Recertificación en Hematología

Objetivo:

- Acreditar la continuidad en el ejercicio de la especialidad y vigencia de la calidad de especialista tanto en el conocimiento como destrezas.
- Se realizará por acumulación de puntaje (créditos) durante el tiempo que dure la certificación original que demuestre el ejercicio de la especialidad y permanente capacitación.
- Es un proceso voluntario

Quienes deben recertificarse -ABIM

- Todos los Board-Certified en MI en 1990 o los posteriores deben ingresar a la recertificación (MDC)

- Notificación válida por 10 años requiere 100 puntos de auto evaluación y un examen

- Costos:
  - Medicina Interna US 1.365
  - Hematología: US 2.200

American Board of Internal Medicine

Conocimiento Médico-Autoevaluación
(Mantener certificación requiere alcanzar 100 ptos)

- Módulos de conocimiento médico: permite un autodiagnóstico de fortalezas y debilidades en importantes áreas
  - Modulo de Up-todate Anual
    - ABIM MOC Points 10
    - CME Credit: AMA PRA Category 1 credit
    - Format: Web-Based
    - Content: 25-30 preguntas de alternativas múltiples
  - Módulos de cuidados de la salud en poblaciones de atención deficiente
  - Modulo de casos clínicos teóricos de modo online
  - Módulo en la web para desarrollo de destreza clínica, con sistemas de multimedia que simulan situaciones clínicas desde la semiología a interacciones médico-paciente
- Simulaciones médicas como cardiología intervencional
- Capacitación continua en el conocimiento médico hasta alcanzar las metas de desarrollo
- Material de otras organizaciones ACP, American Society of Haematology.

MOC Recertificación ABIM

Etapas	Inscribirse	Recursos ACP
Inscribirse en programa ABIM s MOC	4 años después certificación o recertificación	www.abim.org
Acreditar 20-80 puntos de autoevaluación de conocimiento médico	1-5 años antes completa. 10 años de certificación	MKSAP-ACP Internal Medicine 2012 MOC Modules-ABIM Modules-Módulos de ética y profesionalismo-ACP SEP modules
Acreditar 20-80 puntos de competencia práctica	1-2 años antes – 10 años	PIM Módulos ACP
Registra en examen	6-9 años después de certificación	Elegir fechas
Estudio de Boards	1 año antes de examen	MKSAP 15 y 16 módulos de Interpretación diagnostica virtual Cursos preparatorios MOC
Revisión interna	2 meses antes	Board Basics 2 MKSAP Digital Quizzs

Que es ACP?

- American College of Physicians (ACP) es la organización internacional de internistas mas grande a nivel mundial
- Cuenta con 133.000 miembros que incluyen internistas, subespecialistas, estudiantes de medicina y médicos becados
- Cual es la misión de ACP?
  - Mejorar la calidad y eficiencia de los cuidados en salud, fomentando el profesionalismo en la práctica clínica

Beneficios ACP

- Medical Knowledge Self-Assessment (MKSAP® 16)
  - Información actualizada en medicina interna y subespecialidades
  - Método de autoevaluación
  - 1,200 preguntas de selección múltiple, centenares de figuras tablas y gráficos que optimizan el aprendizaje y la actualización del internista
  - Disponible desde el 31 de Julio de 2012
  - Importante descuento con membresía de ACP

Hematología

Area y módulo Nombre	Disponibilidad	Puntaje	Relación con Sociedad Educativa
Actualización en hematología 2010	Hasta el 2012	10	No
Actualización en hematología 2011	Hasta el 2013	10	No
Actualización en hematología 2012	Hasta el 2014	10	No
Cuidado a los más necesitados	Hasta 2012	10	SGIM
Módulo de preguntas de atención clínica	Permanente disponible	20	No
ASH-SAP/MOC 4th Ed. Contact ASH	Hasta Diciembre 2013	70	ASH

American Society of Haematology

Beneficios ACP

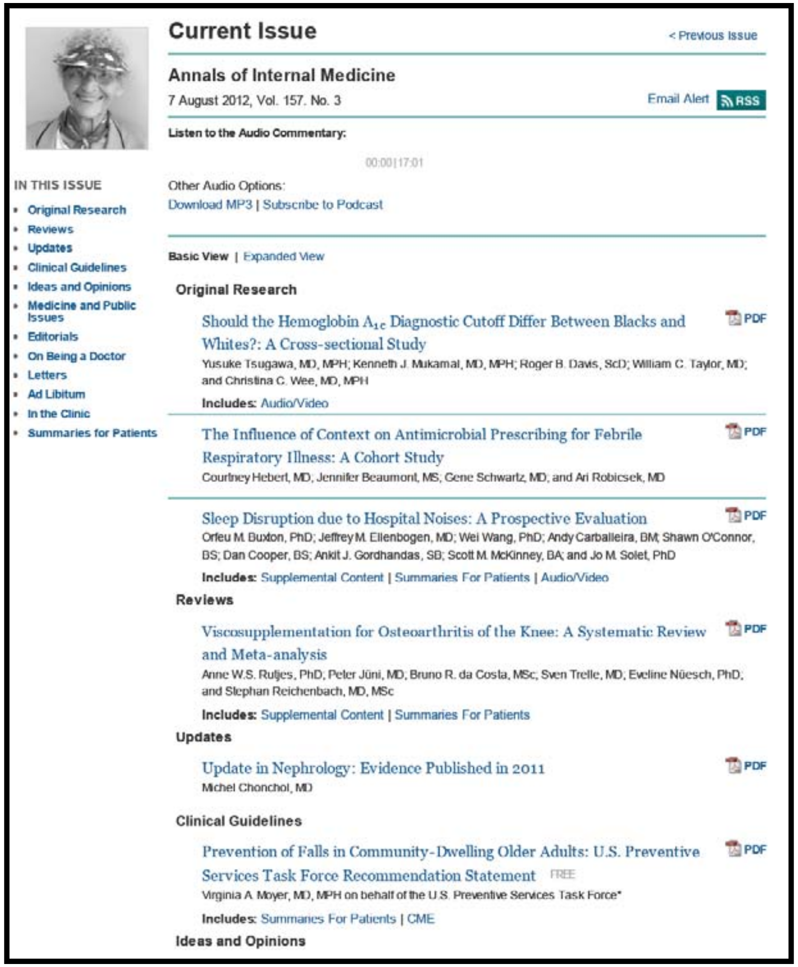
Publicaciones y más!

- Annals of internal medicine
- ACP Hospitalist
- ACP Internist
- Journal Wise
- Guías de Práctica clínica

Beneficios ACP

Annals of Internal Medicine

- Una de las mas grandes publicaciones de Medicina Interna
- Reviews, articulos de investigación, actualizaciones, revisiones sistematicas y meta-analisis
- Gratis para miembros y miembros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On Being a Doctor
Letters
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Current Issue

Annals of Internal Medicine

7 August 2012, Vol. 157. No. 3

Listen to the Audio Commentary:

Other Audio Options:
Download MP3 | Subscribe to Podcast

Basic View | Expanded View

Original Research

Should the Hemoglobin A_{1c} Diagnostic Cutoff Differ Between Blacks and Whites?: A Cross-sectional Study
Yusuke Tsugawa, MD, MPH; Kenneth J. Mukamal, MD, MPH; Roger B. Davis, ScD; William C. Taylor, MD; and Christina C. Wee, MD, MPH
Includes: Audio/Video

The Influence of Context on Antimicrobial Prescribing for Febrile Respiratory Illness: A Cohort Study
Courtney Hebert, MD; Jennifer Beaumont, MS; Gene Schwartz, MD; and Ari Robicsek, MD

Sleep Disruption due to Hospital Noises: A Prospective Evaluation
Orfeu M. Buxton, PhD; Jeffrey M. Ellenbogen, MD; Wei Wang, PhD; Andy Carballeira, BM; Shawn O'Connor, BS; Dan Cooper, BS; Ankit J. Gordhandas, SB; Scott M. McKinney, BA; and Jo M. Solet, PhD
Includes: Supplemental Content | Summaries For Patients | Audio/Video

Reviews

Viscosupplementation for Osteoarthritis of the Knee: A Systematic Review and Meta-analysis
Anne W.S. Rutjes, PhD; Peter Jüni, MD; Bruno R. da Costa, MSc; Sven Trelle, MD; Eveline Nüesch, PhD; and Stephan Reichenbach, MD, MSc
Includes: Supplemental Content | Summaries For Patients

Updates

Update in Nephrology: Evidence Published in 2011
Michel Chonchol, MD

Clinical Guidelines

Prevention of Falls in Community-Dwelling Older Adults: U.S. Preventive Services Task Force Recommendation Statement FREE
Virginia A. Moyer, MD, MPH on behalf of the U.S. Preventive Services Task Force*
Includes: Summaries For Patients | CME

Ideas and Opinions

Beneficios ACP

ACP INTERNIST/ ACP HOSPITALIST

ACP

Internal Medicine 2009

Inaccurate dosing can turn a bigger nightmare than you

DOSINGMATTERS

Find out why

ACPINTERNIST

- Current Issue
- ACP Internist Weekly
- Supplements
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- Archives
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With powerful cough syrup

Two-pronged approach to attack prediabetes

Alaska primary care crisis the tip of the iceberg

ACP Internist Weekly

Cartoon Caption Contest

ACP

Internal Medicine 2009

Personalized Literature Updating Service

ACP Journal Club PLUS

ACPHOSPITALIST

Cover story

Growing specialty offers opportunity for hospitalists

Heartening news about cardiac surgery in the elderly

For many, benefits outweigh risks

ACP Hospitalist Weekly

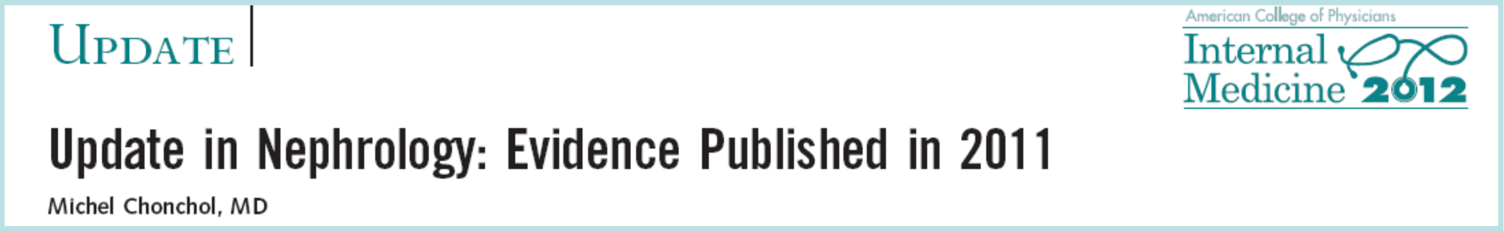
Catch Up with the ACP Internist Blog

Cartoon Caption Contest

Temas de Medicina Interna y Medicina Hospitalaria: tendencias actuales, noticias y actualizaciones.

Beneficios ACP

Annals of Internal Medicine

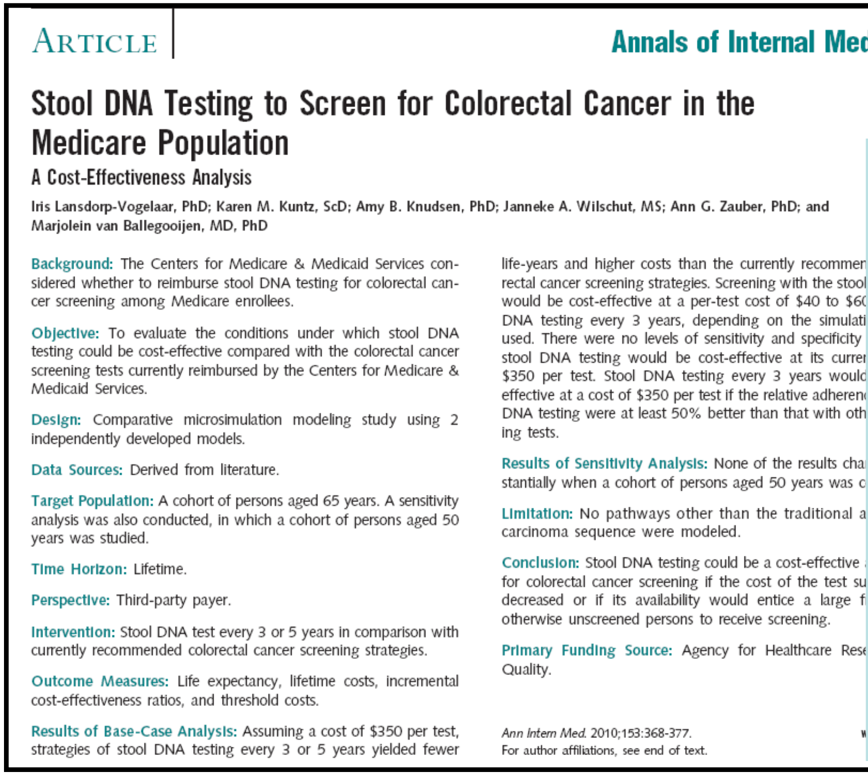


UPDATE

American College of Physicians
Internal Medicine 2012

Update in Nephrology: Evidence Published in 2011

Michel Chonchol, MD



ARTICLE

Annals of Internal Medicine

Stool DNA Testing to Screen for Colorectal Cancer in the Medicare Population

A Cost-Effectiveness Analysis

Iris Lansdorp-Vogelaar, PhD; Karen M. Kuntz, ScD; Amy B. Knudsen, PhD; Janneke A. Wilschut, MS; Ann G. Zauber, PhD; and Marjolein van Ballegooijen, MD, PhD

Background: The Centers for Medicare & Medicaid Services considered whether to reimburse stool DNA testing for colorectal cancer screening among Medicare enrollees.

Objective: To evaluate the conditions under which stool DNA testing could be cost-effective compared with the colorectal cancer screening tests currently reimbursed by the Centers for Medicare & Medicaid Services.

Design: Comparative microsimulation modeling study using 2 independently developed models.

Data Sources: Derived from literature.

Target Population: A cohort of persons aged 65 years. A sensitivity analysis was also conducted, in which a cohort of persons aged 50 years was studied.

Time Horizon: Lifetime.

Perspective: Third-party payer.

Intervention: Stool DNA test every 3 or 5 years in comparison with currently recommended colorectal cancer screening strategies.

Outcome Measures: Life expectancy, lifetime costs, incremental cost-effectiveness ratios, and threshold costs.

Results of Base-Case Analysis: Assuming a cost of $350 per test, strategies of stool DNA testing every 3 or 5 years yielded fewer life-years and higher costs than the currently recommen rectal cancer screening strategies. Screening with the stool would be cost-effective at a per-test cost of $40 to $60 DNA testing every 3 years, depending on the simulati used. There were no levels of sensitivity and specificity stool DNA testing would be cost-effective at its curren $350 per test. Stool DNA testing every 3 years would effective at a cost of $350 per test if the relative adheren DNA testing were at least 50% better than that with oth ing tests.

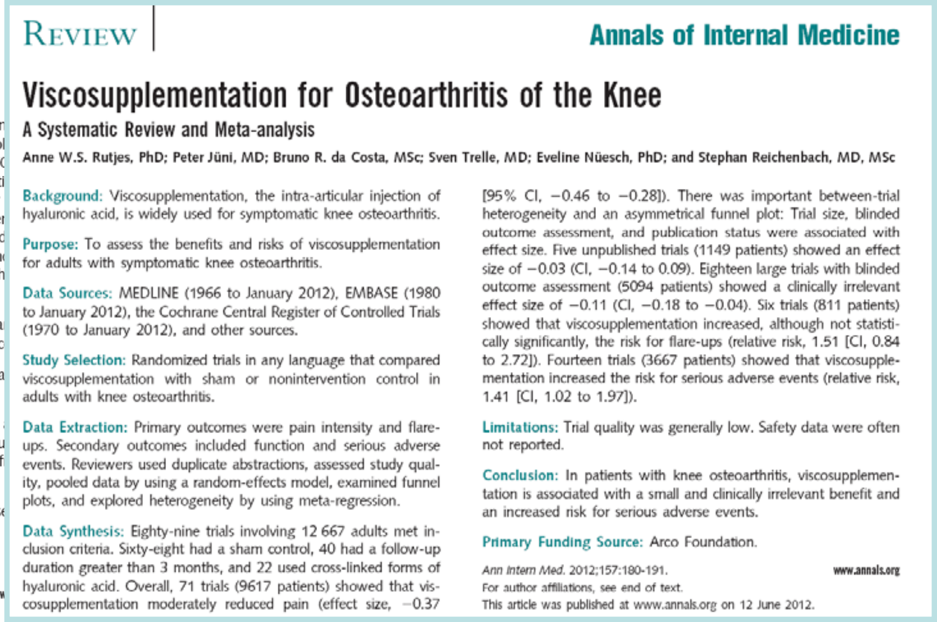
Results of Sensitivity Analysis: None of the results cha stantially when a cohort of persons aged 50 years was c

Limitation: No pathways other than the traditional a carcinoma sequence were modeled.

Conclusion: Stool DNA testing could be a cost-effective for colorectal cancer screening if the cost of the test su decreased or if its availability would entice a large f otherwise unscreened persons to receive screening.

Primary Funding Source: Agency for Healthcare Rese Quality.

Ann Intern Med. 2010;153:368-377.
For author affiliations, see end of text.



REVIEW

Annals of Internal Medicine

Viscosupplementation for Osteoarthritis of the Knee

A Systematic Review and Meta-analysis

Anne W.S. Rutjes, PhD; Peter Jüni, MD; Bruno R. da Costa, MSc; Sven Trelle, MD; Eveline Nüesch, PhD; and Stephan Reichenbach, MD, MSc

Background: Viscosupplementation, the intra-articular injection of hyaluronic acid, is widely used for symptomatic knee osteoarthritis.

Purpose: To assess the benefits and risks of viscosupplementation for adults with symptomatic knee osteoarthritis.

Data Sources: MEDLINE (1966 to January 2012), EMBASE (1980 to January 2012), the Cochrane Central Register of Controlled Trials (1970 to January 2012), and other sources.

Study Selection: Randomized trials in any language that compared viscosupplementation with sham or nonintervention control in adults with knee osteoarthritis.

Data Extraction: Primary outcomes were pain intensity and flare-ups. Secondary outcomes included function and serious adverse events. Reviewers used duplicate abstractions, assessed study quality, pooled data by using a random-effects model, examined funnel plots, and explored heterogeneity by using meta-regression.

Data Synthesis: Eighty-nine trials involving 12 667 adults met inclusion criteria. Sixty-eight had a sham control, 40 had a follow-up duration greater than 3 months, and 22 used cross-linked forms of hyaluronic acid. Overall, 71 trials (9617 patients) showed that viscosupplementation moderately reduced pain (effect size, −0.37 [95% CI, −0.46 to −0.28]). There was important between-trial heterogeneity and an asymmetrical funnel plot: Trial size, blinded outcome assessment, and publication status were associated with effect size. Five unpublished trials (1149 patients) showed an effect size of −0.03 (CI, −0.14 to 0.09). Eighteen large trials with blinded outcome assessment (5094 patients) showed a clinically irrelevant effect size of −0.11 (CI, −0.18 to −0.04). Six trials (811 patients) showed that viscosupplementation increased, although not statistically significantly, the risk for flare-ups (relative risk, 1.51 [CI, 0.84 to 2.72]). Fourteen trials (3667 patients) showed that viscosupplementation increased the risk for serious adverse events (relative risk, 1.41 [CI, 1.02 to 1.97]).

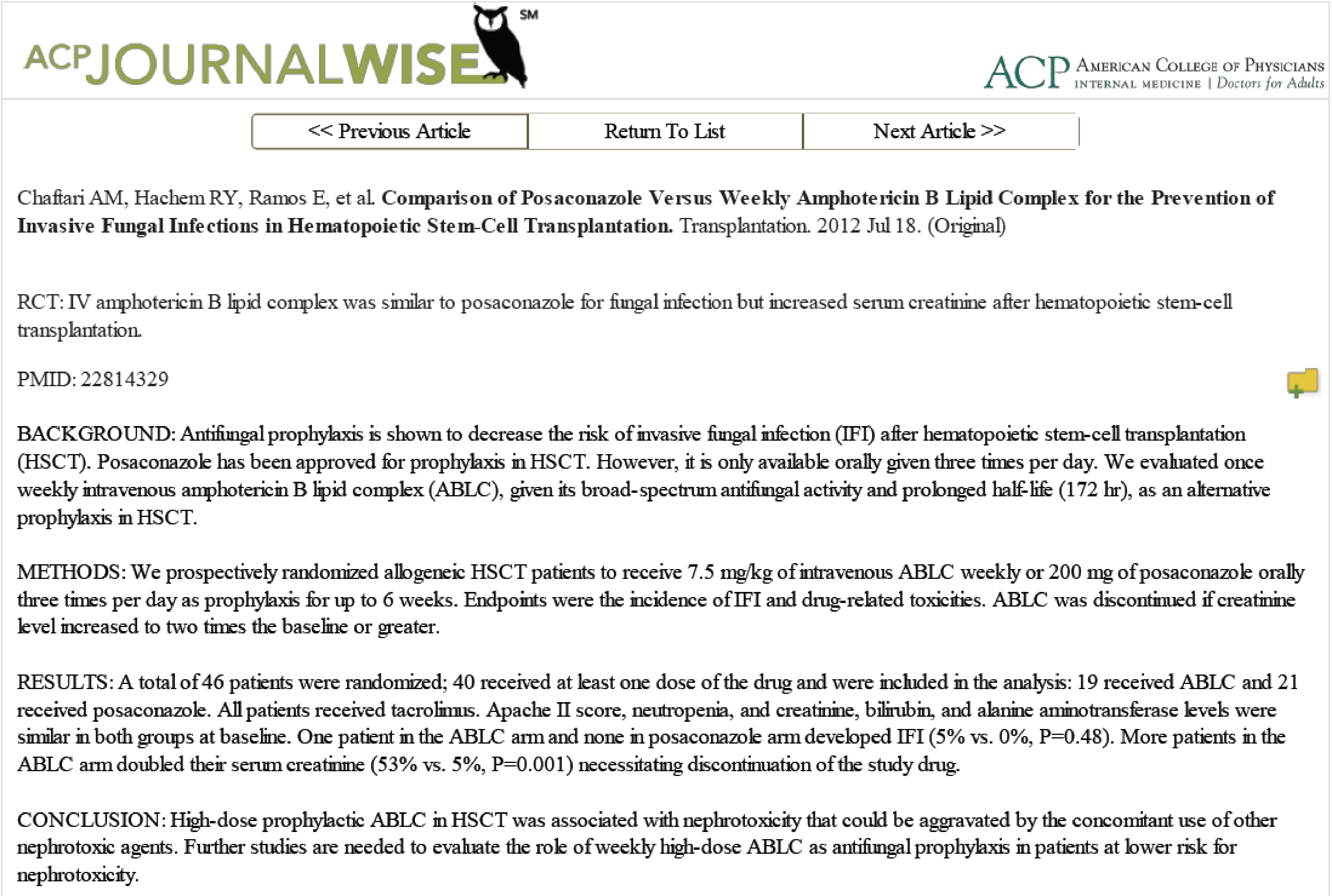
Limitations: Trial quality was generally low. Safety data were often not reported.

Conclusion: In patients with knee osteoarthritis, viscosupplementation is associated with a small and clinically irrelevant benefit and an increased risk for serious adverse events.

Primary Funding Source: Arco Foundation.

Ann Intern Med. 2012;157:180-191. www.annals.org
For author affiliations, see end of text.
This article was published at www.annals.org on 12 June 2012.

Beneficios ACP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ACP American College of Physicians
INTERNAL MEDICINE | Doctors for Adults
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Chaftari AM, Hachem RY, Ramos E, et al. **Comparison of Posaconazole Versus Weekly Amphotericin B Lipid Complex for the Prevention of Invasive Fungal Infections in Hematopoietic Stem-Cell Transplantation.** Transplantation. 2012 Jul 18. (Original)

RCT: IV amphotericin B lipid complex was similar to posaconazole for fungal infection but increased serum creatinine after hematopoietic stem-cell transplantation.

PMID: 22814329

BACKGROUND: Antifungal prophylaxis is shown to decrease the risk of invasive fungal infection (IFI) after hematopoietic stem-cell transplantation (HSCT). Posaconazole has been approved for prophylaxis in HSCT. However, it is only available orally given three times per day. We evaluated once weekly intravenous amphotericin B lipid complex (ABLC), given its broad-spectrum antifungal activity and prolonged half-life (172 hr), as an alternative prophylaxis in HSCT.

METHODS: We prospectively randomized allogeneic HSCT patients to receive 7.5 mg/kg of intravenous ABLC weekly or 200 mg of posaconazole orally three times per day as prophylaxis for up to 6 weeks. Endpoints were the incidence of IFI and drug-related toxicities. ABLC was discontinued if creatinine level increased to two times the baseline or greater.

RESULTS: A total of 46 patients were randomized; 40 received at least one dose of the drug and were included in the analysis: 19 received ABLC and 21 received posaconazole. All patients received tacrolimus. Apache II score, neutropenia, and creatinine, bilirubin, and alanine aminotransferase levels were similar in both groups at baseline. One patient in the ABLC arm and none in posaconazole arm developed IFI (5% vs. 0%, P=0.48). More patients in the ABLC arm doubled their serum creatinine (53% vs. 5%, P=0.001) necessitating discontinuation of the study drug.

CONCLUSION: High-dose prophylactic ABLC in HSCT was associated with nephrotoxicity that could be aggravated by the concomitant use of other nephrotoxic agents. Further studies are needed to evaluate the role of weekly high-dose ABLC as antifungal prophylaxis in patients at lower risk for nephrotoxicity.

Beneficios ACP

- ACP JOURNAL WISE
  - Alertas electrónicas periódicas vía e-mail
  - Selección personalizada por áreas de interés en Medicina Interna y subespecialidades
  - Información presentada en forma de abstract

Reglamentos de recertificación

- Requisitos generales:
  - Estar certificado como especialista por CONACEM
  - Estar en ejercicio activo de la especialidad
  - Tener una trayectoria ética intachable
  - Completar al menos 100 puntos (créditos) de la escala adjunta.

AMERICAN COLLEGE OF PHYSICIANS INC. · 1915 ·

Puntajes de actividades

Actividades Académicas

Docente universitario	10/ año
Publicaciones: revistas con comité editorial, nacionales, extranjeras:	
Autor	5 c/u
Coautor	3 c/u
Capítulo de libros:	
Autor	5/ año
Coautor	3/ año
Docente en cursos de perfeccionamiento:	5/ año

Puntajes de actividades

Actividades asistenciales: (1 Alternativa)

Trabajo en departamento, servicio asistencial clínico, hospitalario	5/ año
Trabajo sólo en práctica privada en Centro Asistencial	3/ año
Trabajo sólo en práctica privada	2/ año

Puntajes de actividades

Otras actividades:

Jefaturas de Servicios (por concurso), de Departamentos universitarios o de Servicio de la Especialidad	10
Miembro de Directorios, Comité Científico de Sociedades Científicas	5 c/u
Miembro de Comité editorial	5 c/u
Miembro de Sociedad Científica correspondiente: Otras	5 c/u

Cuando debe someterse a evaluación para recertificación

- Puntaje insuficiente
- Solicitud expresa del candidato
- A solicitud del Comité de Hematología recertificación automática

Puntajes de actividades

Actividades de Perfeccionamiento o de Educación Contínua

Becas y cursos de perfeccionamiento de más de 6 meses	30
Asistencia a cursos y congresos de la especialidad nacionales y extranjeros	3 c/u
Asistencia a cursos de perfeccionamientos con más de 10 horas lectivas	5 c/u
Presentación de trabajos de la especialidad en congresos nacionales o extranjeros Autor Coautor	 5 c/u 3 c/u