

# abem memo

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American Board of Emergency Medicine  
a Member Board of the American Board of Medical Specialties

## FROM THE **PRESIDENT**

### *Lifelong Learning and Self-Assessment for an Emergency Medicine Lifer*

"Emergency Medicine Lifer" is a strange term one might say. The term "lifer" is usually reserved for the worst segment of a prison population. But, as I remember from early in my career, some of us felt like we were imprisoned by the stereotypes of our colleagues in older, more established specialties. Moonlighter, carpetbagger, itinerant laborer were terms that were applied to emergency physicians by some of our colleagues in the early days of Emergency Medicine. Lifer to me exhibits the dedication and commitment to our specialty made by our predecessors, that is, the dedication that enabled Emergency Medicine to survive initially and then to flourish in the medical community. The term has been rekindled in my mind as the Board has developed and is now initiating the Lifelong Learning and Self-Assessment (LLSA) program, a major

component of Emergency Medicine Continuous Certification (EMCC).

Do any of you who have also been practicing Emergency Medicine for some time remember fondly the days when you would care for patients, spending time with them, discussing their treatments and dispositions, and not worrying about the Review of Systems and seven body parts that you had to examine and document? Do you also recall that, on occasion, patients would say to you, "Doc, when are you going to have a real practice?" or "Can I see you in your office for follow-up?" We got our share



**Jeffrey G. Graff, M.D.**



## THE ABEM MISSION

is to protect the public by promoting and sustaining the integrity, quality, and standards of training in and practice of Emergency Medicine.

### *From the President continued*

of comments such as these, and we did enjoy them and see them as a sign of appreciation, a testimonial of sorts, too often rare in our daily labor.

When I would get comments such as these, I would usually explain that as an emergency physician, I had no office and no practice in the traditional sense. Once in awhile, the patient would persist and wonder why any of us would want to spend our careers working in an emergency room. I would zealously explain the rationale behind the new specialty of Emergency Medicine, expressing the hope that some day in the near future it would be considered a specialty like other, established specialties. On the even more rare occasion when someone wanted to continue questioning our choice of medical specialty, I would feel compelled to limit the conversation by acknowledging to the person that I am an Emergency Medicine Lifer. This would usually end the questioning, and my mom would stop asking.

Lifelong Learning and Self-Assessment and the broader EMCC program are designed to sustain the dedication and commitment that our pioneers brought to Emergency Medicine by helping to assure continuing excellence and to promote quality emergency medical care. By choosing high caliber LLSA readings for diplomates to review, all diplomates are being asked to maintain the high standards exhibited by their training in Emergency Medicine and their initial ABEM certification. Our sincere hope is that rather than being a burden, LLSA will be an appreciated stimulus for all of us lifers – a rewarding and satisfying approach to help us keep up with the trends and issues that we face daily in our busy emergency departments.

You will soon receive information about what you will need to do to maintain your certification beyond the end date of your current certificate. In early 2004, you will receive information about how to connect to your personal ABEM web page, which will be located within the EMCC section of the ABEM website. I'm hoping that you will see this new activity as a valuable adjunct to your Emergency Medicine practice, a means of verifying to our patients that all diplomates desire to maintain the highest standards. Ultimately, we believe that this process will inure to the benefit of medicine in general, the public we care for, and to all of us lifers who are dedicating our professional lives to the practice of Emergency Medicine.

Just one final word, we continue to value your feedback as we go forward with EMCC so that we maximize the positive aspects of the process. Please contact us at [emcc@abem.org](mailto:emcc@abem.org), with your comments and suggestions.

# Emergency Medicine Continuous Certification (EMCC) Update

The first three components of EMCC will begin in 2004. The development of the fourth component, Assessment of Practice Performance, is in process and will take place over the next several years with an expected implementation date of 2007.

## The Four Components of EMCC

### 1. Professional Standing

- Diplomates must hold at least one medical license in the U.S., its territories, or Canada, that is active, current, valid, unqualified, and unrestricted throughout the time that they are certified.
- All licenses held must meet ABEM criteria.
- Diplomates may hold voluntarily inactive licenses.
- Diplomates will attest that their licenses meet the criteria stated above each time they take an LLSA test.
- ABEM will randomly verify the licenses of 5% of its diplomates annually.
- ABEM will verify licenses each time diplomates register for the ConCert examination.

### 2. Lifelong Learning and Self-Assessment (LLSA)

- A list of 20 readings based on the EM Model will be posted on the ABEM website each year.
- 40-item LLSA tests will be developed based on the annual readings.
- A new LLSA test will be posted on the ABEM website each year.
- Each LLSA test will remain online for three years.
- Once registered for an LLSA test, diplomates will have three opportunities to pass.

### 3. Assessment of Cognitive Expertise

- The Continuous Certification (ConCert) examination will be a comprehensive examination based on the LLSA readings and the EM Model.
- ConCert will typically occur in the tenth year of each diplomate's EMCC cycle.
- ConCert will be a half-day examination.
- ConCert will be administered at computer-based testing centers around the country.

### 4. Assessment of Practice Performance

- Activities will be focused on practice improvement.
- Activities will offer diplomates a choice of ways to meet requirements.
- Activities will not require that diplomates be clinically active in EM and will be available to diplomates engaged in clinical EM, teaching, research, or administration.
- The Board is discussing specific options that will be developed over the next several years.

## EMCC Requirements for Continuing Certification

The chart on these two pages describes diplomates' requirements for completing the first three components of EMCC, based on the year that a diplomate's certificate expires and the path that most diplomates would take through EMCC. Diplomates may take the ConCert examination at any time as long as they have completed the requisite number of Lifelong Learning and Self-Assessment (LLSA) tests needed for the given year. If a diplomate takes the examination early, however, the

*Diplomates may take the ConCert examination at any time as long as they have completed the requisite number of Lifelong Learning and Self-Assessment (LLSA) tests needed for the given year.*

diplomate's new ten-year certificate would begin on the date of the diplomate's examination results letter and would expire ten years later. If you have additional questions after consulting the following chart, please contact [emcc@abem.org](mailto:emcc@abem.org).

Year Current Certificate Expires	<b>If the Ending Date of Your Current Certificate is 2003 - 2012</b>
2003	You will take and pass the recertification examination in 2003 and begin the EMCC program in 2004 and you may take the first LLSA test. In total, you will need to pass eight LLSA tests before taking the ConCert examination in 2013. In 2013, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
2004	You will take the ConCert examination in 2004 and begin the LLSA tests in 2005. You do not need to take the 2004 LLSA test. None of the 2004 ConCert examination will be based on the 2004 LLSA readings. You will next take the ConCert examination in 2014 and will need to pass eight LLSA tests between 2005 and 2014. In 2014, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
2005	You will take the ConCert examination in 2005 and begin the LLSA tests in 2006. You do not need to take either the 2004 or 2005 LLSA tests in order to be eligible for the ConCert examination. However, because a portion of the 2005 ConCert examination will be based on the 2004 LLSA readings, you may wish to complete the readings and perhaps take the LLSA test for that year. You will next take the ConCert examination in 2015 and will need to pass eight LLSA tests between 2006 and 2015. In 2015, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
2006	You will need to pass at least one LLSA test in 2004 or 2005 and take the ConCert examination in 2006. You may wish to complete both the 2004 and 2005 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2006 ConCert examination will be based on the 2004 and 2005 readings. You will next take the ConCert examination in 2016 and will need to pass eight LLSA tests between 2007 and 2016. In 2016, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
2007	You will need to pass at least two LLSA tests between 2004 and 2006 and take the ConCert examination in 2007. You may wish to complete the 2004, 2005, and 2006 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2007 ConCert examination will be based on the 2004 through 2006 readings. You will next take the ConCert examination in 2017 and will need to pass eight LLSA tests between 2008 and 2017. In 2017, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.

### **EMCC Requirements for Continuing Certification (*continued*)**

<b>Year Current Certificate Expires</b>	<b>If the Ending Date of Your Current Certificate is 2003 - 2012</b>
<b>2008</b>	You will need to pass at least three LLSA tests between 2004 and 2007 and take the ConCert examination in 2008. You may wish to complete all of the 2004 through 2007 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2008 ConCert examination will be based on the 2004 through 2007 readings. You will next take the ConCert examination in 2018 and will need to pass eight LLSA tests between 2009 and 2018. In 2018, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
<b>2009</b>	You will need to pass at least four LLSA tests between 2004 and 2008 and take the ConCert examination in 2009. You may wish to complete all of the 2004 through 2008 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2009 ConCert examination will be based on the 2004 through 2008 readings. You will next take the ConCert examination in 2019 and will need to pass eight LLSA tests between 2010 and 2019. In 2019, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
<b>2010</b>	You will need to pass at least five LLSA tests between 2004 and 2009 and take the ConCert examination in 2010. You may wish to complete all of the 2004 through 2009 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2010 ConCert examination will be based on the 2004 through 2009 readings. You will next take the ConCert examination in 2020 and will need to pass eight LLSA tests between 2011 and 2020. In 2020, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
<b>2011</b>	You will need to pass at least six LLSA tests between 2004 and 2010 and take the ConCert examination in 2011. You may wish to complete all of the 2004 through 2010 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2011 ConCert examination will be based on the 2004 through 2010 readings. You will next take the ConCert examination in 2021 and will need to pass eight LLSA tests between 2012 and 2021. In 2021, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.
<b>2012</b>	You will need to pass at least seven LLSA tests between 2004 and 2011 and take the ConCert examination in 2012. You may wish to complete all of the 2004 through 2011 readings and the LLSA tests prior to taking the ConCert examination because a portion of the 2012 ConCert examination will be based on the 2004 through 2011 readings. You will next take the ConCert examination in 2022 and will need to pass eight LLSA tests between 2013 and 2022. In 2022, 25 - 40% of the ConCert examination will be based on prior years' LLSA readings.

## EMCC Dates

- The 2004 Lifelong Learning and Self-Assessment (LLSA) reading list is currently available on the ABEM website, [www.abem.org](http://www.abem.org).
- The 2005 LLSA reading list will be posted on the ABEM website by **December 15, 2003**.
- The first LLSA test, based on the 2004 reading list, will be available on the EMCC portion of the ABEM website beginning **April 5, 2004**.
- Registration for ConCert will begin **July 5, 2004**.
- The ConCert examination will be administered over a six-day period at approximately 200 computer-based testing centers across the country **November 1-6, 2004**.

## EMCC Website Going Live April 2004

ABEM will unveil the new, interactive EMCC portion of the ABEM website in April 2004. ABEM diplomates, using unique usernames and

- Register for the ConCert examination beginning July 5, 2004

• Complete Professional Standing requirements

ABEM's website is under extensive development, with a goal of pioneering a new look and feel for the website as a whole, in addition to developing the interactive EMCC section of the website. A short field trial of the EMCC section this spring was highly successful, and ABEM is currently working with the vendor to make suggested improvements. A second more extensive field trial will be held in early 2004.

Diplomates should look for a personal mailing later this fall that will explain their specific requirements for maintaining certification beyond their current certificate. The diplomate's specific information will be based on the diplomate's current position within the 10-year recertification cycle. A second mailing, close to April 2004, will include additional specific information, including the diplomate's personal username and password for accessing the EMCC section of the ABEM website.

*ABEM's website is under extensive development, with a goal of pioneering a new look and feel for the website as a whole, in addition to developing the interactive EMCC section of the website.*

passwords, will be able to access a secure, personal homepage whenever and wherever they have access to the Internet. ABEM will provide each diplomate a unique username and password close to the April 2004 date.

On their individual homepage diplomates will be able to do all of the following:

- Check and update personal information on file at ABEM
- Learn their specific EMCC requirements and review their status
- Complete the LLSA test requirements and review the results

## LLSA Readings Online

Lifelong Learning and Self-Assessment (LLSA) readings are now available online. All 20 of the 2004 LLSA readings can be accessed from the ABEM website by clicking on the title of a specific reading which provides a link to the reading on the appropriate publisher's website. The material can be read onscreen or printed. *The New England Journal of Medicine* has provided their readings at no charge to diplomates. The publishers of other journals plan to charge a fee to access readings if the diplomate does not subscribe to their journal. The fee is the sole responsibility of the publishers

and has no connection to ABEM. ABEM has created links to the readings as a convenience for those diplomates who want to take advantage of the opportunity for easy access.

## **First LLSA Test Available April 5, 2004**

The 2004 Lifelong Learning and Self-Assessment (LLSA) test will be available on the EMCC portion of the ABEM website beginning April 5, 2004. Diplomates will have three years to complete the LLSA test. The 2004 LLSA test registration fee is \$90. For each registration, the diplomate will have three opportunities to pass the test.

The LLSA test will be based on the 2004 reading list currently available on the ABEM website, [www.abem.org](http://www.abem.org). Each reading reflects content from *The Model of the Clinical Practice of Emergency Medicine* (EM Model).

Approximately half of the 40 questions on the LLSA test will be based on the readings from this year's special topics. The 2004 special topics are Thoracic-Respiratory Disorders, Immune System Disorders, and Musculoskeletal Disorders. The other half of the questions will reflect the remaining readings. All of the questions will be in a single-best-answer, positively-worded, multiple-choice format focused on what the practicing emergency physician needs to know when treating patients.

Several organizations at the national and state levels are offering CME credit based on the LLSA readings. ABEM strongly encourages organizations offering LLSA-based CME programs to grant CME credit for successful completion of ABEM LLSA tests.

*...ultimately up to 40% of the ConCert exam questions will be based on prior years' LLSA readings.*

## **ConCert Examination**

The 2004 ConCert examination will be similar to the current recertification examination. There are, however, a few important changes:

- Administration at approximately 200 Pearson VUE professional computer-based testing centers
- A shorter examination of 200 to 225 multiple-choice questions
- An increasing number of questions taken from the LLSA readings

The ConCert examination will retain the recertification passing standard of 75% items correct; and, like the recertification examination, will be based on *The Model of the Clinical Practice of Emergency Medicine* (EM Model). Although initially there will be very few questions based on LLSA readings, ultimately up to 40% of the ConCert exam questions will be based on prior years' LLSA readings. The style of the test questions will be identical to that of the recertification test questions, i.e., single-best-answer, positively-worded, multiple-choice questions focused on what the practicing emergency physician needs to know when treating patients.

## **Eligibility for EMCC**

At its July 2003 meeting, the Board of Directors reaffirmed its decision that all diplomates, regardless of their practice setting, will have an opportunity to maintain their certification under current and future EMCC guidelines. With this decision, the Board is committed to providing Practice Performance component alternatives that will be accessible for all diplomates.

# ABEM is Soliciting Readings for the EMCC Lifelong Learning and Self-Assessment Tests

A cornerstone of ABEM's new EMCC program is the concept of Lifelong Learning and Self-Assessment (LLSA). The primary goal of LLSA is to promote continuous learning by diplomates. ABEM facilitates this learning by identifying an annual set of LLSA readings to guide diplomates in self-study of recent Emergency Medicine (EM) literature.

The readings are designed as study tools and should be read critically. They are not intended to be all-inclusive and are not meant to define the standard of care for the clinical practice of EM.

The Board's goal is to identify important readings from well-respected journals that are widely and easily accessible to all ABEM diplomates.

ABEM has sought to involve the entire EM community in the LLSA process by inviting various EM organizations and ABEM diplomates to submit suggested readings. The Board received well over 100 suggestions for both the 2004 and 2005 LLSA tests from individual ABEM diplomates and several EM organizations. The final list of 20 readings selected for the 2004 LLSA test can be found at [www.abem.org](http://www.abem.org); the final reading list for the 2005 LLSA test will be available on the ABEM website by December 15, 2003.

Although ABEM is no longer accepting reading suggestions for the 2004 or 2005 LLSA tests, the Board

welcomes recommendations for future LLSA tests from the larger EM community. The content areas of emphasis for the 2006 LLSA test will be Traumatic Disorders and Cutaneous Disorders, although the Board encourages suggestions for readings on an ongoing basis in all areas of *The Model of the Clinical Practice of Emergency Medicine* (EM Model) Listing of Conditions and Components.

Readings suggested for LLSA must meet the following five criteria:

1. Focus on recent advances or current clinical knowledge in Emergency Medicine;
2. Be clinically oriented in content;
3. Be drawn from peer-reviewed EM journals, peer-reviewed journals from related primary specialty fields, textbook chapters, or updated practice guidelines;
4. Be published in printed or electronic form within the immediate five years preceding the LLSA test in which it will be used;
5. Relate to either the designated content areas for a given year (50%), or to the remaining content areas in the Listing of Conditions and Components (50%) of the EM Model.

The schedule of content coverage for upcoming LLSA tests is listed below.

EM organizations and others interested in contributing readings may contact ABEM or visit the ABEM website, [www.abem.org](http://www.abem.org), for specific details.

Thoracic-Respiratory Disorders Immune System Disorders Musculoskeletal Disorders	Nervous System Disorders Toxicologic Disorders	Traumatic Disorders Cutaneous Disorders	Signs, Symptoms, and Presentations Psychobehavioral Disorders	Procedures & Skills Integral to the Practice of EM Environmental Disorders	Cardiovascular Disorders Hematologic Disorders	Abdominal & Gastrointestinal Disorders Other Components of the Practice of EM	Head, Ear, Eye, Nose, Throat Disorders Endocrine, Metabolic & Nutritional Disorders Renal & Urogenital Disorders	Systemic Infectious Disorders Obstetrics & Gynecology
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>	<b>YEAR 6</b>	<b>YEAR 7</b>	<b>YEAR 8</b>	<b>YEAR 9</b>
2004	2005	2006	2007	2008	2009	2010	2011	2012

**Nine-Year Cycle of the EM Model for Lifelong Learning and Self-Assessment**

# Longitudinal Study Update

## Residents' Satisfaction with Residency and Perceived Problems

The American Board of Emergency Medicine (ABEM) designed the Longitudinal Study of Emergency Medicine Residents (LSEMR) to identify residents' goals, aspirations, and motivations early in their careers. The LSEMR survey is administered to a sample of residents, called "cohort," during the last three years of their residency. In the fourth year, the cohort joins the Longitudinal Study of Emergency Physicians (LSEP). To date, the LSEMR has been administered to two cohorts of residents. The survey was administered to the first cohort in 1996-1998. The second resident cohort completed the LSEMR survey in 2001-2003. Responses to the 2003 survey are currently being analyzed.

This report focuses on two areas of the survey: 1) residents' relative level of satisfaction with their residency programs; and 2) the problems they perceive in their day-to-day work as residents.

### Program Satisfaction

The LSEMR survey explicitly asks residents to rate their level of satisfaction with their residencies:

Overall, how satisfied are you with your residency in EM?

*(Circle Only One)*

Not Satisfied    Satisfied    Very Satisfied  
 1            2            3            4            5

The mean responses for the first and second cohorts show solid, high ratings of satisfaction over time. Yearly means for 1996-98 and 2001-02 range from 4.01 to 4.16 on a scale for which a 3.00 is defined as "Satisfied."

### Perceived Problems

Despite reporting high levels of satisfaction, residents also perceive problems in their day-to-day work. Residents were asked to rate 32 potential problems on a five-point scale from "Not a Problem" (1) to "Serious Problem" (5).

Most potential problems received consistently low to moderate ratings across years. These include problems related to the physical demands of work such as "night shifts." Gender and minority discrimination received consistently low ratings, but it is important to note the large proportion of white males in both cohorts.

The table below shows mean responses to four problems that had consistently high ratings across the five survey years.

The residents express the greatest concern about insufficient knowledge, reflected in "knowing enough" and "keeping up with medical literature." This may be interpreted in a positive light. Residents who see a problem in keeping up with a growing knowledge base are likely to address that problem by continuing to learn and grow. Furthermore, as expected, the knowledge gap tends to become less of a problem across the three years of residency.

## Longitudinal Study of Emergency Medicine Residents Survey Results

Mean Responses on Selected Potential Problems					
Problem	1996	1997	1998	2001	2002
Knowing enough	3.70	3.33	3.09	3.67	3.37
Keeping up with medical literature	3.54	3.44	3.25	3.36	3.17
Time for personal life	2.99	3.23	3.02	3.04	3.16
Ancillary support	2.85	3.02	3.11	3.21	3.12

# ABEM Projects and Activities

## New ABEM Officers Elected

**A**t its summer 2003 meeting, the Board elected Lynnette Doan-Wiggins, M.D., as the new Executive Finance Committee Emergency Medicine (EM) Member-at-Large.

Executive Finance Committee Members for  
2003 – 2004

Jeffrey G. Graff, M.D., President

John B. McCabe, M.D., President-Elect

Brooks F. Bock, M.D., Immediate-Past-President

Louis J. Ling, M.D., Secretary-Treasurer

Lynnette Doan-Wiggins, M.D., Member-at-Large

Edward E. Wallach, M.D., Member-at-Large



### 2003 – 2004 ABEM Board of Directors and Executive Director

Seated front row – left to right: John B. McCabe, M.D.; Brooks F. Bock, M.D.; Jeffrey G. Graff, M.D.; Louis J. Ling, M.D.

Second row: Edward E. Wallach, M.D.; Debra G. Perina, M.D.; Carol D. Berkowitz, M.D.; Rita Kay Cydulka, M.D.; Lynnette Doan-Wiggins, M.D.; Lily C.A. Conrad, M.D.; Mary Ann Reinhart, Ph.D., Executive Director; Howard A. Bessen, M.D.; Joel M. Geiderman, M.D.

Back row: Glenn D. Braunstein, M.D.; Michael S. Nussbaum, M.D.; Sheldon I. Miller, M.D.; Mark T. Steele, M.D.; Peter T. Pons, M.D.; Robert S. Hockberger, M.D.; Robert J. Rothstein, M.D.; Harold A. Thomas, M.D.

## New Senior Directors and New Directors

At the close of its summer 2003 meeting, the Board of Directors celebrated the accomplishments of four directors whose final terms ended. Walter R. Anyan, Jr., M.D.; E. John Gallagher, M.D.; William E. Gotthold, M.D.; and, Gwendolyn L. Hoffman, M.D., became senior ABEM directors at the close of that meeting. Brooks F. Bock, M.D., also completed his final four-year term on the Board of Directors at the close of the meeting but will remain on the Board as Immediate-Past-President during the coming year.

## Presentation to Training Programs Refocused

In the fall of 1997, ABEM established the Presentation to Training Programs (PTP) through which directors deliver information in person to all EM ACGME-accredited residency training programs on a rotating three- or four-year basis. The purpose of the presentation is to enhance communications between the Board and residents; to clearly identify ABEM as the premier certifying body in Emergency Medicine; and to answer the most important questions residents have about certification, training, and other issues in medicine and Emergency Medicine. ABEM continues to receive consistent feedback from the residents and program directors that the information in the presentation is useful and informative.

In order to stay current with the Emergency Medicine environment, the Board is redesigning the goals and content for PTP and is developing a new look for the graphic presentation of the program. The program will be expanded to include a menu of presentation options of interest to an EM residency program, its faculty, and attending physicians. ABEM anticipates that the new program will be ready for implementation sometime in 2004.

## **Nominations for Winter 2004 Elections**

Five positions on the ABEM Board of Directors will become vacant in July 2004. The Board will conduct an election at its winter 2004 meeting to fill the following positions:

- American College of Emergency Physicians (ACEP) - two positions
- American Medical Association (AMA) - one position
- Emergency Medicine community-at-large - two positions

ACEP and the AMA, sponsor societies of ABEM, will each provide ABEM with a slate of nominees from which the Board of Directors will elect new directors.

ABEM is soliciting nominations from EM organizations and individuals for the two remaining EM director positions. The deadline for submitting nominations to ABEM is Monday, December 1, 2003. For more information about the criteria for director nominations and how to submit a nomination, please see the spring 2003 *ABEM memo* newsletter or visit the ABEM website, [www.abem.org](http://www.abem.org).

The newly elected directors will attend the summer 2004 Board of Directors meeting as observers and will be seated at the close of the Board meeting. Directors' initial terms are for four years and upon successful completion of that term, directors are eligible for election to a second and final four-year term.

## **Emergency Medicine/ Internal Medicine/Critical Care Medicine Combined Training Program**

In February 1999, the American Board of Internal Medicine (ABIM) and the American Board of Emergency Medicine (ABEM) approved guidelines for a six-year training program that, upon completion, will provide physicians the option for triple certification in Emergency Medicine (EM), Internal Medicine (IM), and Critical Care Medicine (CCM). These guidelines are applicable to Accreditation Council for Graduate Medical Education-accredited programs and residents entering training in July 1999 and after.

In April 2003, ABEM and ABIM approved the first request to establish an EM/IM/CCM training

program. It was submitted by Henry Ford Hospital in Detroit, Michigan; the program planned to begin training residents in July 2003.

## **Closure Date of Time-Limited Undersea and Hyperbaric Medicine Pathway of Application Extended**

When the *Eligibility Criteria for Certification in Undersea & Hyperbaric Medicine* were approved, the expectation was that Accreditation Council for Graduate Medical Education- (ACGME) accredited training programs would be in place by 2002. The development of the program training requirements took considerably longer than was anticipated, and the training requirements were not approved by the ACGME until February 2002. Presently, there are no training programs that have completed the ACGME-accreditation process. The Undersea and Hyperbaric Medicine Training plus Practice pathway of application closed with the 2003 application cycle. Consequently, physicians wishing to pursue this subspecialty and obtain certification in this field cannot do so until training programs are accredited and physicians have successfully completed that training.

To remedy this situation, the American Board of Medical Specialties (ABMS), approved an extension of the Training plus Practice pathway of application for the Undersea and Hyperbaric Medicine subspecialty examination and established a deadline for accepting unaccredited fellowship training.

- The Training plus Practice pathway is now available until the closure of the application cycle for the 2005 examination.
- The non-accredited fellowship training pathway is available until the closure of the application cycle for the 2007 examination. After that, fellowship-trained physicians who wish to take this subspecialty examination must have completed an ACGME-accredited Undersea and Hyperbaric Medicine fellowship program.

Application materials for the 2004 examination will be available in February 2004 and will be accepted with postmark dates of March 1, 2004, through July 1, 2004. ABEM diplomates should contact the ABEM office to receive an application.

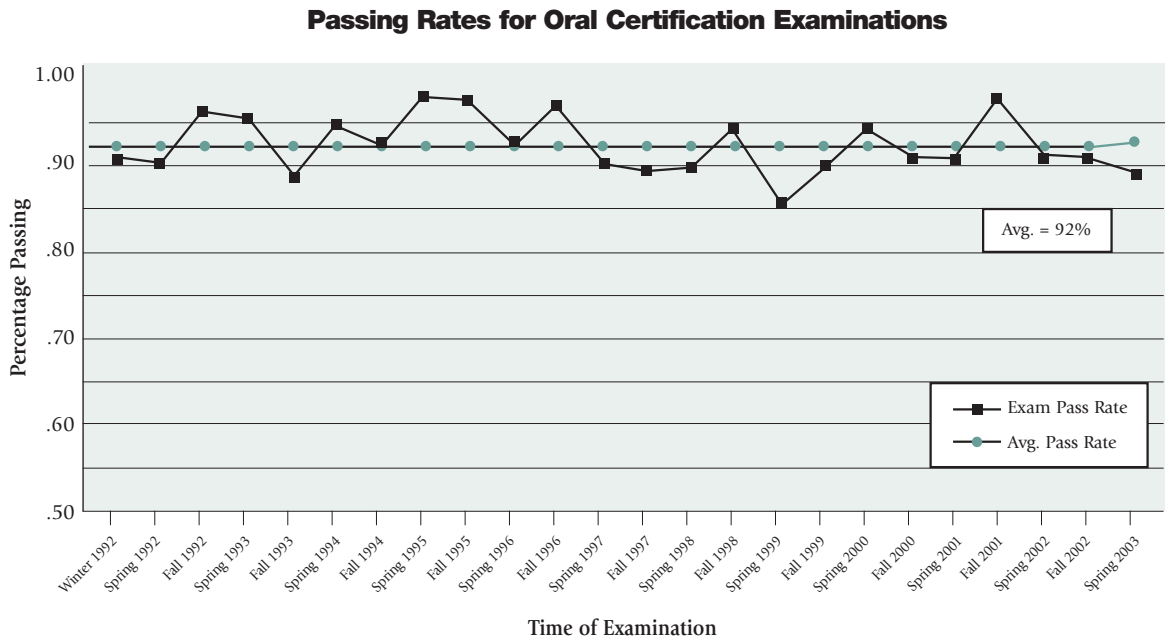
## Results of the Recent Quality Assurance Research on the Oral Examination

The oral examination, administered to approximately 1,300 candidates each year, is the final step in becoming a diplomate. In the examination, the candidates are presented with six cases, four involving single patients and two involving multiple patients. As part of ABEM's efforts to continuously improve its examination process, an extensive research program was developed to investigate multiple aspects of the oral examination. These included the value of the pathophysiology questions asked at the end of the examination; the nature of the multiple-patient cases, or simulated situation encounters (SSEs); and how the examination is scored.

The research program has now been completed. As a result, the Board eliminated the

pathophysiology questions. This decision was based on two conclusions: 1) the written examinations are an excellent method for testing such knowledge; and, 2) eliminating the questions does not significantly affect candidates' scores. The change was enacted with the spring 2002 examination.

The research program results affirmed the current administration and scoring procedures, including the current structure and scoring of the multiple-patient cases, or SSEs, and the total examination scoring methods. With the current procedures, examination scoring is consistently reliable, and passing rates for EM-residency-trained, first-time candidates continue to remain stable over time. The table below illustrates the passing rates on the oral examination across the past 12 years for residency-trained, first-time candidates. The actual passing rates are compared with the average passing rate for the past 12 years.



# 2003 Item Writers' Workshop

The nineteenth annual Item Writers' Workshop was held July 18-19, 2003. The workshop began with a general session in which participants reviewed several current issues of particular interest to those involved in the development of the ABEM written examinations. This was followed by individual meetings of item writers with their exam editors to receive editorial feedback, training, and to write and rewrite test items.

A primary focus of this year's workshop was to compose test items in targeted areas of *The Model of the Clinical Practice of*

*Emergency Medicine*, particularly in identified Physician Tasks. In total, workshop participants produced approximately 125 new items over the two days of the 2003 Item Writers' Workshop.

The 2003 workshop also provided an opportunity for those individuals directly involved in developing test items for the Lifelong Learning and Self-Assessment (LLSA) component of EMCC to review the initial year of LLSA test item development.



Edward J. Newton, M.D.; Gary T. Giorgio, M.D.; and Robert J. Collier, M.D., research topics for new questions.



Long-time writer, R.B. "Monty" Leonard, M.D., developing new questions.



Jeffrey G. Graff, M.D.; Rita Kay Cydulka, M.D.; and Michelle Biros, M.D., review drafted questions.

## ABEM Item Writer Nomination Process

The Board of Directors recently reviewed the item writer nomination process and the selection criteria that are currently used to identify potential new item writers. In the course of its discussions, the Board reaffirmed the following skills and abilities as critical to the success of item writers.

- Substantial breadth and depth of medical knowledge
- The ability to translate complex ideas and concepts into written form following established writing guidelines, and a familiarity with proper syntax and grammar
- The ability to adhere to pre-established deadlines
- A willingness and ability to receive feedback from editors and peers and integrate that information into ongoing work
- Attendance at the annual Item Writers' Workshop
- Willingness to adhere to ABEM's Conflict of Interest Policy

These six criteria are important considerations for all potential item writers and those who nominate them. In addition, potential item writers must have been an ABEM diplomate for the previous five years, have successfully completed an Accreditation Council for Graduate Medical Education- (ACGME) or Royal College of Physicians and Surgeons of Canada- (RCPSC) accredited Emergency Medicine residency program, and be actively involved in the practice of clinical Emergency Medicine.

Diplomates possessing these qualities and meeting these criteria who are interested in being considered for an item writer position can submit a current curriculum vita and a letter briefly describing his or her current clinical practice. In addition, a current ABEM item writer or any other diplomate may suggest that an individual be considered for nomination as an item writer. All submissions by individual diplomates and item writers are forwarded to current and senior directors of the Board at regular intervals throughout the year. At its summer meeting, the Board will consider nominees endorsed by a current or senior director to fill vacant positions.

## Litigation Update

### Daniel v. ABEM

In 1990, a physician who had not met ABEM's eligibility requirements sued the Board. The suit was transferred to the United States District Court in Buffalo, New York, and after solicitation, an additional 176 plaintiffs joined the suit. The plaintiffs sought to certify the case as a class action on behalf of all physicians who would have qualified to take the ABEM examination under the "practice track" had it remained open.

Oral arguments were presented before Magistrate Judge Leslie Foschio on November 8, 2002. Magistrate Judge Foschio filed his Report and Recommendation on December 23, 2002 (amended on January 3, 2003).

### *The court entered a final judgment in favor of ABEM.*

The Magistrate Judge recommended two rulings: (1) ABEM's motion to dismiss the entire case should be granted, and (2) if United States District Judge Richard Arcara does not adopt recommendation (1), then a class should be certified.

Magistrate Judge Foschio addressed class certification only "in the interest of completeness," to allow for the possibility that Judge Arcara might not accept his recommendation of dismissal. (p. 45) He concluded that if the case were to proceed, a class should be certified because common issues, especially the existence and effect of the alleged conspiracy predominate over individual issues. He relied in part on the affidavit of plaintiffs' expert economist, noting that the expert's proposal to use a regression model to establish the monetary harm suffered by all class members was "not without a rational basis," even though it might "ultimately be unpersuasive at trial." (p.66)

On June 20, 2003, Judge Arcara issued a decision that adopted the recommendation of Magistrate Judge Foschio and granted the defendants' motion to dismiss the case. The court entered a final judgment in favor of ABEM.

Judge Arcara found that the plaintiffs lack standing to bring antitrust claims for two reasons: (1) "a plaintiff-doctor's inability to charge higher fees because he or she has been denied board certification does not constitute a cognizable form of injury under the antitrust laws"; and (2) these physicians are not proper plaintiffs or efficient enforcers of the antitrust laws insofar as their "objective is to advance their own economic interests" and to "keep prices higher." In addition, the court denied plaintiffs' request to amend their complaint in a manner designed to avoid dismissal, on the grounds that an amendment would be futile. Judge Arcara wrote that "this case is already 13 years old. The amendment proposed by the plaintiffs would be inconsistent with the now-developed record. Throughout the case, plaintiffs have claimed that they are entitled to the same super competitive prices earned by board-certified physicians. They now want to change their entire theory of the case to avoid dismissal. Even now, however, they are unable to offer an expert report that would support their theory, despite having had years to secure such a report." Accordingly, Federal Judge Arcara ordered that the case be closed.

On July 21, 2003, plaintiffs filed a notice of appeal with the Second Circuit Court of Appeals.

### *Judge Arcara ordered that the case be closed.*

On August 1, 2003, ABEM filed a notice of cross-appeal, stating its intention to appeal the court's denial of several dispositive motions that would have resulted in earlier dismissals of the case on grounds other than lack of antitrust standing.

## **Examination Dates 2003 – 2004**

### **EMERGENCY MEDICINE**

#### **In-training**

Wednesday, February 25, 2004

#### **Written Certification**

Monday, November 3, 2003

Sunday, November 7, 2004

#### **Oral Certification**

Saturday, April 24 – Tuesday, April 27, 2004

Saturday, October 2 – Tuesday, October 5, 2004

#### **Written Recertification**

Sunday, November 2, 2003

#### **EMCC ConCert**

Monday, November 1 – Saturday, November 6, 2004

### **MEDICAL TOXICOLOGY**

#### **Certification and Recertification**

Saturday, November 6, 2004

### **PEDIATRIC EMERGENCY MEDICINE**

#### **Certification**

Monday, November 15, 2004

#### **Recertification**

October 20 – November 15, 2003

March 15 – April 10, 2004

October 18 – November 13, 2004

### **SPORTS MEDICINE**

#### **Certification and Recertification**

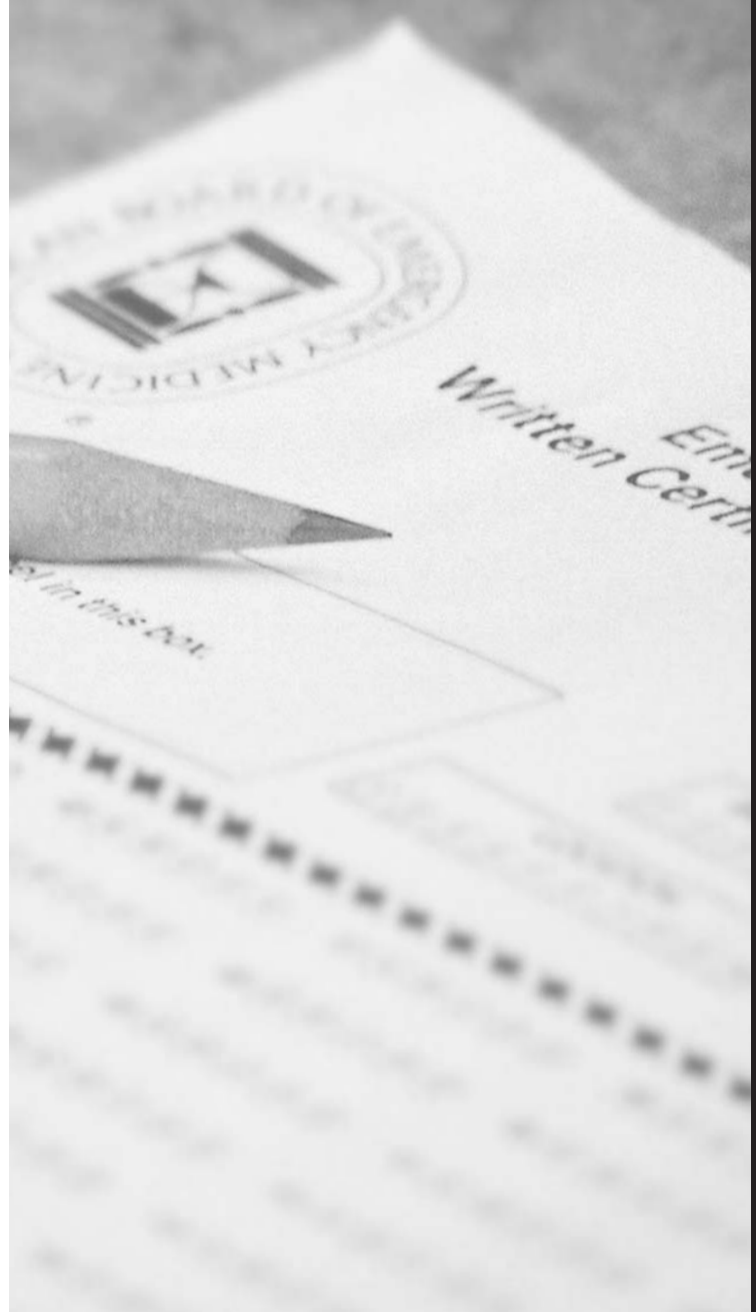
July 9, 10, and 17, 2004

### **UNDERSEA & HYPERBARIC MEDICINE**

#### **Certification**

Monday, November 10, 2003

Check the ABEM website, [www.abem.org](http://www.abem.org), periodically for updated information on examination dates and related information.



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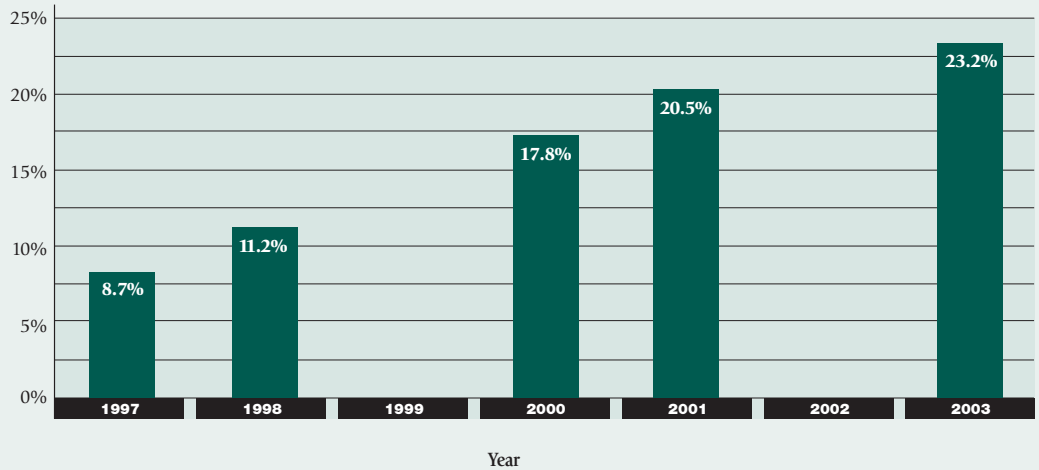
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**ABEM Longitudinal Study of Emergency Physicians  
Percent of Emergency Physicians Indicating  
They Perform Bedside Ultrasound**



ABEM periodically includes research data in the *ABEM memo* for information purposes.

**ABEM Needs Your Current Contact Information**

ABEM encourages all current and former diplomates to notify ABEM of any address changes, telephone number changes, and email addresses to ensure that ABEM has the most current contact information as we prepare for EMCC.

Please submit all changes in writing to ABEM using the form below or by sending an email to [addressupdate@abem.org](mailto:addressupdate@abem.org). Include your date of birth on all correspondence to ABEM as a unique identifier to match to your ABEM record.

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