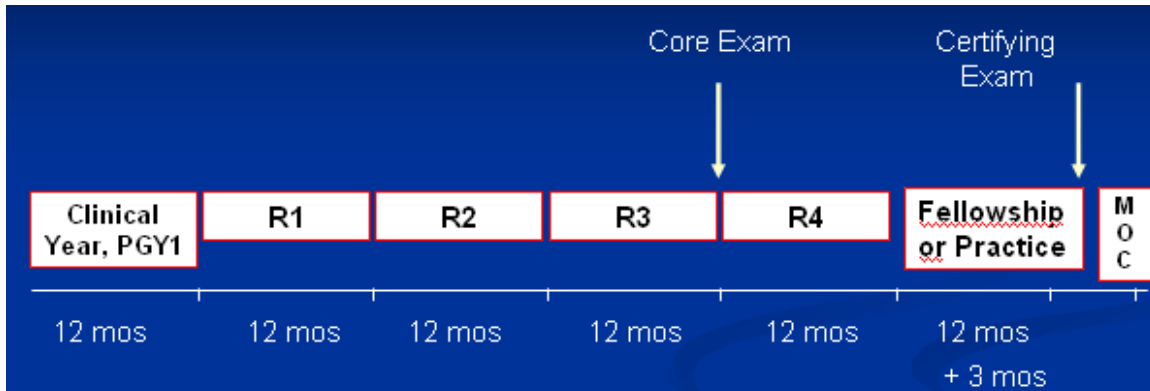


FAQs about the Exam of the Future (EOF)



What is the timeline for the proposed changes?

The first class affected will be the class entering radiology residency training (i.e., R1/PGY2 year) in July 2010. The first Core Examination will be given the first week of October 2013; subsequent examinations will be given during the third week of June. The first Certifying Examination will be given in the fall of 2015.

I began my residency in 2009. Can I choose to delay taking the oral exam and sign up for the computer-based Certifying Examination in 2015?

No. If you began your radiology residency training (i.e., R1/PGY2 year) in July 2009 or earlier, you must take the existing examinations - physics, clinical (“written”), and oral examinations.

Questions Regarding the Core Examination

What is the difference between the current initial qualifying (“written”) exam and the new Core Exam?

The current initial qualifying (“written”) exam can be taken first after two years of radiology residency training. It tests basic knowledge and comprehension of anatomy, pathophysiology, diagnostic radiology, and physics. It is not an image-rich exam. It is graded as pass/fail. The new Core Exam will be offered after 36 months of residency, will be image rich and computer based, and will examine in 18 subspecialty and modality categories. Each of these categories must be passed in order to pass the Core Examination.

What categories will be included in the Core Examination?

The 18 categories are: breast, cardiac, GI, interventional, musculoskeletal, neuroradiology, nuclear medicine, pediatric radiology, reproductive/endocrine, thoracic, urinary, ultrasound, vascular, CT, MR, radiography/fluoroscopy, physics, and safety. Each of the modules must be passed in order to pass the examination.

How will I know what to study in order to prepare for this examination?

Study guides for each category will be posted on the ABR website (www.theabr.org) before the end of 2010.

How will physics be tested on this examination? Will it be similar to previous physics examinations?

No identifiable physics module will be included in this examination. Relevant physics questions will be embedded in each category, and many will be image based. However, physics will be scored as a separate category and must be passed in order to pass the examination.

How will the Core Examination be scored?

The Core Examination will have enough scorable units in every category to appropriately evaluate the breadth and depth of knowledge in each one. All categories will be graded separately, and all must be passed.

What happens if a resident fails a portion or the entire Core Exam? When can one retake the exam?

If a candidate fails six or more of the categories, he/she must repeat the entire examination. If one to five categories are failed, the candidate will have “conditioned” the examination and needs to re-take only the categories that he/she failed. Opportunities to retake the “conditioned” parts or the entire exam will be made available twice a year.

How long does a candidate have to pass the Core exam?

A candidate has five years to pass the Core Examination after first qualifying (e.g., 36 months after beginning residency). An additional year of training will be required if the candidate does not pass the examination in this period of time.

Will “exam frenzy” transfer from fourth-year to third-year residents? How will this change affect training programs?

Some of the current board review anxiety may indeed shift to earlier years of training. Third-year radiology residents, rather than fourth-year residents, may seek extra study time. Overall board frenzy may decrease, to the extent that it was related to the intensity of an oral examination, traveling to Louisville, multiple examiners, and the tight timeframe of the experience.

The breadth and depth of the training and learning experiences during the first 36 months of radiology residency will change because the resident must have experience in all aspects of diagnostic radiology before taking the examination. This shift will have the desirable effect of encouraging the gradual increase in resident responsibility throughout all four years of residency that is supposed to occur throughout training. Beginning in July 2010, the ABR will allow up to 16 months of experience during the residency in any one subspecialty, including research. Depending on the resources of each program, a resident thus may be able to subspecialize to some extent during his/her fourth year, rather than being constrained by studying for the oral examination

Questions Regarding the Certifying Examination

What is the Certifying Exam?

The Certifying Exam, which will be given 15 months after completion of diagnostic residency training, is a computer-based, image-rich exam. The examination will include five modules. Three modules will be in clinical practice areas and can be chosen by the examinee to fit his/her interests, experience, and training. The other two modules, Essentials of Diagnostic Radiology and Noninterpretive Skills, will be taken by all examinees.

How long does a candidate have to pass the examination?

A candidate has five years to pass the Certifying Examination after first qualifying for it (e.g., 15 months after finishing residency or after passing the Core Examination, whichever takes longer). An additional year of training will be required if the candidate does not pass the examination during this time.

Will “exam frenzy” transfer to the period after completion of residency?

Sixty percent of the Certifying Exam that will be given 15 months after completion of training will be a profiled exam that reflects the individual’s practice. Therefore, the Certifying Exam is designed to be more comparable to the work environment. The remaining 20 percent of the examination will test areas that every radiologist should know. A computer-based examination should not generate the same anxiety level as an oral examination. We do not believe that the new Certifying Exam will induce the same degree of anxiety as the current oral exam.

So much learning occurs in the fourth year of residency in preparation for the oral board exam. Why change something that has been successful?

Many residents still remember their board experience, and some state, “I never knew more.” However, the “binge-and-purge” mentality is not a good strategy. The new training and certification processes should encourage a greater depth of knowledge in the areas of an individual’s interest and practice, which will hopefully translate to a higher level of patient care. Finally, it should be mentioned that the new testing paradigm proposes no change in the total duration of training. The resident still has the same amount of total time to reach the “never knew more” stage, and the knowledge he/she gains will be far more relevant to his/her practice goals.

How does an individual select content for the Certifying Exam?

A candidate will select three clinical practice modules in which to be examined, based on his/her training experience, interest, and practice pattern. These areas will include the following: breast, cardiac, GI, musculoskeletal, neuroradiology, nuclear medicine, pediatric radiology, reproductive/endocrinology, thoracic, ultrasound, urinary, VIR, and general radiology. The candidate can choose one, two, or three modules in a single clinical practice area. If more than one module is chosen in an area, the candidate should expect questions of greater difficulty than if only one module is chosen.

What does “Essentials of Diagnostic Radiology” mean?

This refers to “don’t-miss” lesions such as pneumothorax on a chest x-ray or subdural hematoma on a CT scan of the head. This module is included because many radiologists must interpret such examinations outside their primary field of expertise.

What does “Noninterpretive Skills” mean?

This refers to general topics of importance to the practice of radiology, including, but not limited to, radiation safety, recognition and management of contrast reactions, error prevention, communication skills, professionalism, and ethics.

Is radiology unique in delaying board exams until the person is in practice?

Many boards delay the final certification exam until after the individual is in practice. In fact, the ABR is presently one of the few boards that offer the certifying exams before the end of residency training. In addition, many boards no longer have oral exams. So the new examination paradigm for diagnostic radiology makes our specialty more similar to many other specialties in the way we will administer our certifying examination.

Will the ABR Diagnostic Radiology Certificate still indicate whether an individual is AU-eligible?

Yes. If the individual has fulfilled all the requirements for an “authorized user,” the certificate will indicate “AU-eligible.”

Can residents find employment without being certified?

Most boards delay the certifying exam until the individual has practiced. The ABR is simply joining the mainstream. Physicians in all other specialties manage to find gainful employment despite the delay in the certifying exam until after training.

What happens to the required months of rotation for nuclear medicine and breast imaging? How can you be sure that all residents have these rotations?

The program director, chair, and the faculty will be responsible for compliance with these requirements, which actually are mandated by federal agencies/legislation. The solutions may be unique to each institution; this is no different from the current situation.

Will the change in timing of the board exams and the possibility of taking 12 months in one selected area during the fourth year decrease the number of residents taking fellowships? Could this be an unintended consequence?

The impact on fellowships is unknown. However, most individuals who complete their residency program take an additional year of training. Frequently, this is based on a potential position in an academic or private practice. It is largely driven by the market and the desire of individuals to have greater subspecialization in a selected area or areas. There may be a tendency for some to remain in an academic environment until all of their DR requirements (including the Certifying Exam) are satisfactorily completed. If this occurs, the number of fellowship-seeking senior residents may actually increase.