American Board of Surgery Update
Association of Residency Coordinators in Surgery
San Diego – March 22, 2012
For Today……

- QE Application
- CE – oral exam
- Training Requirements & Policies
- ABSITE
- ABS website: Training Programs
- Future Considerations
QE Application - requirements

- Application must be signed by program director. **No** other signature is acceptable. Resident & PD signature must be **original**.

- Include copy of ACGME Op Report
  
  - Defined categories: **NOT** an ABS requirement

- 42 months devoted to content areas of surgery
Entire chief year devoted to content areas of surgery

- Thoracic surgery also accepted in chief year

No more than 4 months in any one specialty during chief year

- Pre-approved flexibility training

150 chief cases; 750 cases in 5 years
ACLS, ATLS, FLS Certification

- Certification does not need to be active/current at time of application
- Applicant must have passed all steps to achieve initial certification
- ATLS history report – not acceptable

ECFMG certificate - if applicable
• Documentation of satisfactory completion, if in more than one program, i.e., certificate, letters from former PD(s)

• Copy of full and unrestricted medical license if applying to the QE more than 6 months following completion of residency
Reporting of Surgical Critical Care

- Minimum of total 25 cases for Surgical Critical Care Patient Management
- At least one case reported in each of the seven categories

<table>
<thead>
<tr>
<th>SURGICAL CRITICAL CARE PATIENT MANAGEMENT</th>
<th>SC</th>
<th>SJ</th>
<th>TA</th>
<th>FA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilatory Management: &gt;24hrs on ventilator</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding: non-trauma patient &gt; 3 units</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
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<tr>
<td>Hemodynamic instability: req. inotrope/pressor</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>Organ dysfunction: renal, hepatic, cardiac</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dysrhythmias: requiring drug management</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invasive line, manage/monitor: Swan, Arterial, etc</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral/enteral nutrition</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT</strong></td>
<td>7</td>
<td>18</td>
<td></td>
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</tr>
</tbody>
</table>
ABS Transplant Experience Requirement

- Must have either a rotation in transplant or operative experience in transplant. If not, send patient roster with application.

- ABS requires pre-operative, operative and post-operative experience in transplant.

- Objective is for resident to have direct patient care of transplant patients.
Submission of Application Materials

- Applications are considered complete **only** when all hard copy materials are received at ABS – regardless of online submission.

- A checklist of required documents is included when application is printed.

- Letter of explanation for any clarification
  - Tell us before we ask
Graduate Medical Education Section

This section must list from the start to the end of residency the following:

- Each rotation – accurate description
- All non-clinical time: vacation, meetings/conferences/presentations, interviews, early departure for fellowship or practice, etc.
Absences of 48 hours or more (single-day entries are not permitted)

Medical Leave

Research
Application Deadlines & Fees

- Application must be received in ABS office by May 1 (not postmarked)
  - Application fee is $300
- Applications received after May 1 will be charged the late fee (an additional $200)
  - Total fee is now $500
- Applications are accepted through to June 1 with payment of late fee
After Approval

- Register and pay exam fee
  - For 2012 QE, exam fee is now $800
- Sooner registration is completed and fee paid, the sooner the Exam Admission Authorization letter is sent
  - This authorization is needed to schedule exam center with Pearson
- Residents must monitor their status online
Certifying Oral Examination (CE)
CE – Certifying Oral Exam

- Fast Track option – applies to **only** the first CE after the QE (usually early October)

- All QE candidates will be emailed regarding Fast Track – in July

- Must reply to email to express interest and provide information on full and unrestricted medical license
CE continued….

- After license is verified; candidate will be given access to the exam registration
  - Exam fee will be $1000 starting fall 2012

- Taking CE is contingent upon passing QE; if unsuccessful, CE cancelled and fee refunded

- Tentative assignment for remaining CE exams – made once QE results are available
Licensure

- License must be current, full and unrestricted

- Temporary, limited or educational licenses are NOT acceptable, even if pursuing advanced training or fellowship

- Required either 6 months following completion of residency or for the CE (oral exam) – whichever comes first
Training Requirements & ABS Policies
Graduate Surgical Education

- A minimum of five years of progressive residency education
- ABS does not differentiate whether year is NDP or categorical when it is used to meet five years of training
  - Junior year(s) completed as NDP must still meet all of ABS requirements
Completion of PGY 3

- Three years at PGY1 and 2 levels do not replace completion of PGY 3 year
- Cannot complete three years at PGY 1 & 2 and be promoted to PGY 4
  \[ \text{PGY } 1 + \text{PGY } 2 + \text{PGY } 2 \text{ does not equal } \]
  \[ \text{PGY } 1 + \text{PGY } 2 + \text{PGY } 3 \]
- Caution should be used when promoting residents to advanced levels without prior ABS approval
Medical/Maternity Leave

- 48 weeks of clinical training each year
- Medical leave – ABS will accept 46 weeks in one of the first three years and 46 weeks in one of the last two years
- Must have at least 142 weeks in first three years and 94 weeks in last two years
…medical leave continued

- If medical leave exceeds these limits:
  - Program must contact ABS with plan for approval, which may include:
    - Extending residency beyond June
    - Using less vacation time in future years
- Medical leave is for resident only; not leave time to care for others
Leave – the Six-Year Option

- Complete 5 clinical years over 6 academic years
  - At program’s discretion with advanced ABS approval
  - Training must be completed in a single program
  - May take up to 12 months off
May be used for any purpose, including but not limited to:

- Family issues
- Maternity/paternity leave or medical problems
- Educational opportunities
- Volunteerism
- Visa issues

The Six-Year Option con’t….
Non-clinical time

- **Is any** time away from clinical, such as:
  - Vacation
  - Meetings, conferences, presentations
  - Interviews
  - Early departure for fellowship
    - Contract end date is irrelevant in regards to QE – this is between resident and program/hospital
    - What is last day of clinical?
  - None of the above counts towards the 48 weeks of full time clinical training
International Rotations

- If international rotation does not meet the RRC requirements, prior ABS approval is required.

- Request must:
  - Written request from Program Director
  - Justify reasons for why credit should be granted
  - Training must be completed under direct supervision of an ABS certified general surgeon
Credit for Foreign Medical Education

- Written request must be made by program director after a 6-month observation period
  - Satisfactory completion of foreign medical school and/or residency
  - Chronological listing all training, foreign and U.S.
  - Any certifications obtained in foreign venue
  - ABSITE scores; ABSITE must be taken before request is made
Credit continued……

- 1 year of credit is awarded by executive director
- More than 1 year of credit; request must go to Credentials Committee which meets twice per year (January and June)
- Credit is awarded to program - not to individual and is not transferable should resident change program
12 Months of Flexibility

- With advanced ABS approval, programs may:
  - Customize up to 12 months of training in the last three years of training
  - No more than 6 months of flexible rotations in one year
  - Allows residents to focus on specialty area before formal fellowship
· Fee increased to $70 per exam
· Exam window – Friday, January 25 to Tuesday, January 29
· Host program: responsible for the order and payment for visiting residents
· **Must** exercise care when completing Examinee Profile
· All residents will be considered: New Examinee
ABS Website: Training Programs Section
Training Programs

- Do not use My Records
  - Password help: for individuals only
- For the academic year, the same log-in will access all of the following:
  - Trainee Rosters
  - In-Training Examination
  - SCORE Subscription
  - Record it somewhere
Training Programs

- Program username and password **cannot** access:
  - Program director information related to his/her personal certification status
  - Individual QE & CE results for former residents
  - This information is emailed in a report
Reports of Candidate Performance

- Not available on website
- Twice per year, reports are emailed to PDs & coordinators:
  - 5-Year Program Report – in July/August
  - Annual Report w/ QE results – in September
  - Save files/reports to your records
    - do not keep the email as links within email become inactive
Future Considerations
Future Considerations

- Work place assessments: two operative and two clinical
- Assessments completed by using a standardized form
  - Will be required for chief residents during the 2012-2013 academic year
- Assessments completed over the 5-years
- More assessments will be required in the future
Future considerations continued…..

- Flexible endoscopy curriculum
  - A new standardized measurement for basic surgical endoscopy training
  - Curriculum will be developed over the next few years

- More details to follow on both the workplace assessments and endoscopy curriculum
Thank you!