Diagnostic Medical Physics ABR-part 3

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Preface

Content was derived largely from the ABR website:

- https://www.theabr.org/medical-physics/initial-certification
- Check this website to remain up to date.

Advice is based on my own opinions and personal studying experiences



So, you've passed part 2...

Congratulations, you get to keep studying!

Maintain your part 2 brain, continue reviewing your study materials at least monthly. (Full disclosure I did not do this but I wish that I had)

Consult the ABR website to stay informed

<u>https://www.theabr.org/medical-physics/initial-certification</u>

Content Categories

Radiography, Mammography, Fluoroscopy & IR

Computed Tomography

MRI & Ultrasound

Informatics, Image Display, Image Fundamentals & Professionalism/Ethics

Rad Bio, Dosimetry, Protections & Safety

- Content tests "fitness to practice applied medical physics"
- Make sure you have medical physics and some clinical experience in each category
- Identify areas you may be lacking and plan hands-on experiences in those areas as feasible.
- Radiography, mammography, fluoroscopy, and interventional imaging
- X-ray production, beam characteristics, interactions, and image-formation principles;
- Types and characteristics of image detectors;
- Clinical protocols for common imaging exams;
- Fluoroscopy and interventional procedures, including acquisition parameters and dose-reduction strategies;
- Image noise assessment and dose metrics for all projection imaging modalities;
- Common artifacts, quality assurance, quality control, mammography accreditation, and MQSA standards





- ► Task Groups, NCRP, and ICRP Reports:
 - There a many of these but cross-referencing them with the content guide online should help narrow and focus your studies.
- The Essential Physics of Medical Imaging, Bushberg, Seibert, Leidholt and Boone.
 - Consider reviewing figures as a good quick refresher after part 2
- <u>Review of Radiological Physics</u>, Huda
 - Practice questions in back of book are a good sanity check

DICOM Header

 Go through each field in DICOM Headers of each modality.

Review Artifacts

- ► What: Physical Principles at work
- ► How: Technique Factors/Prevention

Hands-on Experience

- It is not enough to "go through the motions"
- Actively question why tests are conducted and trace their origin to clinical significance and/or regulatory compliance

0008,1010 Station Name: VASAP_CT 0008,1030 Study Description: XROUT 0008,103E Series Description: CTDIPEDHEAD 0008,1040 Institutional Department Name: RADIOLOGY 0008,1070 Operator's Name: 0008,1090 Manufacturer's Model Name: Brilliance 6 0008,1120 Referenced Patient Sequence: 0008.1150 Referenced SOP Class UID: 1.2.840.10008.3.1.2.1.1 0008.1155 Referenced SOP Instance UID: 1.2.124.113532.80.22016.3.20130214.122817.154598415 0008.2112 Source Image Sequence: 0008.1150 Referenced SOP Class UID: 1.2.840.10008.5.1.4.1.1.2 0008.1155 Referenced SOP Instance UID: 1.2.840.113704.1.111.2516.1455307171.1708 0010.0010 Patient's Name: COMPUTED TOMOGRAPHY^ASAP^ 0010.0020 Patient ID: 88888432 0010.0030 Patient's Birth Date: 20061205 0010.0040 Patient's Sex: O 0010,1010 Patient's Age: 009Y 0010.1080 ---: VU 0010,2180 Additional Patient History: -- CN 432, CT UNIT - 2016 STATE INSPECTION & ACR SURVEY 0018.0022 Scan Options: AXIAL 0018.0050 Slice Thickness: 4.5 0018.0060 kVp: 120 0018,0090 Data Collection Diameter: 500 0018,1020 Software Versions(s): 2.3.0 0018.1030 Protocol Name: ROUTINE BRAIN/Head 0018.1100 Reconstruction Diameter: 250 0018,1120 Gantry/Detector Tilt: 0 0018,1130 Table Height: 11 0018,1140 Rotation Direction: CW 0018.1143 Scan Arc: 420 0018,1150 Exposure Time: 1167 0018,1151 X-ray Tube Current: 92 0018,1152 Exposure: 107 0018,1160 Filter Type: UB 0018,1210 Convolution Kernel: UB



Photo from Pexels

Do not study in a vacuum!

- Talk through procedures and instrumentation with colleagues/fellow students to fill understanding gaps and discover areas you have neglected
- Added bonus of gaining experience verbally expressing your knowledge base.
- You can also practice with non-medical physics friends. Can help you explain concepts completely and simply.



What to Expect

Before the Test

- ~ 5 Months before test (Dec/Jan) you should be contacted with an invite.
- When you respond you will have to pay \$\$
- Then you anxiously wait for communication about your test date...



What to Expect

The Test

- ► 5 Reviewers
- Each topic covered by each reviewer
- The composite score from all reviewers will determine your pass/fail status
- So if you bomb with one reviewer you can make up for it by doing well with the others

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"The Part 3 oral exam includes the same material as the Part 2 computer-based exam, but with a <u>strong emphasis on</u>

practicing clinical medical physics,

clinical judgment, and

communication."

How to Respond

- While in the test take your time and give thoughtful focused answers.
- If you feel like you have the answer rolling around in your head, ask for a moment and get your thoughts straight.
 - Remember decision making and communication are a focus of the exam.
- If you don't know the answer, do you perhaps know where you could find the answer? (Task Group reports, NCRP reports, etc.)

How to Respond

- If you're completely stuck you might try asking some questions.
- Guessing is in general not a good idea, but offering a logical progression to a solution seems more reasonable.
 - Example from <u>Review of Radiological Physics</u> by Walter Huda:
 - What tissue has the highest acoustic impedance in U/S?
 - ► Incorrect: "I'm gonna guess, Air?"
 - Better: "I'm not exactly sure, but I know that the difference in acoustic impedance creates reflections and bone/air interfaces create the largest reflections. So, I'm thinking either bone or air, but I'd have to look it up in Bushberg"

Contents and Objective

• Results and

MOC

Study

Methods

resources



Sio, Dosimetry, Protections 8

After the test...

- ► You can finally relax...
 - YEAH RIGHT!!! More like relive the test for the next two weeks until they post results
- Pass (2014-2016 pass rate was 67%)
 - All categories satisfactory-Welcome to MOC!
- ► Condition (13%)
 - One category unsatisfactory
- ► Fail (20%)
 - More than one category unsatisfactory
- You can request feedback within 60 days (for a fee).

After the test...

- If you condition, ABR will send you a "Next Steps" letter outlining where and when your conditioned exam will take place
 - ▶ Two reviewers, 30 minutes each, over only the conditioned category.
- ► If you fail...
 - "Board eligibility for medical physicists begins once a candidate has been approved for the Part 2 Exam, or has completed a CAMPEP-accredited residency, whichever occurs first. Once board eligible, medical physics candidates have six calendar years to attain certification, that is, fully pass the Part 1 and Part 2 (computerized) and Part 3 (oral) certifying exams."

After the Test...

If you pass you get to bégin your MAINTAINENCE OF **CERTIFICATION (MOC)**

Part 1: Professionalism and Professional Standing

Part 2: Lifelong Learning and Self-Assessment

Part A: Improvement in Medical Practice

Part 2: Lifelong Learning and Self-Assessment, and Skills Part 3: Assessment of Knowledge, Judgment, and Skills Part 4: Immrovement in Medical Dractice



State Licensure or Professional Attestation

Part 2

- 75 CE credits (25 of them are Self Assessment)
- Every 3 yrs

Part 3

- Assessment mode is shifting to Online Longitudinal Assessment (OLA).
- May also do traditional exam
- Pay attention going forward to understand requirements

Part 4

- Complete/document a Practice Quality Improvement project
- OR Participatory Quality Improvement Activity
- Every 3 yrs

► The ABR MOC Brochure

https://www.theabr.org/wpcontent/uploads/2018/06/MOC_Brochure_MP_2018.pdf

Useful MOC The American Board of Radiology Links www.theabr.org

► myABR

- https://myabr.theabr.org
- CME Gateway
 - www.cmegateway.org
- ► ABMS Public Site
 - www.certificationmatters.org