ABS Goes to Hollywood

New video seeks to dispel myths about ABS oral examinations

The ABS has made its film debut with a new video which outlines in detail the ABS’ oral examination process. *Your Guide to a Successful Oral Examination* was created in hopes of correcting the many misconceptions candidates often have about ABS oral exams, and reducing the amount of anxiety that appears to surround them.

The ABS has been concerned for a number of years that its oral examinations had become an object of fear and trepidation for many graduating surgical residents, as well as the subject of multiple myths, word-of-mouth speculation and general misinformation. The ABS collects feedback from candidates after each exam and by far the most frequent comment is, “It wasn’t nearly as bad as I thought it would be.” Even more worrisome are comments such as, “We’re constantly told that the examiners are going to try to trick us” or “I was told anything we said was going to be used against us.”

The goal of this video is to put these rumors to rest and emphasize the ABS’ commitment to a fair and unbiased oral examination. The video explains in detail the oral examination process, showing what candidates should expect and how the exam sessions are conducted. The video also provides tips for good performance, demonstrating good and bad examinee behavior, as well as the criteria used by examiners for evaluating a candidate.

In addition, the video stresses that ABS oral exams are only intended to assess whether a candidate can address common surgical problems in a safe and effective manner. All candidates are questioned across similar subject areas, not on anecdotal cases an examiner might have seen. There are no “trick” questions and no predetermined pass/fail rate. Whether a candidate passes or fails is based on the assessment of six examiners, three of whom are ABS directors and three who are surgeons from the local area. All examiners are surgeons in active practice and hold current, time-limited certificates.

While the ABS realizes an oral exam will never be as objective as a multiple-choice one, the board analyzes its oral exam process each year to ensure that it is as objective and fair as possible. Examiners are trained beforehand and receive feedback on their performance. Feedback from candidates is also taken seriously and reviewed after each exam.

*Your Guide to a Successful Oral Examination* is showing now on the ABS website, www.absurgery.org.
Report from the Chair

Why MOC, Why Now?

Now in my eighth and final year on the American Board of Surgery, it is an interesting time for me to reflect upon the importance of board certification and how Maintenance of Certification (MOC) may play some role in health care reform. Recertification for physicians has been around since 1973, when the American Board of Medical Specialties (ABMS) established a recertification policy for the continued evaluation of competence, and in 1976 the ABS adopted the concept of time-limited certificates. In 2000, the 24 member boards of the ABMS agreed to evolve their recertification programs to one of continuous professional development—MOC.

Although many of the requirements remain the same, with MOC there are more frequent reporting requirements for Lifelong Learning and Self-Assessment (CME) and Professional Standing (valid medical license, hospital privileges and references). The biggest challenge of MOC so far has been Part 4, Evaluation of Performance in Practice. To satisfy this standard, the ABS opted for participation in national, regional or local surgical outcomes database or quality assessment programs. At the time of initiation of MOC, there were few resources available to diplomates that could provide adequate risk adjustment to allow comparison of results between different hospitals or practice settings.

In 2004, the American College of Surgeons (ACS) began enrolling hospitals in the private sector into the ACS National Surgical Quality Improvement Program (NSQIP) program. Currently there are more than 200 hospitals in the ACS NSQIP program, which offers comparison of risk-adjusted outcomes between hospitals. In a recent paper by Hall, et al, surgical outcomes improved across all participating hospitals in the private sector (Annals of Surgery, September 2009, 250(3):363-376) and participating hospitals appear to be avoiding substantial numbers of complications—improving care and reducing costs. What is missing is a method to enable individual surgeons to adequately risk adjust for the patient level factors that would allow them to assess their own quality of care.

The ABMS recently approved a set of guiding principles with the Blue Cross Blue Shield Association (BCBSA). The initial focus of the relationship with BCBSA is the concept of time-limited certificates. In 2000, the 24 member boards of the ABMS agreed to evolve their recertification programs to one of continuous professional development—MOC.
Diplomates who certify or recertify in any ABS specialty after July 1, 2005, are required to participate in the ABS MOC Program to maintain their certificate. As part of the program, diplomates are required to report on their MOC activities every three years, using an online form on the ABS website. MOC years run from July 1 to June 30, starting the July 1 following certification or recertification.

If you certify or recertify this fall...

You will start MOC as of July 1, 2010, and be required to check in with the ABS in three years (by June 30, 2013). Once enrolled in MOC, you can track your status using the personalized MOC Timeline available on the ABS website.

If you certified or recertified in the 2006–2007 academic year...

You began MOC as of July 1, 2007. The ABS will contact you in early 2010 with information on completing the online MOC form through the ABS website. The online form asks for information regarding MOC Parts 1, 2 and 4. No paper documentation or practice data is required for the three-year reporting requirement.

If you certified or recertified in the 2005–2006 academic year...

You should complete the online MOC form if you have yet to do so. It is available on your MOC Timeline page (login required). You will next be required to report on your MOC activities in the spring of 2012.

If you hold more than one certificate...

You should report to the ABS in three-year intervals according to the timeline of the ABS certification or recertification which initiated your enrollment in the ABS MOC Program (your MOC Timeline on the ABS website will help you in tracking this). The three-year reporting does not need to be repeated for other ABS certificates. You may also credit activities for Parts 2 and 4 performed for one certificate toward any other certificates you hold. Each Part 3, the secure examination, must be completed for each certificate.

If you are in a fellowship...

You must still complete the online MOC form when required. Fellowship training (accredited by the ACGME or a recognized surgical society) fulfills Parts 2 and 4 of MOC.

If you do not participate in MOC...

After a one-year grace period, you will be reported as “Not Participating in MOC” in response to any inquiry regarding your status, and will be ineligible to apply for Part 3, the secure examination.

The ABS has approved a new leave policy, effective immediately, pertaining to applicants for general surgery certification. The new policy gives residency programs the option of permitting the five years of general surgery training to be completed over a six-year period. The six-year option is intended to provide programs with greater flexibility in allowing residents time away from training to pursue other activities or address medical or family issues. The ABS’ requirements regarding full-time surgical experience and medical leave during a standard five-year residency remain unchanged.

“The ABS created this policy in recognition that today’s residents often have external commitments and pursuits that may take them away from training. The new policy gives programs additional options to allow for such circumstances,” said Dr. Jo Buyske, ABS associate executive director.

Use of the six-year option is solely at the program’s discretion, and contingent on advance approval from the ABS. All training must be completed at a single program. Forty-eight weeks of training are still required in each clinical year and all individual rotations must be full-time. The first 12 months of clinical training would be counted as PGY-1, the second 12 months as PGY-2, and so forth. No block of clinical training may be shorter than one month.

Under this option, a resident may take up to 12 months off during training, excluding the chief year. The option may be used for any purpose approved by the residency program, including but not limited to family issues, visa issues, medical problems, maternity leave, pursuit of outside interests, educational opportunities, etc.
The Surgical Council on Resident Education (SCORE) national curriculum project achieved a milestone this August with the release of the General Surgery Resident Curriculum Portal to all U.S. general surgery training programs. The goal of the portal is to provide high-quality educational materials aligned with the SCORE curriculum to all general surgery residents.

The portal currently covers more than 200 patient care topics and features content from major surgical textbooks as well as videos of both lectures and procedures, all organized according to SCORE’s Patient Care Curriculum Outline. This outline was also recently updated based on feedback from SCORE’s member organizations and specialty surgical societies. The revised outline is available at www.surgicalcore.org.

Additional materials, including radiologic images, will soon become available on the portal. Resources addressing other competencies, such as systems-based practice, will also be posted in the near future. Residents will additionally be able in the future to complete multiple-choice questions to assess their knowledge of a specific topic. The portal is designed to support both group and individual learning, giving all residents equal exposure to core surgical topics.

SCORE demonstrated the portal at the American College of Surgeons’ Clinical Congress in October, and will be holding a workshop at the next annual meeting of the Association of Program Directors in Surgery (APDS) to assist programs in integrating the portal’s resources. Feedback from faculty and residents will be used to direct the portal’s development. For the future, SCORE will be addressing other physician competencies, such as medical knowledge, and pursuing the development of additional assessment tools. The ABS is also working to align its general surgery examinations with the SCORE curriculum.

SCORE is entirely funded and supported by its seven member organizations—the ABS, ACS, American Surgical Association, APDS, Association for Surgical Education, Residency Review Committee for Surgery and Society of American Gastrointestinal and Endoscopic Surgeons. For more information and updates on SCORE, visit www.surgicalcore.org.

Project Coordinator Melissa Banker demonstrates the curriculum portal at the ACS Clinical Congress to Dr. M. Timothy Nelson of the University of New Mexico.

Dr. Stanley W. Ashley has been elected vice chair of the ABS for 2010-2011. He will serve as ABS chair in 2011-2012. Dr. Ashley is the Frank Sawyer Professor and vice chairman of the department of surgery at Brigham and Women’s Hospital in Boston, and also serves as director of the general surgery residency program. Additionally, he is chief of general surgery for Harvard Vanguard Medical Associates.

Originally from Cooperstown, N.Y., Dr. Ashley received his undergraduate degree from Oberlin College and his medical degree from Cornell University Medical College. He completed his general surgery residency at Washington University in St. Louis and subsequently joined the faculty there. He was then on the faculty of the University of California—Los Angeles for seven years before coming to Brigham and Women’s Hospital in 1997.

Dr. Ashley’s primary research interests are diseases of the pancreas and inflammatory bowel disease. He was recently named editor-in-chief of ACS Surgery and Current Problems in Surgery. He serves as deputy editor of the Journal of the American College of Surgeons and is also on the editorial board of the Journal of Gastrointestinal Surgery. Dr. Ashley was named to the American Board of Surgery in 2004 as a representative of the Association for Academic Surgery. In recent years he has served as chair of the ABS’ General Surgery Residency Committee.

Ashley Elected Vice Chair for 2010-2011
Online ABSITE Pilot for 2010

The ABS will begin the transition to an online general surgery in-training examination as of the 2010 ABSITE, scheduled for January 30. Sixty-eight residency programs have volunteered to pilot an online version of the exam, which will be delivered via a secure website to each institution. Online administration of the ABSITE at all general surgery programs is planned for 2011. By moving to an online exam, the ABS expects to improve examination security and increase consistency in the exam’s administration. The format of the ABSITE—a junior version for clinical levels 1 and 2 and a senior version for levels 3 through 5—remains unchanged.

Online CME Transfer Coming Soon

The ABS has been working with the American College of Surgeons to allow diplomates to electronically transfer their CME data from the “My CME” section of the ACS portal to the ABS for recertification applications and MOC. This feature is anticipated to be available by spring 2010, in time for the recertification application season. As an added benefit, recertification applicants who use the electronic transfer system will only be required to provide evidence of completion for non-ACS CME with their application.

ABS Presents Position Paper on Resident Work Hours

The ABS drafted a position paper in spring 2009 as a response to the Institute of Medicine’s (IOM) December 2008 report recommending new restrictions on resident work hours. The ABS also presented the paper at an ACGME symposium held in June 2009 to examine the IOM’s recommendations.

In the paper, the ABS states that resident work hour regulations should be flexible to reflect the needs of each specialty, particularly those which contain training in emergency and critical care where cases cannot be scheduled. Residents also need to be prepared for real-life surgical practice, where they will not be able to hand off a patient’s care to the next shift. In addition, the first group of surgical residents who trained completely under the 80-hour workweek is only now completing residency, so its effects on training and patient care have yet to be fully evaluated.

The position paper has been endorsed by all of the ABMS member surgical boards. A copy is available under the “News” section of the ABS website.

Applying for a 2010 Exam?

The ABS posts its online application process each year by early April. Once available, eligible individuals may begin completing the required online forms. A signature form must also be printed out and signed by the authenticating officials. For recertification, reference forms and CME documentation are also required. Visit www.absurgery.org for complete application requirements.

Did you know?

• The ABS is a completely independent, non-profit entity funded solely by its application and examination fees
• ABS directors and examiners are all surgeons in active practice with time-limited certificates
• The ABS was organized by surgeons in 1937 to improve the specialty of surgery and protect the public
• ABS certificate #1 belongs to Dr. Evarts A. Graham; #2 is held by Dr. Allen O. Whipple
• The ABS office has been in Philadelphia since its founding and currently has a staff of 17
• ABS directors, examiners and exam consultants receive no remuneration for their services
• The ABS’ fees are among the lowest of the 24 ABMS medical specialty boards
• There are approximately 25,000 surgeons who hold current, time-limited ABS certificates

The ABS staff: (l-r) Christine Shiffer, Nicole Gifford, Dr. Richard Bell, Dr. Frank Lewis, Dr. Robert Rhodes, Patty Just, Tom Biester, Melissa Banker, Dr. Jo Buyske, Jessica Schreader, Andrew Jones, James Fiore, Doris Davison. Not pictured: Imani Foster, Barbara Jalbert-Gerkens, Alex Minkovsky, Chris Tucci
Thank You to Our Examination Consultants and Examiners

The ABS thanks the following individuals for their contributions to the ABS examination process:

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John B. Morris, M.D.*
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Sherry M. Wren, M.D.*
Jeffrey S. Young, M.D.*
Scott P. Zielow, M.D.*

* VSB/PSB-ABS member
Meet Our New Directors

The ABS would like to thank the following outgoing directors for their years of service to the board.

Carlos A. Pellegrini, M.D.
Russell G. Postier, M.D.
James A. Schulak, M.D.
Marshall Z. Schwartz, M.D.

We welcome the following incoming directors and look forward to their contributions to the ABS.

Name: Stephen R. T. Evans, M.D.
Birthplace: Montreal, Canada
Family: Wife Karen; Daughters Molly Ruth and Mary Katherine
Hobbies: Tennis
College: Georgia Tech
Medical School: University of South Florida
Residency: Obstetrics and Gynecology, Boston Hospital for Women, Division of the Brigham and Women’s Hospital; General Surgery, Georgetown University Hospital
Research/Clinical Interests: Gastrointestinal surgery, open and minimally invasive
Current Practice: General surgery
Academic Appointments: Professor of Surgery, Georgetown University
Administrative Titles: Chief Medical Officer, Vice President for Medical Affairs, Georgetown University Hospital – Washington, D.C.

Name: Douglas W. Hanto, M.D., Ph.D.
Birthplace: Great Falls, Montana
Family: Wife Ruthanne; Children Kristen, Lindsay and John
Hobbies: Writing, photography, running, skiing, golf
College: St. Olaf College
Medical School: M.D., University of Arizona; Ph.D., Surgery, University of Minnesota
Residency: University of Minnesota Health Sciences Center
Clinical Fellowships: Transplant, University of Minnesota Health Sciences Center
Research/Clinical Interests: Post-transplant lymphoproliferative disorders (PTLD)
Current Practice: Transplant surgery, hepatobiliary surgery, dialysis access
Academic Appointments: Lewis Thomas Professor of Surgery, Harvard Medical School
Administrative Titles: Chief, Division of Transplantation and Clinical Director, The Transplant Institute at Beth Israel Deaconess Medical Center – Boston, Mass.
Other Activities: Associate Editor, American Journal of Transplantation; Editorial Board, Transplantation and World Journal of Gastrointestinal Surgery; Chair, Govt. and Scientific Liaison Committee, American Society of Transplant Surgeons

Name: Ronald B. Hirschl, M.D.
Birthplace: Ancon, Canal Zone, Panama
Family: Wife Barb; Children Jake, Noah and Allie
Hobbies: Biking
College: University of Michigan – Ann Arbor
Medical School: University of Michigan – Ann Arbor
Residency: University of Michigan – Ann Arbor
Clinical Fellowships: Pediatric surgery, Children’s Hospital of Philadelphia
Research/Clinical Interests: Respiratory failure, liquid ventilation with perfluorocarbon, extracorporeal life support
Current Practice: Pediatric surgery, surgical critical care
Academic Appointments: Arnold G. Coran Professor of Surgery, C.S. Mott Children’s Hospital
Administrative Titles: Head, Section of Pediatric Surgery and Surgeon-in-Chief, C.S. Mott Children’s Hospital; Chief Medical Information Officer, University of Michigan – Ann Arbor, Mich.

Name: Selwyn M. Vickers, M.D.
Birthplace: Huntsville, Alabama
Family: Wife Janice; Children Lauren, Adrienne, Lydia and Benjamin
College: Johns Hopkins University
Medical School: Johns Hopkins University
Residency: Johns Hopkins University
Clinical Fellowships: Surgical oncology, Johns Hopkins University
Research/Clinical Interests: Gene therapy for treating pancreaticobiliary tumors and the role of growth factors and receptors in pancreatic cancer
Current Practice: Surgical oncology, gastrointestinal surgery
Academic Appointments: Jay Phillips Professor and Chairman, Department of Surgery, University of Minnesota Medical School
Administrative Titles: Associate Director, Masonic Cancer Center at the University of Minnesota – Minneapolis, Minn.
Other Activities: Member, ACS Board of Governors; Member, Board of Trustees, Society for Surgery of Alimentary Tract; Past President, Society of Black Academic Surgeons

Do we have your e-mail address?
Make sure we have your current e-mail address, as well as mailing address, for exam and MOC notifications. Visit www.absurgery.org to view and update your contact information.

In Memory
It is with deep regret we report the deaths of these past ABS directors:
Paul A. Ebert, M.D. 4/21/09
David C. Sabiston Jr., M.D. 1/26/09
Lloyd M. Nyhus, M.D. 12/15/08
Clement A. Hiebert, M.D. 7/8/08
The ABS welcomes your feedback! Send your ideas and comments about this newsletter to cshiffer@absurgery.org.

## 2008-2009 ABS 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>1,261</td>
<td>78%</td>
<td>N/A</td>
</tr>
<tr>
<td>GS Certifying</td>
<td>1,181</td>
<td>77%</td>
<td>55,713</td>
</tr>
<tr>
<td>GS Recertification</td>
<td>1,750</td>
<td>94%</td>
<td>18,288</td>
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<tr>
<td>ABSITE</td>
<td>7,712</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>VS Qualifying</td>
<td>110</td>
<td>88%</td>
<td>N/A</td>
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<tr>
<td>VS Certifying</td>
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<td>83%</td>
<td>2,869</td>
</tr>
<tr>
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<td>190</td>
<td>97%</td>
<td>1,696</td>
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<tr>
<td>VSITE</td>
<td>253</td>
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<tr>
<td>PS Qualifying</td>
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<td>95%</td>
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<td>PS Certifying</td>
<td>70</td>
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<tr>
<td>PS Recertification</td>
<td>122</td>
<td>95%</td>
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<td>SCC Certifying</td>
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<td>86%</td>
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<tr>
<td>HS Recertification</td>
<td>11</td>
<td>91%</td>
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Key: GS = General Surgery, ITE = In-Training Examination, VS = Vascular Surgery, PS = Pediatric Surgery, SCC = Surgery Critical Care, HS = Surgery of the Hand

Your Surgeon is Certified

The ABS offers the *Your Surgeon Is Certified* brochure to diplomates to educate patients about the significance of board certification. An order form and PDF preview are available at [www.absurgery.org](http://www.absurgery.org). Copies can be ordered in quantities of 100, 200 or 500.