

## President's Message

**ABEM is Listening**

Kevin Rodgers, MD FAAEM  
President, AAEM



Based on feedback from diplomats and EM organizations, ABEM has already taken significant steps to improve its Maintenance of Certification (MOC) program. Although a cadre of Diplomats have campaigned to do away with MOC completely, it is clear that absence of physician self-regulation will result in governmental control. MOC participation assures the public that the physician is engaged in a rigorous program of

continuous professional development. Having a high standard for certification in emergency medicine is important because patients cannot choose their emergency physician. A January 2017 survey conducted online by Harris Poll revealed that 83% of the American adults believed emergency physicians should be required to pass a recertification examination to demonstrate that they are keeping up with medical knowledge throughout their career.

ABEM has always believed that periodic assessment is key to assuring the public that ABEM-certified physicians have the knowledge and skills they need to practice emergency medicine. This was reaffirmed in two different surveys, one conducted by ABEM and the other by AAEM, where the majority of diplomats found value in both the LLSA modules as well as the ConCert Exam. Additionally, in response to diplomat concerns, ABEM has frozen the cost of MOC for the last six years and has suspended the Communication/Professionalism (patience experience of care/patient satisfaction) component of Improvement of Medical Practice (Part IV). Now ABEM is looking to improve both the ConCert Exam (Assessment of Knowledge, Judgement and Skills) and well as finding novel methods for diplomats to complete the Practice Improvement component of MOC. Since costs seem to be a significant concern of many diplomats, it is important to note that ABEM's initial certification process is the least expensive of all 24 Boards. And MOC costs average \$265/year (includes LLSA) over the 10 year certification period which is at the mean for all medical specialties (the cost of a single night in a hotel at a national meeting).

So the beginning of October, ABEM held a summit meeting of EM organizations with a focus of examining the current ConCert Exam and potential options for the future. As many medical boards under the ABMS umbrella examine their maintenance of certification programs, ABEM likewise is looking to create a new generation of assessment

based on four considerations: current trends in education and evaluation; public opinion regarding the importance of periodic assessment of emergency physicians; successes and challenges of pilots conducted by other American Board of Medical Specialties (ABMS) Member Boards of alternatives to periodic exams; as well as diplomate perceptions of ConCert — its value as well as concerns.

As a starting point for the discussion, ABEM cited two axioms that will continue to govern both the periodic review of ConCert and consideration of other options: 1) ABEM will only offer time-limited certification 2) There must be episodic assessment of certified physicians. Only physicians who continue to meet the minimum standards for an ABEM-certified physician will be re-certified.



Based on information gathered to date, ABEM decided to investigate four options that range from an adaptive learning approach to mini-exams to a new oral examination to an option that introduces easy-to-implement improvements to ConCert. Each option has a different objective and focus, and each has advantages and disadvantages. Although ultimately ABEM will decide what option to implement, using a SWOT analysis the

Summit provided all EM organizations an opportunity to brainstorm future options for the exam. From more periodic but shorter exams to open-book tests to weekly questions/modules based on adaptive learning, no stone was left unturned. Significant time was spent discussing how to lessen the “high stakes” nature of the ConCert Exam while still maintaining its validity, impact and value. As you might imagine maintaining cost neutrality for any final option was also a hot topic; one possible option was switching to an annual MOC fee that covers the cost of all possible MOC components. Although evidence supports that testing in and of itself is an effective process for learning, options were also explored for making the process even more “formative” (providing more directive feedback, providing adaptive learning modules) in nature to aid in supporting the life-long

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learning concept of MOC. Summit members even discussed test security concerns and their impact on implementing “home computer” based testing. Like I said, no stone left unturned.

ABEM has also heard the complaints from diplomats concerning difficulties completing the Practice Improvement (PI) portion of the MOC. There is concern that EM physicians practicing in low acuity, low volume EDs or those who do locums, have significant difficulty with this requirement. ABEM is looking to develop novel methods which will satisfy this requirement while reducing the burden on the diplomat. AAEM has been asked to assist in this development — so stay tuned, we'll be asking for member input.

I would also like to take a moment to reinforce the rigor that goes into both building as well as scoring an ABEM exam. First, as a basis for the exam content, no other specialty has a document (EM Model) which outlines in detail what their clinical practice entails — both in terms of fund of knowledge as well as the KSAs needed to practice EM. Prior to building each exam, countless hours go into training question writers as well as validating each question. Two board members serve as Editors for each exam assisted by the item writers themselves as well as doctoral level staff with expertise in test development. Following every exam prior to scoring, each item is reviewed statistically. Any questionable items (identified by statistical analysis or through candidate comments on those items) are reviewed by the chair of ABEM's Test Administration Committee to determine whether the items should be scored. Few other Boards spend as much time, energy and money as ABEM does insuring the validity of their exams!

So ABEM is listening and MOC is evolving.

### Heroes

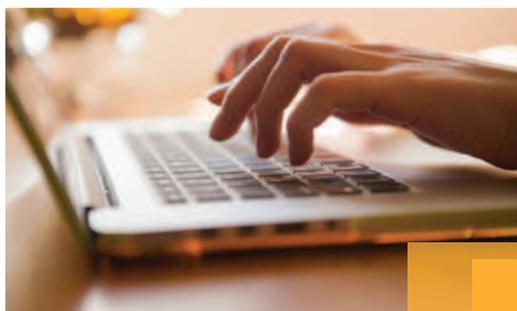
In the aftermath of Hurricanes Harvey, Irma, and Maria as well as the mass shooting in Las Vegas, our condolences go out to all the victims and their families. Our thoughts are also with all the first responders, ED nurses/techs and EM physicians, who despite all the incredible stressors, did a phenomenal job caring for them. Although a relative minor gesture in the scheme of things, based on a recommendation from a member (Lillian Oshva), AAEM sent food and drinks to the two Las Vegas EDs who handled the majority of the victims.

### Thanks!

I would like to take a moment to thank some very hard working AAEM members for their contributions to two of AAEM's major educational events. If you were lucky enough to be in Lisbon for MEMC IX, I think you would agree with me that the scientific program was absolutely outstanding and the venue and activities left nothing to be desired. I'd like to recognize both the MEMC Executive Committee (Lisa Moreno-Walton, Chair; Bill Durkin; Amin Antoine Kazzi; Terry Mulligan; and Salvatore Di Somma) as well as the Scientific Planning Committee (Gary Gaddis, Chair; David Farcy; Lisa Moreno-Walton; Terry Mulligan; Robert Suter; and Amin Antoine Kazzi) and the many track chairs who contributed to the Congress' success. I'd also like to thank the AAEM18 Planning Sub-Committee (Evie Marcolini, Co-Chair; Joelle Borhart, Co-Chair; Christopher Doty; Bernie Lopez; Kevin Reed; Zack Repanshek; R. Gentry Wilkerson; Siamak Moayedi; Mike Buscher, William Goldenberg; Jonathan Jones; Tamara Kuittinen; Eric Morley; Jack Perkins; Teresa Ross; and Zaf Qasim) for their diligence and creativity in planning the 24th Annual Scientific Assembly which will be held in beautiful San Diego from April 7-11, 2018. The grid is nearly finished and it promises to be another unsurpassed learning event for EM physicians! Please mark your calendars now and plan to join us in sunny San Diego.

### Broken Record

Finally, my recurring requests. Please help AAEM spread our message to the next generation of EM physicians. Take a minute to inquire of your residency's leadership if AAEM has had the opportunity to speak to their residents on a variety of workplace fairness issues such as due process, restrictive covenants and open books. If not, please encourage them to accept our offer for FREE education on these important and often neglected topics. Finally, my perpetual plea, please consider recruiting a fellow EM physician to join AAEM. Our ability to accomplish AAEM's mission is directly related to our membership ... as they say, there is strength in numbers. ■



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