
ABS Review and Update: 2008

Jo Buyske, MD
Association of Residency Coordinators in Surgery
April 30, 2009

The agenda

- Application and new requirements
 - Verification of training (roster and program)
 - The GME section of the application
 - ABS vs RRC requirements
 - Timeline of ABS events
 - ABSITE update
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The importance of verification

- ABS will only approve number of resident positions approved by RRC
 - Application packets will only include info for residents on previous rosters
 - ABS may not be aware of RRC actions
 - To avoid problems, send copies of RRC actions to ABS at time of such approval
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Recurring issues

- Residents training at more than 3 programs
- Residents not reporting time off at end of training
- Residents rotating at non-affiliated programs
 - International
 - Pediatric surgery “fellowships”

Reporting operative experience

- ABS and ACGME share SOL data
 - Submit SOL hard copy OR complete ABS operative experience form within electronic application
 - Applications can be sent at anytime ABS minimums are met – no need to wait beyond this
 - Separate PD signature not required
 - No other formats acceptable
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New Requirements

- 150 cases, 750 in five years
- Reporting of Surgical Critical Care
 - minimum of 25 cases, one in each category
- ATLS
- ACLS
- FLS

Graduate Medical Education—54
months

Vacations

Late arrivals (program transfer, visa issues)

Medical leave

Interviews

Early departure (fellowships or other)

2009 application deadlines

	Early	Late
GS QE	May 1	June 1
VS QE	July 1	July 15
Surgical Principles	May 1	June 1
SCC CE	July 1	July 15
PS CE	N/A	N/A

2009 examination dates

GS QE Thursday, August 13

VS QE Monday, September 22

Surgical Principles Thursday , August 13

SCC CE Monday, September 22

Examination registration

- Promptly register (electronically) along with payment of separate examination fee (\$700)
 - Examinees to schedule examination center with Pearson VUE but need Test Admission Authorization letter from ABS to do so
 - QE block released June 11 – others 60 days before exam (7/23)
-

Register early!!!!

Very important!

- Keep ABS up-to-date on resident changes of all contact information
 - Can do so online at ABS website under “My Record” and “Update Personal Info”
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The ABSITE

- Single registration/test form worked well
 - Match answer sheets to test book
 - Timely return of test books and seating charts
 - PD vs. direct resident communication
 - Maintaining scores
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Formative, normative, shmormative...

- ABSITE is diagnostic/prescriptive - emphasis should be on mastery
 - Someone always in the lowest percentile
 - Percentile as a criterion for advancement
 - Inconsistent criteria among programs
 - Best philosophy for CPD?
 - Not intended to rank programs
-

On-line administration?

- Reduced cost
 - Greater security
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The other in-training examinations

- PSITE

- 81 examinees
- 41 programs
- On-line review

- VSITE

- 240 examinees
 - 91/95 programs
-

The issues of irregular behavior

- Professionalism
- Exam administration irregularities
- Copyright violation
- Test validity

ABS irregular exam behaviors

- Copying/memorizing/distributing questions
-

Teaching to the test

vs.

teaching the test

Student Doctor Network Forums > Physician / Resident Forums [MD / DO] > Surgery and Surgical
Subspecialties

Washington Hospital Center and INOVA Fairfax

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02-25-2008, 04:44 PM

adpsurg
Junior Member
Status: Medical Student
Join Date: Nov 2007
Posts: 5

Washington Hospital Center and INOVA Fairfax


so i made my rank list and now i'm trying to figure out whether i should rank these programs at the bottom of my list (which, right now, is only 8 long).

i'm hoping to have the opportunity to do a semi-competitive fellowship maybe (like plastics or vascular), and i'm wondering, would i be better off scrambling than matching at washington hospital center and inova?

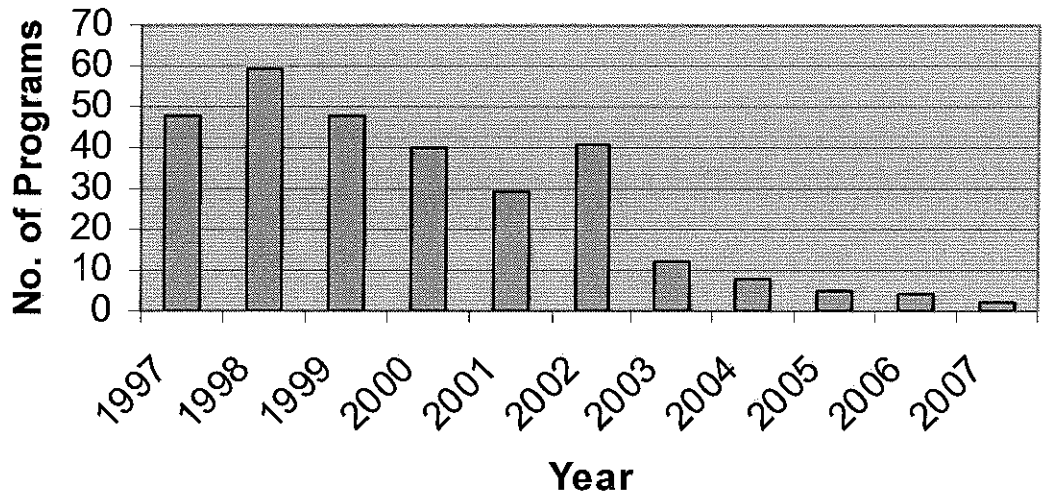
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Dental DVD Patient Ed

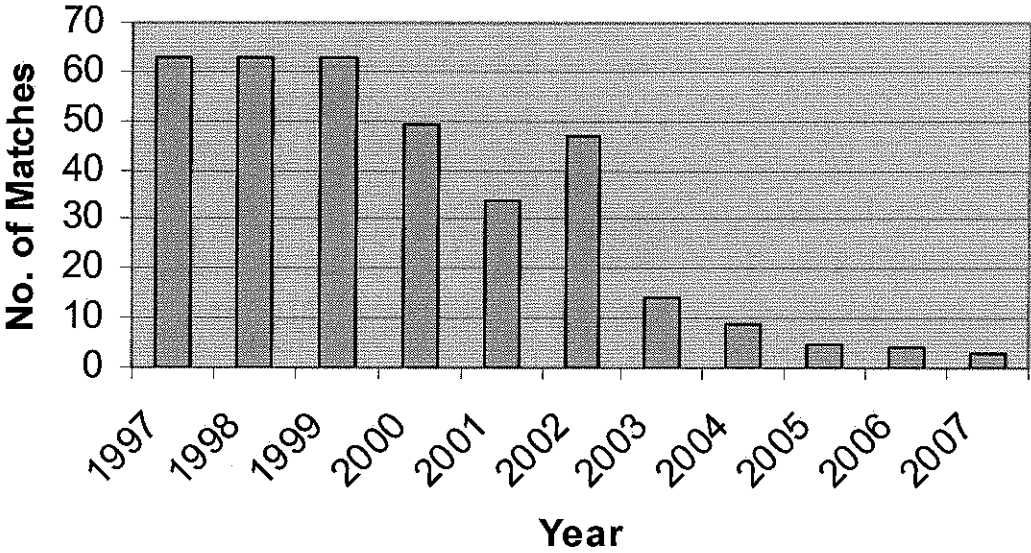
ABS irregular exam behaviors

- Copying/memorizing/distributing questions
 - Selling QE questions on 
 - Copying among examinees
-

No. of Programs with "Suspicious Matches"




No. of "Suspicious Matches"



Suspicious match \neq cheating

ABS irregular exam behaviors

- Copying/memorizing/distributing questions
- Selling QE questions on 
- Copying among examinees
- Hiding study material in restrooms
- Studying during unscheduled breaks

The 2009 Surgery QE format

- Change from four (4) two-hour sessions to five (5) 90' sessions
- Candidates may take up to a 10' scheduled break between sessions 1-2, 2-3, and 4-5 and up to a 45' break between sessions 3-4
- Examinees will be unable to review questions once a session is completed

Policy on unscheduled breaks

- Any unscheduled break will be reported to the ABS for further analysis
 - An unscheduled break $>15'$ in any session will invalidate entire examination
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Calculating QE pass rates

General University Hospital Program Results: 2001-2005

Most Recent Exam Taken	Total # Examined	# Passed	# Failed
1st Exam	25	23	2
2nd Exam	4	2	2
3rd Exam	1	0	1

Program Total :	30 Examinees	25 Pass	5 Fail

23 of 30 Examinees for Total Program Passed QE on their 1st Attempt (77%)

Calculating CE pass rates

General University Hospital Program Results: 2001-2005

Most Recent Exam Taken	Total # Examined	# Passed	# Failed
1st Exam	20	20	0
2nd Exam	3	3	0
3rd Exam	1	1	0

Program Total :	24 Candidates	24 Pass	0 Fail

20 of 24 Candidates for Total Program Passed CE on their 1st Attempt (83%)

Calculating combined pass rates - 1

- Identify how many of the 23 residents who passed the QE on their first attempt who also passed the CE on their first attempt (e.g., 19)
 - Divide that number by the total number of QE examinees (i.e., 30)
 - $19/30 = 63\%$
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Calculating combined pass rates - 2

- If individual failed **either** QE or CE on their first attempt s/he is considered unsuccessful
 - If individual passed **both** QE or CE on their first attempt s/he is considered successful
 - If individual passed QE but has not yet taken the CE, s/he is also considered successful
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Admissibility to the VS QE

- Prior certification in Surgery not required for those completing Surgery residency in AY 2006 -`07 or after
- Pass examination on surgical principles (SPE) (Surgery QE or beginning in 2009, the SPE)
- Specific requirements will vary by type of VS program

The SPE

- ~120 questions from topics relevant to care of vascular surgical patients
- Same day as Surgery QE
- 3+3 and 0+5 residents can only take SPE after completing vascular surgery program
- Five opportunities to pass in 5 years
- Passing score comparable to Surgery QE
- ESP and 5+2 graduates must pass Surgery QE

Admissibility to the VS QE

- Independent (3+3)
 - Approved application
(with Surgery and VS PD attestation)
 - Pass SPE
 - Integrated (0+5)
 - Approved application
(with VS PD attestation)
 - Pass SPE
 - Independent (5+2 or ESP)
 - Approved Surgery QE application
(with Surgery PD attestation)
 - Pass Surgery QE or SPE
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ABS Guide to Multiple Choice Examinations

www.absurgery.org/xfer/ABSTestGuide.pdf

**The ABS continues to greatly
appreciate your efforts and
cooperation!**