How to Host a LEARNING SESSION

Hosting a Learning Session is easy. ABIM will provide your organization with support to prepare you for your Learning Session, as well as the following materials:

1. Guidelines for hosting a successful session
2. PDF and slides of module(s) being utilized
3. Facilitator instructions and feedback form
4. Participant instructions and MOC information

Host organizations have the flexibility to determine both the setting and format for the Learning Session. To prepare, your organization will:

1. Designate one or more ABIM Board Certified physicians to serve as a facilitator(s)
2. Provide a convenient location for the Learning Session
3. Develop supporting educational materials for the session (optional)
4. Invite your faculty, staff, etc. to the session
5. Enjoy a valuable learning experience!

Maintenance of Certification (MOC) Learning Sessions provide organizations with collaborative programs that assist physicians in meeting ABIM’s MOC program requirements. The purpose of a Learning Session is to enable ABIM Board Certified physicians to earn MOC points in a facilitator-led interactive group.

During the Learning Session, participants work together on one or more of ABIM’s Medical Knowledge modules which focus on new and emerging scientific research and medical advances. ABIM offers knowledge modules in Internal Medicine, Hospital Medicine, and Care for the Underserved.

The duration of a Learning Session can last from two to six hours, depending on the module. On average, a 30-question module takes about three hours for a group to complete.
SAMPLE Question

Internal Medicine

Q  A 72-year-old man is evaluated for right leg swelling, redness, and mild pain that began after he drove 12 hours to his vacation home. He has not had shortness of breath or chest pain. He has not gained weight recently and is otherwise healthy. His only current medication is chlorthalidone (25 mg daily) for hypertension. The patient does not smoke cigarettes, but he drinks two alcoholic beverages daily. Recent cancer screening was negative.

Temperature is normal, pulse rate is 78 per minute, respirations are 16 per minute, and blood pressure is 134/67 mm Hg. Oxygen saturation by pulse oximetry is 97% on room air. Complete blood count is normal.

Ultrasonogram of the right leg reveals an acute, large, occlusive common femoral deep vein thrombosis. Treatment with low-molecular-weight heparin and warfarin is initiated.

A  Which of the following is the most appropriate management strategy for this patient?

(A) Continue anticoagulation for three months
(B) Continue anticoagulation and refer for catheter-directed thrombolysis
(C) Discontinue anticoagulation and place an inferior vena cava filter
(D) Continue anticoagulation and place an inferior vena cava filter