

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-

ily physicians' practices to make certain that our examination is relevant and accurately assesses the core competencies required of the contemporary practicing family physician.² A detailed description of the blueprint can be reviewed on the ABFM Web site by all examination candidates.

It is important to emphasize that the examination measures the minimum level of practice-based knowledge necessary to become certified or to recertify. Convincing evidence exists that the accurate assessment of this minimum level of knowledge matters. An excellent recent review of this subject by Holmboe substantiates the importance of a sufficient knowledge base to inform sound clinical judgment, make evidence-based decisions, and deal with uncertainty.³ Earlier work by Brennan further provides evidence that certification examination results correlate with supervisor assessment of clinical skills and that recertification examination results correlate with the complexity and volume of patients seen by practicing physicians.⁴

With that having been said, let me acknowledge and agree with one of his major premises; namely, we recognize that assessment of clinical knowledge is but one of the important competencies that a board-certified family physician must possess. As a result, the ABFM has shifted to a new recertification paradigm, and family physicians that successfully certify or recertify now enter the Maintenance of Certification for Family Physicians (MC-FP) process. MC-FP is a continuous, ongoing process that embraces assessment of the six general ACGME/ABMS competencies that have been deemed essential in defining the competent physician.

Loxterkamp writes, "And really, who cares if we know the right answer but fail to deliver it and fail again to ask ourselves why not?" The ABFM does care. That

is why so much has been invested with great effort into creating the MC-FP Performance in Practice Modules, designed to help physicians assess how well they deliver high-quality care so that they can deliver it consistently at the right time, every time, to their patients.

The ABFM is in the process of developing additional tools that will assess family physicians' professionalism, the ability to communicate effectively with patients, and the ability to treat patients safely. Beginning in 2013, the ABFM will use simulation technology in the certification and recertification examination for purposes of assessing the clinical knowledge of family physicians. I believe that this technology will allow the ABFM to more accurately assess how physicians gather, process, synthesize, and use information in their evaluation and management of patients. While not quite meeting Dr Loxterkamp's ideal solution of an "open access" examination, I believe that this technology will allow the ABFM to assess clinically important behaviors as accurately as is currently possible in the testing environment.

I appreciate the spirit in which Dr Loxterkamp penned his provocative article. I hope that he and your readers appreciate how diligently the ABFM is working to remain on the cutting edge of physician assessment to more accurately determine who deserves to be a board-certified family physician.

James C. Puffer, MD
President and Chief Executive Officer
American Board of Family Medicine

REFERENCES

1. Loxterkamp D. Five easy answers: where the ABFM Cognitive Exam has gone wrong. *Fam Med* 2009;41(3):210-2.
2. Norris TE, Rovinelli RJ, Puffer JC, et. al. From specialty-based to practice-based: a new blueprint for the American Board of Family Medicine Cognitive Examination. *J Am Board Fam Med* 2005;18:546-54.
3. Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA* 2008;299(3):338-40.

4. Brennan TA, Horwitz RI, Duffy FD, et al. The role of physician specialty board certification status in the quality movement. *JAMA* 2004;292:1039-43.

To the Editor:

Dr Loxterkamp asks a number of serious and important questions in his article. As members of the test development staff of ABFM, we wish to address the following:

(1) "Does taking a Board exam makes us better clinicians?" No. It is not intended to do so. Measurement is intended to quantify the amount of the characteristic of interest, not to improve it. Exam questions are for measurement, not for education. From the perspective of the ABFM, the key question is, "Does a potential patient or provider have a useful piece of information if they know a physician passed a 6-hour knowledge examination in their specialty area and that he or she is ABFM certified?" The purpose of ABFM certification is to publicly ensure that a physician has adequate professional standing, a high level of knowledge, and an ongoing commitment to lifelong learning and performance improvement, so that the potential patient or provider can make a judgement whether to trust the knowledge of a particular physician.

(2) "Does the rank and file find it useful?" Based on their entry into it, at least 85% of family physicians appear to find this voluntary process useful. The intention of the ABFM is to make certification increasingly beneficial. For example, some pay-for-performance initiatives can be met by elements of the certification process, consistent with one of the suggestions made. By this metric, the overwhelming answer is "yes," family physicians find it useful. Additionally, one post-examination survey question is, "Do examination questions reflect the knowledge family physicians need every day in practice?" The responses have been a 3:1 ratio of positive to negative replies.