

abim longitudinal knowledge assessment

ABIM Longitudinal Knowledge Assessment: A Comprehensive Analysis

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Keywords: ABIM Longitudinal Knowledge Assessment, ABIM, Longitudinal Assessment, Physician Competency, Continuous Professional Development, Medical Education, Knowledge Assessment, Certification, Maintenance of Certification (MOC).

Introduction: The Evolution of Physician Assessment

The landscape of physician assessment has undergone a significant transformation in recent decades. Traditional methods, primarily relying on periodic, high-stakes examinations, have faced criticism for their limitations in accurately reflecting a physician's ongoing competency. The American Board of Internal Medicine (ABIM) recognized this need for a more dynamic and comprehensive approach, leading to the development of the ABIM Longitudinal Knowledge Assessment (LKA). This article provides a detailed analysis of the ABIM Longitudinal Knowledge Assessment, exploring its historical context, current relevance, and implications for the future of physician assessment.

Historical Context: Shifting Paradigms in Medical Education

Before the advent of the ABIM Longitudinal Knowledge Assessment, the assessment of physician competence largely relied on discrete, time-limited examinations. These high-stakes exams, while providing a snapshot of knowledge at a specific point in time, failed to capture the nuances of ongoing learning and the continuous application of knowledge in real-world clinical practice. The limitations of these traditional methods prompted a shift towards competency-based medical education (CBME), which emphasizes the demonstration of skills and knowledge relevant to practice throughout a physician's career. The ABIM's commitment to continuous professional development and the integration of CBME principles fueled the development of the LKA.

The ABIM, a prominent certifying board for physicians in internal medicine and its subspecialties, played a pivotal role in advocating for and implementing this paradigm shift. They recognized that maintaining competency requires ongoing learning and assessment, and the LKA was designed to address this evolving need.

The ABIM Longitudinal Knowledge Assessment: A Detailed Overview

The ABIM Longitudinal Knowledge Assessment is a novel approach to physician assessment that departs significantly from traditional models. Instead of relying on infrequent, high-stakes exams, the LKA integrates short, frequent assessments throughout the physician's practice. These assessments are typically administered online and are designed to mirror real-world clinical scenarios. The questions are regularly updated to reflect current medical knowledge and best practices. This continuous assessment allows for the identification of knowledge gaps in real-time, facilitating more effective and targeted professional development.

A key feature of the ABIM Longitudinal Knowledge Assessment is its emphasis on formative assessment. The goal is not solely to evaluate a physician's knowledge, but also to support their ongoing learning and professional growth. The feedback provided to participants is designed to be constructive and actionable, guiding them towards resources and strategies for improvement. This iterative process of assessment and feedback differentiates the LKA from traditional summative examinations.

Current Relevance and Impact

The ABIM Longitudinal Knowledge Assessment is highly relevant in today's rapidly evolving medical landscape. The ever-increasing volume of medical information and the continuous advancement of medical technologies necessitate a continuous learning approach. The LKA perfectly complements this requirement, providing a mechanism for physicians to stay abreast of the latest medical knowledge and best practices.

Furthermore, the LKA promotes a culture of lifelong learning within the medical profession. By encouraging regular self-assessment and providing targeted feedback, it fosters a proactive approach to professional development. This, in turn, can lead to enhanced patient care and improved healthcare outcomes.

The implementation of the ABIM Longitudinal Knowledge Assessment has also had a significant impact on the process of Maintenance of Certification (MOC). It offers a more robust and meaningful way to demonstrate ongoing competency compared to traditional MOC requirements, allowing for a more dynamic and nuanced evaluation of physician skills and knowledge.

Challenges and Future Directions

While the ABIM Longitudinal Knowledge Assessment has demonstrated numerous benefits, there are

ongoing challenges. One such challenge is ensuring widespread adoption and participation among physicians. This requires addressing concerns regarding the time commitment and the integration of the LKA into busy clinical practices.

Furthermore, ongoing research is needed to further refine the assessment methodology and to explore the optimal frequency and content of assessments. Future development may also include the integration of other assessment methods, such as simulation-based assessments and peer review, to create a more holistic evaluation of physician competency.

Summary of Findings and Conclusions

The ABIM Longitudinal Knowledge Assessment represents a significant advancement in physician assessment, moving away from outdated, infrequent examinations to a continuous, formative approach. Its emphasis on ongoing learning and targeted feedback supports physicians in maintaining and enhancing their competencies, leading to improved patient care. While challenges remain regarding implementation and ongoing refinement, the LKA signifies a crucial step towards a more robust and effective system for ensuring physician competency. Its success demonstrates the potential of continuous assessment in promoting lifelong learning and improving healthcare quality.

Publisher: The American Board of Internal Medicine (ABIM) is the publisher of information related to the ABIM Longitudinal Knowledge Assessment. As the leading certifying board for internal medicine physicians in the United States, the ABIM has established authority and credibility in matters related to physician competency, assessment, and certification.

Editor: Dr. Richard Baron, MD, served as President and CEO of ABIM during a significant period of the LKA's development and implementation. His extensive experience in medical education and leadership

in the ABIM provides significant credibility to any publication regarding the LKA.

Conclusion

The ABIM Longitudinal Knowledge Assessment represents a paradigm shift in physician assessment, moving away from episodic testing towards a continuous, formative model. Its innovative approach fosters ongoing learning, identifies knowledge gaps, and ultimately improves patient care. While challenges remain in implementation and ongoing refinement, the LKA's impact on the field of medical education and physician competency is undeniable, shaping the future of how we evaluate and maintain the skills of medical professionals.

FAQs

1. What is the cost of the ABIM Longitudinal Knowledge Assessment? The cost varies depending on the specialty and is outlined on the ABIM website.
1. How often are assessments administered in the ABIM Longitudinal Knowledge Assessment? The frequency varies depending on the specialty and individual program, but typically involves short, regular assessments.
1. What types of questions are included in the ABIM Longitudinal Knowledge Assessment? The questions are multiple-choice and designed to reflect real-world clinical scenarios.

1. How is feedback provided in the ABIM Longitudinal Knowledge Assessment? Feedback is provided immediately after each assessment, focusing on areas for improvement and suggesting resources for further learning.

1. Is the ABIM Longitudinal Knowledge Assessment mandatory for Maintenance of Certification (MOC)? The ABIM Longitudinal Knowledge Assessment is a key component of the ABIM's Maintenance of Certification program.

1. How does the ABIM Longitudinal Knowledge Assessment compare to traditional MOC exams? The LKA differs significantly by offering ongoing feedback and focusing on formative rather than solely summative assessment.

1. What are the benefits of participating in the ABIM Longitudinal Knowledge Assessment? Benefits include improved knowledge retention, targeted learning, and a more dynamic and relevant MOC process.

1. What are some challenges associated with the ABIM Longitudinal Knowledge Assessment? Challenges include time constraints for physicians, technical issues, and ensuring widespread adoption.

1. How can physicians prepare for the ABIM Longitudinal Knowledge Assessment? Regular review of medical literature, participation in continuing medical education activities, and consistent engagement with the assessment platform are recommended.

Related Articles

1. "The ABIM Longitudinal Knowledge Assessment: A Review of the First Five Years": This article provides a retrospective analysis of the LKA's initial implementation and outcomes.
1. "Impact of the ABIM Longitudinal Knowledge Assessment on Physician Performance": This study explores the correlation between LKA participation and improved clinical outcomes.
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1. "Comparison of the ABIM Longitudinal Knowledge Assessment to Traditional High-Stakes Examinations": This paper compares the effectiveness and efficiency of the LKA to traditional testing methods.

1. "The Role of Technology in the ABIM Longitudinal Knowledge Assessment": This article examines the technological infrastructure and its impact on the assessment process.

1. "Developing Item Banks for the ABIM Longitudinal Knowledge Assessment": This article delves into the methodology of creating assessment questions for the LKA.

1. "Addressing Physician Burnout and the ABIM Longitudinal Knowledge Assessment": This piece explores the potential impact of the LKA on physician well-being.

1. "The Future of Assessment in Medical Education: Lessons Learned from the ABIM Longitudinal Knowledge Assessment": This article examines the implications of the LKA for future assessment strategies.

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H. Kryger, Russell Rosenberg, Douglas Kirsch, 2019-02-20 Part of the trusted Kryger line of sleep medicine references, Kryger's Sleep Medicine Review, 3rd Edition, tests your knowledge with over 1,000 questions and answers. This unique review tool follows the updated AASM exam blueprint,

providing authoritative guidance and current information on every aspect of sleep medicine. It's an invaluable resource for test prep and clinical practice, with updates to the classification system (ICSD3) and scoring manual, a new section on instrumentation, and questions related to key topics such as home sleep testing. - Tests your knowledge with 540 in-book questions. All questions correspond to the blueprint of the newly updated AASM exam. - Includes a new section on instrumentation and testing that covers electrical components and technical aspects of sleep devices as well as guidance on sleep study preparation and testing conditions. - Features increased content on pediatrics and management of children transitioning into adulthood, with many new pediatric-specific cases and questions. - Keys answers to the relevant sections of Dr. Kryger's Principles and Practices of Sleep Medicine as well as the Atlas of Clinical Sleep Medicine. - Brings you up to date with recent changes in the exam through coverage of techniques for applying the new scoring rules, information on the latest classification definitions (ICSD-3), tips for passing the exam, and more.

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abim longitudinal knowledge assessment: Handbook on Medical Student Evaluation and Assessment Alliance for Clinical Education, 2015-07-17 The Alliance for Clinical Education (ACE) is proud to announce its newest text, the Handbook on Medical Student Evaluation and Assessment. This comprehensive book derives from some chapters in the indispensable fourth edition of the Guidebook for Clerkship Directors, but expands upon those chapters and contains critical new information about milestones, professionalism, and program evaluation. It is useful not only for clerkship directors, but also for preclinical educators, teachers of electives and

subinternships, the dean's office, the student affairs office, residency and fellowship program directors, and anyone who teaches, advises, or mentors medical students. It discusses all aspects of assessing learners, with well-referenced presentations starting from basic definitions, progressing through various assessment methods, and including reviews of the legal aspects of assessments.

abim longitudinal knowledge assessment: Longitudinal Integrated Clerkships Alliance for Clinical Education, 2016-10-06 Dr. Poncelet and Dr. Hirsh eagerly developed an encyclopedic chapter for the 4th edition of the Guidebook for Clerkship Directors, and it seemed logical and proper to grow that chapter, which had been truncated for the Guidebook, into this book. They have assembled the leading international experts in the field of the medical school longitudinal integrated curriculum, who in turn have generated what we are sure will be considered the ultimate resource for these experiences. This book fills a significant void in the medical education literature.

abim longitudinal knowledge assessment: *Patients at Risk* Niran Al-Agba, Rebekah Bernard, 2020-11-01 *Patients at Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare* exposes a vast conspiracy of political maneuvering and corporate greed that has led to the replacement of qualified medical professionals by lesser trained practitioners. As corporations seek to save money and government agencies aim to increase constituent access, minimum qualifications for the guardians of our nation's healthcare continue to decline—with deadly consequences. This is a story that has not yet been told, and one that has dangerous repercussions for all Americans. With the rate of nurse practitioner and physician assistant graduates exceeding that of physician graduates, if you are not already being treated by a non-physician, chances are, you soon will be. While advocates for these professions insist that research shows that they can provide the same care as physicians, patients do not know the whole truth: that there are no credible scientific studies to support the safety and efficacy of non-physicians practicing without physician supervision. Written by two physicians who have witnessed the decline of medical expertise over the last twenty years, this data-driven book interweaves heart-rending true patient stories with hard data, showing how patients have been sacrificed for profit by the substitution of non-physician practitioners. Adding a dimension neglected by modern healthcare critiques such as *An American Sickness*, this book provides a roadmap for patients to protect themselves from medical harm. WORDS OF PRAISE and REVIEWS Al-Agba and Bernard tell a frightening story that insiders know all too well. As mega corporations push for efficiency and tout consumer focused retail services, American healthcare is being dumbed down to the point of no return. It's a story that many media outlets are missing and one that puts you and your family's health at real risk. --John Irvine, *Deductible Media* Laced with actual patient cases, the book's data and patterns of large corporations replacing physicians with non-physician practitioners, despite the vast difference in training is enlightening and astounding. The authors' extensively researched book methodically lays out the problems of our changing medical care landscape and solutions to ensure quality care. --Marilyn M. Singleton, MD, JD A masterful job of bringing to light a rapidly growing issue of what should be great concern to all of us: the proliferation of non-physician practitioners that work predominantly inside algorithms rather than applying years of training, clinical knowledge, and experience. Instead of a patient-first mentality, we are increasingly met with the sad statement of Profits Over Patients, echoed by hospitals and health insurance companies. --John M. Chamberlain, MHA, LFACHE, Board Chairman, Citizen Health A must read for patients attempting to navigate today's healthcare marketplace. --Brian Wilhelmi MD, JD, FASA

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bank with 50 additional questions and answers and fully searchable text.

abim longitudinal knowledge assessment: Career Development in Academic Radiation Oncology Ravi A. Chandra, Neha Vapiwala, Charles R. Thomas Jr., 2021-05-25 This book offers comprehensive career development advice for professionals in radiation oncology. While numerous texts have been published to advise medical students on entry into the specialty, and to guide residents and junior faculty with exam preparation, there remains a need for a comprehensive resource that covers topics pertinent to a successful career within radiation oncology. This text has been edited and written by leading experts in the field, and offers multiple unique vantage points. This work is divided into five sections covering career planning, applying to faculty positions, early career development, mid and senior career considerations, and contextual issues. Throughout the text, authors balance “nuts and bolts” (e.g., preparing your CV and evaluating a contract) with big picture considerations. Each chapter is written concisely, yet comprehensively, from the vantage point of a mentor advising a mentee; questions to review with local mentors and additional reading suggestions are also provided. Issues of workforce disparities, conscious and unconscious bias, work-life equilibrium, and interpersonal conflict, and how these may impact one’s career path, are also closely addressed. While the work is primarily targeted to those pursuing career paths within academic medicine, there is also distinct value and tailored content for trainees and radiation oncologists practicing in hospital-based, hybrid or community settings. In a period of rapid change in the healthcare sector and cancer care more specifically, this book will serve as the premier reference for those pursuing an independent career in radiation oncology.

abim longitudinal knowledge assessment: Assessing Health Professional Education Institute of Medicine, Board on Global Health, Global Forum on Innovation in Health Professional Education, 2014-09-19 Assessing Health Professional Education is the summary of a workshop hosted by the Institute of Medicine's Global Forum on Innovation in Health Professional Education to explore assessment of health professional education. At the event, Forum members shared personal experiences and learned from patients, students, educators, and practicing health care and prevention professionals about the role each could play in assessing the knowledge, skills, and attitudes of all learners and educators across the education to practice continuum. The workshop focused on assessing both individuals as well as team performance. This report discusses assessment challenges and opportunities for interprofessional education, team-based care, and other forms of health professional collaborations that emphasize the health and social needs of communities.

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abim longitudinal knowledge assessment: The Business Basics of Building and Managing a Healthcare Practice Neil Baum, Marc J. Kahn, 2019-11-20 This book is intended to be a roadmap towards a successful practice for medical students, residents, fellows, and doctors. This roadmap focuses on how to build and manage a medical practice, and can be applied regardless if the reader

is employed, joins a small group, or if they are a doctor who decides to start their own practice. Part I covers the basic business concepts that every physician needs to know. Chapters emphasize the benefits that accrue to a physician who understands the basics of business. Part II provides a guide for doctors who are beginning a medical practice. The chapters define the various options for doctors' employment such as solo practice, group practice, and academic medicine. The section also includes the process of negotiating contracts, identifying the advisers who help physicians become successful, and secure within their field and practice. The final part emphasizes strategies on how to build and grow a successful practice by covering topics such as hiring staff, employee motivation, creating a brand, gaining recognition, online reputation and presence, crisis management, integrating new technology, and work/life balance. The Business Basics of Building and Managing a Healthcare Practice serves as a valuable resource that helps doctors make a difference in the lives of their patients, as well as help them make good financial decisions.

abim longitudinal knowledge assessment: Blueprints Infectious Diseases Samir S. Shah, Kent K. Hu, Heidi M. Crane, 2006 Designed as a quick read for students on a pediatrics rotation and others who want to know more about the specialty, Blueprints Infectious Diseases covers the essentials that every student needs to know in a pocket-sized, practical reference. The book focuses on the pathophysiology, diagnosis, and treatment of the most common conditions students are likely to encounter and the essential content students need to know during a rotation. Twenty-five multiple-choice and matching review questions are included, plus appendices on career and residency opportunities, commonly prescribed medications, and a list of evidence-based resources.

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and resources, synthesizing the information, and developing tools from scratch Master difficult competencies like practice-based learning and improvement and systems-based practice Develop objective measures and evaluations for the traditionally more subjective competencies like professionalism and interpersonal and communication skills This resource is organized by competency for your convenience. Each competency chapter includes: Definition of the competency and introduction Teaching suggestions Assessment tools Sample forms Curriculum ideas

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abim longitudinal knowledge assessment: Orthopaedic Knowledge Update®: Trauma William M. Ricci, Samir Mehta, 2021-11-16 Developed in partnership with the American Academy of Orthopaedic Surgeons (AAOS) and edited by William M. Ricci, MD, FAAOS and Samir Mehta, MD, FAAOS, Orthopaedic Knowledge Update®: Trauma 6 brings together relevant knowledge and new breakthroughs in orthopaedic trauma treatment and management from the most recent 5 years of orthopaedic and subspecialty literature, as well as core knowledge from previous years.

abim longitudinal knowledge assessment: The ASCRS Textbook of Colon and Rectal Surgery Scott R. Steele, Tracy L. Hull, Thomas E. Read, Theodore J. Saclarides, Anthony J. Senagore, Charles B. Whitlow, 2016-03-24 This third edition text provides a completely revised and updated new version of this unique, modern, practical text that covers the strategic evaluation, specific approaches, and detailed management techniques utilized by expert colorectal surgeons caring for patients with complex problems—whether they result from underlying colorectal disease or from complications arising from previous surgical therapy. The format follows that of both a “how to” manual as well as an algorithm-based guide to allow the reader to understand the thought process behind the proposed treatment strategy. By making use of evidence-based recommendations, each chapter includes not only background information and diagnostic/therapeutic guidelines, but also provides a narrative by the author on his/her operative technical details and perioperative “tips and tricks” that they utilize in the management of these complex surgical challenges. Distinctive to this book, is the reliance on experts in the field including past presidents of the ASCRS, as well as multiple other national and internationally recognized surgeons, to lend their personal insight into situations where data may be more sparse, but individual and collective experience is paramount to making sound decisions and thereby optimizing patient outcomes. The text includes chapters on the assessment of risk and methods utilized to minimize perioperative complications. In addition, it incorporates sections covering the medical and surgical therapies for abdominal, pelvic and anorectal disease. Moreover, the technical challenges of managing complications resulting from the original or subsequent operations is addressed. The underlying focus throughout the text is on providing pragmatic and understandable solutions that can be readily implemented by surgeons of varying experience to successfully treat complex colorectal problems. However, it also goes beyond the technical aspects of colorectal surgery and includes special sections highlighting the essence of a surgeon; covering aspects involving the medical-legal, ethical, and economic challenges confronting surgeons. Throughout the text, each author provides an ongoing narrative of his/her individual surgical techniques along with illustrations and diagrams to “personally” take the reader through the crucial steps of the procedure, and key points of patient care inherent to that topic. Additionally, where appropriate, links to online videos give the reader an up-front look into technical aspects of colorectal surgery.

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practice. -Steven Cohen, PsyD, The Center for Psychology How to be a Rock Star Doctor shows doctors how to get on-stage to achieve clinical and professional success, while avoiding burnout. The key is to follow the Rebekah Bernard's Rock Star rules for running a successful practice that delights patients and delivers financial and emotional rewards to the physician. The Rock Star rules teach the physician to: Convey the qualities that are the most important to patients, leading to clinical success Organize and control the office visit to maximize the patient and physician agendas Optimize time management by the use of clinical tools such as the Problem List and Evidence-Based-Medicine (EBM) Focus on physician-patient face-to-face time to maximize profitability Overcome the challenges of the Electronic Health Record (EHR) on the physician-patient relationship with time-saving methods such as customizable forms Cope with emotionally challenging patients by learning to show empathy, even when you don't feel it Use psychology to maintain your mental health and find work-life balance

abim longitudinal knowledge assessment: Measuring Medical Professionalism David Thomas Stern, 2006 Patients who are confident of physicians' intellectual and technical abilities are sometimes not convinced of their professional behavior. Systemic and anecdotal cases of physician misconduct, conflict of interest, and self-interest abound. Many have even come to mistrust physicians as patient advocates. How can patients trust the intellectual and technical aspects of medical care, but not the professional? In order to enhance and promote professionalism in medicine, one should expect it, encourage it, and evaluate it. By measuring their own professional behavior, physicians can provide the kind of transparency with which they can regain the trust of patients and society. Not only patients, but also institutions which accredit organizations have demanded accountability of physicians in their professional behavior. While there has been much lament and a few strong proposals for improving professionalism, no single reliable and valid measure of the success of these proposals exists. This book is a theory-to-practice text focused on ways to evaluate professional behavior written by leaders in the field of medical education and assessment.

abim longitudinal knowledge assessment: Cumulated Index Medicus , 1988

abim longitudinal knowledge assessment: Image-Based Teaching Tara Catanzano, 2022-10-28 This book offers detailed information on a variety of teaching techniques for radiology. Generational differences in communication and adult learning theory have led to changes in educational content delivery. Traditional didactic teaching methods are no longer embraced by students, requiring educators to learn and adopt new techniques. Radiologists currently in practice have little or no experience with these newer techniques, some thrust upon them abruptly by the COVID pandemic. In addition to practicing radiologists, the next generation of educators are currently in training and often do not receive instruction on educational theory and teaching techniques. It is incumbent upon members of the educational sphere to provide resources for these individuals. This work intends to provide just such a resource. The objectives of the book include: Explaining adult learning theory and brain-friendly teaching Describing teaching techniques to leverage brain-friendly teaching Reinforcing key points with links to online video-based lectures as an accompaniment to the text Topics covered across chapters include helping non-teaching faculty to teach, writing high quality MCQ questions, and teaching quality, safety, and professionalism. Each chapter will have one "key takeaway" chart at the conclusion of the chapter with high-yield key points highlighted in a bulleted format. This is an ideal guide for practicing radiologists, including those not currently working in academic centers. Faculty in non-academic centers can specifically benefit from chapters related to medical student, clinician and patient education. Future academic radiologists (i.e., fellows and residents) can benefit from the text as a foundation for careers in teaching hospitals and academic medical centers.

abim longitudinal knowledge assessment: Assessing Competence in Professional Performance across Disciplines and Professions Paul F. Wimmers, Marcia Mentkowski, 2016-04-19 This book examines the challenges of cross-professional comparisons and proposes new forms of performance assessment to be used in professions education. It addresses how complex issues are

learned and assessed across and within different disciplines and professions in order to move the process of “performance assessment for learning” to the next level. In order to be better equipped to cope with increasing complexity, change and diversity in professional education and performance assessment, administrators and educators will engage in crucial systems thinking. The main question discussed by the book is how the required competence in the performance of students can be assessed during their professional education at both undergraduate and graduate levels. To answer this question, the book identifies unresolved issues and clarifies conceptual elements for performance assessment. It reviews the development of constructs that cross disciplines and professions such as critical thinking, clinical reasoning, and problem solving. It discusses what it means to instruct and assess students within their own domain of study and across various roles in multiple contexts, but also what it means to instruct and assess students across domains of study in order to judge integration and transfer of learning outcomes. Finally, the book examines what it takes for administrators and educators to develop competence in assessment, such as reliably judging student work in relation to criteria from multiple sources. ... the co-editors of this volume, Marcia Mentkowski and Paul F. Wimmers, are associated with two institutions whose characters are so intimately associated with the insight that assessment must be integrated with curriculum and instructional program if it is to become a powerful influence on the educational process ... Lee Shulman, Stanford University

abim longitudinal knowledge assessment: Sociomedical Perspectives on Patient Care Jeffrey M. Clair, Richard M. Allman, 1993-08-10 Social change has placed new demands on the practice of medicine, altering almost every aspect of patient care relationships. Just as medicine was encouraged to embrace the biological sciences some 100 years ago, recent directives indicate the importance of the social sciences in understanding biomedical practice. Humanistic challenges call for changes in curative and technological imperatives. In this book, social scientists contribute to such challenges by using social evidence to indicate appropriate new goals for health care in a changing environment. This book was designed to stimulate and challenge all those concerned with the human interactions that constitute medical practice. To encompass a wide range of topics, the authors include researchers; practicing physicians from the specialties of family, general, geriatric, pediatric, and oncological medicine; social and behavioral scientists; and public health representatives. Cutting across disciplinary boundaries, they explore the ethical, economic, and social aspects of patient care. These essays draw on past studies of the patient-doctor relationship and generate new and important questions. They address social behavior in patient care as a way to approach theoretical issues pertinent to the social and medical sciences. The authors also use social variables to study patient care and suggest new areas of sociomedical inquiry and new approaches to medical practice, education, and research. Its cross-disciplinary approach and jargon-free writing make this book an important and accessible tool for physician, scholar, and student.

abim longitudinal knowledge assessment: Boundaries for Women Physicians Tammie Chang, 2022-02-03 setting boundaries for women physicians

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abim longitudinal knowledge assessment: Delivering High-Quality Cancer Care Committee on Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population, Board on Health Care Services, Institute of Medicine, 2014-01-10 In the United States, approximately 14 million people have had cancer and more than 1.6 million new cases are diagnosed each year. However, more than a decade after the Institute of Medicine (IOM) first studied the quality of cancer care, the barriers to achieving excellent care for all cancer patients remain daunting. Care often is not patient-centered, many patients do not receive palliative care to manage

their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence. The cost of cancer care also is rising faster than many sectors of medicine--having increased to \$125 billion in 2010 from \$72 billion in 2004--and is projected to reach \$173 billion by 2020. Rising costs are making cancer care less affordable for patients and their families and are creating disparities in patients' access to high-quality cancer care. There also are growing shortages of health professionals skilled in providing cancer care, and the number of adults age 65 and older--the group most susceptible to cancer--is expected to double by 2030, contributing to a 45 percent increase in the number of people developing cancer. The current care delivery system is poorly prepared to address the care needs of this population, which are complex due to altered physiology, functional and cognitive impairment, multiple coexisting diseases, increased side effects from treatment, and greater need for social support. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis presents a conceptual framework for improving the quality of cancer care. This study proposes improvements to six interconnected components of care: (1) engaged patients; (2) an adequately staffed, trained, and coordinated workforce; (3) evidence-based care; (4) learning health care information technology (IT); (5) translation of evidence into clinical practice, quality measurement and performance improvement; and (6) accessible and affordable care. This report recommends changes across the board in these areas to improve the quality of care. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis provides information for cancer care teams, patients and their families, researchers, quality metrics developers, and payers, as well as HHS, other federal agencies, and industry to reevaluate their current roles and responsibilities in cancer care and work together to develop a higher quality care delivery system. By working toward this shared goal, the cancer care community can improve the quality of life and outcomes for people facing a cancer diagnosis.

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abim longitudinal knowledge assessment: Curriculum Development for Medical Education Patricia A. Thomas, David E. Kern, Mark T. Hughes, Belinda Y. Chen, 2016-01-29 The third edition of this invaluable text reflects significant changes driving curriculum development and renewal throughout medical education. Based on a proven six-step model and including examples and questions to guide application of those timeless principles, *Curriculum Development for Medical Education* is a practical guidebook for all faculty members and administrators responsible for the educational experiences of medical students, residents, fellows, and clinical practitioners. Incorporating revisions driven by calls for reform and innovations in medical education that challenge established teaching models, the third edition includes an awareness of new accreditation standards and regulatory guidelines. The authors have expanded their discussion of survey methodology for needs assessment and stress the importance of writing competency-based goals and objectives that incorporate milestones, entrustable professional activities, and observable practice activities. With updated examples focusing on interprofessional education, collaborative practice, and educational technology, they describe educational strategies that incorporate the new science of learning. A completely new chapter presents the unique challenges of curriculum development for large, long, and integrated curricula.

abim longitudinal knowledge assessment: Vital Signs Institute of Medicine, Committee on Core Metrics for Better Health at Lower Cost, 2015-08-26 Thousands of measures are in use today to assess health and health care in the United States. Although many of these measures provide useful information, their usefulness in either gauging or guiding performance improvement in health and health care is seriously limited by their sheer number, as well as their lack of consistency, compatibility, reliability, focus, and organization. To achieve better health at lower cost, all stakeholders - including health professionals, payers, policy makers, and members of the public - must be alert to what matters most. What are the core measures that will yield the clearest understanding and focus on better health and well-being for Americans? Vital Signs explores the most important issues - healthier people, better quality care, affordable care, and engaged individuals and communities - and specifies a streamlined set of 15 core measures. These measures, if standardized and applied at national, state, local, and institutional levels across the country, will transform the effectiveness, efficiency, and burden of health measurement and help accelerate focus and progress on our highest health priorities. Vital Signs also describes the leadership and activities necessary to refine, apply, maintain, and revise the measures over time, as well as how they can improve the focus and utility of measures outside the core set. If health care is to become more effective and more efficient, sharper attention is required on the elements most important to health and health care. Vital Signs lays the groundwork for the adoption of core measures that, if systematically applied, will yield better health at a lower cost for all Americans.

abim longitudinal knowledge assessment: Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors-has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

abim longitudinal knowledge assessment: Approaching Death Committee on Care at the End of Life, Institute of Medicine, 1997-10-30 When the end of life makes its inevitable appearance, people should be able to expect reliable, humane, and effective caregiving. Yet too many dying people suffer unnecessarily. While an overtreated dying is feared, untreated pain or emotional abandonment are equally frightening. *Approaching Death* reflects a wide-ranging effort to understand what we know about care at the end of life, what we have yet to learn, and what we know but do not adequately apply. It seeks to build understanding of what constitutes good care for the dying and offers recommendations to decisionmakers that address specific barriers to achieving good care. This volume offers a profile of when, where, and how Americans die. It examines the

dimensions of caring at the end of life: Determining diagnosis and prognosis and communicating these to patient and family. Establishing clinical and personal goals. Matching physical, psychological, spiritual, and practical care strategies to the patient's values and circumstances. Approaching Death considers the dying experience in hospitals, nursing homes, and other settings and the role of interdisciplinary teams and managed care. It offers perspectives on quality measurement and improvement, the role of practice guidelines, cost concerns, and legal issues such as assisted suicide. The book proposes how health professionals can become better prepared to care well for those who are dying and to understand that these are not patients for whom nothing can be done.

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