
ABS Review and Update: 2008

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Association of Residency Coordinators in Surgery
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The agenda

- Application and registration
 - The ABSITE and other in-training exams
 - Irregular examination behavior
 - Calculating program pass rates
 - The vascular surgery training environment
 - The survey
-

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

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

2008 application deadlines

	Early	Late
GS QE	May 1	June 2
VS QE	July 1	July 15
SCC CE	July 1	July 15
PS CE	N/A	N/A

2008 examination dates

GS QE

Thursday, August 14

VS QE

Monday, September 22

SCC CE

Monday, September 22

Examination registration

- Promptly register (no reply card) and submit 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”
-

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
- On-line administration?

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
-

Why online?

- Reduced cost
 - Greater security
 - Greater convenience?
-

The other in-training examinations

■ PSITE

- 81 examinees
- 41 programs
- On-line review

■ VSITE

- 240 examinees
 - 91 programs
-

The issues of irregular behavior

- Professionalism
 - Copyright violation
 - Test validity
-

ABS irregular exam behaviors

- Copying/memorizing/distributing questions

Teaching to the test

vs.

teaching the test

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#1

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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 and inova?

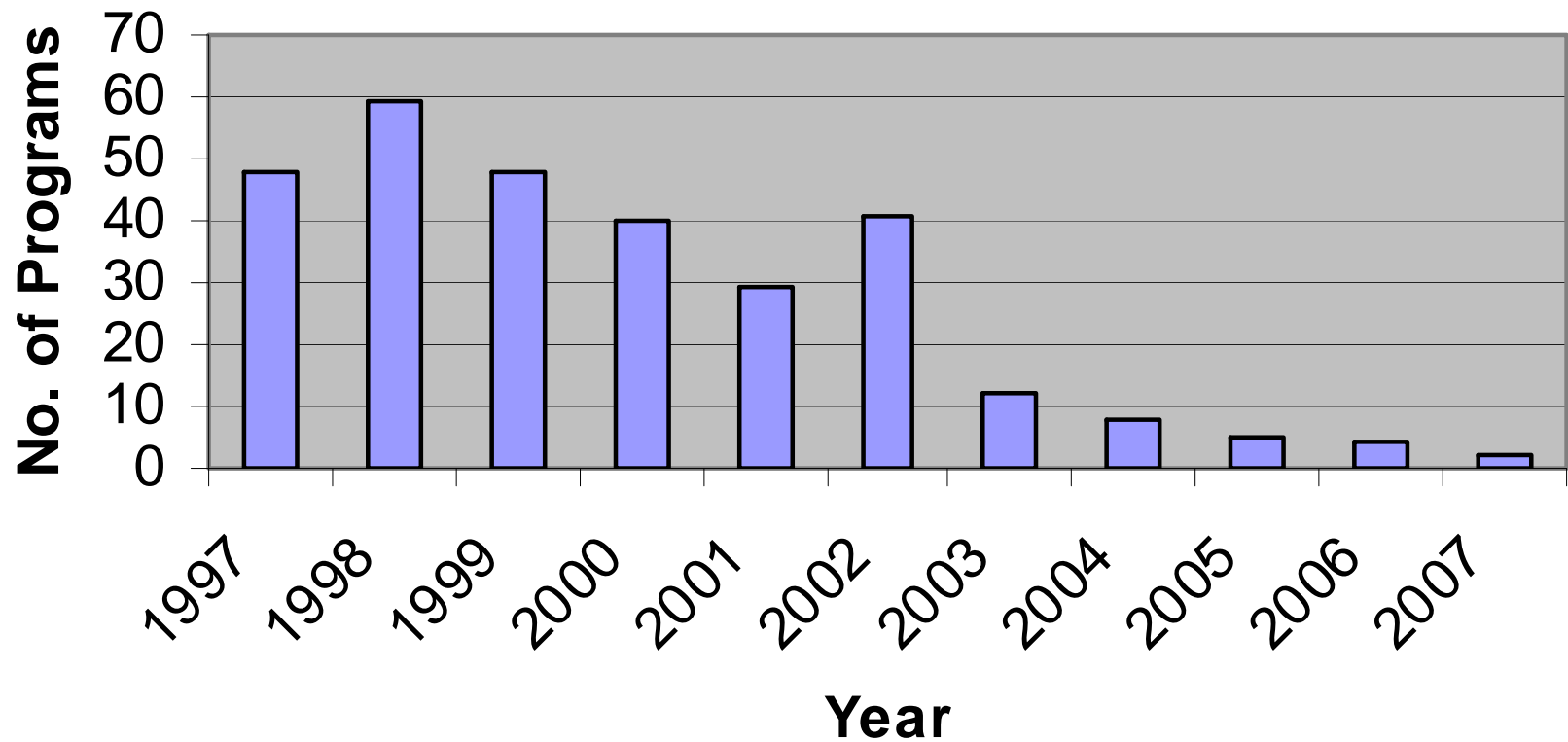
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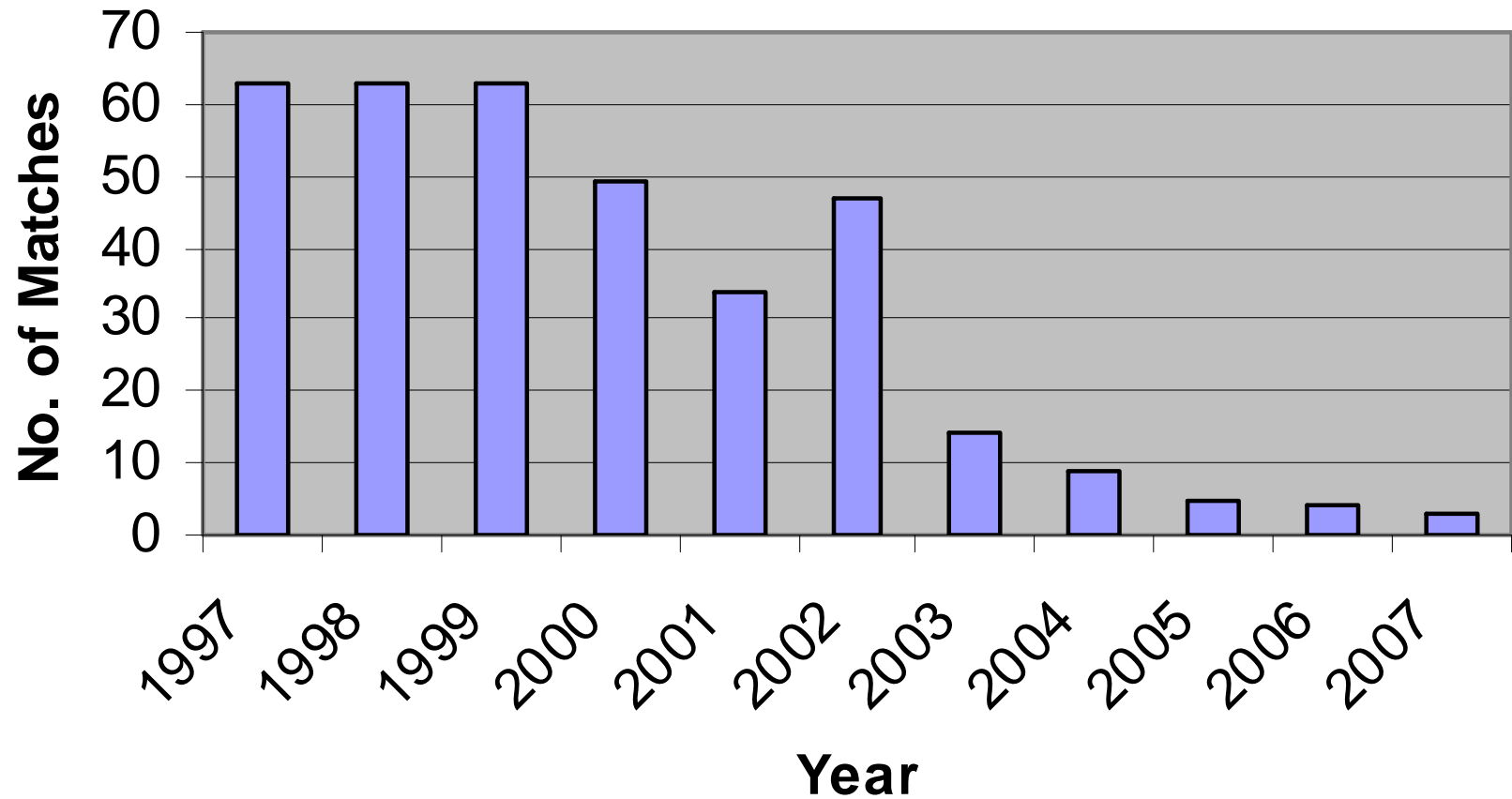
ABS irregular exam behaviors

- 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 2008 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

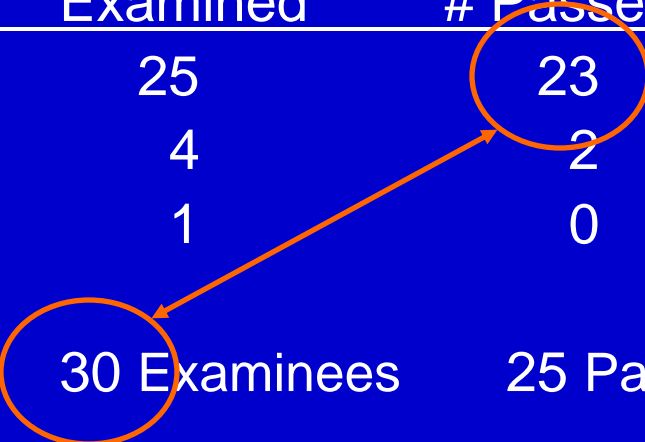
- Any unscheduled break will be reported to the ABS for further analysis
- An unscheduled break >15' in any session will invalidate entire examination

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)
- $19/30 = 63\%$

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

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

The survey

ABS Guide to Multiple Choice Examinations

www.absurgery.org/xfer/ABSTestGuide.pdf

The ABS continues to greatly
appreciate your efforts and
cooperation!

Dr. Jo Buyske
