PSB-ABS Introduces New Exam Schedule and Oral Exam Format

All pediatric surgery examinations now offered annually

The Pediatric Surgery Board of the American Board of Surgery (PSB-ABS) recently instituted changes to when and how its examinations would be administered. As of this year, all pediatric surgery examinations will be offered on an annual basis, giving greater flexibility to certification candidates as well as diplomates seeking to recertify.

After careful consideration, the PSB-ABS has also decided to revise the structure of the Pediatric Surgery Certifying Examination (CE) to allow more core content in pediatric surgery to be covered. Going forward, the examination will consist of five, rather than three, 30-minute sessions, with each session dedicated to a different key area:

• Cancer
• Trauma, critical care
• GI, hepatobiliary, abdomen
• Head and neck, endocrine, GU
• Thoracic, airway, chest wall

This modified format reflects feedback from examiners, candidates and others regarding the previous exam design. With the lengthening of the exam from three sessions to five, examiners will be able to better evaluate a surgeon’s clinical judgement across the breadth of pediatric surgery. Holding the oral exam yearly, rather than bi-annually, will also enhance examiners’ experience with administering the exam.

Candidates, meanwhile, will now have more time and opportunity to demonstrate their clinical decision-making skills in managing pediatric surgical problems. The revised design will first be used at the 2011 CE, to be held March 13 to 15 in Chicago. As a result of the additional sessions, the 2011 exam will be held over two and a half days. In the interim, the PSB-ABS will be busy working on additional case scenarios with assistance from members of the pediatric surgical community. At the same time, ABS staff will be working to ensure the administration and scoring of the examination adheres to the same standards as past CEs. Individuals currently in the pediatric surgery certification process will also be sent additional details several months before the 2011 examination.

Update on MOC

As Maintenance of Certification (MOC) evolves, the PSB-ABS continues to explore options for pediatric surgeons that will fulfill the requirements of MOC. Diplomates become enrolled in MOC once they certify or recertify in any ABS specialty after July 1, 2005.

For the Part 2 requirement of MOC—Lifelong Learning and Self-Assessment—diplomates must complete annually at least 30 hours of Category I CME and 50 CME hours overall. Over the course of three years, one-third of the Category I CME (i.e., 30 hours) must include a self-assessment activity. The ABS considers self-assessment to be a written question-and-answer exercise that measures your understanding of the material presented. A new option for self-assessment recently became available with the American Pediatric Surgical Association’s (APSA) Pediatric Surgery Self Assessment Program (PSSAP). The first edition is currently available through the APSA website, www.capsa.org, with each part good for 10 hours of Category I CME. Other options for CME and self-assessment are listed in the MOC section of the ABS website, www.absurgery.org.

For Part 4 of MOC—Evaluation of Performance in Practice—diplomates are required to participate in a national, regional or local surgical outcomes database or quality assessment program. Such programs include NSQIP, SCIP, PQRI and the American College of Surgeons’ case log system. Others specifically applicable to pediatric surgeons include the Children’s Oncology Group and the NICHD Neonatal Research Network.

(Continued on page 2)
This is my first year to have the privilege to serve as chair of the PSB-ABS. I follow the excellent tutelage and mentorship of both Dr. Marshall Schwartz and Dr. Keith Georgeson, who have done tremendous jobs to advance the mission of the PSB-ABS over the years. All of the members of the PSB-ABS who have participated as representatives of their organizations have played an integral role in shaping the certification process for pediatric surgery.

This is an exciting time of change for the PSB-ABS, with a significant amount of work to do on a number of ambitious initiatives. As indicated in the first part of the newsletter, the revised oral exam will require a tremendous effort to develop case scenarios that better examine the core knowledge that should characterize certifiable pediatric surgeons. To assist us, we have engaged 20 new examination “consultants” with longstanding interest in one of the five designated areas (see page 1). The consultants are experienced surgeons who are volunteering their time to assist with the exam’s development. They will be guided by a member of the PSB-ABS in addressing the respective content area.

Over the past two years the PSB-ABS has sought to respond to feedback from oral examiners and examinees, as well as from senior leaders who have observed the oral exam. In reviewing the exam’s format, we noted two areas of concern. The first was that the frequency of the examination did not allow for optimal oral examiner experience to be accumulated over time. The second was that the oral exam overall did not sufficiently reflect the intricacies of pediatric surgical problems. By administering the exam every year, as well as involving our examiners more extensively in the general surgery oral exams, and designating five core areas for examination, we feel we have taken steps that will go a long way toward resolving these concerns.

Many other issues are also being addressed by the PSB-ABS. The ABS is collectively reviewing concerns about residency training in general, and whether we can challenge the paradigm of time and experience to alter surgical training into a format that will be more attractive to medical students and more efficient for training the general surgeons that we feel are required to enter pediatric surgery. We have also worked to make the Pediatric Surgery In-Training Examination (PSITE) more valuable to program directors and trainees by allowing post-exam review of the exam’s questions and answers. Similarly, we have opened avenues to our diplomates for MOC through APSA with their outstanding work to develop a pediatric equivalent of SESAP. The PSB-ABS will continue to work with APSA on designing programs to assist pediatric surgeons in meeting MOC requirements.

All of us are extremely grateful for the opportunity to serve the ABS and the PSB-ABS on behalf of pediatric surgery. Please feel free to contact any of the PSB-ABS members about concerns regarding the pediatric surgery certification process or related educational areas.

Update on MOC (cont.)

MOC requirements run in three-year cycles (July 1 to June 30), starting the July 1 following certification or recertification. Diplomates report on their MOC activities (for Parts 1, 2 and 4) at the end of each three-year cycle by completing an online form through the ABS website. No practice data or paper documentation is required at that time. A secure examination (Part 3) also continues to be required at 10-year intervals. For diplomates who hold multiple ABS certificates, only the secure examination requirement must be repeated for each specialty.

The ABS will contact diplomates when submission of information is required for MOC. Diplomates can also access a personalized MOC Timeline on the ABS website to track their status. Please visit www.absurgery.org for additional details about MOC requirements. The PSB-ABS will make every effort to keep diplomates informed as MOC develops.
PALS to be Required for Certification in 2012
Successful completion of Pediatric Advanced Life Support (PALS) will be required of applicants to the 2012 Pediatric Surgery Qualifying Examination (QE) and thereafter. PALS is offered through the American Heart Association (www.americanheart.org) and covers knowledge and skills necessary to efficiently and effectively manage critically ill infants and children. Applicants to the 2012 QE will be required to submit documentation of successful course completion with their application.

PSITE Post-Exam Review Available
A reminder to program directors that post-exam review is permitted for the Pediatric Surgery In-Training Examination. Program directors may access the exam during a two-week window following the exam’s administration to review questions (with the correct answers marked) with their trainees. The PSITE will next be given in February 2011.

Apply Now for 2010 Qualifying and Recertification Examinations
Applications are currently being accepted for the 2010 Pediatric Surgery Qualifying and Recertification Examinations. Diplomates whose certificate will expire in three years or less (2013 or sooner) are eligible to apply for recertification. Complete eligibility and application requirements are available at www.absurgery.org under “Pediatric Surgery.” See the back page of this newsletter for application deadlines and examination dates.

Ethics and Professionalism Policy
The ABS maintains a formal Ethics and Professionalism Policy that applies to all applicants, examinees and diplomates. A critical part of the policy explicitly prohibits the unauthorized disclosure or reproduction of ABS examination content by any means. This includes the ABS’ oral as well as written examinations. The complete policy may be viewed at www.absurgery.org under “About ABS.” Please help us in making individuals aware of the importance of ABS exam confidentiality.

Exam Reports
2009 Pediatric Surgery Qualifying and Recertification Examinations
The 2009 Pediatric Surgery Qualifying Examination was taken by 74 examinees, with a failure rate of 6.8%. The 2009 Pediatric Surgery Recertification Examination was taken by 94 diplomates, with 50 examinees recertifying for the first time, 28 for the second time, and 16 for the third. The failure rate was 3.2%. To date, 709 diplomates have become recertified in pediatric surgery, representing approximately 93% of diplomates who initially certified between 1974 and 1998. This includes 323 diplomates who have recertified twice and 52 who have recertified three times.

2010 Pediatric Surgery In-Training Examination
The 2010 PSITE was administered as a web-based examination on February 27. There were 91 examinees representing 45 pediatric surgery training programs in the United States and Canada.

Meet Our New Members

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
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: Charles J. H. Stolar, M.D.
Birthplace: St. Louis, Missouri
Family: Wife Carol; Son Jacob
Hobbies: Model trains, Asian gardening, woodwind performance, sleep
College: Washington University
Medical School: Georgetown University
Residency: University of Illinois
Clinical Fellowships: Pediatric surgery, Children’s National Medical Center
Research/Clinical Interests: Newborn respiratory failure, childhood cancer, congenital diaphragmatic hernia, clinical outcomes after neonatal surgery
Academic Appointments: Rudolph N. Schullinger Professor of Surgery and Pediatrics; Associate Director of Pediatric Surgery Training Program, Columbia University
Administrative Titles: Surgeon-in-Chief and Director of Pediatric Surgery, Morgan Stanley Children’s Hospital – New York City, N.Y.
The PSB-ABS welcomes your input! Send your ideas and comments about this newsletter to cshiffer@absurgery.org.

2010 APPLICATION DEADLINES AND EXAMINATION DATES

**July 1**
Application Deadline: Pediatric Surgery Qualifying and Recertification Examinations

**July 15**
Late Application Deadline

**September 20**
Pediatric Surgery Qualifying Examination

**September 20 – October 2**
Pediatric Surgery Recertification Examination

Visit [www.absurgery.org](http://www.absurgery.org) for exam information, application requirements, online application forms, exam content outlines and what to expect in taking a computer-based exam.

### Pediatric Surgery Examination Statistics

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