



## **SURGICAL CRITICAL CARE**

### *EXAM BLUEPRINT FOR THE CONTINUOUS CERTIFICATION (CC) READMISSIBILITY EXAMINATION*

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The Trauma, Burns, and Surgical Critical Care Board (TBSCCB) of the American Board of Surgery (ABS) recently reviewed and revised the exam blueprint used for the Surgical Critical Care (SCC) Continuous Certification (CC) Readmissibility Examination so that the exam better reflects the training and practice of SCC diplomates. The revision process involved updating and reorganizing the content tested on the exam, specifying the dimensions of patient care tested on the exam (e.g., risk factors, diagnosis/work-up, perioperative care management, outcomes), and determining weights that dictate how these content categories and dimensions of patient care are represented on the exam. As part of the review, multiple stakeholders were consulted (e.g., TBSCCB Directors, SCC program directors, current SCC diplomates), and feedback from these groups was used to inform the content and weights.

#### **Content Distribution**

Tables 1 and 2 include the major content categories and dimensions of patient care in the blueprint. Weights are also provided for each. Concretely, the weights indicate the approximate percentage of questions to be included on the SCC Continuous Certification Readmissibility Examination; actual percentages may vary slightly from year to year.

#### *Content Categories*

Table 1 includes the major content categories for the exam.

#### *Dimensions of Patient Care*

Table 2 includes dimensions of care that will be tested on the exam. Exam questions will address *both* a topic from the content categories *and* a dimension of care (e.g., perioperative care for a specific type of shock). The weights included here represent the percentage of questions that will be devoted to each dimension of care. Additionally, exam content may also address special populations or confounding conditions; these will also be represented on the exam according to the weights listed.



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TABLE 1 – CONTENT CATEGORIES

<b>Content Category</b>	<b>Weight</b>
<b>1. Initial Resuscitation</b>	<b>7.0%</b>
<b>2. Cardiovascular Physiology, Pathophysiology, and Therapy</b>	<b>9.0%</b>
<b>3. Respiratory Physiology, Pathophysiology, and Therapy</b>	<b>10.0%</b>
<b>4. Fluid and Electrolyte Pathophysiology and Therapy</b>	<b>6.0%</b>
<b>5. Neurological Physiology, Pathophysiology, and Therapy</b>	<b>6.0%</b>
<b>6. Metabolic, Endocrinologic, and Nutritional Effects of Surgical Illness</b>	<b>6.0%</b>
<b>7. Infectious Disease, Pathophysiology, and Therapy</b>	<b>8.0%</b>
<b>8. Hematologic Disorders Secondary to Acute Illness/Blood Transfusion</b>	<b>4.0%</b>
<b>9. Acute Gastrointestinal, Genitourinary, and Obstetric-Gynecologic Disorders</b>	<b>10.0%</b>
<b>10. Trauma</b>	<b>10.0%</b>
<b>11. Thermal Injury</b>	<b>5.0%</b>
<b>12. Life-Threatening Pediatric Conditions</b>	<b>3.0%</b>
<b>13. Immunology, Transplantation, and Cell Biology</b>	<b>3.0%</b>
<b>14. Pharmacology, Pharmacokinetics, and Drug Metabolism in Critical Illness</b>	<b>2.0%</b>
<b>15. Monitoring, Bioengineering, and Biostatistics</b>	<b>6.0%</b>
<b>16. Principles and Techniques of Administration and Management</b>	<b>3.0%</b>
<b>17. Ethical and Legal Aspects in Surgical Critical Care Medicine</b>	<b>2.0%</b>



**TABLE 2 – DIMENSIONS OF PATIENT CARE**

<b>Dimensions of Care</b>	<b>Weight</b>
<b>1. General*</b>	<b>10%</b>
<b>2. Epidemiology</b> (incidence, common causes)	<b>5%</b>
<b>3. Pathophysiology/Basic Science</b>	<b>8%</b>
<b>4. Risk Assessment</b> (risk factors)	<b>5%</b>
<b>5. Diagnosis/Work-up</b> (imaging, lab testing, clinical exam)	<b>11%</b>
<b>6. Monitoring</b>	<b>11%</b>
<b>7. Treatments</b>	<b>11%</b>
<b>8. Indications for Surgery</b>	<b>9%</b>
<b>9. Perioperative Care</b> (Pre-, Intra-, Post-)	<b>10%</b>
<b>10. Complications</b> (common complications)	<b>11%</b>
<b>11. Outcomes</b> (mortality, long term sequela)	<b>9%</b>
<b>Special Populations &amp; Confounding Conditions**</b>	<b>2%</b>
1. Special Populations: Pregnancy	0.5%
2. Special Populations: Elderly	0.5%
3. Special Populations: Pediatric	0.5%
4. Confounding conditions (e.g., obesity, cirrhosis, immunosuppressed, chronic renal failure, COPD)	0.5%

\*General is for topics that do not otherwise fit into the dimensions of care (e.g., ethics, pharmacokinetics)

\*\*Special populations and confounding conditions may be used in combination with Dimensions of Care; thus, these weights are in addition to those of the Dimensions of Care