AMERICAN BOARD OF EMERGENCY MEDICINE

ANNUAL REPORT

2017-2018
ABEM’S MISSION
TO ENSURE THE HIGHEST STANDARDS IN THE SPECIALTY OF EMERGENCY MEDICINE.

ABEM’S PURPOSES¹

To improve the quality of emergency medical care
To establish and maintain high standards of excellence in Emergency Medicine and its subspecialties
To enhance medical education in the specialty of Emergency Medicine and related subspecialties
To evaluate physicians and promote professional development through initial and continuous certification in Emergency Medicine and its subspecialties
To certify physicians who have demonstrated special knowledge and skills in Emergency Medicine and its subspecialties
To enhance the value of certification for ABEM diplomates
To serve the public and medical profession by reporting the certification status of the diplomates of the American Board of Emergency Medicine

¹ABEM holds the interests of patients and their families in the highest standing, particularly with regard to the provision of the safest and highest-quality emergency care. ABEM addresses its commitment to patients by supporting the physicians who provide care to the acutely ill and injured, and by working to transform the specialty of Emergency Medicine.
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They always say time changes things, but you actually have to change them yourself.

~ Andy Warhol

It’s only after you’ve stepped outside your comfort zone that you begin to change, grow, and transform.

~ Roy T. Bennett

This past year has been one of tremendous change for ABEM and the way we approach Continuing Certification (MOC), and specifically, the ConCert™ Examination (ConCert). To find out what was working and what might improve the examination, ABEM reached out to ABEM-certified physicians on a number of occasions. ABEM initially spoke with leaders and members of Emergency Medicine organizations. In the fall of 2017, ABEM began discussions about the ABEM MOC Program with ACEP state chapters and convened a ConCert Summit that included representatives of all Emergency Medicine organizations. We also examined comments from over 20,000 responses from surveys that follow each LLSA test and ConCert from the previous year.

At this point, opinions about how the exam might be changed were fairly consistent: more flexibility, enhanced relevance, and a reduction in the high-stakes nature of the exam. Another common theme was that because of the speed of advances in the specialty, ten years between exams is probably too long. Above all, we heard that ABEM certification must retain its strength as a credential.

After careful analysis, ABEM decided to administer ConCert twice per year beginning in 2019, which provides additional opportunities to take the exam, thereby reducing some of its high-stakes nature.

In tandem, the development of an alternative to ConCert began to take shape. Initial thoughts were that the alternative would focus on shorter, more-frequent assessments, with the ability to retake the test sooner, if needed. Test topics would be more presentation based, such as difficulty breathing or abdominal pain. We also identified remote access and the use of some form of medical references as desirable for the alternative. The overall goal is to make it look more like your everyday work.

All-physician Survey

To gauge how closely the initial thoughts about the ConCert alternative resonated with emergency physicians, and to gather additional input about the Continuing Certification process, ABEM sent a survey to 35,247 ABEM-certified physicians. The survey was available from June 14 to June 29, 2018. ABEM received 12,800 responses (36 percent response rate). Key results are illustrated in the graphic, on the next page.
Through a new testing format, ABEM is pursuing a Continuing Certification process that could integrate many of the ideas expressed on the survey. The alternative, which will begin being phased in in 2020, will have a stronger emphasis on physician learning and integrating medical advances into practice. Again, these changes will increase the relevancy and flexibility of the process and decrease the high-stakes nature of the exam. We are grateful for all input provided by ABEM-certified physicians, either in response to a survey, attending a summit, or participating in conference calls. We appreciate the time you’ve taken to share your ideas.

**Increasing the Value of Certification**

We have also been working on ways to add value to your certification. One example is the availability of a letter refuting the need for merit badge courses. The letter, the result of the interorganizational Coalition to Oppose Medical Merit Badges (COMMB), is available to any ABEM-certified physician participating in MOC. COMMB is working to provide this information to other organizations, such as hospital-based management groups. Another example is the recognition by the American College of Surgeons (ACS) that ABEM MOC activities eliminate the need for ACS trauma-related CME credits to fulfill ACS trauma center verification requirements.

Other improvements include eliminating the MOC requirement to participate in patient satisfaction surveys.

**Moving Forward**

We continue to work on the details of the ConCert alternative. A dedicated team of ABEM directors and staff is committed to finalizing the details as quickly as possible, and we will provide additional specifics as they are decided. Our goal is to align our activities with your efforts to become a better doctor and ensure the public that no matter what emergency department they might enter, if they see an ABEM-certified physician they can be confident that they will receive the highest-quality care, 24/7/365. We believe your ABEM certification provides that assurance.

Together we will continue to support the ABEM mission “to ensure the highest standards in the specialty of Emergency Medicine.”

Thank you for all you do.
LEADERSHIP

Board of Directors

Executive Committee
Terry Kowalenko, M.D., President
Robert L. Muelleman, M.D., President-Elect
Michael L. Carius, M.D., Immediate-Past-President
Jill M. Baren, M.D., Secretary-Treasurer
O. John Ma, M.D., Member-at-Large
Kerryann B. Broderick, M.D., Senior-Member-at-Large

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Wallace A. Carter, M.D.
Carl R. Chudnofsky, M.D.
Marianne Gausche-Hill, M.D.
Deepi G. Goyal, M.D.
Leon L. Haley, Jr., M.D.
Ramon W. Johnson, M.D.
Samuel M. Keim, M.D.
Mary Nan S. Mallory, M.D.
Catherine A. Marco, M.D.
Lewis S. Nelson, M.D.
James D. Thomas, M.D.
Robert P. Wahl, M.D.

Executive Staff
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Melissa A. Barton, M.D., Director of Medical Affairs
Susan K. Adsit, Associate Executive Director, Certification and Organizational Services
Anne L. Harvey, Ph.D., Associate Executive Director, Evaluation and Research
Jennifer L. Kurzynowski, Associate Executive Director, Operations
Timothy J. Dalton, Director, Examination Development and Administration
Michele C. Miller, Director, Certification Services

Front row, left to right: O. John Ma, M.D.; Michael L. Carius, M.D.; Catherine A. Marco, M.D.; Jill M. Baren, M.D.; Deepi G. Goyal, M.D.; Leon L. Haley, Jr., M.D.
Third row: Samuel M. Keim, M.D.; Lewis S. Nelson, M.D.; Carl R. Chudnofsky, M.D.; Terry Kowalenko, M.D.; Robert P. Wahl, M.D.
Back row: James D. Thomas, M.D.; Robert L. Muelleman, M.D.
ABEM could not operate without its over 500 physician volunteers. Hundreds of examiners attend each of the spring and fall Oral Exam administrations. Sixty item writers produce new questions for multiple choice tests each year, for both Emergency Medicine certification and recertification exams, and subspecialty exams. Others volunteer on standard-setting committees, which involves reviewing each multiple choice question or oral exam case, rating its difficulty, and assessing its importance to the certification of emergency physicians. And there are other task forces and advisory groups that assist in the certification and recertification processes.

Each of these clinically active physicians donates their time and effort to help assure that anyone certified or recertified in Emergency Medicine or any of its subspecialties meets the high standards expected of our specialty. Thank you!

The names of all ABEM volunteers are available on the ABEM website.

**Pictured right:** oral examiners
**Pictured bottom left to right:** item writers, EMS Standard Setting Panel (caption at end of document)
As of June 2018, there were 36,598 active ABEM-certified physicians. Of these, 2,001 (5.5%) held subspecialty certification. As Emergency Medicine matures, the number of residency-trained ABEM physicians rises; in 2017 nearly all (90%) were residency trained. A large majority (76%) practice in a community setting, while 57% are involved in teaching medical students and residents.
Number of Active ABEM-certified Physicians

Distribution by Age and Training
One way that ABEM achieves its mission, to ensure the highest standards in the specialty of Emergency Medicine, is through its testing and continuing certification activities. In 2017-2018, over 14,000 proctored examinations were administered, and over 24,000 LLSA tests were completed.

- 2,215 took the Qualifying Exam, 94% passed among first-time test takers.
- 1,952 took the Oral Certification Exam, 96% passed among first-time test takers.
- 2,799 took the ConCert Exam, 94% passed among ABEM-certified physicians.
- 7,536 took the In-training Exam

1,818 Newly Certified Physicians
87 Regained Certification

Detailed, longitudinal statistics are available in the tables beginning on page 19, and on the ABEM website.
MAINTENANCE OF CERTIFICATION

ABEM began rethinking ConCert in fall 2017 by asking a number of ABEM-certified physicians their opinions of the exam. Leaders of EM organizations, ACEP state chapters, and a survey sent to all ABEM-certified physicians helped guide the development of an alternative to the exam. The new assessment will be shorter, more frequent exams, composed of presentation-based content, and include the availability of some references. The pilot will begin in 2020. In the meantime, the current ConCert Exam will be offered twice per year—once in the spring and again in the fall—beginning in 2019. ABEM will provide additional information as it becomes available; the ABEM website is a great source for the most recent updates.

Other developments in 2017 that add value to ABEM certification included:

- The Coalition to Oppose Medical Merit Badges continued its work to leverage MOC activities against mandatory completion of short courses or additional certifications; a letter was made available for ABEM-certified physicians to download and provide to hospital administrators
- The American College of Surgeons (ACS) ruled that ABEM-certified physicians participating in MOC and working in ACS-designated trauma centers no longer need to acquire trauma-related CME credits to fulfill ACS trauma center verification requirements. This change applies only to CME requirements housed under the ACS designation.
- The communications/professionalism requirement (PECS survey) was eliminated.
- Specialty-designated credits are now available with ConCert; for the 2017 exam, 9.5 credits are designated as pediatrics, 2.0 as stroke, and 10.25 as trauma.
Lifelong Learning and Self-Assessment

The Lifelong Learning and Self-Assessment (LLS) component of ABEM’s MOC Program promotes continuous learning with two aspects: LLSA tests and CME requirements.

Practice Improvement Measures

The Improvement in Medical Practice (IMP) component of ABEM’s MOC Program focuses on practice-based learning and improvement in areas like patient care, communication, and more. Emergency physicians are committed to raising the quality of care for their patients by participating in practice improvement projects. Those who participate can get IMP credit for what they are already doing. Others can design a project that follows the four required steps: measuring, comparing to a standard, implementing an improvement, and re-measuring.

2017 Distinct Number of PI Attestations

1,267 Time-related (throughput time, ED length-of-stay, and other process time measures)
633 Stroke-related
554 Infectious Disease-related
399 Communication - Patient Care
575 Other
5,168 Total PI Attestations
There were 275 subspecialty certificates in seven subspecialties issued in 2017. The number of certificates per subspecialty ranged from 183 for Emergency Medical Services, to one for Pain Medicine.

ABEM-certified physicians also have access to subspecialty certification in Addiction Medicine, Brain Injury Medicine, Clinical Informatics, and Surgical Critical Care.

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Certificates Issued in 2017</th>
<th>Total Active Subspecialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services</td>
<td>183</td>
<td>626</td>
</tr>
<tr>
<td>Medical Toxicology*</td>
<td>0</td>
<td>409</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>27</td>
<td>255</td>
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<tr>
<td>Sports Medicine</td>
<td>17</td>
<td>189</td>
</tr>
<tr>
<td>Internal Medicine-Critical Care Medicine</td>
<td>34</td>
<td>170</td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine</td>
<td>2</td>
<td>157</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine*</td>
<td>0</td>
<td>138</td>
</tr>
<tr>
<td>Anesthesiology-Critical Care Medicine</td>
<td>11</td>
<td>49</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>275</strong></td>
<td><strong>2,001</strong></td>
</tr>
</tbody>
</table>

* Certification examination not offered in 2017. Data are for the 2017 calendar year.
Newly Elected Directors

The Board of Directors of the American Board of Emergency Medicine (ABEM) recently elected two new members: Felix K. Ankel, M.D., and Diane L. Gorgas, M.D. Their terms begin at the close of the summer 2018 Board of Directors meeting.

New Website

In spring 2018, ABEM launched a new public website (www.abem.org). The look and feel have been refreshed and the navigation updated to help users more easily locate information. We welcome your questions, comments, and suggestions, which can be shared with communications@abem.org.
Diplomate Recognitions

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year’s recipients included 649 physicians who had been board certified for 30 years as of December 31, 2017. A list of the 2018 recipients is posted on the ABEM website. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence.

2017-19 ABEM NAM Fellow

The National Academy of Medicine recently named Mahshid Abir, M.D., M.Sc., the 2017-19 ABEM Fellow. Dr. Abir is an assistant professor in the Department of Emergency Medicine at the University of Michigan, and director of the acute care research unit at the Institute for Healthcare Policy & Innovation in Ann Arbor, Michigan.

Coalition to Oppose Medical Merit Badges

The Coalition believes that board-certified emergency physicians who actively maintain their board certification should not be required to complete short-course certifications in, for example, advanced resuscitation, trauma care, stroke care, cardiovascular care, or pediatric care in order to obtain or maintain medical staff privileges to work in an emergency department. ABEM-certified physicians can now download a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications often needed for hospital privileges. The letter is available from physicians’ Personal Pages on the ABEM portal. Go to the following link for more information: https://www.abem.org/public/news-events/news/2018/03/19/commb-letters_press-release.
As reported on ABEM’s 990, net revenue in 2017 totaled $1,350,361, of which $1,337,655 came from investment income, leaving net revenue from operations of $12,696.

ABEM has been able to operate and keep fees fixed for the sixth consecutive year because of asset gains accumulated during the recent market expansion and realized gains from net assets.

Asset growth has allowed fees to remain fixed for six years.

Revenue by Category
2017-2018*

Spending by Category
2017-2018*

* Unaudited data
Spending by Category

**Staffing: 40%**
- Skilled professional staff (physicians, psychometricians, M.B.A.s, etc.)
- Staff supports all testing activities
- Supports physicians during initial certification and ongoing certification processes

**Testing: 25%**
- Leader in physician assessment
- Constantly advancing and innovating
- Robust research and development
- Exams developed, administered, scored, and reported

Change in Dow Closing Average and Investment Growth

ABEM assets largely the result of market growth since 2008
# Audited Statement of Financial Position

**June 30, 2017**

## Assets

Current assets
- Cash and cash equivalents: $1,534,720
- Accrued investment income: 85,780
- Investments: 35,616,335
- Prepaid expenses: 101,411
  - **Total current assets**: 37,338,246

Property, equipment, and software
- 8,575,537
- Less: accumulated depreciation and amortization: (3,891,037)
- **Net property, equipment, and software**: 4,684,500

Other assets
- Deposits: 37,000
  - **Total assets**: $42,059,746

## Liabilities and Net Assets

Current liabilities
- Accounts payable: 99,403
- Accrued payroll: 114,834
- Accrued payroll tax: 7,879
- Deferred revenue: 4,168,996
  - **Current portion of capital lease payable**: 19,371
  - **Current portion of note payable**: 667,841
  - **Total current liabilities**: 5,078,324

Long-term liabilities
- Compensated absences: 468,932
- Capital lease payable, net of current portion: 9,362
- Note payable, net of current portion: 964,376
  - **Total long-term liabilities**: 1,442,670
  - **Total liabilities**: 6,520,994

Net assets
- Unrestricted and undesignated: 35,538,752
  - **Total liabilities and net assets**: $42,059,746

## Revenues

$14,779,149

## Expenses

- Direct Certification Expense: 6,100,024
- Governance: 1,757,777
- International: 15,183
- Office administration: 2,558,430
- Outreach/liaison: 1,214,183
- Program development: 959,560
- Research: 194,647
- Subspecialties: 618,848
- Training/academic relations: 833,229
- Miscellaneous: 50,415
  - **Total expenses**: $14,302,296

## Change in net assets*

- **476,853**

## Other income (expense)

- **2,555,634**

## Change in net assets

- 3,032,487

## Net assets, at beginning of year

- $32,506,265

## Net assets, at end of year

- **$35,538,752**

* Before other income and gains
REPRESENTATIVES ON SUBBOARDS AND EXAMINATION COMMITTEES

EMS Examination Committee
Debra G. Perina, M.D., Chair
Jane H. Brice, M.D.
Carol A. Cunningham, M.D.
Theodore R. Delbridge, M.D.
Alexander P. Isakov, M.D.
Douglas F. Kupas, M.D.
Vincent N. Mosesso, Jr., M.D.
Peter T. Pons, M.D.,
Kathy J. Rinnert, M.D.
Ritu Sahni, M.D.
Marianne Gausche-Hill, M.D., ABEM Liaison

Medical Toxicology Subboard
Theodore C. Bania, M.D.
Sean M. Bryant, M.D.
Robert G. Hendrickson, M.D.
Michael G. Holland, M.D.
Joshua G. Schier, M.D.
Lewis S. Nelson, M.D., ABEM Liaison

Pediatric Emergency Medicine Subboard
Robert L. Cloutier, M.D.
Timothy Horeczko, M.D.
Paul T. Ishimine, M.D.
Stacy L. Reynolds, M.D.
Larry B. Mellick, M.D.
Ramon W. Johnson, M.D.

Sports Medicine Examination Committee
Moria Davenport, M.D.
Andrew P. Perron, M.D.

Undersea and Hyperbaric Medicine Examination Committee
Charles S. Graffeo, M.D.
Tracy L. LeGros, M.D.
Thank you for your legacy and contributions to the specialty of Emergency Medicine.

Gail V. Anderson, Sr., M.D. 1976-1989
Walter R. Aryan, Jr., M.D. 1995-2003
William G. Barsan, M.D. 1993-2001
Carol D. Berkowitz, M.D. 2003-2006
Howard A. Bessen, M.D. 2002-2010
Michael D. Bishop, M.D. 1988-1996
Brooks F. Bock, M.D. 1995-2004
Glenn D. Braunstein, M.D. 2002-2006
Dick D. Briggs, Jr., M.D. 1994-2002
Paul D. Bruns, M.D. 1980-1983
Joseph E. Clinton, M.D. 1986-1994
Robert E. Collier, M.D. 2004-2012
Lily C. A. Conrad, M.D. 2002-2010
Francis L. Counselman, M.D. 2008-2016
Rita Kay Cydulka, M.D. 2002-2010
Daniel F. Danzl, M.D. 1991-1999
Steven J. Davidson, M.D. 1986-1995
John H. Davis, M.D. 1979-1984
James J. Dineen, M.D. 1976-1980
Frank A. Disney, M.D. 1979-1980
Lynnette Doan-Wiggins, M.D. 1999-2008
E. John Gallagher, M.D. 1995-2003
Joel M. Geiderman, M.D. 2003-2011
William E. Gotthold, M.D. 1994-2003
Jeffrey G. Graff, M.D. 1996-2005
Harris B. Graves, M.D. 1980-1987
Gerald B. Healy, M.D. 1988-1992
Robert S. Hockberger, M.D. 1995-2004
Leonard D. Hudson, M.D. 1990-1994
Bruce D. Janiak, M.D. 1986-1995
Carl Jelenko, III, M.D. 1976-1980
James H. Jones, M.D. 2005-2015
Allen P. Klippel, M.D. 1976-1982
David A. Kramer, M.D. 2009-2013
Ronald L. Krome, M.D. 1976-1988
Jo Ellen Linder, M.D. 2004-2012
Louis J. Ling, M.D. 1997-2007
Mark A. Malangoni, M.D. 1998-2002
Vincent J. Markovchick, M.D. 1994-2002
John B. McCabe, M.D. 1996-2006
Henry D. McIntosh, M.D. 1979-1986
W. Kendall McNabney, M.D. 1982-1986
Harvey W. Meislin, M.D. 1986-1994
J. Mark Meredith, M.D. 2004-2012
Sheldon I. Miller, M.D. 1999-2006
John C. Moorhead, M.D. 2004-2014
John F. Murray, M.D. 1986-1989
Robert C. Neerhout, M.D. 1986-1994
Richard N. Nelson, M.D. 2004-2013
Michael S. Nussbaum, M.D. 2002-2006
Thomas K. Oliver, Jr., M.D. 1980-1981
Debra G. Perina, M.D. 2003-2011
Nicholas J. Pisacano, M.D. 1979-1986
Roy M. Pitkin, M.D. 1990-1998
George Podgorny, M.D. 1976-1988
Peter T. Pons, M.D. 1996-2004
J. David Richardson, M.D. 1994-1998
Leonard M. Riggs, Jr., M.D. 1981-1986
Frank N. Ritter, M.D. 1979-1988
Peter Rosen, M.D. 1976-1986
Robert J. Rothstein, M.D. 1996-2004
Earl Schwartz, M.D. 1994-2002
Richard I. Shader, M.D. 1980-1990
Roger T. Sherman, M.D. 1984-1988
Rebecca Smith-Coggins, M.D. 2007-2015
Mark T. Steele, M.D. 2003-2012
Richard M. Steinhilber, M.D. 1979-1980
Harold A. Thomas, M.D. 2001-2010
Robert Ulstrom, M.D. 1982-1986
Michael V. Vance, M.D. 1986-1995
Edward E. Wallach, M.D. 1998-2006
John G. Wiegens, M.D. 1976-1986
### Certification

**Qualifying Examination**

<table>
<thead>
<tr>
<th>Date</th>
<th>EM Residency-eligible First-time Takers</th>
<th>Total Candidates¹</th>
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</tr>
<tr>
<td>Total</td>
<td>51,332</td>
<td>30,981</td>
</tr>
</tbody>
</table>

¹ 1995 was the first year that a reference group of EM residency-eligible, first-time test takers was used to construct the written certification examination, now known as the qualifying examination.

### Oral Certification Examination

<table>
<thead>
<tr>
<th>Date</th>
<th>EM Residency-eligible First-time Takers</th>
<th>Total Candidates¹</th>
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¹ 1995 was the first year that a reference group of EM residency-eligible, first-time test takers was used to construct the written certification examination, now known as the qualifying examination.

² Number indicates the percent of the total that passed.

³ Candidates do not include former diplomates attempting to regain certification through the qualifying and/or oral examination.
## Subspecialty Certification

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| Total Certificates Issued | 49 | 628 | 146 | 171 | 459 | 8 | 321 | 215 | 208 | 2,205 |
| Total Active Diplomates  | 49 | 626 | 138 | 170 | 409 | 8 | 255 | 189 | 157 | 2,001 |

**ACCM:** Anesthesiology Critical Care Medicine  
**EMS:** Emergency Medical Services  
**HPM:** Hospice and Palliative Medicine  
**IM-CCM:** Internal Medicine - Critical Care Medicine  
**MedTox:** Medical Toxicology  
**Pain:** Pain Medicine  
**PedEM:** Pediatric Emergency Medicine  
**SPM:** Sports Medicine  
**UHM:** Undersea and Hyperbaric Medicine

Statistics are reported by calendar year.
ConCert™ Examination

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<th>Former Diplomates</th>
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¹ Number indicates the percent of the total who passed.

Statistics are reported by calendar year. The statistics accurately reflect the examinations administered during the designated periods, and all examination data are included. Candidates who took more than one examination are included more than once.

Total number of active diplomates on 12/31/2017 was 36,166.


Page 17, Medical Toxicology Subboard: Standing, left to right: Christopher J. Ondrula, J.D. (ABPM Executive Director); Theodore C. Bania, M.D.; Sean M. Bryant, M.D.; Michael G. Holland, M.D.; Daniel L. Sudakin, M.D.; Benson S. Munger, Ph.D. (ABPM Liaison); Lewis S. Nelson, M.D. (ABEM Liaison). Seated left to right: Daniel A. Goldstein, M.D.; Joshua G. Schier, M.D.; and Michele Burns, M.D. Not pictured: Carl R. Baum, M.D.; Diane P. Calillo, M.D.; Michael I. Greenberg, M.D.; Robert G. Hendrickson, M.D.; and Gail A. McGuinness, M.D. (ABP Liaison).