



NEWSLETTER  
of the  
AMERICAN  
BOARD  
of  
SURGERY

2014 Issue

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# ABS NEWS

Annual Newsletter of the American Board of Surgery

## A Fresh Look at General Surgery Training

*Evaluating the training paradigm for the next generation of surgeons*

A main focus of the American Board of Surgery over the past year has been the evaluation of general surgery training. While not a new topic, there exists renewed concern about a lack of autonomy afforded general surgery residents, and whether a surgeon, upon graduating residency, is fully prepared to enter independent practice.

At the January and June 2014 ABS meetings, daylong retreats were dedicated to probing this issue with input from other stakeholders, including the Accreditation Council for Graduate Medical Education (ACGME), American College of Surgeons (ACS), and the Association of Program Directors in Surgery (APDS). It was concluded that the environmental changes that have occurred over the past 20 years in surgical training, including resident work hour limits, fewer open procedures, and the dramatic growth of post-residency fellowships, call for new and innovative approaches.



A panel discussion on issues in residency training at the June ABS meeting: (l-r) Dr. Steven Stain, Dr. Bruce Schirmer, Dr. Frank Lewis, Dr. Kenneth Harris, Dr. David Mahvi, and Dr. Joseph Cofer.

At the June ABS meeting, ABS directors heard from Dr. Kenneth Harris, executive director of the Office of Education of the Royal College of Physicians and Surgeons of Canada (RCPSC). The RCPSC recently completed its own study of general surgery training and identified similar issues. A recent pilot of a competency-based training program in orthopedic surgery has been a resounding success and is planned to be implemented across all Canadian training programs over the next few years.

*(Continued on page 3)*

## ABS Moves to the Calendar Year

*ABS certificates and MOC program now run on calendar year*

Earlier this year the ABS shifted its certificates and Maintenance of Certification (MOC) program from the academic year to the calendar year, with the goal of making ABS certification and MOC more intuitive and easier to follow.

### Certificates

As part of this transition, all current ABS certificates have been extended six months to expire on Dec. 31 of the year of expiration. Going forward, all certificates issued by the ABS will have an expiration date of Dec. 31.

The ABS will not be issuing revised certificates; however proof of this extension may be printed from [www.absurgery.org](http://www.absurgery.org) using our “Is Your Surgeon Certified?” feature.

### MOC Three-Year Cycles

The requirements of the ABS MOC Program run in three-year cycles. MOC three-year cycles now run from Jan. 1 to Dec. 31. However any CME completed based on the former cycle of July 1 to June 30 may still be used.

The MOC Timeline of each ABS diplomate has been shifted six months forward to run on the calendar year. Current three-year cycles will end on Dec. 31, rather than June 30.

At the end of a three-year cycle, diplomates are required to report on their MOC activities by completing an online form, the *MOC Status Form*. This form will now be due by March 1, two months after end of cycle. Diplomates will be notified when the form must be submitted.

### MOC (Recertification) Exams

Diplomates are eligible to take an MOC (recertification) exam starting three years before a certificate's expiration. The change to the calendar year means that MOC exams may first be taken in the eighth year of a 10-year certification. MOC exams will continue to be given each fall. The ABS will notify diplomates when they are eligible to take an MOC exam. MOC exam eligibility is also indicated on each surgeon's MOC Timeline.



DAVID M. MAHVI, M.D.  
Chair of the ABS  
2014-2015

always had a purpose statement, this is the first mission statement in the ABS' history:

*The American Board of Surgery serves the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.*

In drafting this statement, the ABS directors thought it was crucial to emphasize our duty to the public, which ultimately guides everything we do. When patients require surgery, they and their families must be able to count on ABS certification as an indicator of a surgeon's training, knowledge and commitment to lifelong learning and practice improvement.

As part of our duty to the public, we added in 2010 our first public member, William Scanlon, Ph.D. A highly regarded health care policy expert, Dr. Scanlon is a former managing director at the U.S. General Accounting Office and a past member of the Medicare Payment Advisory Commission (MedPAC). He currently serves as senior consultant to the National Health Policy Forum. His knowledge of the political and regulatory terrain has been

It is a privilege to serve as chair of the American Board of Surgery this year. We began 2014 by introducing a new mission statement for the board. While the ABS has

**In drafting our mission statement, the ABS directors thought it was crucial to emphasize our duty to the public, which ultimately guides everything we do.**

invaluable as we pursue various initiatives to improve surgical training and develop our Maintenance of Certification program. We are currently seeking to add a second public member who would begin a six-year term in July 2015. Understanding how the public and government entities view board certification will help ensure that it remains a viable, relevant standard of quality.

The public expects and trusts that we will stay up to date throughout our careers. MOC was created because it was clear that a once-in-ten-years examination was no longer enough given medicine's rapidly increasing knowledge base. While MOC is an initiative of all 24 member boards of the American Board of Medical Specialties (ABMS), each board defines its own requirements for the four

parts of MOC. Hence what your colleagues in other specialties have to do for MOC may be very different from what the ABS requires.

We know that ABS diplomates practice in a wide range of practice environments. As such, the ABS directors have sought to create an MOC program that is extremely flexible, building upon many activities, like CME, that surgeons are already doing. As our MOC program evolves, the goal is to have MOC be meaningful and valuable to the surgeon, without consuming time on activities that do not improve our ability to care for our patients. It is meant to be a standard for lifelong learning and practice improvement, giving surgeons a way to document all that they do to stay current and improve the care they give. All of our directors, examiners and exam writers participate in MOC.

Another area of focus over the past year has been reviewing the current state of general surgery training. With less training time, a broader and ever increasing field of knowledge, and the expansion of fellowships, assessing what works and what needs improvement is an important task. Roughly 80% of general surgery residents pursue fellowships after

*(Continued on page 4)*



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## A Fresh Look at General Surgery Training (cont.)

(Continued from page 1)

Dr. Nathaniel Soper, chair of the department of surgery at Northwestern University, also presented on the “PASS” program (Procedural Autonomy and Supervision System) used at his institution to foster resident autonomy in the operating room in a systematic way. The program aids attendings in transitioning their role from “show and tell,” to active help, then passive help, and finally to supervision only. It also includes smartphone-based post-surgery performance evaluations for both the resident and attending.

Where and when possible, the ABS has sought to address some of the issues affecting general surgery training. One such effort is an ABS policy introduced in 2011 that gives programs the option of customizing up to 12 months of a senior resident’s rotations to reflect his or her future practice interests. At the recent ABS meetings, various proposals along these lines were discussed that would permit residents to track into their desired practice area without weakening the essential core training in general surgery.

Use of the SCORE® Curriculum as a national standard for defining what

a surgeon should know and be able to do by the end of residency was also felt to be a critical element in shaping the future of general surgery training. The *SCORE Curriculum Outline for General Surgery Residency* is updated and published each year, and contains a list of patient care and medical knowledge topics to be covered in a five-year general surgery residency (for more on SCORE, see page 8).

As part of its review, the ABS has also been examining why graduating residents choose to complete fellowships and how this fellowship training fits into the overall training paradigm. Each year approximately 75-80% of general surgery residency graduates enter fellowships, with roughly 50% of those graduates entering non-ACGME accredited programs.

ABS leaders have engaged the fellowship community over the past year to better understand the educational offerings of the various programs, and to encourage the development of uniform standards across fellowships where applicable.

In a separate but related issue, the ABS is also working with these groups to encourage fellowship programs to



At the June ABS meeting, Dr. Nathaniel Soper explains the “PASS” program used at Northwestern University to provide residents with progressive autonomy.

transition to an August 1 start date so graduating residents do not have to leave their general surgery residency early to begin fellowship on July 1. To assist in this effort, the ABS has agreed to move the General Surgery Qualifying Examination (QE) to July as of 2016 (July 19). The ABS has also issued a formal statement in support of the August 1 start date, as it seeks to improve the overall educational experience of new surgeons.

## The FIRST Trial: Connecting resident work hours with outcomes

Relatively little high-quality data exists regarding the effects of general surgery resident work hour restrictions on patient care and resident training. The ABS and ACS, with the support of the ACGME, have collaborated to develop a prospective study underway this year that will directly examine how increasing flexibility of surgical resident duty hours affects patient care, surgical outcomes, and resident perceptions. The study will provide important high-quality data on which to base future resident work hour decisions.

The 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. It is a randomized study that uses the ACS National Surgical Quality Improvement Program (ACS NSQIP®) to measure patient outcomes. The study has two arms—one using present duty hour standards, and the second more flexible standards, in which only three requirements are present: an 80 hour work week overall, no more than one night in three on call, and one day in seven free of responsibilities, all averaged over a month.

The study was open to all ACS NSQIP hospitals that have general surgery residency programs; 152 hospitals have enrolled, with equal numbers randomized to each arm of the study. The ACGME has provided

waivers for institutions participating in the experimental arm of the study.

In addition, a survey will be 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.

The FIRST Trial began on July 1, 2014, and will run for one year. It is funded jointly by the ABS, ACS, and ACGME. Dr. Karl Bilimoria, vice chair for quality and director of the Surgical Outcomes and Quality Improvement Center at Northwestern University, is the principal investigator. Further information regarding the study is available at [www.thefirsttrial.org](http://www.thefirsttrial.org).

## ABS International Initiatives

The ABS continues to work with entities in several countries that have sought out the ABS' expertise in establishing assessment and certification programs for the surgeons in their country.

In coordination with the ABMS, ABS representatives have met several times with counterparts in Singapore, who seek to develop a system of training and certification based on the U.S. model. The international arm of the ACGME has already accredited several Singaporean general surgery programs with its ACGME-I designation. It is anticipated that training programs from additional countries will pursue ACGME-I accreditation in the future as part of a larger movement to adopt the U.S. model of residency training.

While graduates of these Singapore programs will not be eligible for ABS certification, ABS staff are assisting the Singapore Ministry of Health with developing and implementing written and oral examinations, based on the ABS General Surgery Qualifying and

Certifying Examinations. The first written general surgery examination is expected to be held in Singapore in 2017.

The ABMS is also in discussions with a consortium of Middle Eastern countries regarding the development of a similar relationship. However in all these cases, the country will issue the certification, not the ABMS or its member boards.

An increasing number of international general surgery training programs are also using the ABSITE to assess their trainees' progress. The 2014 ABSITE was taken by 339 international residents, representing 12 surgery training programs from nine different countries. These included Lebanon, Japan, Qatar, Singapore, Trinidad, Barbados, the Bahamas, Oman, and the United Arab Emirates.

In addition, representatives from the Netherlands have approached the



Dr. Joseph Cofer, past ABS chair, and Dr. Jo Buyske, ABS associate executive director, (center) meet with residents at the National University Hospital of Singapore last December.

ABS about creating a custom ABSITE for their trainees, one that would better match their training system than the standard version of the exam.

"The level of interest in the ABS certification process by countries throughout the world is a testament to our work to continually improve our assessments and to the high standards that all ABS-certified surgeons are required to meet," said Dr. Jo Buyske, ABS associate executive director.

## Report from the Chair (cont.)

(Continued from page 2)

residency, for a wide variety of reasons. It is critical, however, that a graduating resident is fully prepared to practice autonomously and provide quality surgical care to the American public.

The ABS is undertaking several initiatives toward this goal. We are working with our partners at the Residency Review Committee for Surgery (RRC-Surgery), APDS, and ACS to enhance the operative training of our PGY-1 and PGY-2 residents, and to further the ability of our trainees to develop team-based, but autonomous surgical skills.

Along with the ACS and the ACGME, we have also developed the *FIRST Trial*, which is currently underway. This yearlong study will examine the effects of work hour restrictions on patient outcomes and provide data to guide future policy development. It is a true collaborative effort of the surgical community, with more than 150 hospitals taking part.

In addition, the content of the General Surgery Certifying Examination (CE) has been updated to more closely reflect the SCORE Curriculum. The ABS' General Surgery Advisory Council is also looking at the SCORE

Curriculum as the template for how we delineate the knowledge and skills a general surgeon needs to have by the conclusion of residency.

To that end, we introduced earlier this year the *ABS Flexible Endoscopy Curriculum* as a new requirement for initial certification in general surgery. This is an innovative, *competency-based* curriculum that provides a stepwise instructional program for residents to acquire the knowledge and skills to perform flexible endoscopy. It will help ensure that all newly certified general surgeons have sufficient training in the use of endoscopy to treat gastrointestinal diseases.

I will be ably succeeded in my role as chair by Dr. Stephen Evans and subsequently Dr. John Hunter. Together we have focused on creating a three-year plan to provide continuity in the board's efforts. We are joined in this by the other members of the ABS Executive Committee (Dr. Karen Brasel, Dr. Mary Klingensmith, Dr. William Scanlon, and the ABS surgeon staff) as well as all of the ABS directors. We welcome your input as these endeavors progress.

# ABS MOC Program – Key Points to Know

## Important points about maintaining your ABS certification

The ABS Maintenance of Certification Program began in 2005, and while surgeons have become more familiar with it over time, we recognize that questions remain. Here are some key points to know about maintaining your certification through the ABS MOC Program.

### What does the MOC three-year reporting require?

ABS MOC requirements run in three-year cycles (Jan. 1–Dec. 31). At the end of each cycle, you will be required to complete and submit an online form, the *MOC Status Form*, through the ABS website regarding Parts 1, 2 and 4 of MOC.

No practice or outcomes data is necessary. For MOC Part 4, you will indicate or describe how you are meeting this requirement.

We will contact you by mail and e-mail when your three-year reporting is due; **please keep your contact information up to date!**

### For Part 2, what is acceptable CME?

The CME must be Category I, relevant to your practice, and accredited

### 2014 PQRS MOC Incentive

ABS diplomates are eligible to apply for the 2014 Physician Quality Reporting System (PQRS) MOC Incentive. This is the last year this incentive will be offered by CMS. Deadline to apply for the incentive is **January 31, 2015**, at 5 p.m. ET.

The incentive allows diplomates participating in PQRS to earn an **additional 0.5%** on Medicare Part B charges by also participating in the ABS MOC Program “more frequently” than what is required by the ABS. Participation in a patient survey program is also required.

The “more frequently” requirements are designed so diplomates can easily meet them. No documentation is needed; you will attest online that you meet the incentive requirements. Even if you have not yet completed your 2014 PQRS reporting, you can still apply for the incentive.

See [www.absurgery.org](http://www.absurgery.org) for details and submission instructions. For more on PQRS, please see [www.cms.gov/pqrs](http://www.cms.gov/pqrs).

## 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 hours of Category I CME relevant to your practice over a 3-year cycle
- At least 60 hours must include self-assessment: a written or electronic question-answer exercise. A score of 75% or greater must be required

### 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
- Many programs are hospital-based, so check with your hospital to see what is available

by the AMA, ACCME, RCPSC or EAC-CME. Examples include seminars, conferences, grand rounds, webinars, skills courses, and departmental scientific meetings.

### For Part 2, what do you mean by self-assessment?

By self-assessment, we mean an electronic or written quiz that assesses your understanding of the material in the CME program. A score 75% or greater must be required by the activity sponsor. There is no minimum number of questions required and multiple attempts are allowed.

Many live CME events, such as grand rounds and conferences, require a post-test before credit is awarded. CME from journals, textbooks, and audio, video or web-based programs also usually contains self-assessment.

### What is expected for Part 4?

Part 4 requires ongoing participation in a local, regional or national outcomes registry or quality assessment program. Diplomates are expected to regularly review their outcomes and complications, address identified areas for improvement, and reassess the results.

Many hospitals already participate in national registry programs. In addition, some surgical societies have programs available to individual surgeons.

The ACS Surgeon-Specific Registry (SSR), for example, is available to ACS members and will become open to non-ACS members later this year.

If there are no hospital-based or individual programs available to you, the ABS expects that you will select a focused area of your practice for practice assessment/quality improvement. Further details and a list of examples of acceptable programs are available on the Part 4–Practice Assessment Resources page of the ABS website.

### When can I take the MOC exam?

The MOC exam (Part 3) may first be taken three years before certificate expiration. With the change to the calendar year (see page 1), this would be year 8, 9 or 10 of a 10-year certification. A complete exam application is required, including a 12-month operative log, reference forms, and CME documentation. You must be in compliance with MOC to apply.

For diplomates who hold multiple ABS certificates, this is the only requirement that must be repeated for each certificate.

**See [www.absurgery.org](http://www.absurgery.org) for your own MOC Timeline and CME Repository, as well as more details on the ABS MOC Program**

# Thank You to Our Examination Consultants and Examiners

The ABS gratefully recognizes the following individuals for their contributions to the ABS examination process

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Kenji Inaba, M.D.

Jose L. Pascual Lopez, M.D.  
Margaret C. Tracci, M.D.  
Jennifer M. Watters, M.D.  
*Critical Care/Burns*  
Gregory J. Beilman, M.D., Chair  
Amalia L. Cochran, M.D.  
Darren J. Malinoski, M.D.  
Robert A. Maxwell, M.D.  
Michael D. Williams, M.D.

*Endocrine*  
Kresimira M. Milas, M.D., Chair  
Jeffrey F. Moley, M.D.  
Roy Phitayakorn, M.D.  
Frederick R. Radke, M.D.  
Carmen C. Solorzano, M.D.  
*Skin and Soft Tissue*  
Robert P. Sticca, M.D., Chair  
Ryan C. Fields, M.D.  
Mark C. Kelley, M.D.  
Daniel R. Kollmorgen, M.D.  
James C. Yuen, M.D.

*Gallbladder*  
L. Michael Brunt, M.D., Chair  
J. Craig Collins, M.D.  
Tien C. Ko, M.D.  
Ronald D. Robertson, M.D.  
Mark J. Watson, M.D.

*Hepatobiliary*  
Charles R. Scoggins, M.D., Chair  
Brian Badgwell, M.D.  
Kimberly M. Brown, M.D.  
Thomas E. Clancy, M.D.  
David C. Linehan, M.D.  
Gary C. Vitale, M.D.

*Appendix*  
Stephen M. Kavic, M.D., Chair  
David J. Conti, M.D.  
Robert P. Marshall, M.D.  
Terri L. Marty, M.D.

*Pediatric Surgery*  
Mike K. Chen, M.D., Chair  
Peter F. Ehrlich, M.D.  
Barbara A. Gaines, M.D.  
Craig W. Lillehei, M.D.  
Kasper S. Wang, M.D.

### 2013-2014 EXAMINERS

### 2014 VASCULAR SURGERY CERTIFYING EXAMINATION

Cameron M. Akbari, M.D.  
Michael Belkin, M.D.  
Thomas C. Bower, M.D.  
Kellie R. Brown, M.D.  
Ruth L. Bush, M.D.  
Christopher G. Carsten, M.D.  
Rabih A. Chaer, M.D.  
Elliot L. Chaikof, M.D.  
Daniel G. Clair, M.D.  
David L. Cull, M.D.  
Michael C. Dalsing, M.D.  
David L. Dawson, M.D.  
Brian G. de Rubertis, M.D.  
Alan M. Dietzek, M.D.  
Audra A. Duncan, M.D.  
Matthew J. Eagleton, M.D.  
John F. Eidt, M.D.  
James R. Elmore, M.D.  
Mark K. Eskandari, M.D.  
Alik Farber, M.D.  
Mark A. Farber, M.D.  
Mark F. Fillinger, M.D.  
Vivian Gahtan, M.D.  
Kim J. Hodgson, M.D.  
Douglas B. Hood, M.D.  
Thomas S. Huber, M.D.  
Karl A. Illig, M.D.  
Glenn R. Jacobowitz, M.D.  
K. Craig Kent, M.D.  
Paul B. Kreienberg, M.D.  
Jason Tin Aye Lee, M.D.  
Michel S. Makaroun, M.D.  
George H. Meier, M.D.  
Erica L. Mitchell, M.D.  
J. Gregory Modrall, M.D.  
Samuel R. Money, M.D.  
Peter R. Nelson, M.D.  
Gregory J. Pearl, M.D.  
John E. Rectenwald, M.D.  
Amy B. Reed, M.D.  
John J. Ricotta, M.D.  
Steven M. Santilli, M.D.  
Timur P. Sarac, M.D.  
Darren B. Schneider, M.D.  
Murray L. Shames, M.D.  
Malachi G. Sheahan, M.D.

Maureen K. Sheehan, M.D.  
Michael J. Singh, M.D.  
Maurice M. Solis, M.D.  
Benjamin W. Starnes, M.D.  
Spence M. Taylor, M.D.  
Carlos H. Timaran, M.D.  
Gilbert R. Upchurch, M.D.  
R. James Valentine, M.D.

### 2014 PEDIATRIC SURGERY CERTIFYING EXAMINATION

Fizan Abdullah, M.D.  
Michael J. Allshouse, M.D.  
Kenneth S. Azarow, M.D.  
Edward M. Barksdale, M.D.  
Mary L. Brandt, M.D.  
Michael G. Caty, M.D.  
Dai H. Chung, M.D.  
Peter W. Dillon, M.D.  
Peter F. Ehrlich, M.D.  
Mary E. Fallat, M.D.  
Diana L. Farmer, M.D.  
Barbara A. Gaines, M.D.  
Ronald B. Hirschl, M.D.  
Max R. Langham, M.D.  
Craig W. Lillehei, M.D.  
Dennis P. Lund, M.D.  
Euguen D. McGahren, M.D.  
Jed G. Nuchtern, M.D.  
Daniel J. Ostlie, M.D.  
Frederick J. Rescorla, M.D.  
Marleta Reynolds, M.D.  
Henry E. Rice, M.D.  
Daniel A. Saltzman, M.D.  
Anthony D. Sandler, M.D.  
Thomas T. Sato, M.D.  
David J. Schmeling, M.D.  
Thomas F. Tracy, M.D.  
David W. Tuggle, M.D.  
Jeffery H. Upperman, M.D.  
Daniel von Allmen, M.D.  
John H.T. Waldhausen, M.D.

### GENERAL SURGERY CERTIFYING ASSOCIATE EXAMINERS

Suresh K. Agarwal, M.D.  
Dennis W. Ashley, M.D.  
Michael M. Awad, M.D.  
Brain Badgwell, M.D.  
Joseph C. Battista, M.D.  
Gregory J. Beilman, M.D.  
Sarah L. Blair, M.D.  
Grant V. Bochicchio, M.D.  
Michael Bouvet, M.D.  
Christopher P. Brandt, M.D.

(Continued on page 8)



Consultants for the General Surgery QE review questions: (l-r) Dr. Robert McIntyre, Dr. George Sarosi, Dr. Kevin Behrns (Chair), Dr. Nestor Esnaola, Dr. Wendy Grant, and Dr. Sanjay Krishnaswami.

# ABS Updates

## ABS (@AmBdSurg) Now on Twitter!



To expand our communication reach, the ABS launched in September an account on Twitter. Follow us @AmBdSurg for news and updates pertaining to surgical training and certification. And be sure to follow us on Facebook! Visit our Facebook page at [www.facebook.com/americanboardofsurgery](http://www.facebook.com/americanboardofsurgery).

## ABS Mission Statement

As noted in Dr. Mahvi's *Report from the Chair*, the ABS introduced a new mission statement this summer:

*The American Board of Surgery serves the public and the specialty of surgery by providing leadership in surgical education and practice, by promoting excellence through rigorous evaluation and examination, and by promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice.*

## Congratulations to ...

– Dr. Richard C. Thirlby for being elected to the Residency Review Committee for Surgery as a new ABS representative.

– Current ABS directors Dr. Karen J. Brasel, for being elected vice chair of the ACS Board of Governors, and Dr. Kevin E.

Behrns, for being elected to the ACS Board of Governor's Executive Committee. In addition, Dr. Mark A. Malangoni, ABS associate executive director, was re-elected to the ACS Board of Regents.



Dr. Karen Brasel

## ABS Jointly Publishes Statement on Pre-Residency Preparatory Courses

The ABS, ACS, APDS and the Association for Surgical Education (ASE) jointly published this fall a *Statement on Surgical Pre-Residency Preparatory Courses* in support of prep courses for incoming residents. In the statement, the four organizations explain that these courses prepare incoming surgical residents to assume responsibility and accountability, and accelerate their readiness to acquire the basic clinical and technical skills needed for residency.

The statement was published online and in print in eight surgical journals: *American Journal of Surgery*, *American Surgeon*, *Annals of Surgery*, *JAMA Surgery*, *Journal of the American College of Surgeons*, *Journal of Surgical Education*, *Surgery*, and *World Journal of Surgery*.

## ABS Website Redesign Underway

The ABS website, [www.absurgery.org](http://www.absurgery.org), is receiving a makeover! Look for a new and improved site to debut in early 2015. Feedback on what you'd like to see on the new website may be sent to [abscomms@absurgery.org](mailto:abscomms@absurgery.org).

## ACGME-AOA Unified Accreditation

In February 2014, the ACGME, American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) reached an agreement to create a unified accreditation system for graduate medical education programs.

Beginning in July 1, 2015, and for five years thereafter, AOA-approved programs and sponsoring institutions will be able to apply for ACGME accreditation. There are currently 56 AOA-accredited general surgery programs.

As part of the agreement, the AOA and AACOM will become full members of the ACGME. The AOA will also become a nominating organization to all RRCs where AOA-accredited program applications are anticipated, and will cease its own accreditation activities as of June 30, 2020. Further information about the unified accreditation system is available at [www.acgme.org](http://www.acgme.org).

## MOC Portfolio Program

The Multi-Specialty MOC Portfolio Program is a pathway offered by the ABMS to allow health care organizations the opportunity to develop quality improvement activities for MOC Part 4 across multiple specialties. The program offers a streamlined approach for organizations that sponsor and support quality improvement efforts involving physicians in multiple disciplines. The ABS accepts MOC Portfolio Program participation for MOC Part 4. For more information, visit the program's website at [www.mocportfolioprogram.org](http://www.mocportfolioprogram.org).

## Canadian Training Accepted for SCC and CGSO

The ABS will now accept training accredited by the Royal College of Physicians and Surgeons of Canada toward certification in surgical critical care (SCC) and complex general surgical oncology (CGSO).

For SCC, an applicant for certification must have completed a two-year training program in adult critical care medicine accredited by the RCPSC. For CGSO, an applicant must have completed a two-year program accredited by the RCPSC in general surgical oncology.

## Resident Input with RAS-ACS

To gather residents' input on board decisions and policies, the ABS recently began a relationship with the Resident and Associate Society of the ACS (RAS-ACS). Feedback from RAS-ACS members has already been extremely helpful in shaping ABS initiatives.

## 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. Thank you for your cooperation.

The Surgical Council on Resident Education's scope of activities has greatly expanded over the past year. Development of the SCORE Portal ([www.surgicalcore.org](http://www.surgicalcore.org)) continues to progress rapidly with new content and features. The goal of the portal is to provide surgical residents and training programs with high-quality educational resources aligned with the SCORE Curriculum. Modules for nearly every patient care and medical knowledge topic in the *SCORE Curriculum Outline for General Surgery Residency* are now available, along with modules on systems-based practice and ethics. Additional content on ethics, professionalism, and interpersonal skills and communication is planned for the coming months.

This year SCORE also introduced "TWIS"—*This Week in SCORE*, a new feature to assist general surgery residents and programs in covering the SCORE Portal's content. TWIS is a sequence of suggested topics over a two-year cycle, with a new topic (area) featured each week. Using TWIS, a resident will cover all of the portal's core content at least twice in a five-year residency.

Over the next few months, TWIS will be integrated into the portal to include a weekly quiz on the week's topic. Eventually TWIS will become "modular," permitting programs to create their own custom schedules.

The content on the SCORE Portal is also expanding beyond general surgery. This spring the first modules for pediatric surgery fellows were posted, with additional modules in process. Modules on advanced vascular surgery topics for vascular surgery trainees will also become available in the months ahead.

Use of the SCORE Portal has also expanded beyond the U.S. Programs in Canada, the Netherlands, Saudi Arabia, Lebanon, Qatar, Singapore, Japan, Trinidad and Tobago, Haiti, and the United Arab Emirates are using the



Members of the SCORE Editorial Board discuss plans for the coming year: (l-r) Dr. Mark Malangoni, Dr. Monica Lopez, Dr. Tina Yen, Dr. Keith Delman, Dr. Cameron Akbari, Dr. Mary Klingensmith, Dr. David Han, Dr. Douglas Smink, Dr. Erik Van Eaton, and Dr. Michael Awad. Not pictured: Dr. Daniel Vargo.

SCORE Portal. Overall, a total of 380 surgical training programs subscribe to the SCORE Portal, accounting for more than 10,000 residents.

SCORE is a nonprofit initiative of the ABS, APDS, RRC-Surgery, ACS, ASE, Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), and the American Surgical Association. For additional information on SCORE, visit [www.surgicalcore.org](http://www.surgicalcore.org). SCORE also maintains accounts on Facebook and on Twitter (@SCORESurg).

## Thank You to Our Examination Consultants and Examiners (cont.)

(Continued from page 6)

### GENERAL SURGERY CERTIFYING ASSOCIATE EXAMINERS (CONT.)

Kellie R. Brown, M.D.  
Andres E. Castellanos, M.D.  
Charles W. Chappuis, Jr., M.D.  
Mike K. Chen, M.D.  
Jennifer N. Choi, M.D.  
Kent C. Choi, M.D.  
Karen A. Chojnacki, M.D.  
David J. Ciesla, M.D.  
Ronald H. Clements, M.D.  
William S. Cobb IV, M.D.  
Amalia L. Cochran, M.D.  
Panna A. Codner, M.D.  
David J. Cole, M.D.  
Bard C. Cosman, M.D.  
Amy E. Cyr, M.D.  
Bradley R. Davis, M.D.  
Kimberly A. Davis, M.D.  
Christian M. DeVirgilio, M.D.  
Matthew O. Dolich, M.D.  
Brian J. Dunkin, M.D.  
Julie A. Dunn, M.D.  
Donna L. Dyess, M.D.  
Dina M. Elaraj, M.D.  
Eric A. Elster, M.D.  
Scott A. Engum, M.D.  
Nestor F. Esnaola, M.D.

Ryan C. Fields, M.D.  
Thomas M. Fishbein, M.D.  
Martin D. Fleming, M.D.  
Michael B. Freeman, M.D.  
Sandra L. Freiwald, M.D.  
George M. Fuhrman, M.D.  
Susan Galandiuk, M.D.  
Nancy L. Gantt, M.D.  
Jonathan D. Gates, M.D.  
Jeffrey M. Gauvin, M.D.  
Timothy M. Geiger, M.D.  
Raymond F. Georgen, M.D.  
Wendy J. Grant, M.D.  
Stephen R. Grobmyer, M.D.  
Adil H. Haider, M.D.  
Peter T. Hallowell, M.D.  
Nora M. Hansen, M.D.  
Morin Hanson, M.D.  
Mary T. Hawn, M.D.  
Alan W. Hemming, M.D.  
Michael G. House, M.D.  
James R. Howe, M.D.  
Eunice Y. Huang, M.D.  
Kelly K. Hunt, M.D.  
John P. Hunt, M.D.  
Romeo C. Ignacio, Jr., M.D.  
David K. Imagawa, M.D.  
Kenji Inaba, M.D.  
Kamal M.F. Itani, M.D.  
Patrick G. Jackson, M.D.

Benjamin T. Jarman, M.D.  
Lynt B. Johnson, M.D.  
Steven K. Kappes, M.D.  
Stephen M. Kavic, M.D.  
Paul A. Kearney, M.D.  
Mark C. Kelley, M.D.  
Jeffrey D. Kerby, M.D.  
Andrew J. Kerwin, M.D.  
Dean E. Klingner, M.D.  
M. Margaret Knudson, M.D.  
David A. Kooby, M.D.  
Rosemary Ann Kozar, M.D.  
Alysandra Lal, M.D.  
Dave R. Lal, M.D.  
Karen T. Lane, M.D.  
Julie E. Lang, M.D.  
Anne C. Larkin, M.D.  
David Scott Lind, M.D.  
David C. Linehan, M.D.  
John C. Lipham, M.D.  
Andrew M. Lowy, M.D.  
Kim C. Lu, M.D.  
Sean P. Lyden, M.D.  
Darren J. Malinoski, M.D.  
Mary A. Maluccio, M.D.  
Julie A. Margenthaler, M.D.  
Ronald F. Martin, M.D.  
Brent D. Matthews, M.D.  
Addison K. May, M.D.  
Robert C. McIntyre Jr., M.D.

Elisabeth C. McLemore, M.D.  
Nathaniel McQuay Jr., M.D.  
John D. Mellinger, M.D.  
Nipun B. Merchant, M.D.  
Mira Milas, M.D.  
Preston R. Miller, M.D.  
Rebecca M. Minter, M.D.  
Jeffrey F. Moley, M.D.  
Matthew G. Mutch, M.D.  
Angela L. Neville, M.D.  
Ellen C. Omi, M.D.  
Mary F. Otterson, M.D.  
Sam G. Pappas, M.D.  
Abhijit S. Pathak, M.D.  
Timothy M. Pawlik, M.D.  
Nancy D. Perrier, M.D.  
Roy Phitayakorn, M.D.  
David S. Plurad, M.D.  
Benjamin K. Poulouse, M.D.  
Lori C. Pounds, M.D.  
Frances E. Pritchard, M.D.  
Jay B. Prystowsky, M.D.  
Sean P. Putnam, M.D.  
Jan Rakinic, M.D.  
Sonia L. Ramamoorthy, M.D.  
Kathleen G. Raman, M.D.  
Alan I. Reed, M.D.  
Mark E. Reeves, M.D.  
Patrick M. Reilly, M.D.  
Stephen M. Roe, M.D.

Ernest L. Rosato, M.D.  
Sharona B. Ross, M.D.  
Ronald R. Salem, M.D.  
Ali Salim, M.D.  
Thomas T. Sato, M.D.  
Robert G. Sawyer, M.D.  
John E. Scarborough, M.D.  
Charles R. Scoggins, M.D.  
Claudie M. Sheahan, M.D.  
Joel Shilyansky, M.D.  
Richard A. Sidwell, M.D.  
Timothy D. Sielaff, M.D.  
Clark J. Simons, M.D.  
David E. Stein, M.D.  
John P. Sutzyak, M.D.  
Paula M. Termuhlen, M.D.  
Gregory M. Tiao, M.D.  
Gary L. Timmerman, M.D.  
J.E. Tuttle-Newhall, M.D.  
Steven R. Vallance, M.D.  
Danile von Allmen, M.D.  
Terence P. Wade, M.D.  
Brad W. Warner, M.D.  
Mark J. Watson, M.D.  
Michael D. Williams, M.D.  
Catherine M. Wittgen, M.D.  
Christopher D. Wohltmann, M.D.  
Mary M. Wolfe, M.D.



# PROGRAM DIRECTORS' CORNER

## Second "Surgery Summit" Held

Representatives of the ABS, APDS, RRC-Surgery, ACGME, and Association of Residency Coordinators in Surgery met in September to discuss requirements and issues affecting general surgery residency training. This is the second year this meeting has been held. Going forward there will be one in-person meeting each fall of these groups, and one teleconference six months later, to foster coordination and collaboration among these organizations and address areas of concern.

## Flexible Endoscopy Curriculum

The ABS introduced in March 2014 the *ABS Flexible Endoscopy Curriculum*, a new requirement for certification in general surgery. Applicants for certification who graduate residency in the 2017-2018 academic year or thereafter will be required to have completed the curriculum.

The curriculum provides a stepwise instructional program for residents to acquire the essential knowledge and skills to perform flexible endoscopy. The ABS intends to track residents' progress in completing the curriculum by incorporating this information into the end-of-year verification requested of programs. It is expected that:

- By the end of PGY-3, the resident will have completed Levels 1, 2 and 3 of the curriculum.
- By the end of PGY-4/start of PGY-5, the resident will have completed Levels 4 and 5.

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](http://www.absurgery.org) under General Surgery > Training Requirements.

## General Surgery QE Moving to July in 2016

As mentioned earlier in this newsletter, in support of surgical fellowships moving to an August 1 start date, the ABS is moving the General Surgery Qualifying Exam to July in 2016. The 2015 exam will be on Aug. 13, 2015; the 2016 exam will be on July 19, 2016.

## New Case Minimums

The ABS and RRC-Surgery instituted earlier this year the following case requirements for general surgery residents:

- **25 TA Cases:** Residents must participate as teaching assistant in at least 25 cases by end of residency, effective with individuals completing residency in the 2014-2015 academic year.
- **250 Cases by PGY-2:** Effective with residents who began residency in July 2014, residents will be required to have performed 250 operations by the conclusion



At the 2014 Surgery Summit, Dr. John Potts of the ACGME (right) gives an update on his organizations's activities, as Dr. Jon Morris of the APDS (far left) and Dr. Steven Stain of the RRC-Surgery listen.

of the PGY-2 year. These can include cases performed as surgeon or first assistant, endoscopies, or operative exposures (e-codes). Of the 250, 200 must be either in the defined categories, endoscopies or e-codes. Cases will be tracked through the ACGME case log.

## 2015 ABSITE and New Irregularities Policy

The 2015 ABSITE will be given as a single examination to all residents from Jan. 30 to Feb. 3, 2015. The content of the ABSITE is aligned with the *SCORE Curriculum Outline for General Surgery Residency*, available from [www.surgicalcore.org](http://www.surgicalcore.org) or [www.absurgery.org](http://www.absurgery.org) as a PDF or Excel document.

In addition, the ABS recently established a new policy regarding how exam irregularities and security violations will be handled. This new policy and the exam's content outline, as well as further details, are available on the ABSITE page of [www.absurgery.org](http://www.absurgery.org).

## Changes to Vascular Surgery Certification

The ABS recently announced changes to its requirements for vascular surgery certification. Prior successful completion of the Surgical Principles Exam or General Surgery QE is no longer required to apply for the Vascular Surgery Qualifying Exam. However, all graduates of independent vascular surgery programs (5+2) will be required to have an approved General Surgery QE application, signed by the general surgery program director and meeting all application and training requirements, before applying for the Vascular Surgery QE.

## Full Medical License Required for CE

A full and unrestricted medical license (U.S. or Canada) is required in all circumstances to register for the General Surgery or Vascular Surgery Certifying Exams, even if candidates are in a fellowship or pursuing other advanced training. Temporary, limited, educational or institutional licenses will not be accepted.

# Hunter Elected Vice Chair for 2015-2016

*Dr. John G. Hunter* has been elected ABS vice chair for 2015-2016. He will serve as chair in 2016-2017. Dr. Hunter is surgeon-in-chief and the Mackenzie Professor and Chair of the department of surgery at Oregon Health & Science University (OHSU) in Portland, Oregon. He also codirects the OHSU Digestive Health Center.

Originally from Hanover, New Hampshire, Dr. Hunter attended medical school at the University of Pennsylvania and completed his residency in general surgery at the University of Utah. Following residency, he completed fellowships in flexible endoscopy at Massachusetts General Hospital and in pancreatobiliary endoscopy at the University of Western Ontario.

After completing these fellowships, he joined the faculty at the University of Utah as a gastrointestinal surgeon and the director of surgical



Dr. John Hunter, the ABS' new vice chair-elect

endoscopy. Dr. Hunter then spent nine years at Emory University in Atlanta, where he was clinical vice chairman of the department of surgery and chief of the division of gastrointestinal surgery, as well as director of the Emory swallowing center and director of the Emory endosurgical center.

His research activities concentrate on Barrett's esophagus, esophageal cancer and improvements in the techniques of minimally invasive surgery. His clinical interests include the management of diseases of the esophagus and stomach, and laparoscopic biliary surgery.

He is the current editor-in-chief of the *World Journal of Surgery*, on the executive committee of the International Surgical Society, a member of the board of trustees of the Society for Surgery of the Alimentary Tract (SSAT), and a past president of the SSAT and SAGES.

Dr. Hunter was elected as an ABS director in 2010 representing the Pacific Coast Surgical Association. He currently serves as chair of the ABS Gastrointestinal Surgery Advisory Council.

## 2015 Exam Application Deadlines and Exam Dates

The ABS' online exam application process is posted each year in early spring on the ABS website, [www.absurgery.org](http://www.absurgery.org). Candidates are encouraged to begin the application process as early as possible.

	<i>Application Deadline</i>	<i>Late Application Deadline(s)</i>	<i>Examination Date(s)</i>
General Surgery QE	May 1	June 1	Aug. 13
General Surgery MOC Exam	Aug. 3	Sept. 1, Oct. 1, Nov. 2	Nov. 30 - Dec. 15
Vascular Surgery QE, Pediatric Surgery QE, Complex General Surgical Oncology QE, Surgical Critical Care CE	July 1	July 15	Sept. 11
MOC Exams in Vascular Surgery, Pediatric Surgery, and Surgical Critical Care	July 1	July 15	Sept. 11-26
Surgery of the Hand CE	Mar. 16	Mar. 31	Sept. 9
Surgery of the Hand MOC Exam	Mar. 16	Mar. 31	Sept. 9-22

## In Appreciation

As we welcome our new directors, we offer our sincere appreciation to the following outgoing directors for their years of service to the ABS:

*Dr. Joseph B. Cofer* – Southeastern Surgical Congress (SESC)

*Dr. Kevin C. Chung* – American Board of Plastic Surgery (ABPS)

*Dr. Bruce D. Schirmer* – Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

*Dr. Anthony J. Senagore* – American Board of Colon and Rectal Surgery (ABCRS)

*Dr. R. James Valentine* – Association of Program Directors in Surgery (APDS)

*Dr. J. Patrick Walker* – At-Large

In addition, the ABS welcomes *Dr. Mark C. Callery* of the Americas Hepato-Pancreato-Biliary Association and *Dr. Daniel J. Scott* of the Fellowship Council to the ABS Gastrointestinal Surgery Advisory Council.

# Welcome to Our New Directors

**Reid B. Adams, M.D.**  
(SESC)



**Birthplace:** Dayton, Ohio

**Hobbies:** Fly fishing, reading, travel

**College:** University of Virginia (UVA)

**Medical School:** UVA

**Residency:** UVA

**Clinical Fellowships:** Hepatobiliary and pancreatic surgery and transplantation, University of Toronto

**Current Practice:** Hepatobiliary and pancreatic surgery, surgical oncology, general surgery

**Research/Clinical Interests:** Hepatobiliary and pancreatic surgery; surgical oncology; outcomes in HPB surgery; process improvement

**Academic Appointments:** Claude A. Jesup Professor of Surgery, Chief, Division of Surgical Oncology, Chief, Hepatobiliary and Pancreatic Surgery, Director, Gastrointestinal Oncology Program, UVA

**Administrative Titles:** Director, Cancer Center of Excellence, Assoc. Director, Clinical Affairs, UVA Cancer Center – Charlottesville, Va.

**Other Activities:** President-elect, Society of Clinical Surgery

**Robert D. Fanelli, M.D.**  
(At-Large)



**Birthplace:** Abington, Pennsylvania

**Hobbies:** Travel, photography, boating

**College:** The University of Richmond

**Medical School:** The Medical College of Pennsylvania

**Residency:** The Stamford Hospital – Michigan State University

**Clinical Fellowships:** Advanced surgical endoscopy, Case Western Reserve University; endoscopic ultrasound, University of Rochester

**Current Practice:** Minimally invasive general and GI surgery; hernia and abdominal wall reconstruction; GI and biliary-pancreatic endoscopy

**Research/Clinical Interests:** Role of evidence-based clinical practice guidelines, enhanced recovery after surgery and creation of rescue algorithms, ethically integrating new technologies

**Administrative Titles:** Chief of Minimally Invasive Surgery and Chief of Surgical Endoscopy, The Guthrie Clinic – Sayre, Pa.

**Other Activities:** Health Professions Advisory Council, Elmira College; Board of Governors, SAGES; American Society for Gastrointestinal Endoscopy Standards of Practice Committee

**John D. Mellinger, M.D.**  
(APDS)



**Birthplace:** Jersey City, New Jersey

**Hobbies:** Reading, guitar, kayaking

**College:** Case Western Reserve University

**Medical School:** Case Western Reserve University School of Medicine

**Residency:** Blodgett/St. Mary's Hospitals (now Michigan State University Program, Grand Rapids)

**Clinical Fellowships:** Surgical endoscopy, Mt. Sinai Medical Center

**Current Practice:** Gastrointestinal surgery and surgical endoscopy

**Research/Clinical Interests:** Surgical education, gastrointestinal surgery, international surgery

**Academic Appointments:** J. Roland Folse Endowed Chair in Surgery, Professor and Chair of General Surgery, Residency Program Director, Southern Illinois University School of Medicine

**Administrative Titles:** Medical Director, Special Procedures Area, Memorial Medical Center – Springfield, Ill.

**Other Activities:** Past President, APDS; Board of Governors, SAGES; Advisory Council, Pan African Academy of Christian Surgeons; Editor, ACS Residency Assist Page

**David T. Netscher, M.B.B.S.**  
(ABPS)



**Birthplace:** South Africa

**Hobbies:** Native Texas plants, paleoanthropology

**College:** University of the Witwatersrand, Johannesburg

**Medical School:** University of the Witwatersrand, Johannesburg

**Residency:** General surgery, University of Louisville; plastic surgery, Baylor College of Medicine

**Clinical Fellowships:** Hand and microsurgery, University of Louisville

**Current Practice:** Hand/upper extremity surgery, microsurgery, general reconstructive plastic surgery

**Research/Clinical Interests:** Hand biomechanics, outcomes in congenital hand surgery

**Academic Appointments:** Clinical Professor, Division of Plastic Surgery and Department of Orthopedic Surgery, Baylor College of Medicine; Adjunct Professor, Weill Medical College

**Administrative Titles:** Program Director, Hand and Microsurgery Fellowship, Baylor College of Medicine; Chief, Hand Surgery, St. Luke's Hospital; Chief, Plastic Surgery, Michael E. DeBakey VA Medical Center – Houston, Texas

**Other Activities:** Director, ABPS; Member, Joint Committee for Hand Surgery; Council, American Society for Surgery of the Hand; Deputy Editor, *Journal of Hand Surgery*

**Lee L. Swanstrom, M.D.**  
(SAGES)



**Birthplace:** Wyoming

**Hobbies:** Painting, bicycling, growing olives

**College:** University of Colorado/Paris University II

**Medical School:** Creighton University

**Residency:** Emanuel Hospital/Oregon Health & Science University

**Clinical Fellowships:** GI surgery/surgical endoscopy, University of Western Ontario

**Current Practice:** GI/foregut surgery, interventional flexible endoscopy

**Research/Clinical Interests:** Esophageal physiology, human factors, technology assessment/procedure development

**Academic Appointments:** Professor of Surgery (Clinical), Oregon Health & Science University

**Administrative Titles:** Division Head, GI/MIS Surgery, The Oregon Clinic; Fellowships Program Director, Portland Providence Medical Center – Portland, Ore.

**Other Activities:** Directeur d'Innovation, Institut pour Chirurgie Guidée par l'Image (IHU-Strasbourg), Strasbourg, France; Past President, SAGES

**Mark L. Welton, M.D.**  
(ABCRS)



**Birthplace:** San Rafael, California

**Hobbies:** Biking, surfing, baseball, skiing, travel, scuba diving, jazz music

**College:** University of California, Davis

**Medical School:** University of California, Los Angeles (UCLA)

**Residency:** UCLA School of Medicine

**Clinical Fellowships:** Colon and rectal surgery, Washington University in St. Louis

**Current Practice:** Colon and rectal surgery, surgical oncology

**Research/Clinical Interests:** Management of anal dysplasia; quality, outcomes and measures in colon and rectal surgery; management of rectal cancer; managing health care costs

**Academic Appointments:** Harry A. Oberhelman Jr. Professor, Stanford University School of Medicine

**Administrative Titles:** Chief of Colon and Rectal Surgery, Stanford University Medical Center – Stanford, Calif.

**Other Activities:** Medical Director, Stanford South Bay Cancer Center; Medical Director, Stanford Gastrointestinal Cancer Care Program



## ABS NEWS – 2014 Issue

The American Board of Surgery  
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The ABS welcomes your feedback! Send your ideas and comments about this newsletter to [abscomms@absurgery.org](mailto:abscomms@absurgery.org).

## 2013-2014 ABS Examination Statistics

Key: GS—General Surgery, ITE—In-Training Examination, VS—Vascular Surgery, PS—Pediatric Surgery, SCC—Surgery Critical Care, HS—Surgery of the Hand

Examination	Examinees	Pass Rate	Diplomates (to date)
GS Qualifying	1,367	79%	N/A
GS Certifying	1,440	78%	60,912
GS MOC	1,932	95%	22,486
ABSITE	8,224	N/A	N/A
VS Qualifying	141	94%	N/A
VS Certifying	152	89%	3,480
VS MOC	178	94%	2,146
VSITE	466	N/A	N/A

Examination	Examinees	Pass Rate	Diplomates (to date)
PS Qualifying	50	94%	N/A
PS Certifying	56	89%	1,283
PS MOC	45	91%	836
PSITE	106	N/A	N/A
SCC Certifying	217	92%	3,489
SCC MOC	100	96%	1,600
HS Certifying	9	67%	299
HS MOC	12	92%	167

### Your Surgeon Is Certified

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

