



Town Hall to LLL Summary
5/30/18

At the AUA in Boston in 2017, the American Board of Urology held its first “Town Hall” session. That session was designed to allow the trustees of the ABU to solicit and benefit from the comments of our diplomates. That session was well attended, some feedback was not helpful. However, most of the feedback was extremely helpful and has served as a basis for recent modification to what was then termed the MOC process, now the Life Long Learning Program. Much of that feedback surrounded the exam, which as a single metric could influence a certificate decision. All those variables caused significant anxiety. Additionally, it was pointed out that significant expense resulted from time away from practice because of the perception of the need for diplomates to attend review courses, which themselves are expensive.

Further comments surround the practice logs. The practice logs are viewed by the diplomates as burdensome. Those in smaller practices point out that the preparation is expensive, and from the comments it was apparent that many were not aware that the ABU will prepare those logs, if the data is provided to us, for a charge of \$500.00.

In short, the diplomates stated that they needed a program that they could value. That would require a program free of undue expense, undue busy work; and in short, something that would be worthwhile and helpful to the diplomate.

From the comments made at that Town Hall, several changes have been made and comprise our Life Long Learning Program. Regarding the examination, because portions of the Life Long Learning Program were developed in years past, and because of the significant information those entities provide to the ABU, we have been able to modify the exam process significantly. In fact, that is now termed a Knowledge Assessment, which is modular in format, and is used to detect areas in a diplomate’s knowledge base that are not as strong as the diplomate would like them to be. From the Board’s perspective, they are not as strong as they need to be. Because of an innovative scoring scheme, diplomates who score in the marginal regions of standard performance are issued “conditional passes”. The areas of substandard performance, as compared to the template, are provided to the diplomate as feedback, and with CME mandated to remediate those areas of weakness. In fact, all diplomates receive feedback with regards to areas of substandard performance, as compared to the template. Those given an unconditional pass are provided that information for their use, as it would appear appropriate to their interests and practices.

With regards to the log review process, at this point, the log review entry process is being examined to see if it can be simplified. Much depends on the various billing software being able to be interrogated so that the ABU log review reports can be generated. As mentioned, because of this significant information that the log review process in general provides, we have been able to modify the Knowledge Assessment

to its current process, and we remain in full compliance with the standards that are required of all boards by the American Board of Medical Specialties.

The American Board of Urology held its second Town Hall meeting at the American Urological Association meeting in San Francisco. Certainly, the comments and compliments that were offered to the Board, with regards to our modifications and creation of a Life Long Learning Program, are greatly appreciated. We continue to solicit constructive feedback, as our goal is to require quality improvement for our process just as we require it of our Diplomates.

At that town hall meeting, it was proposed that the remediation courses be identified by the Office of Education as such. Discussion with the Office of Education of the AUA show that on the "University" the courses that match our exam template are identified by module in the section devoted to ABU LLL Program. A second suggestion was to create an app to access our website. We recently have developed the Diplomate Record Management System or "Diplomate Portal". That portal is designed to be responsive, it is mobile friendly if browser software is compatible. As such, we know currently that 97% of our diplomates are accessing the portal via laptop or desktop computers. Thus, the development of an app, which is extremely expensive, currently does not appear to be economically sound. This will be monitored going forward.

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Gerald H. Jordan MD, FACS, FAAP (hon), FRCS (hon)
Executive Secretary

A handwritten signature in black ink, appearing to read 'Stephen Y. Nakada' with a long horizontal stroke at the end.

Stephen Y. Nakada, MD, FACS, FRCS (Glasg)
President