Report from the Chair – Dr. Stephen Evans

Redesigning general surgery residency; improving MOC for diplomates

It is an honor to serve as chair of the American Board of Surgery (ABS) during a pivotal time in American surgery. I started my year as chair with two goals in mind — working to elevate general surgery training and making Maintenance of Certification (MOC) a more diplomate-centric program.

Rethinking General Surgery Residency

General surgery training in the United States has a well-established history of producing some of the finest surgeons in the world. Over the last quarter century, however, many factors, including dramatic advances in technology, the 80-hour workweek, changes in disease management, a greater focus on quality and safety in surgical outcomes, and an explosion in surgical subspecialization have all had a significant impact on the residency experience in surgery. In addition, several studies have suggested that residency graduates are perhaps less prepared for independent practice today than in the past (Mattar et al 2012, Lewis et al 2012, Sandhu et al 2015).

These factors, coupled with a greater focus on competency-based training and assessment, have reinforced the need to redesign surgical education in this country. These factors, coupled with a greater focus on competency-based training and assessment in undergraduate medical education and residency training, have reinforced the need to redesign surgical education in this country.

These issues have been brought to the forefront before, most notably in 2004 through the work of the American Surgical Association’s Blue Ribbon Committee. While several discussions regarding surgical training redesign have occurred within the American Board of Surgery over the last 15 years, until now they have not achieved consensus as to the need for change and the direction of change required. The ABS directors, representing the breadth of general surgery, are in agreement that now is the time to move forward. The challenges are significant and the issues are complex, but can be overcome with deliberate thought, a collaborative mindset, and a clearly defined process for managing such an undertaking.

Over the last 24 months, the ABS has begun gathering stakeholder perspectives, gaining greater insights into innovative surgical education models (such as those of the Royal College of Physicians and Surgeons of Canada), and establishing the momentum to move such an endeavor forward. Several steps have already been taken that provide foundational elements for this redesign effort, such as the implementation of the Milestones Project by the Accreditation Council for Graduate Medical Education (ACGME), the efforts of the Surgical Council on Resident Education (SCORE®) to establish a national curriculum for general surgery training, and the requirements put in place by the ABS over the last several years for the assessment of residents’ operative skills and performance while in training.

With these elements in place, we can build on this foundation with competency-based training and assessment tools to enhance the effectiveness and efficiency of surgical training, with a structure that encourages learner-dependent education and skill acquisition, as well as greater operative experience. However the ABS does not intend to act alone in this effort. This educational re-engineering will require input and collaboration from all major stakeholders in U.S. surgical education as it moves forward.

(Continued on page 2)
Adding Greater Value to MOC

Another key priority of the ABS directors is the development of our Maintenance of Certification program to better meet the needs of our diplomates. The goal of the ABS MOC Program is to set a surgeon-defined, national standard for what surgeons should be doing to stay up to date and improve their practice. That said, we are aware that further development of the program is necessary so that it is viewed by diplomates as truly adding value, rather than just another “hoop.”

We created our current MOC program with the intent of making it as flexible as possible so surgeons can fulfill its requirements in ways most suited to their practice. We will continue the development of MOC in this vein—the ABS directors are seeking to elevate the program so it builds upon what surgeons are doing every day in their practice, with independent, self-directed, lifelong learning. Toward this end, we will be soliciting ideas and suggestions from diplomates to make MOC as meaningful and user-friendly as possible.

Klingensmith Elected Vice Chair for 2016-2017

The ABS is pleased to announce that Dr. Mary E. Klingensmith has been elected vice chair for 2016-2017. She will serve as chair in 2017-2018, following current chair Dr. Stephen Evans and vice chair Dr. John Hunter.

A native of Beckley, West Virginia, Dr. Klingensmith is the Mary Culver Distinguished Professor of Surgery and vice chair for education at Washington University School of Medicine in St. Louis. She completed medical school at Duke University and general surgery residency at Brigham and Women’s Hospital.

Dr. Klingensmith specializes in general surgery. Her areas of clinical interest include the gallbladder, complex hernia repair, treatment of gastroesophageal reflux disease and management of soft tissue infection and chronic wounds.

Formerly director of Washington University’s general surgery residency program, Dr. Klingensmith has a long-standing interest in graduate medical education and residency curricula, including the use of simulation and the teaching of ethics in residency education.

Dr. Klingensmith is also vice president and advisory council chair of the Surgical Council on Resident Education and president of the Association for Surgical Education (ASE), as well as an associate editor for Annals of Surgery. She is a past board member of the Association of Program Directors in Surgery (APDS).

Dr. Klingensmith currently serves as chair of the ABS General Surgery Advisory Council, which provides input on issues specifically impacting general surgery training and practice. She became an ABS director in 2011 representing the American College of Surgeons (ACS).
Looking North – Competency-Based Training in Canada

In the last several months, the ABS has been in dialogue with our colleagues at the Royal College of Physicians and Surgeons of Canada (RCPSC) to gain their insights as they transition to a competency-based training system for their residency programs. The initiative started five years ago with orthopedic surgery and has since been introduced in otolaryngology and medical oncology, prior to being implemented in waves across all specialties.

At the ABS June meeting, the directors heard from Dr. Kenneth Harris, executive director of the RCPSC Office of Education, who provided an overview of the RCPSC’s “Competence by Design” (CBD) project. CBD is a multi-year initiative to implement a competency-based medical education approach to residency education. It has been incorporated into CanMEDS, the RCPSC training framework, for 2015. CanMEDS 2015 includes new competency milestones for each role in the CanMEDS framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Dr. Harris noted that the Canadian system is a hybrid of time and competency, with milestones and entrustable professional activities (EPAs) along the way so residents do not reach the end of training without being prepared for independent practice. “The competency fairy doesn’t show up on June 30,” said Dr. Harris. “We need to build competency every day.” He also emphasized that a key component of this new system is faculty development, so faculty are ready to provide the ongoing assessment this system requires.

Dr. Markku Nousiainen, assistant professor in orthopedic surgery at the University of Toronto, then discussed his program’s experience. The curriculum is broken into modules, with mid-module oral and written exams. They also use an operative skills assessment system for specific procedures, as well as a global operative skills assessment. Challenges posed by the new system include that it is more resource-intensive, and can create scheduling issues as residents reach stages of competency at different rates.

The FIRST Trial: Results to be Presented in February

Results of study tying resident work hours to outcomes to be presented at Academic Surgical Congress

Over the past year, the ABS and ACS, with the support of the ACGME, have collaborated to implement a prospective study that directly examines how increasing flexibility of surgical resident duty hours affects patient care, surgical outcomes, and resident perceptions. The goal of the study is to provide high-quality empirical evidence on which to base future resident work hour decisions.

The key objective of the Flexibility in Duty Hour Requirements for Surgical Trainees Trial or “FIRST Trial” is to determine whether more flexible resident work hour requirements are associated with any difference in postoperative outcomes compared to current work hour requirements, using the ACS National Surgical Quality Improvement Program (ACS NSQIP®). The study has two arms—one using present duty hour standards, and the second using most of the standards as enacted in 2003: an 80-hour workweek overall; no more than one night in three on call; and one day in seven free of responsibilities; all averaged over a month.

More specifically, the study examines patients undergoing general surgery operations based on the standard ACS NSQIP CPT list of general surgery procedures. This data was collected from July 1, 2014 through June 30, 2015. Additional subset analyses will be performed, and multiple postoperative outcomes will be compared between the two study arms.

The study was open to all ACS NSQIP hospitals that have general surgery residency programs; 152 hospitals were enrolled, with equal numbers randomized to each arm of the study. The ACGME provided waivers for institutions participating in the experimental arm of the study. In addition, a survey was administered at the 2015 ABS In-Training Examination (ABSITE®) to evaluate residents’ perceptions of their wellbeing, patient safety, continuity of care, and adequacy of training.

Analysis of the study’s data is currently underway. Dr. Karl Bilimoria, vice chair for quality and director of the Surgical Outcomes and Quality Improvement Center at Northwestern University, is the principal investigator. Dr. Bilimoria is scheduled to present the study’s results at the Academic Surgical Congress on Feb. 2, 2016. Further information regarding the study is available at www.thefirsttrial.org.
ABS Around the World

In 2015, the ABS expanded its activities in assisting other organizations and countries in improving access to surgical care, establishing certification models for their country’s surgeons, and assessing the progress of their surgical trainees. ABS assessment and certification continues to be seen by international organizations as a “gold standard” that they would like to emulate in their own countries.

G4 Alliance: Making access to surgical care a global priority

The ABS is an inaugural member of the G4 Alliance (Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care), a nonprofit organization launched this past May to increase global access to surgical care. It is estimated that two billion people lack access to basic surgical services worldwide. The G4 Alliance strives to make access to surgical care a priority in the global development agenda.

At a May 2015 meeting of the World Health Organization, the G4 Alliance succeeded in having the World Health Assembly officially recognize the importance of access to surgery by approving Resolution 68/3, “Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage.” The ABS' involvement in the G4 Alliance is led by ABS Director Dr. Fizan Abdullah and ABS Associate Executive Director Dr. Jo Buyske.

Singapore: New certification process

The collaboration of the ABS with the Singapore Ministry of Health and its surgical residencies continued in 2015. The ABS staff are assisting this group with developing and implementing written and oral examinations for their general surgery residency graduates, based on the ABS General Surgery Qualifying (QE) and Certifying Examinations (CE). The first written qualifying examination is scheduled to be administered in March 2016. While the ABS is currently providing materials and guidance, it is anticipated that within a few years the effort will be almost entirely managed by surgeons in Singapore.

ABS ITE: Increasingly used by international training programs

The ABS continues to field requests from other countries who wish to use the ABSITE In-Training Examination not only to evaluate their trainees progress, but also to benchmark their results against those of U.S. residents. The 2015 ABSITE was administered to 422 international residents, representing 16 training programs in 11 different countries. These included Lebanon, Japan, Qatar, Singapore, Trinidad, Barbados, the Bahamas, Oman, Rwanda, Saudi Arabia, and the United Arab Emirates. In addition, this year the ABS created a slightly customized exam for trainees in the Netherlands, to reflect certain elements that are not part of general surgery training in the U.S.

Some thoughts from these programs:

The University of Rwanda general surgery residency program was very happy for the opportunity to deliver the ABSITE to our residents in February 2015. Our training program has expanded greatly in the last few years (from 20 residents in 2011, to 48 residents this year). As our program grows, it becomes critical to monitor and assess the quality of our teaching and training. The ABSITE provides us the opportunity for an externally validated, standardized tool that we can use to benchmark our trainees and our program. It allows them to be benchmarked in comparison to peers worldwide, against each other, and to mark their own individual progress each year. We hope and expect that delivering the ABSITE yearly will be an effective quality improvement tool in our teaching, and evaluation metric our education initiatives.

– Dr. Faustin Ntirenganya, general surgery residency program director at the University of Rwanda

I am very happy that for the first time a nationwide in-training exam could be held for all surgical residents in the Netherlands. Together with ABS we developed a Dutch version, customized to the Dutch situation. With the implementation of the exam we aim to bring the knowledge of our residents to the next level. It would not surprise me if more European countries follow our initiative.

– Dr. Menno R. Vriens, general surgery residency program director at the University Medical Center Utrecht

Our surgery residency program started in April 2012. It was the first and only U.S.-style general surgery program in Japan with same regulations as ACSME. Our purpose was to train surgeons who have same knowledge and skill as a U.S. board-certified general surgeon. So one of our first challenges was to have our residents take the ABSITE just like U.S. residents. In general, Japanese medical education is getting closer to the U.S. and Western way. We believe we are a pilot program for the future of general surgery training in Japan.

– Dr. Tadao Kubota, general surgery residency program director at Tokyo Bay Medical Center

Dr. Jo Buyske (far right), ABS associate executive director, speaks at a G4 Alliance panel in October on implementing the WHO resolution to increase access to surgical care. Also pictured: Prof. Herve Yangni-Angate (center), president of the Pan African Association of Surgeons, and Dr. Girma Tefera (left), medical director of the American College of Surgeons’ Operation Giving Back. Photo: G4 Alliance
MOC 3-Year Reporting: What’s Required

The requirements of the ABS Maintenance of Certification (MOC) Program run in three-year cycles (Jan. 1-Dec. 31). At the end of each cycle, diplomates are required to provide information through the ABS website about how they are meeting MOC requirements. This information must be submitted by March 1 (two months after end of cycle).

At that time, you will be asked to submit information through the ABS website regarding:

- Your current full and unrestricted medical license
- Where you hold privileges, if clinically active
- Your current activities, if not clinically active
- Contact information for the chief of surgery and chair of credentials at the institution where you perform most of your work
- CME activities completed: 90 Category 1 CME credits are required over the three-year cycle, with at least 60 credits including self-assessment (i.e., a quiz or test) with a score of 75% or higher
- Practice assessment: the outcomes registry or quality assessment activity in which you are participating, either individually or through your hospital. No data is collected

No documentation is required for three-year reporting unless your information is selected for audit. We will contact you by letter and email when your reporting is nearing due. You can also view your MOC status and personal MOC timeline at any time by going directly to http://moc.absurgery.org. In addition, we are currently redesigning our MOC and CME reporting area to make it more intuitive and user friendly. Look for the new design in 2016!

Dr. Robert Rhodes – 20 Years at the ABS

Dr. Rhodes reflects on his time at the ABS upon his retirement at the end of 2015

Earlier this year, Dr. Robert S. Rhodes, ABS associate executive director for vascular surgery, announced he would retire at the end of 2015. Dr. Rhodes joined the ABS in 1996 as associate executive director, overseeing all ABS examinations until 2008 when he transitioned to his current role.

Before coming to the ABS, Dr. Rhodes was the James D. Hardy Professor and chairman of the department of surgery at the University of Mississippi School of Medicine in Jackson. Prior to his time in Mississippi, he served as chief, division of general surgery, at Case Western Reserve University in Cleveland, Ohio.

What brought you to the ABS?

I had done some research on the U.S. health care system, which made me want to move my career in a different direction. Through the ABS, I saw the opportunity to work on a national scale, and influence health care quality.

What were ABS examinations like in 1996?

At that time everything was paper-based, even our question banks. We had these huge books, and we would go through them and select questions for the exam. These days, we do all of this by computer, and have a much more sophisticated tracking system. During my time in overseeing the exams, I sought to remove questions that were just “factoids” and increase the questions that assessed clinical management. I wanted the exams to feature intuitive and user friendly. Look for the new design in 2016!

The Four Parts of MOC

Part 1: Professional Standing
- Full and unrestricted medical license
- Hospital privileges in the specialty, if clinically active
- Professional references: contact information for chief of surgery and chair of credentials at primary institution

Part 2: Lifelong Learning and Self-Assessment
- 90 credits of Category 1 CME relevant to your practice over a 3-year cycle
- At least 60 of the 90 credits must include self-assessment, i.e., a written or electronic question-and-answer exercise. A score of 75% or higher must be required for the self-assessment to count

Part 3: Cognitive Expertise
- Successful completion of a secure exam at 10-year intervals
- The exam may first be taken three years prior to certificate expiration
- If you have multiple ABS certificates, this is the only requirement that must be repeated for each specialty

Part 4: Evaluation of Performance in Practice
- Ongoing participation in a local, regional or national outcomes registry or quality assessment program. No data is collected
- Many programs are hospital-based, so check with your hospital to see what is available. A list of suggested programs is also available from the ABS website

www.absurgery.org
EXAMINATION CONSULTANTS

2015 GENERAL SURGERY QUALIFYING EXAMINATION
Grant V. Bochchio, M.D.
Benjamin W. Dart IV, M.D.
Niester F. Esnada, M.D.
David R. Farley, M.D.
Timothy M. Farrell, M.D.
Jonathan P. Fryer, M.D.
Wendy J. Grant, M.D.
Lillian S. Kaci, M.D.
Sanjaya Krishnaswami, M.D.
Robert C. McIntyre Jr., M.D.
J. Gregory Modrall, M.D.
Taine V. Pechet, M.D.
Emily K. Robinson, M.D.
George A. Sarosi Jr., M.D.

2015 GENERAL SURGERY MOC EXAMINATION
Scott D. Coates, M.D.
Bridge N. Fathy-Christion, M.D.
Bryan W. Hambrick, M.D.
Hisakazu Hoashi, M.D.
Edward A. Levine, M.D.
David M. Melnick, M.D.
Walter E. Pofahl II, M.D.
Harry L. Phelps Jr., M.D.
John E. Scarborough, M.D.
Ronald M. Stewart, M.D.
Steven R. Valance, M.D.

2015 VASCULAR SURGERY EXAMINATIONS
Suresh Alankar, M.D.
David L. Dawson, M.D.
Kathleen D. Gibson, M.D.
David L. Goldin, M.D.
John E. Keyser, M.D.
John S. Lane III, M.D.
Darren B. Schneider, M.D.
Mark C. Wyers, M.D.

2015 PEDIATRIC SURGERY EXAMINATIONS
Douglas C. Barnhart, M.D.
Mark S. Chas, M.D.
Paul D. Danieleo, M.D.
Sherif G. S. Emil, M.D.
Frazier W. Frantz, M.D.
Robert E. Kelly Jr., M.D.
Vinith L. Lam, M.D.
Mark V. Mazzotti, M.D.
Peter E. Nichol, M.D.
Faisal G. Qureshi, M.D.
Jacqueline M. Saito, M.D.
Charles L. Snyder, M.D.

2015 SURGICAL CRITICAL CARE EXAMINATIONS
Hasan B. Alam, M.D.
Vishal Bansal, M.D.
David J. Dries, M.D.
David G. Jacobs, M.D.
Lewis J. Kaplan, M.D.
John G. Myers, M.D.
Patrick J. Offner, M.D.
Timothy A. Pritts, M.D.
Preston S. Rich, M.D.
Lorraine N. Tremblay, M.D.
Charles J. Yowler, M.D.

2015 COMPLEX GENERAL SURGICAL ONCOLOGY (CGSO) EXAMINATIONS
Thomas A. Aloria, M.D.
Andrea V. Barrio, M.D.
Keith A. Delman, M.D.

2015 VASCULAR SURGERY CERTIFYING EXAMINATION
Julie A. Adams, M.D.
Mark A. Adelman, M.D.
Jason Q. Alexander, M.D.
Kwame S. Amankwah, M.D.
Enrico Aescher, M.D.
Bernadette Aulicova, M.D.
Ali Azizzadeh, M.D.
Jean Bismuth, M.D.
James H. Black III, M.D.
Jeffrey P. Carpenter, M.D.
Daniel G. Clar, M.D.
Ronald L. Dalmann, M.D.
Michael C. Daluge, M.D.
R. Clement Darling III, M.D.
Jonathan S. Deitch, M.D.
Audra A. Duncan, M.D.
John F. Edd, M.D.
Robert J. Feezor, M.D.
ABS Updates

New ABS Website Launched!

A new version of the ABS website, www.absurgery.org, launched in early 2015 to better serve our various audiences. The new website features responsive design, meaning it is designed to work equally well on a desktop, tablet or smartphone. The new design also features three color-coded areas to address the needs and interests of the majority of website visitors: Training & Certification, Maintenance of Certification, and For the Public. Visitors can also check a surgeon’s certification status right from the home page.

The new website’s design and functionality was tested several times with a cross-section of ABS website users. Many thanks to the candidates, diplomates, and training programs who provided their input. We welcome your feedback regarding our new website—please send your suggestions and comments to abscomms@absurgery.org.

Hirschl Elected to RRC-Surgery

Dr. Ronald B. Hirschl, past ABS director and former chair of the ABS Pediatric Surgery Board, has been elected to the Residency Review Committee for Surgery (RRC-Surgery) of the ACGME as a new ABS representative. Dr. Hirschl is the Arnold G. Coman Professor of Surgery and head of the section of pediatric surgery at the University of Michigan.

New ABS Policy Regarding Osteopathic Trainees

The ABS recently posted a new policy regarding osteopathic surgical trainees in light of the Single GME Accreditation System, which took effect this past July. The policy outlines how residents in osteopathic surgical training programs that receive accreditation by the ACGME on or after July 1, 2015 may enter the ABS certification process. These residents will be required to complete at least the last three years of residency training (PGY 3-5) in an ACGME-accredited residency program. Please see the full policy on the ABS website under Training & Certification > General Surgery > Related Policies for complete details.

Recent ABS Journal Articles

The ABS has published several studies in recent months on general surgery training, careers, and board examinations.

- Factors influencing the decision of surgery residency graduates to pursue general surgery practice versus fellowship – Annals of Surgery
- Practice administration training needs of recent general surgery graduates – Surgery

Use of ABS Logo Not Permitted

Please be aware that the ABS does not permit use of its logo by other parties, including diplomates, practices, and hospitals. This includes use on websites, letterhead and marketing materials. Diplomates, however, are welcome to link to our website, in particular the “For the Public” area that explains the significance of board certification.

In Memoriam

The ABS sadly notes the passing of two former directors in the past year: Dr. Judson G. Randolph, who served the board from 1973-1979, and Dr. Thomas J. Krizek, who served from 1979 to 1983.

Follow the ABS on social media!

Facebook: www.facebook.com/americanboardofsurgery
Twitter: @AmBdSurg

And make sure we can reach you!

Please keep your email and mailing address up to date. Log into the ABS website and select “Update Personal Information” to give us your latest contact information.
SCORE® has implemented “TWIS”—This Week in SCORE®. TWIS is a sequence of suggested topics over a two-year cycle, with a new topic (area) featured each week. Through the new TWIS section on the SCORE Portal, residents can view the week’s topic and its related modules, and take a new 10-question quiz on the topic. Residents and programs can then track their scores on these quizzes, including on individual quiz questions. Using TWIS, a resident will cover all of the portal’s core content at least twice in a five-year residency. Beyond TWIS, SCORE is working to expand and improve the resources on the SCORE Portal. The site now features chapters from 13 textbooks, including Sabiston Textbook of Surgery, which made its debut on the portal this fall. New features, as well as new text and video resources, will continue to be added in response to program feedback. In addition, SCORE is working to review and update all of the portal’s 700+ modules on a three-year cycle.

Outside the U.S., 65 programs in 10 countries now use the SCORE Portal as an educational tool. Programs in Canada, the Netherlands, Saudi Arabia, Lebanon, Qatar, Singapore, Japan, Trinidad and Tobago, Haiti, and the United Arab Emirates are using the SCORE Portal. Overall, a total of 440 surgical training programs subscribe to the SCORE Portal, accounting for nearly 11,000 residents and 4,000 faculty.

In 2015, SCORE implemented This Week in SCORE or TWIS. Each week features a new topic, with related modules and brand new quiz.

SCORE is a nonprofit initiative of the ABS, APDS, ACS, RRC-Surgery, ASE, American Surgical Association (ASA), and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). For further information, visit the SCORE Portal at www.surgicalcore.org. SCORE also maintains accounts on Facebook and Twitter (@SCOREsurg).

Thank You to Our Examination Consultants and Examiners (cont.)
By the end of PGY-3, the resident will have completed:

- A minimum of...
- A minimum of...
- Completion of the...
- At least...
- At least...
- A minimum of...

Serving as chief resident for a 12-month period

At least 48 weeks of full-time clinical activity in each residency year (PGY 1-5). This may be averaged over the first 3 years and last 2 years

Current or past certification in ATLS, ACLS and FLS

At least 6 operative and 6 clinical performance assessments

A minimum of 25 cases in surgical critical care, with at least one in each of the seven categories

A minimum of 25 cases as teaching assistant

At least 250 operations by the end of the PGY-2 year, as operating surgeon or first assistant. At least 200 must be in the defined categories, endoscopies, or e-codes (Effective with residents who began general surgery residency in July 2014)

Completion of the ABS Flexible Endoscopy Curriculum (Effective with residents graduating in 2017-2018 academic year)

Please see the Training & Certification > General Surgery section of the ABS website for more information

Key Requirements for General Surgery Certification

- A minimum of 5 years of progressive training in a general surgery program accredited by the ACGME or RCPSC, and completed at no more than 3 programs
- A minimum of 750 operative procedures as operating surgeon, including at least 150 in the chief resident year
- Serving as chief resident for a 12-month period
- At least 48 weeks of full-time clinical activity in each residency year (PGY 1-5). This may be averaged over the first 3 years and last 2 years
- Current or past certification in ATLS, ACLS and FLS
- At least 6 operative and 6 clinical performance assessments
- A minimum of 25 cases in surgical critical care, with at least one in each of the seven categories
- A minimum of 25 cases as teaching assistant
- At least 250 operations by the end of the PGY-2 year, as operating surgeon or first assistant. At least 200 must be in the defined categories, endoscopies, or e-codes (Effective with residents who began general surgery residency in July 2014)
- Completion of the ABS Flexible Endoscopy Curriculum (Effective with residents graduating in 2017-2018 academic year)

One of the final steps in the curriculum is successful completion of Fundamentals of Endoscopic Surgery™ (FES) through SAGES. The FES didactic materials are available without charge at www.fesdidactic.org.

The ABS encourages programs to take advantage of the resources for endoscopic training already at their institution.

Purchase of a simulator is not necessary. The curriculum and additional information are available at www.absurgery.org.

FLS and FES Certification

Residents should plan ahead for certification in FLS, as well as FES if applicable. Be sure to allow three to four weeks for exam results to become available; also allow enough time in the event that retaking the exam becomes necessary. Testing appointments can be made up to 90 days in advance.

Full Medical License Required for CE

A full and unrestricted medical license (U.S. or Canada) is required to register for the General Surgery or Vascular Surgery Certifying Exam, even if candidates are in a fellowship or pursuing other training. Temporary, limited, educational or institutional licenses will not be accepted under any circumstances. Please encourage residents to start the licensure process early, as it may take several months.
Dr. Robert Rhodes – 20 Years (cont.)

Surgery Board of the ABS (VSB-ABS) in 1998, and subsequent component boards for other specialties.

Changes in vascular surgery led to the realization that it was likely time to try different training paradigms, such as early specialization programs and integrated residencies. These new training programs, as well as the primary certificate in vascular surgery, gave the vascular surgery community the opportunity to re-evaluate how to best train and certify vascular surgeons. However, at the end of the day, there are still a lot of commonalities in surgical education, regardless of the surgical specialty.

What other changes have you seen in surgery?

Surgical practice is changing so fast — the expansion of knowledge and technology makes it harder and harder to keep up. There’s also a change in how we practice and train; younger surgeons are placing greater importance on work-life balance, which is likely long overdue.

Patient care has also become more complex; it’s harder for patients to understand and navigate. Patient safety in some ways has improved, but communication and patient handoff issues remain. We’re trying to train surgeons in more areas with fewer hours. For example, surgeons now need to know both laparoscopic and open approaches.

Looking back at your time here, of which accomplishments are you most proud?

I’m proud that I’ve been able to directly impact and improve our examination processes to make them a more meaningful assessment of knowledge and judgment. I’m also proud of working with others, like our directors, component boards, advisory councils and exam consultants, to keep our standards high. I am particularly proud of the evolution of the VSB-ABS and its commitment to the high-quality education of vascular surgeons. The key for the future will be maintaining these standards while looking ahead to new concepts — those which enhance the value of certification as a standard defined by the surgical community.

Final thoughts?

It’s been a privilege over the years to work with so many surgeons from all over the country and from all different practice settings; all were devoted to improving the quality of surgical care. It was also a great opportunity for these surgeons to discuss their different approaches to clinical problems and come to a consensus. Throughout they never lost sight of the need to maintain high standards to fulfill the board’s obligation to the public. It’s also been fantastic working with the ABS staff, who are similarly committed.

2016 Exam Application Deadlines and Exam Dates

The ABS’ online exam application process is posted each year in early spring at www.absurgery.org. Candidates are encouraged to begin the application process as early as possible. Diplomates eligible to take an MOC exam in 2016 will be notified by letter and email once the application process is available.

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<td>Sept. 1, Oct. 3, Nov. 1</td>
<td>Nov. 28 – Dec. 14</td>
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<td>July 15</td>
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<td>Hand Surgery MOC Exam</td>
<td>Mar. 15</td>
<td>Mar. 31</td>
<td>Sept. 8 – 22</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine CE and MOC Exam</td>
<td>May 2</td>
<td>June 1</td>
<td>Nov. 7</td>
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</tbody>
</table>

Application Tip: If sending application items overnight to the ABS office, “First Overnight” service is not necessary
Welcome to Our New Directors

In Appreciation

As we welcome our new directors, we gratefully acknowledges the dedication and commitment of the following outgoing directors in their service to the ABS:

Dr. Douglas W. Hanto – American Society of Transplant Surgeons (ASTS)

Dr. Ronald B. Hirschl – American Pediatric Surgical Association (APSA)

Dr. David M. Mahvi – Society for Surgery of the Alimentary Tract (SSAT)

Dr. Selwyn M. Vickers – American Surgical Association (ASA)

In addition, the ABS welcomes Dr. Samuel A. Tisherman of the Society of Critical Care Medicine – Surgical Section to the ABS Trauma, Burns and Critical Care Medicine – Surgical Section to the ABS Transplantation Advisory Council, both representing the ASTS.

About ABS Directors

The directors of the American Board of Surgery are elected for a single six-year term from ABS nominating organizations or through an at-large open nomination process.

All ABS directors are surgeons in active practice, currently certified by the ABS and meeting the requirements of the ABS MOC Program. They receive no remuneration for their service. The ABS also has one public member, elected by open nomination.

Through the ABS directors and component board and advisory council members, the ABS includes representation from 39 different surgical organizations.
The ABS welcomes your feedback! Send your ideas and comments about this newsletter to abscomms@absurgery.org.

2014-2015 Examination Statistics


<table>
<thead>
<tr>
<th>Examination</th>
<th>Examinees</th>
<th>Pass Rate</th>
<th>Diplomates (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS Qualifying</td>
<td>1,422</td>
<td>80%</td>
<td>N/A</td>
</tr>
<tr>
<td>GS Certifying</td>
<td>1,374</td>
<td>77%</td>
<td>62,192</td>
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<td>GS MOC</td>
<td>1,462</td>
<td>95%</td>
<td>23,078</td>
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<td>ABSITE</td>
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<tr>
<td>VS Qualifying</td>
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<td>94%</td>
<td>N/A</td>
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<tr>
<td>VS Certifying</td>
<td>149</td>
<td>91%</td>
<td>3,616</td>
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<tr>
<td>VS MOC</td>
<td>169</td>
<td>94%</td>
<td>2,375</td>
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<tr>
<td>VSITE</td>
<td>466</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>PS Qualifying</td>
<td>54</td>
<td>94%</td>
<td>N/A</td>
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<tr>
<td>PS Certifying</td>
<td>54</td>
<td>91%</td>
<td>1,331</td>
</tr>
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<table>
<thead>
<tr>
<th>Examination</th>
<th>Examinees</th>
<th>Pass Rate</th>
<th>Diplomates (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS MOC</td>
<td>47</td>
<td>94%</td>
<td>880</td>
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<tr>
<td>PSITE</td>
<td>115</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SCC Certifying</td>
<td>216</td>
<td>97%</td>
<td>3,697</td>
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<tr>
<td>SCC MOC</td>
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<td>1,718</td>
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<tr>
<td>CGSO Qualifying</td>
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<td>90%</td>
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<tr>
<td>CGSO Certifying</td>
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<td>89%</td>
<td>56</td>
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<tr>
<td>HS Certifying</td>
<td>14</td>
<td>79%</td>
<td>310</td>
</tr>
<tr>
<td>HS MOC</td>
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<td>164</td>
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<tr>
<td>HPM Certifying</td>
<td>12</td>
<td>58%</td>
<td>69</td>
</tr>
</tbody>
</table>

Your Surgeon Is Certified

NEW! >>

The Your Surgeon Is Certified brochure is offered to diplomates to educate patients about the significance of board certification. We will be offering an updated brochure with a fresh look in early 2016, with a new online ordering process. Look for more details in the coming weeks!