

Letters to the Editor

Joseph Scherger, MD, MPH
Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to jscherger@ucsd.edu. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

In Response

The Measure of Family Medicine

To the Editor:

The essay by David Loxterkamp, MD, in the March 2009 *Family Medicine*¹ made my heart sing. His words and ideas make sense to me. I agree with him that the time, money, and energy spent on taking the ABFM Maintenance of Certification Exam is unfortunate. As Dr Loxterkamp mentioned, there is little evidence that this kind of testing helps us be better physicians.

Besides what Dr Loxterkamp mentioned as ideas for next year's ABFM cognitive exams, I have some additional suggestions. Physicians could spend two sessions with a spiritual counselor, one session with a clairvoyant or psychic, two sessions working in a community health clinic, two sessions shadowing various natural healers (such as a naturopath, body-worker, chiropractor or Chinese Medicine practitioner), and a few sessions with someone who teaches listening skills. Think of how much more fun it would be—and how much more instructive for what we actually do in our practices and in our lives.

I have instructed, precepted, lectured, and trained a large number of medical students and residents in my 47 years in medicine. De-

spite the many wonderful things we do in medical education, it is disheartening to observe how little our teaching methods have changed in almost half a century. It is time to bring all levels of medical education into the 21st century.

Physicians need better listening skills. We need more empathy and compassion. We need more time to spend with patients. We need more openness to other cultures and ideas. We need more knowledge about natural healing modalities. We need better skills in working with teams of all types of providers. And, primarily, we need to learn how to do a much better job of taking care of ourselves.

I agree with Dr Loxterkamp that it is time to abandon our present ideas about testing, pull together a think tank, and once again lead our medical colleagues in transforming continuing medical education and board recertification.

Bill Manahan, MD
Department of Family Medicine
and Community Health
University of Minnesota Academic
Health Center
Minneapolis

REFERENCE

1. Loxterkamp D. Five easy answers: where the ABFM Cognitive Exam has gone wrong. *Fam Med* 2009;41(3):210-2.

To the Editor:

I read with interest the well-written musings of David Loxterkamp, MD, on the ABFM's recertification examination in the March issue of *Family Medicine*.¹

I agree in concept with his intriguing notion of examining physicians in an environment that resembles real-world practice as closely as possible. However, two major obstacles present us from doing so. The first, and most important, is that all American Board of Medical Specialties (ABMS) Member Boards—of which we are one—must deliver their examinations in a secure, proctored, closed-book fashion. This principle has been challenged repeatedly over the course of the past 3 years by several ABMS member boards and has been uniformly upheld by the ABMS governance structure. Second, as most diplomates must certainly appreciate after taking the examination at a Prometric Testing Center, allowing examinees to access the Internet at their workstations would create significant logistical and security problems that cannot be solved with our present-day technologies.

Contrary to Dr Loxterkamp's assumption, the ABFM does draw questions from a core knowledge base of family medicine. The examination blueprint was recently overhauled using data mined over a 2-year period of time from fam-