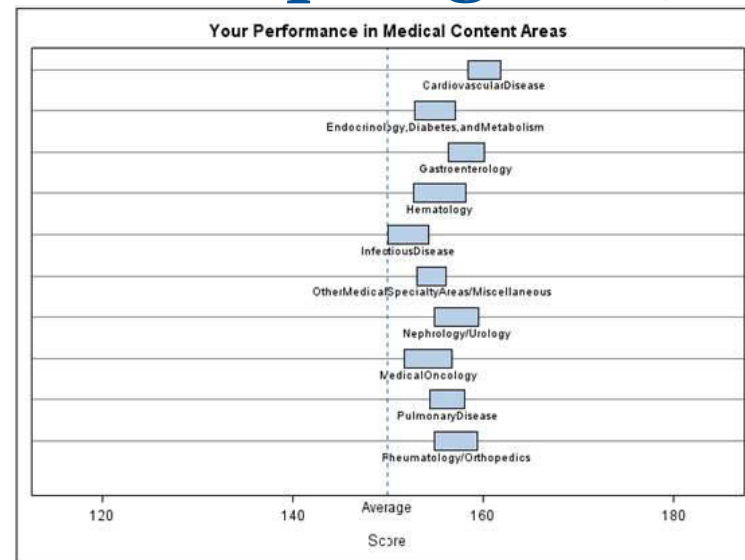
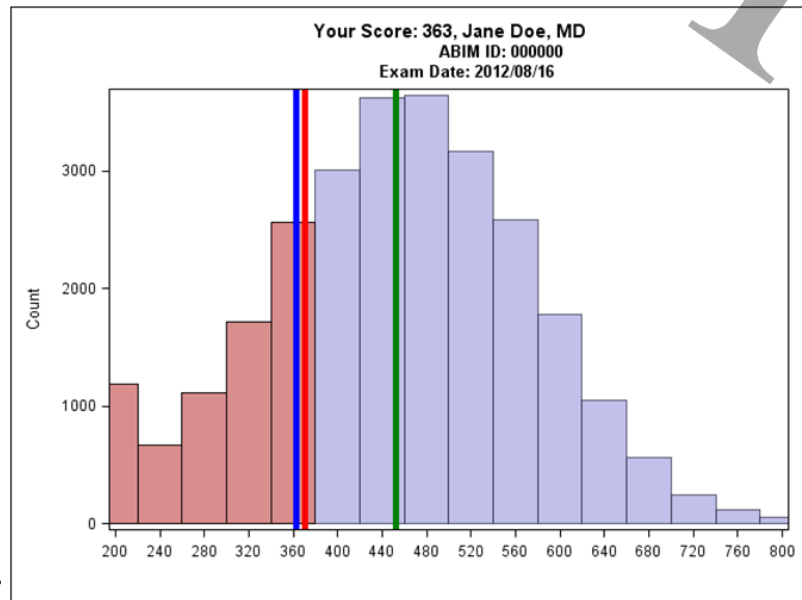
# CVD Exam for Maintenance of Certification

- Only Multiple Choice questions

# New Score Report Format for Spring 2015

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

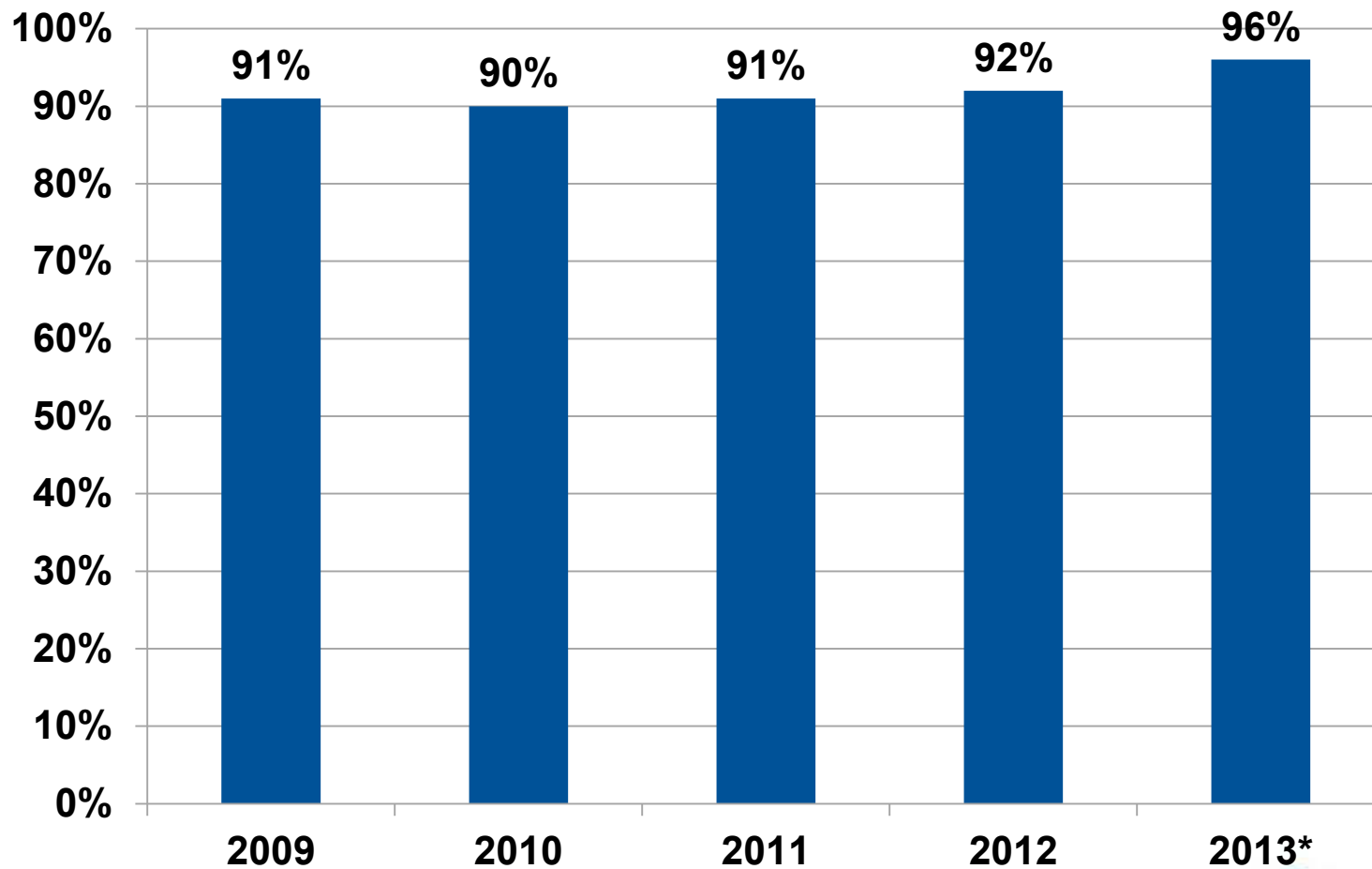
FAIL			Name: Jane Doe, MD ABIM ID: 000000 Exam Date: 2012/08/16
Your Score 363	Passing Score 370	Reference Group Mean Score 452	



Cardiovascular Disease	
Congenital heart disease Atrial septal defect and patent foramen ovale	Dx Testing
Hypertension (see also Endocrinology, Nephrology, and Obstetrics/Gynecology) Other hypertension	Management Decision
Miscellaneous cardiovascular disease	Dx Testing
Pericardial disease Constrictive pericarditis	Dx Inference/DDx
Preoperative consultation Testing indicated	Management Decision
Endocrinology, Diabetes, and Metabolism	
Endocrinology and Metabolism Diabetes mellitus Type 1 diabetes	Treatment
Endocrinology and Metabolism Diabetes mellitus Type 2 diabetes	Treatment
Endocrinology and Metabolism	Dx Inference/DDx

# CVD Initial Certification Pass Rate

## - First-Time Takers



Source: <http://www.abim.org/about/examInfo/data-pass-rates.aspx>



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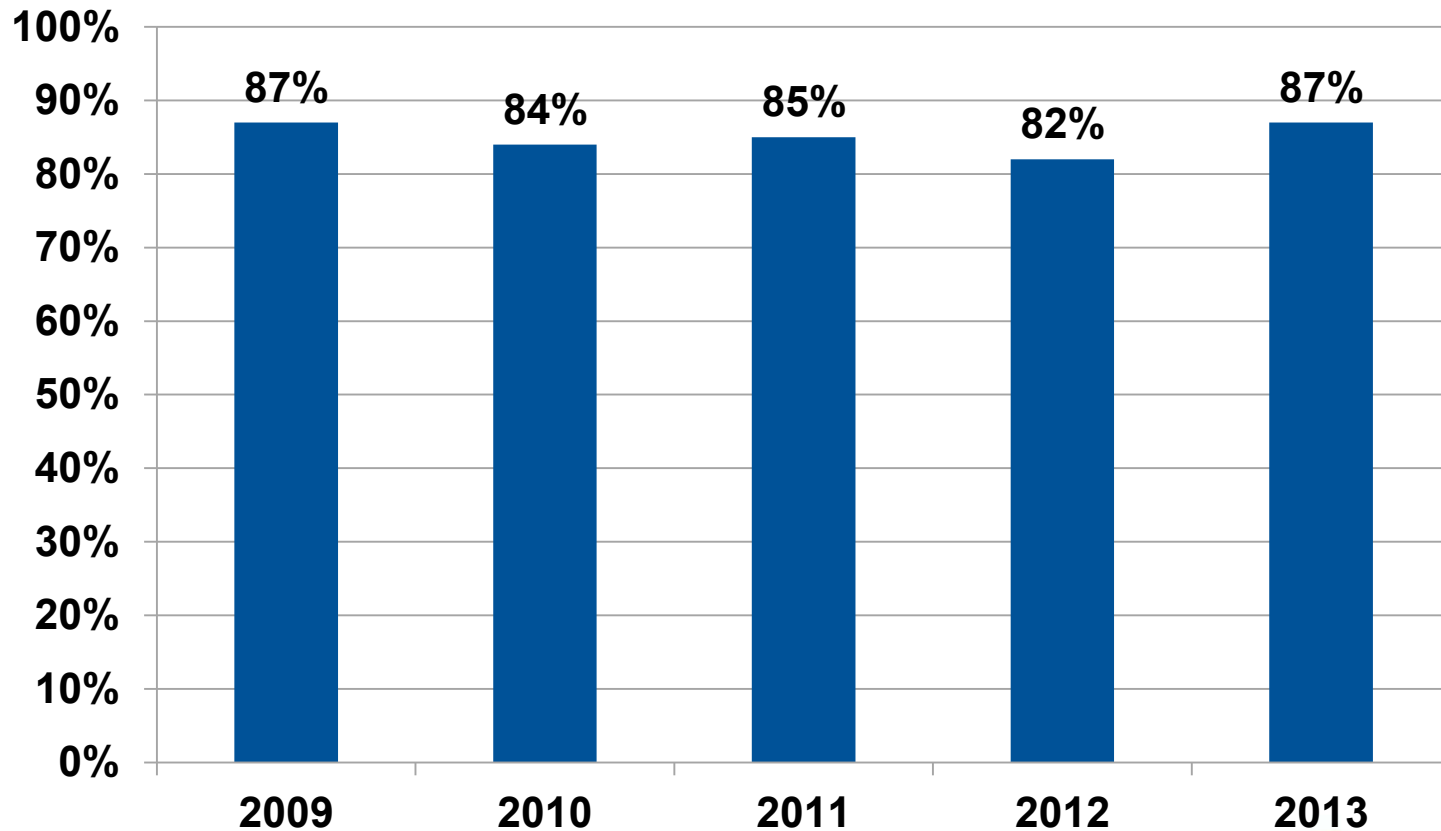
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# CVD Maintenance of Certification (MOC) Pass Rate

- First-Time Takers

97% MOC Eventual Pass Rate



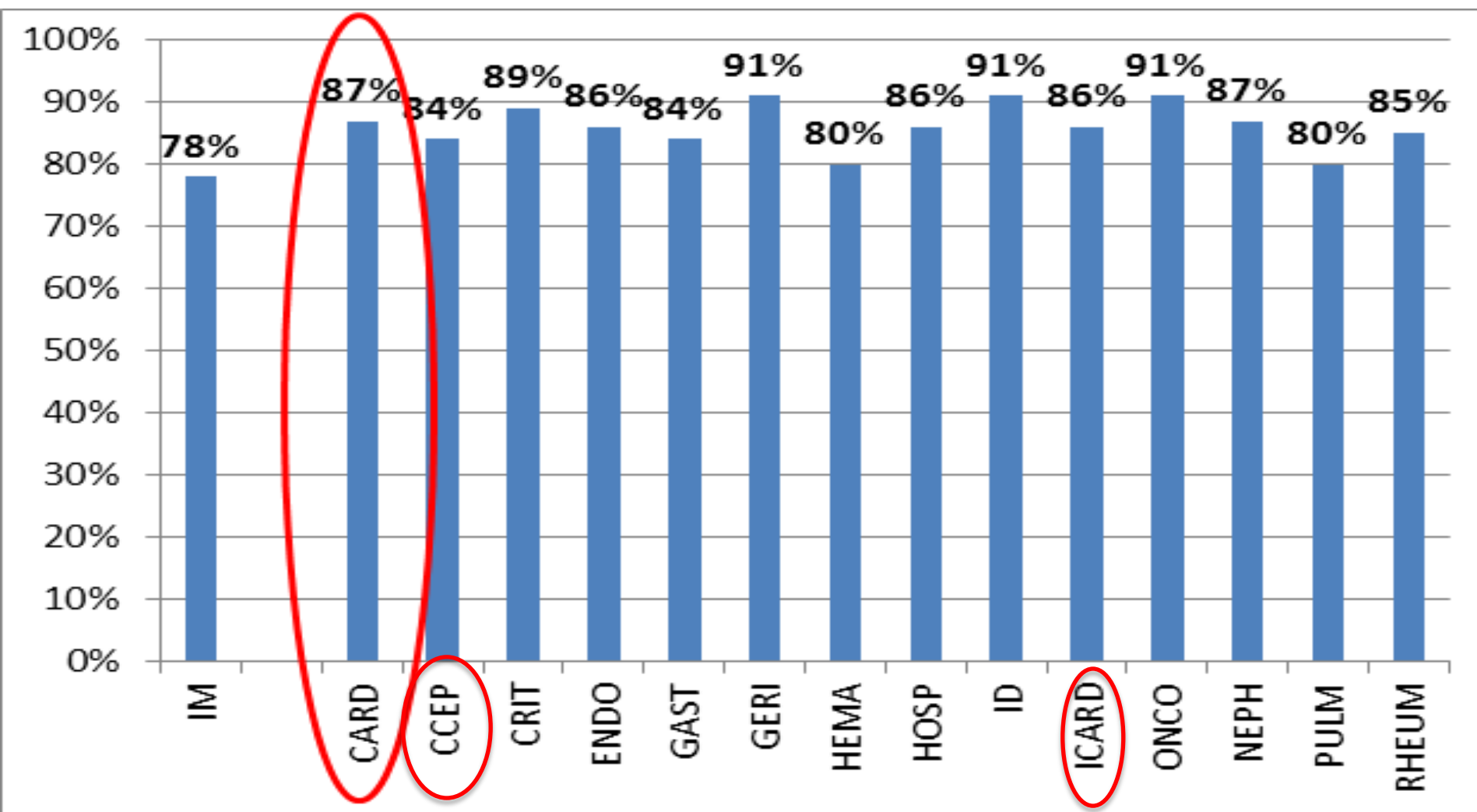
Source: <http://www.abim.org/about/examInfo/data-pass-rates.aspx>



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# First-Time Taker MOC 2013 Exam Pass Rates



# 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?

[www.abim.org](http://www.abim.org)