



Guide to ABS Multiple-Choice Examinations



Introduction

This document is intended to serve as a guide to the multiple-choice question (MCQ) examinations offered by the American Board of Surgery (ABS). These include:

- Qualifying exams in general surgery, vascular surgery, pediatric surgery, and complex general surgical oncology, as well as the certifying exam in surgical critical care
- Recertification exams in these specialties
- In-training exams in general surgery, vascular surgery, and pediatric surgery
- Focused practice designation exams in metabolic and bariatric surgery and in adult complex thyroid and parathyroid surgery

Undoubtedly, you have taken MCQ examinations in the past. It is important, however, to recognize that ABS MCQ exams may differ from your past experiences. Among these differences is a focus on choosing the best answer to a question (where the incorrect choices may be partially or less correct) and the method of determining passing scores.

The ABS fully recognizes that successful performance on these examinations plays an important role in your career as a surgeon and hopes the following information assists you in your preparation.

Exam Development and Scoring

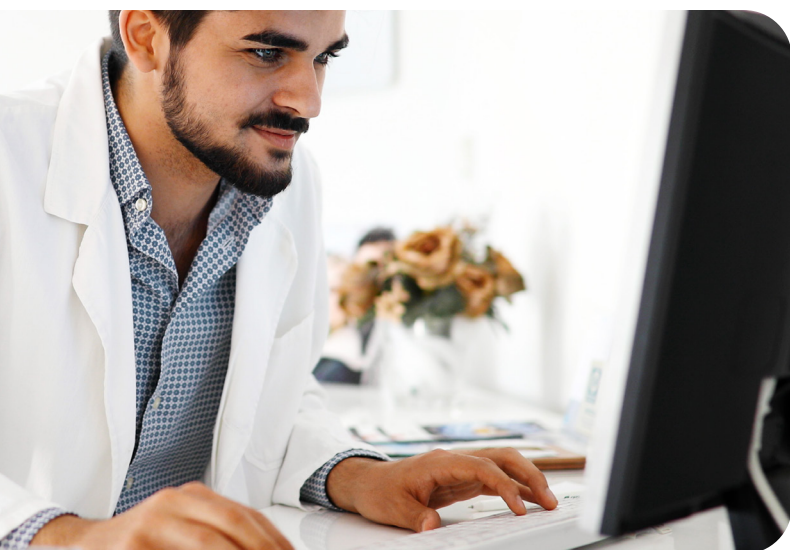
An examination's content, as well as the relative weight of the content categories, is determined by ABS directors (exam content outlines are available on the ABS website under Resources > Exam Content Outlines). Both the content and assigned weights are

frequently reviewed and revised as needed to reflect the emergence of new concepts and technology. In addition, the ABS has aligned the content of its examinations with that of the *SCORE® Curriculum Outline*. The most recent outlines are available at www.absurgery.org or www.surgicalcore.org.

The exam questions are developed by expert consultants from across the country. All are active surgeons in community or academic practice and are currently certified by the ABS. To assure that a specific question does not reflect just one person's point of view, all questions are vetted through a multi-tiered review process by several ABS committees. Questions that survive this process are then incorporated into the examinations. All questions are based on well-established surgical practice. In a further assessment of their validity, all examination questions undergo psychometric analysis. This analysis includes a review of the percentage of examinees who answered a question correctly and the percentage of correct answers attained by both high and low scorers on the examination, as well as a review of how many examinees selected incorrect answers. Any question whose psychometric performance does not meet well-accepted standards is deleted from final scoring.

Exam scores are not available immediately after the examination as they also undergo extensive analysis to ensure accuracy and fairness. The final passing score on all ABS examinations is chosen by established psychometric methods. Additionally, test equating studies are used to identify passing scores that are comparable to those from previous years and to apply consistent passing standards year after year. Determining the passing score on this basis means that success or failure on these examinations

is not affected by exam difficulty or group ability in a given year. There is no fixed failure rate and it is always possible for all examinees to pass.



Preparing for the Examination

Repetition is the key to learning and this applies as well to one's preparation for ABS examinations. To be most effective, reading a textbook should be an "active" process, not a passive one. This means that after completing a section, you should think about the content of what you read, ask yourself practical questions about the content, and see if you know the answers.

For example, if you have just read a section about benign thyroid disease, consider a patient who presents to you with a palpable thyroid nodule, and ask yourself if you know: 1) what the possible diagnoses are; 2) what the appropriate diagnostic testing is; 3) whether operative or nonoperative therapy is indicated; 4) if operative, what the operative choices are; 5) what technical details are important in performing the operation; 6) what the likely complications are and how to treat them; and 7) what results can be expected in the future. When, after reading about a subject, you can independently move through this type of analysis without difficulty, you have integrated the information effectively.

Examinees often ask if one textbook provides better preparation than another but, to the ABS's

knowledge, no text is better than any other. However each textbook is written in a different style, and individuals often find some styles easier to read than others. The key is to find a textbook written in a style you find easy to read. This increases the likelihood that you will read it initially and repetitively.

Examinees also ask about the value of review questions and whether one source is better than another. Again, the ABS is not aware that any one review book or program is better than another, and we recommend using the resource that best fits your learning style.

In recent years, the American College of Surgeons (ACS) has coordinated the content of the ACS Surgical Education and Self-Assessment Program (SESAP®) with the content outline of the General Surgery Recertification Examination. Since SESAP questions are also prepared by a panel of practicing surgeons, the correct answers are more likely to represent a consensus than a review book that may reflect the view of just one individual. However, we do not advise that you memorize these or any other review questions. Seek instead to understand the surgical principles that underlie each question.

Test-Taking Skills

Perhaps one of the most distinguishing characteristics of ABS examinations relative to many other MCQ exams is that ABS exams must account for the complexity of clinical medicine. The result is that the possible responses to a given question might be correct in circumstances other than those described in the question. Thus in selecting an answer, you must choose the **best answer** from among the available choices. Other options may seem correct, but are not the **best choice** for the defined circumstance. **It is therefore essential to carefully read each question and ALL of the response options before selecting an answer.**

A related issue is to not make any assumptions about the circumstances of the question. Make sure to focus only on the information provided

in the question. Do not make assumptions about information that is not included. The questions are intended to be straightforward; there are no “trick” questions.

One technique to assure that you have fully and properly read the question is to first try to answer the question without reading the possible response options. This converts many questions to a fill-in-the-blank format. If your answer is present among the possible choices, you have probably read the question correctly. If your answer is not present, reread the question for details you may have missed on the first reading. Regardless, if you cannot identify the correct answer, a good strategy is to eliminate clearly incorrect choices and thereby improve your odds of determining the correct one.

In addition, be aware of the tendency for examinees to mark several wrong answers in a row. It is not clear why this happens, but it is known that it is not simply due to a series of difficult questions. One theory for this phenomenon is that examinees temporarily lose focus. This may be due to uncertainty (and continued worry) about a previous question, delaying a bathroom break, or becoming distracted for some other reason. If you believe that you have lost focus for any reason, take a break and allow yourself to refocus before continuing the exam.

Time management is also very important; be sure to budget your time for the entire examination. Understand the time limits and monitor your progress throughout the examination. The time and number of questions remaining in the exam session will be indicated on your computer screen.

Do not spend excessive time on questions for which you do not readily have an answer. If you are uncertain about the answer to a particular question, mark it for review and return to it after you have completed the rest of the questions. In fact, you should mark for review any question for which you are uncertain about the answer. The computer will allow you to easily return to these questions later. However, if you do mark questions for review, be

sure to leave yourself enough time to return to those questions.

Other Considerations

Last but not least, there is no substitute for being well-rested. Try to obtain adequate rest prior to your exam so you may perform your best.

Be sure to visit the ABS website for additional information about your exam and its format. In addition, make certain to allow yourself enough time to arrive at the testing location so you are not unduly stressed.



What to Do If Unsuccessful

Candidates are disappointed and occasionally shocked when they are unsuccessful on an examination. The first question to ask under these circumstances is whether you prepared adequately. All questions count equally toward your final score, and improving your performance in content areas that are heavily emphasized will have a comparable impact on your total score. Be sure to review the performance report provided with your results letter; focusing your study efforts on areas of deficiency will be important for your next attempt.

Conclusion

The ABS appreciates your hard work and dedication to surgery. We hope that this information helps you in achieving your goal of ABS certification and wish you good luck on your examination!