



# Introducing the New BOARDS

**NEW BOARD EXAMS WILL PROVIDE  
RADIOLOGY RESIDENTS WITH CLINICAL  
TRAINING AND EARLY SPECIALIZATION.**

**C**hange is often associated with aversion and even anxiety. Yet, when it comes to assessing the ABR's new resident "Exam[s] of the Future," the radiology community remains optimistic.

The new board exams, which include a core exam and a final certifying exam, will initially be administered in September or October 2013 (subsequent tests will take place the following June). Although that date may seem far away, the first resident class to fall into the new exam schedule began their residencies in July 2010. As a result, residency program faculty, directors, and residents are already preparing for the changes.

**BY ALYSSA MARTINO**

## Strengthening the Test

The decision to institute a new core exam and certifying exam was not simple. “[We wanted] to come up with what is best for the field of radiology and our patients,” explains N. Reed Dunnick, M.D., FACR, 2008–2010 outgoing ABR president. However, several challenges with the old test ultimately made change inevitable.



“[Residents] were too often memorizing facts they weren’t even going to be using. It wasn’t durable learning.”  
— N. Reed Dunnick, M.D., FACR



“You might finish your residency, go out, and begin to practice. Fifteen months later, you’ll be able to take the certifying exam in the area where you’ve done most of your work.”  
— Thomas H. Berquist, M.D., FACR

“One major factor leading to the new boards was fairness,” says Thomas H. Berquist, M.D., FACR, chair of the department of diagnostic radiology at the Mayo Clinic in Jacksonville, Fla., ABR trustee, and *AJR* editor-in-chief. With the current oral exam, 10 examiners are on each panel, and grading is not standardized. “[Each panel member’s] barometer is a little different,” Berquist says. “As a result,” he adds, “many were afraid of the oral [exam].”

“The new boards will be more objective instead of subjective. Questions will be psychometrically evaluated to [ensure] the test will differentiate candidates with different knowledge levels.”

A fresh focus on physics and patient safety will also help enhance the boards’ strength. “[The new exams] will test all of the modalities,” explains Berquist. “This includes all of the organ systems and physics, as well as patient safety. This is new and very positive as far

as getting people more engaged in protecting patients.” To round off these benefits, the core exam will include a minimum of 60 scoreable units and more high-quality images in lieu of the oral exam.

Eliminating the oral exam will help ease some of the stress associated with the boards. Because the oral exam’s one-on-one testing environment is par-

ticularly high-pressure, residents’ anxiety may sometimes lead to inarticulate answers. In contrast, they may feel less anxiety and more confident about their responses on a computer-based test.

As with any exam, residents cram information to prepare. But preparing for the oral has consisted of a “binge and purge mentality,” says Dunnick. “[Residents] were too often memorizing facts they weren’t even going to be using [rather than fully understanding concepts],” he explains. “It wasn’t durable learning.”

The new computer-based core exam will be administered to residents after their third year of training, while the new certifying exam, also computer-based, will be given 15 months after graduation from residency. The certifying exam will allow candidates to choose three modules to be tested on in either general radiology or a subspecialty. The exam will also contain

two standing modules for noninterpretive skills and essentials of radiology. While the basics of the test have been determined, the ABR is still laying out the number and name of certifying categories, length of the exam, and other specifics.

## Shifting Tides

Despite the sound reasons behind the new exam, some unease still lingers. “Humans don’t like change,” adds Dunnick. “When we announced this, people said, ‘it will be a catastrophe.’ But as we kept talking and explaining the rationale, they began to accept it.”

Originally, radiology program directors opposed the changes. Lawrence P. Davis, M.D., FACR, interim chair of the department of radiology at North Shore-LIJ on Long Island and president of the Association of Program Directors in Radiology (APDR), says “fear of the unknown” was at the heart of this discomfort. For example, “[directors were] concerned about the pass rate,” he says, noting that programs are cited by the Residency Review Committee if less than 50 percent of their residents pass the boards. If a program receives several citations, it can be put on probation, adds Davis.

Additionally, programs will have to pack a lot of information into a shorter time period. “During the first three years of training, structured scheduling of core rotations will be needed to ‘fit’ the curriculum in before the first exam,” says Kristen K. DeStigter, M.D., chair of the APDR Residency Restructuring Committee.

Davis adds that the new certifying exam will become “outside the purview of the program directors.” With the changing exam structure, the programs will only be held responsible for the pass rate of their residents on the core exam — not the certifying exam.

Another reason much of the unease among directors has calmed is due to the ABR’s success in sharing information about the exams. “The ABR has done a fabulous job of communicating [the changes], both electronically and through various forums and meetings,” says Davis.

Material was disseminated at leadership meetings and booths and through trustee presentations at society meetings directly after the changes were announced. ABR also spread the word via its electronic newsletter, *The Beam*, direct e-mail, snail mail, web content, FAQs, major journal articles, and several other means.

“To me, it’s more about educating the residents,” Davis explains. “The delivery mode of the exams shouldn’t affect what they have in their heads.” Now, the APDR is one of the ABR’s strongest allies and advocates for the future test, emphasizes Dunnick.

### Producing Positive Change

Many established radiologists and professors have accepted the changes because the new exams will strengthen training for emerging radiologists by allowing them more time to specialize and receive hands-on preparation — especially during their fourth year. “They are no longer under the gun to prepare for the next exams during their last year; they can focus on what they want to improve on,” says Berquist. “The flexibility of the revised fourth year offers many opportunities for an innovative, creative approach to developing the future leaders of our specialty,” adds DeStigter.

In the past, many departments would take residents off call for part of their

fourth year to allow them time to study. Now, residents will receive a more fulfilling clinical experience during this period. “Programs will be able to work with each resident’s passions and interests through dedicated research or electives in teaching, leadership, practice quality improvement, informatics, or translational studies,” says DeStigter. “This might include scholarly or educational initiatives with other departments, other graduate programs, as well as international imaging outreach.”

As mentioned, the certifying exam enables residents to specialize early on

if they wish to do so. “You might finish your residency and begin to practice,” Berquist says. “Fifteen months later, you’ll be able to take the certifying exam in the area in which you’ve done most of your work. If you’ve done a fellowship, you can take it in that area. This makes for a fairer process and also starts radiologists on their MOC.”

Dunnick agrees: “This is a field so huge that nobody tries to master it all. All radiologists restrict their domain in some way. This new structure will, after three years, allow residents to pass a comprehensive core exam that covers the entire field but then lets them focus. As a result, they’ll be better trained at the end of their program.”

Despite these positive changes, there’s always “the rule of unintended consequences,” says Berquist. “You can’t think of everything, and consequently, this will be an evolving process. However, once [the new board exams] begin, it’s really going to morph into something that is more credible than what we currently use.”

For more information, you can read “Challenges and Opportunities in Restructuring Radiology Residencies: The APDR Residency Restructuring Committee Report,” co-authored by DeStigter and published in the July 2010 issue of the *JACR* (<http://bit.ly/cXEXbW>). //



“To me, it’s more about educating the residents.”

— Lawrence P. Davis, M.D., FACR



“Programs will be able to work with the passions and interests of each resident ... ”

— Kristen K. DeStigter, M.D