



Spring 2019

What Is ABR's New Online Longitudinal Assessment (OLA) Program?

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Vicki Marx

Members of the ARRS Senior Radiology Section (SRS) who are participating in the American Board of Radiology (ABR) Maintenance of Certification (MOC) program in diagnostic radiology or diagnostic radiology subspecialties (neuroradiology, nuclear radiology, pediatrics) have seen a change in the testing paradigm recently. In January 2019, the ABR launched its Online Longitudinal Assessment (OLA) program, which is replacing the 10-year MOC examination for diagnostic radiology and its subspecialties. The new OLA process for interventional radiology, radiation oncology, and medical physics will launch in 2020.

The ABR has changed its method of evaluating diplomate medical knowledge, judgment, and skills from a high-stakes intermittent summative examination to an ongoing formative assessment process that provides educational feedback to practicing radiologists. The prior summative exam required focused study time and effort, travel and expense, time away from practice, and significant stress related to those factors as well as to the possibility of failing the exam. The OLA system requires no study time, no travel, minimal time away from practice, and is an ongoing assessment process designed to minimize stress. Initial response in its first month of implementation by more than 15,000 radiologists has been very positive.

How does OLA work? Participants in MOC choose the clinical areas to be included in their personalized OLA—the practice profile. The questions are specifically designed to assess “walking around” knowl-

edge. Participants receive a twice-weekly email from ABR with a link to their specific OLA homepage. The homepage will show the number of multiple choice questions available to answer; two questions are provided each week. Each question must be answered within a time limit of one or three minutes. Participants are required to answer a total of 52 questions over the course of a year. The questions will be available to answer for four weeks. So, an OLA participant may answer one question every week to meet the yearly requirement. Another participant might answer the required number of questions in batches every four weeks. Up to 10 questions a year may be specifically declined if they are not pertinent to a physician's clinical practice.

Immediate feedback is provided to the diplomate after each question is answered, providing the correct answer and including a rationale for the answer and pertinent references. This system, therefore, provides an educational opportunity. If a question is answered incorrectly, another question on the same topic will be provided in a near future date to reinforce the knowledge gained.

OLA is designed to be flexible and pertinent to daily practice in addition to providing an objective assessment of medical knowledge, judgment, and skill. If a physician's practice profile changes, he or she can change the areas to be included in future OLA content. Once a candidate has completed approximately 200 questions, a summative assessment of performance will be made and updated annually on March 2.

MOC is voluntary for ABR Diagnostic Radiology Lifetime Certificate (LTC) holders who have no subspecialty certificates. Anyone in this group can search for his or her name on the ABR website to verify

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“How old would you be if you didn't know how old you are?”

—Satchel Paige

Aging is a scary topic to think about, let alone write about. However, age has been in the news a lot recently—particularly with the run-up to, and outcome of, the Super Bowl. The fascination with Tom Brady and Bill Belichick's age is unprecedented. Media used the words “age” and “football” together so often it almost became information overload—especially for me, a long-time Patriots fan.

Now that I am in my eighth decade, I have gained more experience and perspective on aging. Recently, I underwent a minimally invasive surgery on my spine—my first ever as a patient. It is a great time to be a “Silver Senior” given the progress of modern medicine and the intense research into the aging process and the biology of senescence. For more perspective, one needs only to google search transgenes, telomeres, and mitochondria to name a few.

The radiology workforce is also aging, and there are some serious supply versus demand issues. The AAMC predicts a shortage of radiologists by 2030. Personally, I think deep learning, artificial intelligence, and a host of decision support algorithms will help mitigate that perceived shortage. The experience we as radiologists gained over years of practice was our version of deep learning, which today and in the near future will be provided to radiologists by convoluted neural networks, machine learning, artificial intelligence, and decision support.

A certain age is required to become a member of the Senior Radiologist Section of the ARRS, which is our discipline's oldest professional society. The SRS is one of the first—

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if not the oldest—section or group of its kind among our many professional societies. Many of our members are still working or contemplating modifications in their work schedule, which makes the recent initiatives from the American Board of Radiology (ABR)—written about in this issue by Vicki Marx of the University of Southern California—advantageous. Most SRS members hold lifetime certificates as diplomates of the ABR. The streamlining of the Maintenance of Certification (MOC) process and the adoption of OLA (Online Longitudinal Assessment) are welcome news for our specialty and should be most useful for our SRS membership.

The ARRS Annual Meeting provides necessary CME and an impressive array of educational opportunities in our discipline, which will be helpful and necessary for this MOC process. SRS members have a reduced registration fee and opportunities for fellowship, mentoring, and social interactions with our younger colleagues. The meeting allows for the study of these transitions, which this year will take place in Honolulu, Hawaii. Our SRS members will share in the pleasure of our annual cocktail reception, special guest lecture, a museum tour, and the general “Aloha” experience of being with friends and colleagues in a spectacular environment. I hope to greet many of you in Honolulu this year. Learn more about registration and the meeting schedule by visiting www.arrs.org/meeting.



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board certification; the search result will indicate that the LTC is “valid” and MOC is “not required.” Anyone holding an LTC who elects to take part in MOC must participate in all components of MOC, not just OLA. The four components are: 1, a valid and unrestricted state medical license; 2, at least 75 category 1 CME hours in the previous three years, a third of which must be self-assessment (SA-CME) credits; 3, assessment of knowledge, judgment, and skills with either OLA (or an MOC exam every five years); and 4, PQI or participatory activities. Parts 1, 2, and 4 must be attested to yearly and are subject to possible audit by ABR.

MOC is an inherent component of the ABR subspecialty certification in neuroradiology, pediatric radiology, and nuclear radiology. Therefore, diagnostic radiology LTC holders who also have a subspecialty certificate(s) must participate in MOC to keep the subspe-

cialty certificate valid. For those who do participate in MOC, a search on the ABR website to verify board certification will note that MOC is not required for their DR LTC, just for the subspecialty certificate.

The decision of whether to participate in the ABR Maintenance of Certification program in the years leading up to retirement is personal. It should include consideration of institution privileging requirements and the impact of subspecialty certification on the ability to continue the scope of practice a diplomate wants to have. The educational benefit of the new OLA system for medical knowledge is robust and should be taken into consideration when making the decision.

If there are questions about participation in MOC in general, and about the OLA process in particular, please contact an ABR Personal Certification Advisor at information@theABR.org or 520-519-2152.

ABR Online Longitudinal Assessment (OLA) Webinar: What Is It and What’s in It for Me?

Hear directly from ABR leadership as they provide an overview of the new ABR OLA program, which replaces the every 10-year MOC exam. This webinar prepares viewers for the ABR OLA which went live earlier this year for all diagnostic radiology and diagnostic radiology subspecialty diplomates.

View this webinar at www.arrs.org/abrwebinar.



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SRS Birthdays

We wish these SRS members a very happy birthday.

| January | February | March | April |
|-------------------|-----------------------|-------------------------|------------------------|
| 1 Jash Patel | 7 John K. Kelly | 2 Frederick Dean | 2 Paul M. Chikos, Jr. |
| 2 Carey A. Weiss | 8 Ivan Rosen | 5 Lisa S. Wichterman | 5 Rubem Pochaczewsky |
| 16 John K. Crowe | 10 Harvey L. Hecht | 8 Vidor Bernstien | 7 Theron W. Ovitt |
| Hang C. Shen | 11 Robert F. Williams | 16 Joel A. Schneider | 10 Homer L. Twigg, Jr. |
| Lewis Wexler | 18 Richard E. Fulton | 18 Richard Morin | 14 Carlos Muhletaler |
| 26 Edward O'Brien | 25 Bruce L. McClennan | 20 Gordon S. Perlmutter | 30 Jon D. Shanser |

Guess Who Revealed



Dr. Jon Shanser was born in Brooklyn, NY, raised in Sea Cliff, Long Island, NY, and graduated from North Shore High School in Glen Head, NY, in 1961.

He matriculated at Johns Hopkins University graduating with a BA in Liberal Arts in 1965, after which he attended the Upstate Medical University in Syracuse, NY, graduating in 1969.

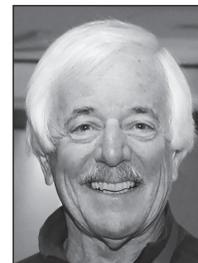
He then did a medicine internship at University of California Los Angeles Affiliated Hospitals until June 1970, prior to his radiology residency and fellowship at University of California San Francisco (UCSF) Medical Center from 1970 to 1974.

He became board certified in diagnostic radiology in June 1974. Following two years of active duty in the USAF at David Grant Medical Center, Travis AFB, CA, from 1974 to 1976, he was appointed clinical assistant professor of radiology at UCSF where he remained until entering private practice in 1978, and he remained at Saint Francis Memorial Hospital until 2009 before retiring from group practice. In June 2009, he became a physician reviewer for HealthHelp, LLC, one of the early radiology benefit management compa-

nies, and in January 2011 was appointed medical director of clinical services at HealthHelp LLC. He has been on the Executive Committee of the California Radiological Society for over 30 years, is a member of Radiological Society of North America, ARRS, and American College of Radiology having served for 7 years as the chairman of the Coding & Nomenclature Committee as well as of the Task Force on Regulatory Compliance.

Since retiring from active clinical practice, he moved permanently from the SF Bay area to the Lake Tahoe area where he and his wife Carol enjoy the extensive outdoor lifestyle that the mountains afford. He and his wife are active skiers and enjoy bicycling, hiking, and paddle boarding as well as gardening and traveling. Jon is a self-proclaimed aficionado of college lacrosse, an interest that developed during his college years in Baltimore, and as a former soccer player he also follows the international soccer scene.

If you wish to submit a vintage photo to appear in an issue of SRS Notes, please send your photo(s) to sleu@arrs.org.



Jon Shanser

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Tell your friends...

"The Senior Radiologists Section (SRS) provides an opportunity and a forum for senior members of the ARRS to be kept informed on the new developments in radiology as well as enjoy the camaraderie of their colleagues." — *John Tampas, former chair of SRS.*

Benefits include:

- SRS newsletter, *SRS Notes*
- Discounted registration fee to the ARRS Annual Meeting
- Annual Meeting reception
- SRS Annual Meeting activities (includes sponsored speaker and special tours)

To qualify to join this special interest group within the ARRS membership, you must meet one of the following criteria:

- Be a current emeritus ARRS member (fully retired) age 60 or older
- Be a current ARRS member age 65 or older

SRS dues are in addition to any membership dues that are owed to the ARRS related to an individual's membership category. Payment of all applicable ARRS dues is required to be a participant of the SRS.

Interested ARRS members may download an SRS application at www.arrs.org/SRSapp and mail it, along with payment, to: ARRS-SRS, 44211 Slatestone Court, Leesburg, VA 20176-5109. Questions regarding SRS membership or renewal should be addressed to Sara Leu at sleu@arrs.org or at 866-940-2777 or 703-729-3353.

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