Assessing Tomorrow’s Surgeons

The directors of the American Board of Surgery (ABS) took time in June to look at new ways of assessing surgical proficiency. With several such programs currently being implemented, the ABS directors wanted to review what tools were available that would allow residency programs and the ABS to better evaluate a surgeon’s technical skills, judgment and knowledge. While the session focused primarily on the assessment of competency during residency, the ABS is also investigating some of these programs for use in Maintenance of Certification (MOC), as options for fulfilling continuing education and self-assessment requirements.

Dr. Richard Bell of the ABS began the session by providing an overview of the progress of the Surgical Council on Resident Education (SCORE) in creating a national curriculum for general surgery residency. SCORE is basing its curriculum on the six physician competencies established by the Accreditation Council on Graduate Education (ACGME), along with an additional seventh competency, technical skill. SCORE has commenced its curriculum development with the patient care competency, and is building a website through which the patient care curriculum will be delivered to residents. Multiple-choice questions written by the ABS will be incorporated into the curriculum and the website for resident self-assessment.

The ABS also asked two fellow certifying boards to present the assessment programs they are currently using. Dr. Eric Holmboe of the American Board of Internal Medicine (ABIM) demonstrated the ABIM’s tool for the direct observation of residents, called Mini-CEX (mini-clinical evaluation exercise). Mini-CEX is designed to facilitate an objective assessment of a resident’s clinical skills through the training of faculty and use of an evidence-based evaluation form. Dr. Holmboe noted that mini-CEX has already been adapted for surgery training by the European Union. Dr. Michael Hagen of the American Board of Family Medicine (ABFM) then presented their clinical simulation tool, ClinSim, which is being used by ABFM diplomates for self-assessment and is also being introduced for residency training. Developed over 10 years by the ABFM, ClinSim is a web-based program that presents clinical scenarios for management through a simple text interface. Both boards voiced willingness to assist the ABS in adapting these tools for surgical training and MOC.

Dr. Gerald Fried of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) followed by discussing Fundamentals of Laparoscopic Surgery (FLS)—a hands-on training tool and curriculum recently developed by SAGES and the American College of Surgeons (ACS). Through FLS, residents learn about laparoscopic surgery and practice such laparoscopic skills as suturing, knot-tying and needle manipulation. Residents are then evaluated on their knowledge as well as the speed and quality of their technique. FLS is also being used by practicing surgeons to hone their laparoscopic skills, and will become a requirement for general surgery board certification in 2010 (see article on page 3). A similar program is now being created by SAGES for endoscopy—Fundamentals of Endoscopy Surgery (FES). Dr. Brian Dunkin explained how FES will train surgeons in gastrointestinal endoscopy, allowing them to practice and assess their endoscopic skills before entering the operating room.

(Continued on page 6)
The second half of 2008 has been a busy one for the ABS, as we seek to strengthen residency training while also fostering the development of new options for MOC. In June the ABS directors gathered to learn more about new tools available for the evaluation of clinical competency. The ABS is committed to drawing on the best technology out there for surgical education and assessment, and to supporting the development of innovative programs that measure both cognitive knowledge and surgical skill.

One recent step in this regard has been the establishment of a new requirement for general surgery certification. Starting next academic year (2009-2010), applicants will be required to have successfully completed the programs ACLS, ATLS, and FLS. While ACLS and ATLS are commonly done in residency, the ABS felt it was important to also require FLS to assure that all general surgery residents were obtaining adequate exposure to laparoscopic techniques. In addition, the ABS is providing support for the creation of an operative performance rating system that would establish objective measures by which residents’ operative skills could be assessed. The ABS strongly believes that as the practice of surgery evolves, so too must standards for surgical training and board certification.

The ABS is integrating these efforts with those of SCORE in creating a new paradigm for general surgery residency training. The new competency-based curriculum being built by SCORE includes learning objectives and opportunities for self-assessment, so residents and program directors can better gauge a resident’s progress and address problem areas. Through the new curriculum, SCORE seeks to clearly define what is general surgery and make certain residents are receiving adequate training in all of its core areas. In addition, SCORE aims to make residency training more efficient in response to the 80-hour workweek, and reduce the need that many residents feel to pursue further training after residency. This should all result in better surgeons and better patient care, as well as in making the specialty more attractive to medical students considering a surgical career.

The ABS also remains dedicated to creating a Maintenance of Certification program that upholds our responsibility to the public and to diplomates. MOC provides a system by which diplomates can document their practice and formally demonstrate their dedication to quality care. Our goal is to develop an MOC program that is not only reasonable and appropriate for a busy practicing surgeon, but also offers real opportunities for learning and practice improvement. The ACS has initiated several options for the MOC requirements of self-assessment and practice assessment, and the ABS is committed to working with them and other surgical organizations to develop additional tools. No one likes more requirements, but to sustain board certification as a standard of quality, we need a recertification/MOC program that is defensible to insurers, employers, government and the public. As the ABS moves forward with MOC and other initiatives, we appreciate your input.
ABS to Require ACLS, ATLS and FLS for Surgery Certification

The ABS announced in August new requirements for surgeons seeking board certification in general surgery, to better assure these surgeons possess the critical skills needed for modern surgical practice. The new requirements will take effect as of July 1, 2009 and will apply to applicants for certification who complete general surgery residency in the 2009-2010 academic year or thereafter.

These applicants will be required to have successfully completed the following programs:

- **Advanced Cardiovascular Life Support (ACLS)**
- **Advanced Trauma Life Support® (ATLS®)**
- **Fundamentals of Laparoscopic Surgery (FLS)**

Requiring completion of these programs is part of a broader ongoing effort by the ABS and SCORE to standardize the knowledge and training obtained by general surgery residents. It also establishes additional objective measures that all surgeons applying for general surgery certification must meet.

ACLS is offered by the American Heart Association and teaches skills in the treatment of adult victims of cardiac arrest or other cardiopulmonary emergencies. ATLS is provided by the ACS and presents a systematic approach to the early care of a trauma patient in a hospital emergency department.

FLS is a joint program of SAGES and the ACS. FLS teaches the physiology, knowledge and technical skills required in basic laparoscopic surgery, and includes hands-on skills training and assessment. Through an industry grant, FLS is available to general surgery residency programs free of charge through June 2010. Further details are available from www.flsprogram.org.

The three programs may be completed at any time and need only be taken once successfully to meet ABS requirements. Applicants are not required to be currently certified in these programs when applying for certification; they must only provide documentation of successful completion.

Update on Maintenance of Certification (MOC)

The ABS is striving for MOC to be as simple as possible for diplomates to fulfill while providing meaningful opportunities for learning and assessment. The ABS has been working closely with the ACS and specialty surgical societies to promote the development of tools for continuing medical education (CME) and self-assessment (Part 2), as well as for practice assessment (Part 4). Though some programs for Part 2 and Part 4 are available, the ABS realizes that more options are needed and will continue to work toward an MOC that is both useful and user-friendly.

**Options for Part 4**

For Part 4 of MOC, the ABS is collaborating with the ACS on developing its Practice-Based Learning System (case log system), which allows individual surgeons to track their outcomes and compare them to their peers. The ABS is also working with the ACS and its Surgical Quality Alliance to make the National Surgical Quality Improvement Project (NSQIP) a more feasible option for hospitals across the United States. NSQIP was originally created by the U.S. Department of Veterans Affairs (VA) to track surgical outcomes in VA hospitals. It was then introduced to the private sector by the ACS, but has yet to be widely implemented.

Other options for Part 4 currently include the Centers for Medicare and Medicaid’s Physician Quality Reporting Initiative (PQRI) or Surgical Care Improvement Project (SCIP), as well as bariatric, burn, cancer, transplant or trauma registries. Outcome databases are also sponsored by SAGES, the Society for Thoracic Surgeons, the Society for Vascular Surgery and SCOAP (Washington State). The ABS is also investigating patient communication evaluation tools for use in Part 4, but no programs have been approved as of yet.

**What Diplomates Need to Do**

MOC takes effect for diplomates upon certification or recertification after July 1, 2005. MOC requirements run in three-year cycles, with a secure examination (Part 3) continuing to be required at ten-year intervals. Every three years (year = July 1 to June 30), diplomates will log in to the ABS website and submit information for Parts 1, 2 and 4 of MOC about their medical license, privileges, references, CME/self-assessment, and practice assessment participation. Diplomates will be contacted by the ABS when submission of this information is nearing due.

(Continued on page 4)
SCORE Curriculum Takes Shape
Curriculum website planned to launch in July 2009

The Surgical Council on Resident Education has made significant progress over the past several months on its new general surgery curriculum and accompanying website. SCORE is a consortium of organizations involved in surgical education, such as the ABS, that seeks to redefine general surgery training in the United States and improve surgical education overall. SCORE is currently creating a new curriculum for general surgery training based on the six ACGME competencies, starting with patient care. In April, SCORE published a Patient Care Curriculum Outline—a list of patient care topics organized by organ system to be included in a five-year general surgery residency curriculum. It also specifies in general terms the depth and breadth of training that is expected for each topic. The outline was developed through an expert consensus process involving the Association of Program Directors in Surgery, the ABS and specialty surgical societies, and has been approved by SCORE and the ABS as the basis for a full patient care curriculum.

SCORE is also building a website to deliver high-quality educational content aligned with the patient care curriculum to general surgery residency programs. Website “modules” are being created for each of the topics in the Patient Care Curriculum Outline. Each module will feature selected readings, photos, radiologic images, narrated videos, and open-ended assessment questions. During the past year, SCORE has established agreements with three publishers—BC Decker, Lippincott Williams & Wilkins, and McGraw-Hill—to license surgical content for the website. In addition, SAGES has agreed to provide videos and teaching materials for use on the website.

The curriculum website keeps track of which modules the resident has studied and assignments given by faculty or the program director. Residents can also take periodically a multiple-choice exam to assess their overall knowledge and preparedness for the ABSITE, and have their score compared to peers. The first version of the SCORE curriculum website is currently being tested by 33 general surgery residency programs prior to its full release in July 2009. Though fees have yet to be determined, SCORE intends for the website to be affordable to all general surgery programs.

SCORE has also endorsed an operative performance rating system currently in development by the Southern Illinois School of Medicine. This project seeks to establish “gold standards” for the performance of common procedures in general surgery to which individual resident performance could be compared. Once it is completed, SCORE intends to integrate the system into its new curriculum as an additional tool for resident assessment. For further updates about the SCORE curriculum project, visit www.surgicalcore.org.

Update on MOC (cont.)
(Continued from page 3)

Starting this January, diplomates will be able to log in to www.absurgery.org and view a personalized MOC timeline. Diplomates who certified or recertified in the 2005-2006 academic year and are now in their third year of MOC will also be required to complete an online form about their MOC activities by June 30.

Diplomates who fail to participate in MOC after three years will be given a one-year grace period in which to come into compliance. Diplomates who continue not to participate will have their certification status reported as “Not Certified.”

For more details, see the MOC section of the ABS website, www.absurgery.org.

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<tr>
<th>ABS MOC Program Requirements</th>
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<td>Diplomates report on their MOC activities every three years (year = July 1 to June 30). MOC takes effect for a diplomate the July 1 following certification or recertification.</td>
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<td><strong>2. Lifelong Learning and Self-Assessment</strong></td>
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<td><strong>3. Cognitive Expertise</strong></td>
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<td><strong>4. Evaluation of Performance in Practice</strong></td>
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Thank You to Our Examination Consultants and Examiners

The ABS thanks the following individuals for their dedication and contributions to the ABS examination process.

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* VSB/PSB-ABS member
ABS UPDATES

ABS Policy on Ethics and Professionalism

The ABS established in 2006 a formal policy on ethics and professionalism to delineate what the ABS considers to be unethical and/or unprofessional conduct. As stated in the policy, the ABS firmly believes that board certification carries an obligation for ethical behavior and professionalism in all conduct. The policy reads in part:

Unethical and unprofessional behavior is denoted by any dishonest behavior, including: cheating; lying; falsifying information; misrepresenting one’s educational background, certification status and/or professional experience; and failure to report misconduct. The American Board of Surgery has adopted a “zero tolerance” policy toward these behaviors, and individuals caught exhibiting such behaviors risk being permanently barred from certification, reported to state medical boards, and/or legally prosecuted for copyright or other violations.

The ABS takes seriously its duty to protect the public and uphold certification as a standard of excellence. We ask that applicants and diplomates assist in this effort by being aware of this policy and reporting any violations. The full Ethics and Professionalism policy can be found under “About ABS” at www.absurgery.org.

Video for Certifying (Oral) Exam Candidates Coming Soon

The ABS has been concerned for a number of years with the misconceptions candidates often have regarding the oral examinations administered by the board. To clarify these issues and give candidates a better idea of what to expect, the ABS is currently developing a video that explains the oral examination process. The video will also provide guidance on preparing for the exam and tips for good performance. Filming will take place later this year, with the video planned for release on the ABS website this spring.

New Definition of General Surgery and Booklet of Information

The ABS has revised its definition of general surgery for the 2008-2009 edition of the Booklet of Information – Surgery. This edition also includes new requirements for training and operative experience effective July 1, 2008, in line with the requirement changes made by the Residency Review Committee for Surgery as of January 2008. The new definition and an electronic copy of the booklet are available from www.absurgery.org. Copies of the booklet may also be requested from the ABS office.

ABMS Public Trust Initiative Approved

The 24 member boards of the American Board of Medical Specialties (ABMS) voted earlier this year to approve a “Public Trust Initiative” to promote board certification to government programs, regulatory agencies, health insurers and employers. The goal of this initiative is to assure ABMS member boards are heard within the national health care quality debate, make certain that stakeholders are aware of the significance of board certification and Maintenance of Certification, and coordinate with these entities to minimize duplicative efforts.

Congratulations to...

Dr. R. James Valentine, ABS director, for being one of 11 recipients of the 2008-09 Parker J. Palmer Courage to Teach Award from the Accreditation Council for Graduate Medical Education.

Assessing Tomorrow’s Surgeons (cont.)

(Continued from page 1)

The ABS then heard about another surgical assessment tool currently in development. An operating performance rating system is being tested at the Southern Illinois School of Medicine under Dr. Gary Dunnington to set standards for the performance of core general surgery procedures to which a resident’s performance could be compared. This program could also be used to create national standards for operative performance and establish benchmarks for residency training. The ABS has agreed to provide funding for this project so that it may be fully developed for use by surgical residencies.

The session concluded with a discussion by Dr. Carlos Pellegrini on the status of the ACS Accredited Education Institutes. The ACS is building a network of these institutes for the acquisition and assessment of technical skills by practicing surgeons and residents, with a special focus on new procedures and emerging technologies.

The ABS intends to follow all of these projects closely to ensure that board certification and MOC reflect the latest advances in surgical care and assessment.

For more information:

- Surgical Council on Resident Education: www.surgicalcore.org
- Fundamentals of Laparoscopic Surgery: www.flsprogram.org
- ACS Accredited Education Institutes: www.facs.org/education/accreditation

In Memory

It is with deep regret we report the deaths of these past ABS directors:

G. Tom Shires, M.D. 10/18/07
Jesse E. Thompson, M.D. 2/25/08
James C. Thompson, M.D. 5/9/08
Michael E. DeBakey, M.D. 7/11/08

(Continued from page 1)
MEET OUR NEW DIRECTORS

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

James W. Fleshman, Jr., M.D.
Timothy C. Flynn, M.D.
Larry R. Kaiser, M.D.

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

Name: Bruce D. Schirmer, M.D.
Birthplace: Jersey City, New Jersey
Family: Wife Geri; Daughters Kate Lynn and Liza
Hobbies: Running, gardening, skiing, most sports
College: Princeton University
Medical School: Duke University
Residency: Duke University
Research/Clinical Interests: MIS surgery and outcomes, bariatric surgery, surgical education, GI motility
Current Practice: General surgery
Academic Appointments: Stephen H. Watts Professor of Surgery, University of Virginia
Administrative Titles: Vice Chair and Surgery Program Director, Department of Surgery, University of Virginia – Charlottesville, Va.
Other Activities: Past President, SAGES; Past President, AHPBA; President, Society of Clinical Surgery; President-elect, Fellowship Council; Recorder, SSAT; Chair, Bariatric Surgery Centers Network, ACS

Name: Anthony J. Senagore, M.D., M.B.A., M.S.
Birthplace: Grosse Pointe, Michigan
Family: Wife Patricia; Children Antonio and Christina
Hobbies: Golf
College: Wayne State University
Medical School: Michigan State University
Residency: Butterworth Hospital/Michigan State University
Clinical Fellowships: Colon and rectal surgery, Ferguson Hospital
Research/Clinical Interests: Laparoscopic bowel surgery, enhanced recovery protocols, colorectal cancer, inflammatory bowel disease
Current Practice: Colorectal surgery
Academic Appointments: Professor of Surgery, Michigan State University
Administrative Titles: Vice President of Research, Spectrum Health – Grand Rapids, Mich.

Name: R. James Valentine, M.D.
Birthplace: Pensacola, Florida
Family: Wife Tracy; Children Beth and Jack
Hobbies: Fishing, reading, wine tasting
College: Vanderbilt University
Medical School: Emory University
Residency: University of Texas Southwestern Medical Center
Clinical Fellowships: Vascular surgery, University of Texas Southwestern Medical Center
Research/Clinical Interests: Genetic determinants in peripheral arterial disease, natural history, epidemiology, and control of premature atherosclerosis; cerebrovascular disease; ischemic limb disease; aortic aneurysms
Current Practice: Vascular and endovascular surgery
Academic Appointments: Frank H. Kidd Distinguished Professor and Vice Chairman, Department of Surgery, University of Texas Southwestern Medical Center
Administrative Titles: Director of Surgical Education and Program Director, Department of Surgery, University of Texas Southwestern Medical Center – Dallas, Texas

Name: Cameron D. Wright, M.D.
Birthplace: Detroit, Michigan
Family: Wife Deb; four children
Hobbies: Reading, running, rock climbing, surfing, motorcycles, the Army
College: University of Michigan
Medical School: University of Michigan
Residency: Massachusetts General Hospital (general and thoracic surgery)
Research/Clinical Interests: Lung cancer, esophageal cancer, tracheal surgery, mediastinal tumors, minimally invasive chest surgery, thymoma, surgical outcomes
Current Practice: General thoracic surgery
Academic Appointments: Associate Professor of Surgery, Harvard University
Administrative Titles: Section Chief, General Thoracic Surgery, and Director, Surgery Quality Assurance, Massachusetts General Hospital – Boston, Mass.

Upcoming Exam Dates
General Surgery Recertification Examination
December 1 – 12, 2008
Examinees are encouraged to visit www.absurgery.org for an examination content outline and for what to expect in taking a computer-based examination.

Do we have your e-mail address?
The ABS is increasingly using e-mail as a way to communicate with diplomates. Additionally, please make sure e-mails from “@absurgery.org” are able to pass through any spam filters you may use.
The VSB-ABS held a very successful Vascular Surgery Certifying (oral) Examination in May at the headquarters of the American Board of Obstetrics and Gynecology (ABOG) in Dallas. ABOG’s building contains specially designed exam rooms with computer monitors that allow images to be displayed for each case scenario. Both examiners and examinees were pleased with the new format, and the VSB-ABS plans to hold future oral exams at this venue.

The VSB-ABS continues to work with the Association of Program Directors in Vascular Surgery in refining the Vascular Surgery In-Training Examination, and with the Society for Vascular Surgery to create a self-assessment examination for MOC. The VSB-ABS is additionally developing an examination on core surgical principles (SPE) for trainees who complete an approved training pathway for vascular surgery certification but either do not wish or are ineligible to pursue general surgery certification. For these individuals, the SPE must be taken prior to applying for vascular surgery certification.

The VSB-ABS has also introduced two new publications: a Booklet of Information outlining the requirements for certification in vascular surgery, and a new brochure called Your Surgeon is Certified by the Vascular Surgery Board of the American Board of Surgery. The brochure may be purchased by diplomates to educate their patients about the significance of board certification in vascular surgery.

Further details are available at www.absurgery.org. A VSB-ABS newsletter will also be mailed to vascular surgery diplomates later this fall.

The PSB-ABS has been reviewing its examinations for certification to ensure they are aligned with the curriculum developed by the Association of Pediatric Surgery Training Program Directors. The PSB-ABS is also working with the American Pediatric Surgical Association to create a self-assessment examination for MOC based on questions from the Pediatric Surgery In-Training Examination. For more information on these and other initiatives, check out the PSB-ABS’ inaugural newsletter to be published later this fall.

### 2007-2008 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>Surg Qualifying</td>
<td>1,293</td>
<td>78%</td>
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<td>Surg Certifying</td>
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<td>VS Certifying</td>
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<td>VS Recertification</td>
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<td>94%</td>
<td>1,612</td>
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<tr>
<td>VS ITE</td>
<td>240</td>
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<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Examination</th>
<th>Examinees</th>
<th>Pass Rate</th>
<th>Diplomates (to date)</th>
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</thead>
<tbody>
<tr>
<td>PS Qualifying</td>
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<td>95%</td>
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<td>SCC Recertification</td>
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<tr>
<td>HS Recertification</td>
<td>13</td>
<td>100%</td>
<td>146</td>
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</table>

The ABS welcomes your feedback! Send your ideas and comments about this newsletter to cshiffer@absurgery.org.