



# ABS News

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## TABLE OF CONTENTS

Report from the Chair –  
*Stephen Evans, M.D.*  
Page 1

Klingensmith Elected  
Vice Chair  
Page 2

Looking North  
Page 3

The FIRST Trial  
Page 3

ABS Around the World  
Page 4

MOC 3-Year Reporting  
Page 5

Dr. Robert Rhodes – 20  
Years at the ABS  
Page 5

Thank You to  
Our Examination  
Consultants and  
Examiners  
Page 6

ABS Updates  
Page 7

SCORE Update  
Page 8

Program Directors'  
Corner  
Page 9

2016 Application and  
Exam Dates  
Page 10

Welcome to Our New  
Directors  
Page 11

Examination Statistics  
Page 12

## Report from the Chair – Dr. Stephen Evans

### Redesigning general surgery residency; improving MOC for diplomates

It is an honor to serve as chair of the American Board of Surgery (ABS) during a pivotal time in American surgery. I started my year as chair with two goals in mind — working to elevate general surgery training and making Maintenance of Certification (MOC) a more diplomate-centric program.

#### Rethinking General Surgery Residency

General surgery training in the United States has a well-established history of producing some of the finest surgeons in the world. Over the last quarter century, however, many factors, including dramatic advances in technology, the 80-hour work-week, changes in disease management, a greater focus on quality and safety in surgical outcomes, and an explosion in surgical subspecialization have all had a significant impact on the residency experience in surgery. In addition, several studies have suggested that residency graduates are perhaps less prepared for independent practice today than in the past (*Mattar et al 2012, Lewis et al 2012, Sandhu et al 2015*).

These factors, coupled with a greater focus on competency-based training and assessment in undergraduate medical education and residency training, have reinforced the need to redesign surgical education in this country.

These issues have been brought to the forefront before, most notably in 2004 through the work of the American Surgical Association's Blue Ribbon Committee. While several discussions regarding surgical training redesign have occurred within the American Board of Surgery over the last 15 years, until now they have not achieved consensus as to the need for change and the direction of change required. The ABS directors, representing the breadth of general surgery, are in agreement that now is the time to move forward. The challenges are significant and the issues are complex, but can be

overcome with deliberate thought, a collaborative mind-set, and a clearly defined process for managing such an undertaking.

Over the last 24 months, the ABS has begun gathering stakeholder perspectives, gaining greater insights into innovative surgical education models

(such as those of the Royal College of Physicians and Surgeons of Canada), and establishing the momentum to move such an endeavor forward. Several steps have already been taken that provide foundational elements for this redesign effort, such as the implementation of the Milestones Project by the Accreditation Council for Graduate Medical Education (ACGME), the efforts of the Surgical Council on Resident Education (SCORE®) to

establish a national curriculum for general surgery training, and the requirements put in place by the ABS over the last several years for the assessment of residents' operative skills and performance while in training.

With these elements in place, we can build on this foundation with competency-based training and assessment tools to enhance the effectiveness and efficiency of surgical training, with a structure that encourages learner-dependent education and skill acquisition, as well as greater operative experience. However the ABS does not intend to act alone in this effort. This educational re-engineering will require input and collaboration from all major stakeholders in U.S. surgical education as it moves forward.



STEPHEN R.T. EVANS, M.D.  
Chair of the ABS  
2015-2016

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(Continued on page 2)

# Report from the Chair (cont.)

(Continued from page 1)

## Adding Greater Value to MOC

Another key priority of the ABS directors is the development of our Maintenance of Certification program to better meet the needs of our diplomates. The goal of the ABS MOC Program is to set a surgeon-defined, national standard for what surgeons should be doing to stay up to date and improve their practice. That said, we are aware that further development of the program is necessary so that it is viewed by diplomates as truly adding value, rather than just another “hoop.”

We created our current MOC program with the intent of making it as flexible as possible so surgeons can fulfill its requirements in ways most suited to their practice. We will continue the development of MOC in this vein—the ABS directors are seeking to elevate the program so it builds upon what surgeons are doing every day in their practice, with independent, self-directed, lifelong learning. Toward this end, we will be soliciting ideas and suggestions from diplomates to make MOC as meaningful and user-friendly as possible.

**We are committed to improving the MOC process so it better serves diplomates as well as patients**

We are examining all aspects of the ABS MOC Program this year, with a special focus on Part 3 (Cognitive Expertise) and Part 4 (Evaluation of Performance in Practice). For example, for Part 3, is an exam every 10 years the optimal way to assess a surgeon's cognitive knowledge and judgment? For Part 4, what should be considered as counting toward this requirement, and how do we capture diplomates' efforts? In addition, for MOC Part 2 (Lifelong Learning and Self-Assessment), are there ways we can facilitate diplomates' access to meaningful CME and self-assessment programs?

The ABS MOC Program allows diplomates to formally demonstrate their commitment to lifelong learning and practice improvement. We are committed to improving MOC so it better serves diplomates as well as patients.

The American public expects and deserves the finest surgical care we can offer. The ABS was founded in 1937 to “improve the specialty and protect the public.” Both of the initiatives I have described reflect this purpose. As chair and fellow diplomate, I thank you for your dedication to ABS certification and welcome your thoughts as our work continues.

## Klingensmith Elected Vice Chair for 2016-2017

The ABS is pleased to announce that **Dr. Mary E. Klingensmith** has been elected vice chair for 2016-2017. She will serve as chair in 2017-2018, following current chair Dr. Stephen Evans and vice chair Dr. John Hunter.

A native of Beckley, West Virginia, Dr. Klingensmith is the Mary Culver Distinguished Professor of Surgery and vice chair for education at Washington University School of Medicine in St. Louis. She completed medical school at Duke University and general surgery residency at Brigham and Women's Hospital.

Dr. Klingensmith specializes in general surgery. Her areas of clinical interest include the gallbladder, complex hernia repair, treatment of gastroesophageal reflux disease and management of soft tissue infection and chronic wounds.



Dr. Mary Klingensmith,  
ABS vice chair-elect

Formerly director of Washington University's general surgery residency program, Dr. Klingensmith has a long-standing interest in graduate medical education and residency curricula, including the use of simulation and the teaching of ethics in residency education.

Dr. Klingensmith is also vice president and advisory council chair of the Surgical Council on Resident Education and president of the Association for Surgical Education (ASE), as well as an associate editor for *Annals of Surgery*. She is a past board member of the Association of Program Directors in Surgery (APDS).

Dr. Klingensmith currently serves as chair of the ABS General Surgery Advisory Council, which provides input on issues specifically impacting general surgery training and practice. She became an ABS director in 2011 representing the American College of Surgeons (ACS).



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# Looking North – Competency-Based Training in Canada

In the last several months, the ABS has been in dialogue with our colleagues at the Royal College of Physicians and Surgeons of Canada (RCPSC) to gain their insights as they transition to a competency-based training system for their residency programs. The initiative started five years ago with orthopedic surgery and has since been introduced in otolaryngology and medical oncology, prior to being implemented in waves across all specialties.

At the ABS June meeting, the directors heard from Dr. Kenneth Harris, executive director of the RCPSC Office of Education, who provided an overview of the RCPSC's "Competence by Design" (CBD) project. CBD is a multi-year initiative to implement a competency-based medical education approach to residency education. It has been incorporated into CanMEDS, the RCPSC training framework, for 2015. CanMEDS 2015 includes new competency milestones for each role in the CanMEDS framework: *Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional*.

Dr. Harris noted that the Canadian system is a hybrid of time and competency, with milestones and entrustable professional activities (EPAs) along the way so residents do not reach the end of training without being prepared for independent practice. "The competency fairy doesn't show up on June 30," said Dr. Harris. "We need to build competency every day." He also emphasized that a key component of this new system is faculty development, so faculty are ready to provide the ongoing assessment this system requires.

Dr. Markku Nousiainen, assistant professor in orthopedic surgery at the University of Toronto, then discussed his program's experience. The curriculum is broken into modules, with mid-module oral and written exams. They also use an operative skills assessment system for specific procedures, as well as a global operative skills assessment. Challenges posed by the new system include that it is more resource-intensive, and can create scheduling issues as residents reach stages of competency at different rates.



Dr. Markku Nousiainen of the University of Toronto's division of orthopedic surgery discusses their experience with competency-based training

Dr. Erin Wright, professor in the division of otolaryngology at the University of Alberta, also highlighted the importance of bringing faculty on board and staying aware of "evaluation fatigue."

Canada is not alone in making this transition. The Netherlands and Australia are also moving in this direction, as part of a global re-examining of how physicians are trained.

## The FIRST Trial: Results to be Presented in February

Results of study tying resident work hours to outcomes to be presented at Academic Surgical Congress



Dr. Karl Bilimoria, FIRST Trial principal investigator

Over the past year, the ABS and ACS, with the support of the ACGME, have collaborated to implement a prospective study that directly examines how increasing flex-

ibility of surgical resident duty hours affects patient care, surgical outcomes, and resident perceptions. The goal of the study is to provide high-quality empirical evidence on which to base future resident work hour decisions.

The key 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, using the ACS National Surgical Quality Improvement Program (ACS NSQIP®). The study has two arms—one using present duty hour standards, and the second using most of the standards as enacted in 2003: an 80-hour workweek overall; no more than one night in three on call; and one day in seven free of responsibilities; all averaged over a month.

More specifically, the study examines patients undergoing general surgery operations based on the standard ACS NSQIP CPT list of general surgery procedures. This data was collected from July 1, 2014 through June 30, 2015. Additional subset analyses will be performed, and multiple postoperative outcomes will be compared between the two study arms.

The study was open to all ACS NSQIP hospitals that have general sur-

gery residency programs; 152 hospitals were enrolled, with equal numbers randomized to each arm of the study. The ACGME provided waivers for institutions participating in the experimental arm of the study. In addition, a survey was 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.

Analysis of the study's data is currently underway. Dr. Karl Bilimoria, vice chair for quality and director of the Surgical Outcomes and Quality Improvement Center at Northwestern University, is the principal investigator. Dr. Bilimoria is scheduled to present the study's results at the Academic Surgical Congress on Feb. 2, 2016. Further information regarding the study is available at [www.thefirsttrial.org](http://www.thefirsttrial.org).





## ABS Around the World

In 2015, the ABS expanded its activities in assisting other organizations and countries in improving access to surgical care, establishing certification models for their country's surgeons, and assessing the progress of their surgical trainees. ABS assessment and certification continues to be seen by international organizations as a "gold standard" that they would like to emulate in their own countries.

### **G4 Alliance: Making access to surgical care a global priority**

The ABS is an inaugural member of the G4 Alliance (Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care), a nonprofit organization launched this past May to increase global access to surgical care. It is estimated that two billion people lack access to basic surgical services worldwide. The G4 Alliance strives to make access to surgical care a priority in the global development agenda.

At a May 2015 meeting of the World Health Organization, the G4 Alliance succeeded in having the World Health Assembly

recommendations for their general surgery residency graduates, based on the ABS General Surgery Qualifying (QE) and Certifying Examinations (CE). The first written qualifying examination is scheduled to be administered in March 2016. While the ABS is currently providing materials and guidance, it is anticipated that within a few years the effort will be almost entirely managed by surgeons in Singapore.

### **ABSITE: Increasingly used by international training programs**

The ABS continues to field requests from other countries who wish to use the ABS In-Training Examination not only to evaluate their trainees progress, but also to benchmark their results against those of U.S. residents. The 2015 ABSITE was administered to 422 international residents, representing 16 training programs in 11 different countries.

These included Lebanon, Japan, Qatar, Singapore, Trinidad, Barbados, the Bahamas, Oman, Rwanda, Saudi Arabia, and the United Arab Emirates. In addition, this year the ABS created a slightly custom exam for trainees in the Netherlands, to reflect certain elements that are not part of general surgery training in the U.S.

Some thoughts from these programs:

*The University of Rwanda general surgery residency program was very happy for the opportunity to deliver the ABSITE to our residents in February 2015. Our training program has expanded greatly in the last few years (from 20 residents in 2011, to 48 residents this year). As our program grows, it becomes critical to monitor and assess the quality of our teaching and training. The ABSITE provides us the opportunity for an externally validated, standardized tool that we can use to benchmark our trainees and our program. It allows them to be benchmarked in comparison to peers worldwide, against each other, and to mark their own individual progress each year. We hope and expect that*



Dr. Jo Buyske (far right), ABS associate executive director, speaks at a G4 Alliance panel in October on implementing the WHO resolution to increase access to surgical care. Also pictured: Prof. Herve Yangni-Angate (center), president of the Pan African Association of Surgeons, and Dr. Girma Tefera (left), medical director of the American College of Surgeons' Operation Giving Back. Photo: G4 Alliance

*delivering the ABSITE yearly will be an effective quality improvement tool in our teaching, and evaluation metric our education initiatives.*

– Dr. Faustin Ntirenganya, general surgery residency program director at the University of Rwanda

*I am very happy that for the first time a nationwide in-training exam could be held for all surgical residents in the Netherlands. Together with ABS we developed a Dutch version, customized to the Dutch situation. With the implementation of the exam we aim to bring the knowledge of our residents to the next level. It would not surprise me if more European countries follow our initiative.*

– Dr. Menno R. Vriens, general surgery residency program director at the University Medical Center Utrecht

*Our surgery residency program started in April 2012. It was the first and only U.S.-style general surgery program in Japan with same regulations as ACGME. Our purpose was to train surgeons who have same knowledge and skill as a U.S. board-certified general surgeon. So one of our first challenges was to have our residents take the ABSITE just like U.S. residents. In general, Japanese medical education is getting closer to the U.S. and Western way. We believe we are a pilot program for the future of general surgery training in Japan.*

– Dr. Tadao Kubota, general surgery residency program director at Tokyo Bay Medical Center



Dutch trainees take the ABSITE. Photo: Dr. Menno Vriens

officially recognize the importance of access to surgery by approving *Resolution 68/3*, "Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage." The ABS' involvement in the G4 Alliance is led by ABS Director Dr. Fizan Abdullah and ABS Associate Executive Director Dr. Jo Buyske.

### **Singapore: New certification process**

The collaboration of the ABS with the Singapore Ministry of Health and its surgical residencies continued in 2015. The ABS staff are assisting this group with developing and implementing written and oral examina-

# MOC 3-Year Reporting: *What's Required*

The requirements of the ABS Maintenance of Certification (MOC) Program run in **three-year cycles** (Jan. 1-Dec. 31). At the end of each cycle, diplomates are required to provide information through the ABS website about how they are meeting MOC requirements. This information must be submitted **by March 1** (two months after end of cycle).

At that time, you will be asked to submit information through the ABS website regarding:

- Your current full and unrestricted medical license
- Where you hold privileges, if clinically active
- Your current activities, if not clinically active
- Contact information for the chief of surgery and chair of credentials at the institution where you perform most of your work
- CME activities completed: 90 Category 1 CME credits are required over the three-year cycle, with at least 60 credits including self-assessment (i.e., a quiz or test) with a score of 75% or higher
- Practice assessment: the outcomes registry or quality assessment activity in which you are participating, either individually or through your hospital. No data is collected

No documentation is required for three-year reporting unless your information is selected for audit. We will contact you by letter

## 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 credits of Category 1 CME relevant to your practice over a 3-year cycle
- At least 60 of the 90 credits must include self-assessment, i.e., a written or electronic question-and-answer exercise. A score of 75% or higher must be required for the self-assessment to count

### 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. No data is collected
- Many programs are hospital-based, so check with your hospital to see what is available. A list of suggested programs is also available from the ABS website

and email when your reporting is nearing due. You can also view your MOC status and personal MOC timeline at any time by going directly to <http://moc.absurgery.org>. In addition, we are currently redesigning our MOC and CME reporting area to make it more intuitive and user friendly. Look for the new design in 2016!

## Dr. Robert Rhodes – 20 Years at the ABS

### Dr. Rhodes reflects on his time at the ABS upon his retirement at the end of 2015

Earlier this year, Dr. Robert S. Rhodes, ABS associate executive director for vascular surgery, announced he would retire at the end of 2015. Dr. Rhodes joined the ABS in 1996 as associate executive director, overseeing all ABS examinations until 2008 when he transitioned to his current role.

Before coming to the ABS, Dr. Rhodes was the James D. Hardy Professor and chairman of the department of surgery at the University of Mississippi School of Medicine in Jackson. Prior to his time in Mississippi, he served as chief, division of general surgery, at Case Western Reserve University in Cleveland, Ohio.

### What brought you to the ABS?

I had done some research on the U.S. health care system, which made me want to move my career in a different direction. Through the ABS, I saw the opportunity to work on a national scale, and influence health care quality.

### What were ABS examinations like in 1996?

At that time everything was paper-based, even our question banks. We had these huge books, and we would go through them and select questions for the exam. These days, we do all of this by computer, and have a much more sophisticated tracking system. During my time in overseeing the exams, I sought to remove questions that were just “factoids” and increase the questions that assessed clinical management. I wanted the exams to feature

questions that required an examinee to synthesize ideas, rather than reward rote memorization.

### What other changes have you seen at the ABS?

With the advent of the Internet and smartphones, we have had to take exam security much more seriously. We used to allow surgeons who failed the General Surgery Qualifying Exam to come in to review their exam, and I would go over with them the topics in which they performed poorly. Unfortunately, today that's just not possible.

### As a vascular surgeon, you were also involved in changes in that field.

Vascular surgery evolved rapidly during my time with the ABS, with many technical advances and the emergence of endovascular surgery. A number of individuals, especially Dr. Richard Dean of Wake Forest, pushed for the ABS to create a component board just for vascular surgery. This led to the founding of the Vascular

(Continued on page 10)



Dr. Robert Rhodes, ABS associate executive director for vascular surgery



# Thank You to Our Examination Consultants and Examiners

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

## EXAMINATION CONSULTANTS

### 2015 GENERAL SURGERY QUALIFYING EXAMINATION

Grant V. Bochicchio, M.D.  
Benjamin W. Dart IV, M.D.  
Nestor F. Esnaola, M.D.  
David R. Farley, M.D.  
Timothy M. Farrell, M.D.  
Jonathan P. Fryer, M.D.  
Wendy J. Grant, M.D.  
Lillian S. Kao, M.D.  
Sanjay Krishnaswami, M.D.  
Robert C. McIntyre Jr., M.D.  
J. Gregory Modrall, M.D.  
Taine T. V. Pechet, M.D.  
Emily K. Robinson, M.D.  
George A. Sarosi Jr., M.D.

### 2015 GENERAL SURGERY MOC EXAMINATION

Scott D. Coates, M.D.  
Bridget N. Fahy-Chandon, M.D.  
Bryan W. Hambric, M.D.  
Hisakazu Hoshi, M.D.  
Edward A. Levine, M.D.  
David M. Melnick, M.D.  
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Harry L. Reynolds Jr., M.D.  
John E. Scarborough, M.D.  
Ronald M. Stewart, M.D.  
Steven R. Vallance, M.D.

### 2015 VASCULAR SURGERY EXAMINATIONS

Suresh Alankar, M.D.  
David L. Dawson, M.D.  
Kathleen D. Gibson, M.D.  
John E. Keyser, M.D.  
John S. Lane III, M.D.  
Darren B. Schneider, M.D.  
Mark C. Wyers, M.D.

### 2015 PEDIATRIC SURGERY EXAMINATIONS

Douglas C. Barnhart, M.D.  
Mark S. Chaet, M.D.  
Paul D. Danielson, M.D.  
Sherif G. S. Emil, M.D.  
Frazier W. Frantz, M.D.  
Robert E. Kelly Jr., M.D.  
Vinh T. Lam, M.D.  
Mark V. Mazziotti, M.D.  
Peter F. Nichol, M.D.  
Faisal G. Qureshi, M.D.  
Jacqueline M. Saito, M.D.  
Charles L. Snyder, M.D.

### 2015 SURGICAL CRITICAL CARE EXAMINATIONS

Hasan B. Alam, M.D.  
Vishal Bansal, M.D.  
David J. Dries, M.D.  
David G. Jacobs, M.D.  
Lewis J. Kaplan, M.D.  
John G. Myers, M.D.  
Patrick J. Offner, M.D.  
Timothy A. Pritts, M.D.  
Preston B. Rich, M.D.  
Lorraine N. Tremblay, M.D.  
Charles J. Yowler, M.D.

### 2015 COMPLEX GENERAL SURGICAL ONCOLOGY (CGSO) EXAMINATIONS

Thomas A. Aloia, M.D.  
Andrea V. Barrio, M.D.  
Keith A. Delman, M.D.

Cristina R. Ferrone, M.D.  
Eun-Sil (Shelly) Hwang, M.D.  
James W. Jakub, M.D.  
Ted A. James, M.D.  
Matthew F. Kalady, M.D.  
David W. Ollila, M.D.  
John A. Olson Jr., M.D.  
Julie A. Sosa, M.D.  
Rebekah R. White, M.D.  
Jonathan S. Zager, M.D.

### 2016 ABS IN-TRAINING EXAMINATION (ABSITE)

Lawrence L. Creswell, M.D.  
Steven A. De Jong, M.D.  
Eugene F. Foley III, M.D.  
George M. Fuhrman, M.D.  
Patrick G. Jackson, M.D.  
Krista L. Kaups, M.D.  
Ronald F. Martin, M.D.  
Addison K. May, M.D.  
Fiemu E. Nwariaku, M.D.  
A. Scott Pearson, M.D.  
Aurora D. Pryor, M.D.  
David W. Tuggle, M.D.  
Steven E. Wolf, M.D.

### 2016 VASCULAR SURGERY IN-TRAINING EXAMINATION

Rabih A. Chaer, M.D.  
Audra A. Duncan, M.D.  
Matthew J. Eagleton, M.D.  
Jeffrey E. Indes, M.D.  
Evan C. Lipsitz, M.D.  
Raghunandan L. Motaganahalli, M.D.  
Patrick E. Muck, M.D.

### 2016 PEDIATRIC SURGERY IN-TRAINING EXAMINATION

Gail E. Besner, M.D.  
Christopher K. Breuer, M.D.  
Mike K. Chen, M.D.  
Andrew M. Davidoff, M.D.  
Cynthia D. Downard, M.D.  
Christine M. Finck, M.D.  
Gerald Gollin, M.D.  
Kenneth W. Gow, M.D.  
Saleem Islam, M.D.  
Timothy D. Kane, M.D.  
Daniel J. Ledbetter, M.D.  
Steven L. Lee, M.D.  
Craig W. Lillehei, M.D.  
Grace Z. Mak, M.D.  
Daniel H. Teitelbaum, M.D.

## CE EXAMINERS

### 2015 VASCULAR SURGERY CERTIFYING EXAMINATION

Julie E. Adams, M.D.  
Mark A. Adelman, M.D.  
Jason Q. Alexander, M.D.  
Kwame S. Amankwah, M.D.  
Enrico Ascher, M.D.  
Bernadette Aulivola, M.D.  
Ali Azzizadeh, M.D.  
Jean Bismuth, M.D.  
James H. Black III, M.D.  
Jeffrey P. Carpenter, M.D.  
Daniel G. Clair, M.D.  
Ronald L. Dalman, M.D.  
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Robert J. Feezor, M.D.

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K. Craig Kent, M.D.  
Larry W. Kraiss, M.D.

Timothy M. Kresowik, M.D.  
Evan C. Lipsitz, M.D.  
Sean P. Lyden, M.D.  
William C. Mackey, M.D.  
Robyn A. Macsata, M.D.  
Joseph L. Mills, M.D.  
Erica L. Mitchell, M.D.  
J. Gregory Modrall, M.D.  
Samuel R. Money, M.D.  
Richard F. Neville Jr., M.D.  
Timothy J. Nypaver, M.D.  
Bruce A. Perler, M.D.  
William C. Pevec, M.D.  
Amy B. Reed, M.D.  
John J. Ricotta, M.D.  
Jacob G. Robison, M.D.  
Vincent L. Rowe, M.D.  
Andrea Schanzer, M.D.  
Claudie M. Sheahan, M.D.  
Cynthia E. Shortell, M.D.  
Timothy M. Sullivan, M.D.  
Apostolos K. Tassiopoulos, M.D.  
Spence M. Taylor, M.D.  
Michael T. Watkins, M.D.  
Edward Y. Woo, M.D.

### 2015 PEDIATRIC SURGERY CERTIFYING EXAMINATION

Fizan Abdullah, M.D.  
Michael J. Allshouse, M.D.  
Kenneth S. Azarow, M.D.  
Edward M. Barksdale Jr., 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.  
Kathleen D. Graziano, M.D.  
Ronald B. Hirsch, M.D.  
Craig W. Lillehei, M.D.  
Dennis P. Lund, M.D.  
Eugene D. McGahren III, M.D.

Jed G. Nuchtern, M.D.  
Daniel J. Ostlie, M.D.  
Frederick J. Rescorla, M.D.  
Henry E. Rice, M.D.  
Daniel A. Saltzman, M.D.  
Anthony D. Sandler, M.D.  
Thomas T. Sato, M.D.  
Jeffrey S. Upperman, M.D.  
Daniel von Allmen, M.D.  
John H.T. Waldhausen, M.D.

### 2015 CGSO CERTIFYING EXAMINATION

Reid B. Adams, M.D.  
Peter D. Beitsch, M.D.  
Russell S. Berman, M.D.  
Ari D. Brooks, M.D.  
Herbert Chen, M.D.  
Michael A. Choti, M.D.  
Ronald P. DeMatteo, M.D.  
Gerard M. Doherty, M.D.  
Jeffrey A. Drebin, M.D.  
Timothy J. Eberlein, M.D.  
Douglas B. Evans, M.D.  
B. Mark Evers, M.D.  
Douglas Fraker, M.D.  
Jeffrey Gershenwald, M.D.  
Kelly K. Hunt, M.D.  
Nathalie M. Johnson, M.D.  
Matthew F. Kalady, M.D.  
V. Suzanne Klimberg, M.D.  
Christopher M. McHenry, M.D.  
Kelly M. McMasters, M.D.  
Nipun B. Merchant, M.D.  
John A. Olson Jr., M.D.  
Nancy D. Perrier, M.D.  
Mitchell C. Posner, M.D.  
Merrick I. Ross, M.D.  
Howard M. Ross, M.D.  
Margo Shoup, M.D.  
Vernon K. Sondak, M.D.  
Kenneth K. Tanabe, M.D.  
Douglas S. Tyler, M.D.  
Selwyn M. Vickers, M.D.  
Ronald J. Weigel, M.D.  
Martin R. Weiser, M.D.  
Cameron D. Wright, M.D.

### 2014-2015 GENERAL SURGERY CERTIFYING ASSOCIATE EXAMINERS

Marwan S. Abouljoud, M.D.  
Farshid Y. Araghizadeh, M.D.  
Marjorie J. Arca, M.D.  
Megan K. Baker Ruppel, M.D.  
Jennifer Baynosa, M.D.  
Peter D. Beitsch, M.D.

Denis D. Bensard, M.D.  
David H. Berger, M.D.  
Russell S. Berman, M.D.  
David C. Borgstrom, M.D.  
Martin Borhani, M.D.  
Benjamin Braslow, M.D.  
Carlos V. Brown, M.D.  
Kimberly M. Brown, M.D.  
L. Michael Brunt, M.D.  
David R. Byrd, M.D.  
Andre R. Campbell, M.D.  
Daniel M. Caruso, M.D.  
Jeffrey G. Chipman, M.D.  
Michael A. Choti, M.D.  
William T. Cockerham, M.D.  
John M. Cosgrove, M.D.  
Herbert Chen, M.D.  
Brian J. Daley, M.D.  
Benjamin W. Dart, IV, M.D.  
Bradly R. Davis, M.D.  
Brian R. Davis, M.D.  
Matthew L. Davis, M.D.  
Keith A. Delman, M.D.  
Daniel L. Dent, M.D.  
Peter M. DeVito, M.D.  
Rochelle A. Dicker, M.D.  
Sharmila D. Dissanaike, M.D.  
Scott A. Dulchavsky, M.D.  
Gary D. Dunn, M.D.  
Angela Earley, M.D.  
Elango Edhayan, M.D.  
Barish H. Edil, M.D.  
Eric C. Feliberti, M.D.  
Ruth B. Felsen, M.D.  
Eugene 'Chip' F. Foley, M.D.  
Edgar S. Frey, M.D.  
Jonathan Fryer, M.D.  
George M. Fuhrman, M.D.  
Joseph M. Galante, M.D.  
Rajesh R. Gandhi, M.D.  
Paul G. Gauger, M.D.  
Jeffrey E. Gershenwald, M.D.  
Frederick Giberson, M.D.  
Constantine V. Godellas, M.D.  
Kevin J. Grannan, M.D.  
John M. Green, M.D.  
Kristene K. Gugliuzza, M.D.  
Oscar D. Guillamondegui, M.D.  
Stephanie F. Heller, M.D.  
Amy N. Hildreth, M.D.  
Robert B. Hird, M.D.  
Steven B. Holsten, M.D.  
Shelby A. Holt, M.D.  
John P. Hunt III, M.D.

(Continued on page 8)



Examiners for the first-ever Certifying Examination in Complex General Surgical Oncology, held in Philadelphia in February 2015

# ABS Updates

## New ABS Website Launched!

A new version of the ABS website, [www.absurgery.org](http://www.absurgery.org), launched in early 2015 to better serve our various audiences. The new website features responsive design, meaning it is designed to work equally well on a desktop, tablet or smartphone. The new design also features three color-coded areas to address the needs and interests of the majority of website visitors: Training & Certification, Maintenance of Certification, and For the Public. Visitors can also check a surgeon's certification status right from the home page.

The new website's design and functionality was tested several times with a cross-section of ABS website users. Many thanks to the candidates, diplomates, and training programs who provided their input. We welcome your feedback regarding our new website—please send your suggestions and comments to [abscomms@absurgery.org](mailto:abscomms@absurgery.org).

## Hirschl Elected to RRC-Surgery

Dr. Ronald B. Hirschl, past ABS director and former chair of the ABS Pediatric Surgery Board, has been elected to the Residency Review Committee for Surgery (RRC-Surgery) of the ACGME as a new ABS representative. Dr. Hirschl is the Arnold G. Coran Professor of Surgery and head of the section of pediatric surgery at the University of Michigan.



Dr. Ronald Hirschl

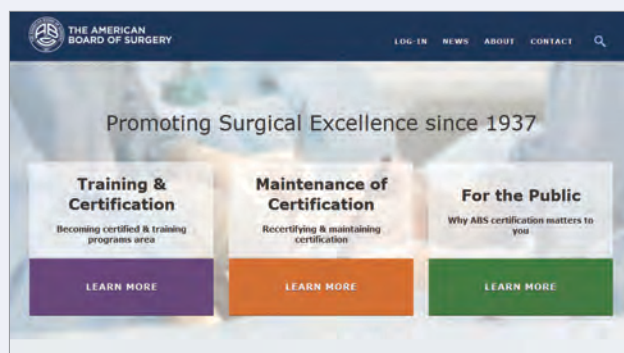
## New ABS Policy Regarding Osteopathic Trainees

The ABS recently posted a new policy regarding osteopathic surgical trainees in light of the Single GME Accreditation System, which took effect this past July. The policy outlines how residents in osteopathic surgical training programs that receive accreditation by the ACGME on or after July 1, 2015 may enter the ABS certification process. These residents will be required to complete at least the last three years of residency training (PGY 3-5) in an ACGME-accredited residency program. Please see the full policy on the ABS website under Training & Certification > General Surgery > Related Policies for complete details.

## Recent ABS Journal Articles

The ABS has published several studies in recent months on general surgery training, careers, and board examinations.

- Factors influencing the decision of surgery residency graduates to pursue general surgery practice versus fellowship – *Annals of Surgery*
- Practice administration training needs of recent general surgery graduates – *Surgery*



The new, mobile-friendly ABS website, launched in early 2015

- Review courses for the American Board of Surgery certifying examination do not provide an advantage – *Surgery*
- Resident preparation for careers in general surgery: a survey of program directors – *Journal of Surgical Education*

See the ABS website under About > Publications for a complete list of ABS published articles.

## 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. Diplomates, however, are welcome to link to our website, in particular the “For the Public” area that explains the significance of board certification.

## In Memoriam

The ABS sadly notes the passing of two former directors in the past year: Dr. Judson G. Randolph, who served the board from 1973-1979, and Dr. Thomas J. Krizek, who served from 1979 to 1983.

## Follow the ABS on social media!



**Facebook:** [www.facebook.com/americanboardofsurgery](http://www.facebook.com/americanboardofsurgery)



**Twitter:** @AmBdSurg

**And make sure we can reach you!**



Please keep your **email** and **mailing address** up to date. Log into the ABS website and select “Update Personal Information” to give us your latest contact information.

The continued work of the Surgical Council on Resident Education in 2015 has resulted in new content and a new topic of the week feature made available to general surgery residency programs through the SCORE Portal ([www.surgicalcore.org](http://www.surgicalcore.org)). SCORE is a nonprofit consortium with the mission to improve the education of general surgery residents through the development of a national curriculum.

In addition to a general surgery curriculum outline published each year, SCORE also provides educational resources through the SCORE Portal that address the six ACGME competencies. To assist programs in covering all this content, SCORE has implemented "TWIS"—*This Week in SCORE®*. TWIS is a sequence of suggested topics over a two-year cycle, with a new topic (area) featured each week. Through the new TWIS section on the SCORE Portal, residents can view the week's topic and its related modules, and take a new 10-question quiz on the topic. Residents and programs can then track their scores on these quizzes, including on individual quiz questions. Using TWIS, a resident will

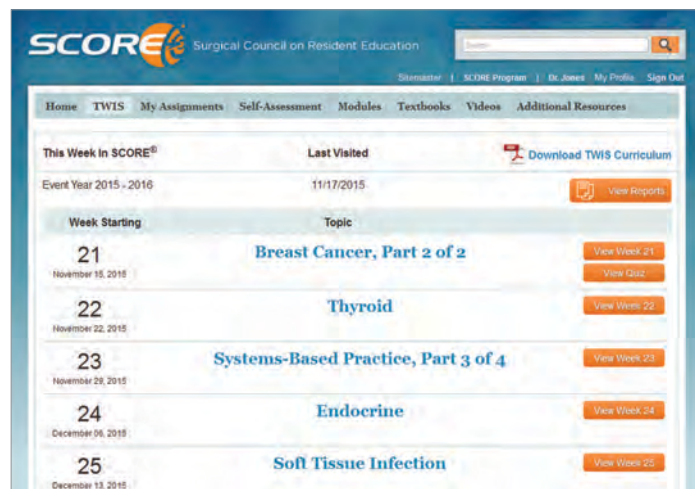
cover all of the portal's core content at least twice in a five-year residency.

Beyond TWIS, SCORE is working to expand and improve the resources on the SCORE Portal. The site now features chapters from 13 textbooks, including

*Sabiston Textbook of Surgery*, which made its debut on the portal this fall. New features, as well as new text and video resources, will continue to be added in response to program feedback. In addition, SCORE is working to review and update all of the portal's

700+ modules on a three-year cycle.

Outside the U.S., 65 programs in 10 countries now use the SCORE Portal as an educational tool. Programs in Canada, the Netherlands, Saudi Arabia, Lebanon, Qatar, Singapore, Japan, Trinidad and Tobago, Haiti, and the United Arab Emirates are using the SCORE Portal. Overall, a total of 440 surgical training programs subscribe to the SCORE Portal, accounting for nearly 11,000 residents and 4,000 faculty.



In 2015, SCORE implemented *This Week in SCORE* or TWIS. Each week features a new topic, with related modules and brand new quiz

In addition to general surgery content, the SCORE Portal also includes resources for vascular surgery and pediatric surgery training programs, with more content for these and other related specialties under development.

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

SCORE is a nonprofit consortium with the mission to improve the education of general surgery residents through the development of a national curriculum

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

(Continued from page 6)

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

Romeo C. Ignacio Jr., M.D.  
Lori A. Jardines, M.D.  
Benjamin T. Jarman, M.D.  
Steven B. Johnson, M.D.  
Jeffrey L. Johnson, M.D.  
Brian A. Kaplan, M.D.  
M. Farrukh Ali Khan, M.D.  
Walter A. Koltun, M.D.  
James R. Korndorffer Jr., M.D.  
Shanu Kothari, M.D.  
Lorrie A. Langdale, M.D.  
Anne C. Larkin, M.D.  
Eric L. Lazar, M.D.  
Kenneth K. Lee, M.D.  
Jason S. Lees, M.D.  
Robert W. Letton Jr., M.D.

Benjamin Li, M.D.  
Roberta Lilly, M.D.  
Pamela A. Lipsett, M.D.  
David H. Livingston, M.D.  
Alicia J. Mangram, M.D.  
Gary N. Mann, M.D.  
Robert A. Marley, M.D.  
Ronald F. Martin, M.D.  
Martin D. McCarter, M.D.  
Robert C. McIntyre Jr., M.D.  
Sarah A. McLaughlin, M.D.  
Michael K. McLeod, M.D.  
John Migaly, M.D.  
Joseph P. Minei, M.D.  
Afshin M. Molkara, M.D.  
John T. Moore, M.D.  
John T. Mullen, M.D.  
Munier Nazzal, M.D.  
Paul W. Nelson, M.D.  
M. Timothy Nelson, M.D.

Raminder Nirula, M.D.  
Earl M. Norman, M.D.  
Jose Luis Pascual Lopez, M.D.  
Anthony T. Petrick, M.D.  
Joel A. Porter, M.D.  
John Porterfield, M.D.  
Frances E. Pritchard, M.D.  
Todd E. Rasmussen, M.D.  
Peter Rhee, M.D.  
Ronald A. Rhodes, M.D.  
Kathryn A. Richardson, M.D.  
Bryan K. Richmond, M.D.  
Eric M. Ritter, M.D.  
Thomas N. Robinson, M.D.  
Stephen M. Roe, M.D.  
Kevin K. Roggin, M.D.  
Rolando H. Rolandelli, M.D.  
Oscar R. Ruiz, M.D.  
George A. Sarosi, Jr., M.D.  
Paul J. Schenarts, M.D.

Aaron M. Scifres, M.D.  
Mohsen Shabahang, M.D.  
Craig D. Shriver, M.D.  
Richard A. Sidwell, M.D.  
Jon D. Simmons, M.D.  
Allan Siperstein, M.D.  
Douglas S. Smink, M.D.  
Dane E. Smith, M.D.  
Carmen C. Solorzano, M.D.  
Kristan L. Staudenmayer, M.D.  
Danny M. Takanishi Jr., M.D.  
Roger P. Tatum, M.D.  
Kevin E. Taubman, M.D.  
Paula Termuhlen, M.D.  
J. Scott Thomas, M.D.  
Margaret C. Tracci, M.D.  
Michael S. Truitt, M.D.  
James G. Tyburski, M.D.  
John M. Uecker, M.D.  
Joan M. Van Camp, M.D.

Thomas J. VanderMeer, M.D.  
Jon D. Vogel, M.D.  
Thomas J. Watson, M.D.  
Jennifer M. Watters, M.D.  
Michael S. Weinstein, M.D.  
Sonlee D. West, M.D.  
Lori L. Wilson, M.D.  
Stephen Wise, M.D.  
Larua E. Witherspoon, M.D.  
James C. Yuen, M.D.  
Herbert J. Zeh III, M.D.



# PROGRAM DIRECTORS' CORNER

## 2016 General Surgery QE: July 19

As previously announced, the next General Surgery Qualifying Exam will be held on Tuesday, July 19, 2016. In light of the earlier exam date, the exam's application deadlines have been moved up by two weeks:

- **Initial Application Deadline:** Friday, April 15
- **Late Application Deadline:** Monday, May 16

In addition, ABS staff are working to streamline the application process to allow for faster submission and approval. We will communicate further information regarding this revised process in the months ahead.

Please note that residents are not required to meet RRC-Surgery defined category minimums at the time of application; they must only meet ABS requirements, including those for current or past certification in Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Fundamentals of Laparoscopic Surgery™ (FLS).

## Taking General Surgery QE After PGY-4

Starting this academic year, the ABS will permit residents who will successfully complete their PGY-4 year in June to apply for and take the QE. All application requirements must be met, including the requirement for certification in ACLS, ATLS and FLS.

Taking the exam after PGY-4 will count toward the four opportunities within four years that are granted to successfully complete the QE. However, the overall seven-year limit to achieve certification will not go into effect until successful completion of residency training.

## New Deadline for Foreign Training Credit Requests

Starting this academic year, **requests for more than one year of credit** for previous foreign graduate medical education must be submitted **by March 15**. This deadline allows time for review by the ABS Credentials Committee in order to provide program directors with a decision by May 1. Requests should be submitted to the ABS office only when all required documentation is available. See the full policy on the ABS website under Training & Certification > General Surgery > Related Policies.

## Flexible Endoscopy Curriculum

Applicants for certification who graduate residency in the 2017-2018 academic year or thereafter will be required to have completed the **ABS Flexible Endoscopy 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 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/early PGY-5, the resident will have completed Levels 4 and 5

## Key Requirements for General Surgery Certification

- A minimum of **5 years** of progressive training in a general surgery program accredited by the ACGME or RCPSC, and completed at no more than **3 programs**
- A minimum of **750** operative procedures as operating surgeon, including at least **150** in the chief resident year
- Serving as **chief resident** for a 12-month period
- At least **48 weeks** of full-time clinical activity in each residency year (PGY 1-5). This may be averaged over the first 3 years and last 2 years
- Current or past certification in ATLS, ACLS and FLS
- At least **6 operative** and **6 clinical performance assessments**
- A minimum of **25 cases in surgical critical care**, with at least one in each of the seven categories
- A minimum of **25 cases as teaching assistant**
- At least **250 operations** by the end of the PGY-2 year, as operating surgeon or first assistant. At least 200 must be in the defined categories, endoscopies, or e-codes (Effective with residents who began general surgery residency in July 2014)
- Completion of the **ABS Flexible Endoscopy Curriculum** (Effective with residents graduating in 2017-2018 academic year)

*Please see the Training & Certification > General Surgery section of the ABS website for more information*

One of the final steps in the curriculum is successful completion of Fundamentals of Endoscopic Surgery™ (FES) through SAGES. The FES didactic materials are available without charge at [www.fesdidactic.org](http://www.fesdidactic.org).

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).

## FLS and FES Certification

Residents should plan ahead for certification in FLS, as well as FES if applicable. Be sure to allow three to four weeks for exam results to become available; also allow enough time in the event that retaking the exam becomes necessary. Testing appointments can be made up to 90 days in advance.

## Full Medical License Required for CE

A full and unrestricted medical license (U.S. or Canada) is required to register for the General Surgery or Vascular Surgery Certifying Exam, even if candidates are in a fellowship or pursuing other training. Temporary, limited, educational or institutional licenses will not be accepted under any circumstances. Please encourage residents to start the licensure process early, as it may take several months.

## Dr. Robert Rhodes – 20 Years (cont.)

(Continued from page 5)

Surgery Board of the ABS (VSB-ABS) in 1998, and subsequent component boards for other specialties.

Changes in vascular surgery led to the realization that it was likely time to try different training paradigms, such as early specialization programs and integrated residen-



Dr. Rhodes as a young attending in the 1970s

cies. These new training programs, as well as the primary certificate in vascular surgery, gave the vascular surgery community the opportunity to re-evaluate how to best train and certify vascular surgeons. However, at the end of the day, there are still a lot of commonalities in surgical education, regardless of the surgical specialty.

### What other changes have you seen in surgery?

Surgical practice is changing so fast — the expansion of knowledge and technology makes it harder and harder to keep up. There's also a change in how we practice and train; younger surgeons are placing greater importance on work-life balance, which is likely long overdue.

Patient care has also become more complex; it's harder for patients to understand and navigate. Patient safety in some ways has improved, but communication and patient handoff issues remain. We're trying to train surgeons in more areas with fewer hours. For example, surgeons now need to know both laparoscopic and open approaches.

### Looking back at your time here, of which accomplishments are you most proud?

I'm proud that I've been able to directly impact and improve our examination processes to make them a more meaningful assessment of knowledge and judgment.

I'm also proud of working with others, like our directors, component boards, advisory councils and exam consultants, to keep our standards high. I am particularly proud of the evolution of the VSB-ABS and its commitment to the high-quality education of vascular surgeons. The key for the future will be maintaining these standards while looking ahead to new concepts — those which enhance the value of certification as a standard defined by the surgical community.

### Final thoughts?

It's been a privilege over the years to work with so many surgeons from all over the country and from all different practice settings; all were devoted to improving the quality of surgical care. It was also a great opportunity for these surgeons to discuss their different approaches to clinical problems and come to a consensus. Throughout they never lost sight of the need to maintain high standards to fulfill the board's obligation to the public. It's also been fantastic working with the ABS staff, who are similarly committed.

## 2016 Exam Application Deadlines and Exam Dates

The ABS' online exam application process is posted each year in early spring at [www.absurgery.org](http://www.absurgery.org). Candidates are encouraged to begin the application process as early as possible. Diplomates eligible to take an MOC exam in 2016 will be notified by letter and email once the application process is available.

	Application Deadline	Late Application Deadline(s)	Examination Date(s)
General Surgery QE	Apr. 15	May 16	July 19
General Surgery MOC Exam	Aug. 1	Sept. 1, Oct. 3, Nov. 1	Nov. 28 – Dec. 14
Vascular Surgery QE, Pediatric Surgery QE, Complex General Surgical Oncology QE, Surgical Critical Care CE	July 1	July 15	Sept. 12
MOC Exams in Vascular Surgery, Pediatric Surgery, and Surgical Critical Care	July 1	July 15	Sept. 12 – 24
Hand Surgery CE	Mar. 15	Mar. 31	Sept. 8
Hand Surgery MOC Exam	Mar. 15	Mar. 31	Sept. 8 – 22
Hospice and Palliative Medicine CE and MOC Exam	May 2	June 1	Nov. 7

*Application Tip: If sending application items overnight to the ABS office, "First Overnight" service is not necessary*

# Welcome to Our New Directors

## In Appreciation

As we welcome our new directors, we gratefully acknowledge the dedication and commitment of the following outgoing directors in their service to the ABS:

**Dr. Douglas W. Hanto** – American Society of Transplant Surgeons (ASTS)

**Dr. Ronald B. Hirschl** – American Pediatric Surgical Association (APSA)

**Dr. David M. Mahvi** – Society for Surgery of the Alimentary Tract (SSAT)

**Dr. Selwyn M. Vickers** – American Surgical Association (ASA)

In addition, the ABS welcomes **Dr. Samuel A. Tisherman** of the Society of Critical Care Medicine – Surgical Section to the ABS Trauma, Burns and Critical Care Board and **Dr. Kelly K. Hunt** of the Society of Surgical Oncology to the ABS Surgical Oncology Board. The ABS also welcomes **Dr. Peter G. Stock** and **Dr. Lewis W. Teperman** to the ABS Transplantation Advisory Council, both representing the ASTS.

## About ABS Directors

The directors of the American Board of Surgery are elected for a single six-year term from ABS nominating organizations or through an at-large open nomination process.

All ABS directors are surgeons in active practice, currently certified by the ABS and meeting the requirements of the ABS MOC Program. They receive no remuneration for their service. The ABS also has one public member, elected by open nomination.

Through the ABS directors and component board and advisory council members, the ABS includes representation from 39 different surgical organizations.

**Marwan S. Abouljoud, M.D.**  
(ASTS)

**Birthplace:** Beirut, Lebanon

**Hobbies:** Skiing, sailing, golfing, reading

**College:** American University of Beirut

**Medical School:** American University of Beirut

**Residency:** University of Michigan, Henry Ford Hospital

**Clinical Fellowships:** Transplantation surgery, University of Alabama–Birmingham, Baylor University

**Current Practice:** Liver transplantation, hepatobiliary surgery, living donor hepatectomy

**Research/Clinical Interests:** Living donor liver transplantation; complex hepatobiliary surgery and minimally invasive approaches; burnout and resilience in medicine; compensation design and service line structures; improved surgical outcomes by use of process redesign

**Academic Appointments:** Associate Professor of Surgery, Wayne State University

**Administrative Titles:** Division Head, Transplant and Hepatobiliary Surgery; Director and Benson Ford Chair, Henry Ford Transplant Institute. Chief Medical Officer, Henry Ford Medical Group – Detroit, Mich.

**Other Activities:** Past Councilor, ASTS; Past Chair, Henry Ford Medical Group Board of Governors; United Network for Organ Sharing (UNOS) Region 10 Councilor and Board Member



**Marjorie J. Arca, M.D.**  
(APSA)

**Birthplace:** Manila, Philippines

**Hobbies:** Yoga, running, “dance mom”

**College:** University of California – Riverside

**Medical School:** University of California – Los Angeles

**Residency:** University of Michigan

**Clinical Fellowships:** Surgical critical care and pediatric surgery, University of Michigan; advanced laparoscopic surgery, Cleveland Clinic

**Current Practice:** Pediatric surgery, pediatric surgical critical care

**Research/Clinical Interests:** NSQIP, quality and safety, pediatric surgical education

**Academic Appointments:** Professor of Surgery, Pediatric Surgery and Pediatrics, Medical College of Wisconsin

**Administrative Titles:** Surgical Director, Critical Care; Assistant Program Director, Surgical Critical Care Training Program; Assistant Program Director, Pediatric Surgery Training Program, Medical College of Wisconsin. ACS NSQIP-Pediatric Champion, Children’s Hospital of Wisconsin – Milwaukee, Wis.

**Other Activities:** Chair of Outcomes Committee and Education Committee, Vice Chair, Critical Care Committee, APSA; Past Chair, Publications Committee and Membership Committee, American Academy of Pediatrics – Section on Surgery



**Mary T. Hawn, M.D., M.P.H.** (ASA)

**Birthplace:** Manistique, Michigan

**Hobbies:** Skiing, tennis, sailing, jogging

**College:** University of Michigan

**Medical School:** University of Michigan

**Residency:** University of Michigan

**Clinical Fellowships:** Minimally invasive surgery, Oregon Health Sciences University

**Current Practice:** Minimally invasive foregut and general surgery

**Research/Clinical Interests:** Health policy, surgical quality and outcomes

**Academic Appointments:** Professor of Surgery, Stanford University School of Medicine

**Administrative Titles:** Chair, Department of Surgery, Stanford University School of Medicine

**Other Activities:** Board of Governors and Chair of Scientific Forum Committee, ACS



**O. Joe Hines, M.D.**  
(SSAT)

**Birthplace:** Oakland, California

**Hobbies:** Gardening and time with family

**College:** University of Oklahoma

**Medical School:** University of Oklahoma School of Medicine

**Residency:** University of Virginia

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

**Current Practice:** General surgery

**Research/Clinical Interests:** Pancreatic cancer, gastrointestinal disease, general surgery

**Academic Appointments:** Professor of Surgery, Director of General Surgery Residency Program David Geffen School of Medicine at UCLA

**Administrative Titles:** Robert and Kelly Day Chair in General Surgery and Chief, Division of General Surgery; ACS NSQIP Surgeon Champion, UCLA

**Other Activities:** Board of Governors, ACS; President, ACS Southern California Chapter; Past President, Society of University Surgeons







## ABS NEWS – 2015 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).*

## 2014-2015 EXAMINATION STATISTICS

**Key:** GS – General Surgery, ITE – In-Training Examination, VS – Vascular Surgery, PS – Pediatric Surgery, SCC – Surgery Critical Care, CGSO – Complex General Surgical Oncology, HS – Hand Surgery, HPM – Hospice and Palliative Medicine. ITE figures are for U.S. allopathic trainees only.

Examination	Examinees	Pass Rate	Diplomates (to date)
GS Qualifying	1,422	80%	N/A
GS Certifying	1,374	77%	62,192
GS MOC	1,462	95%	23,078
ABSITE	8,301	N/A	N/A
VS Qualifying	165	94%	N/A
VS Certifying	149	91%	3,616
VS MOC	169	94%	2,375
VSITE	466	N/A	N/A
PS Qualifying	54	94%	N/A
PS Certifying	54	91%	1,331

Examination	Examinees	Pass Rate	Diplomates (to date)
PS MOC	47	94%	880
PSITE	115	N/A	N/A
SCC Certifying	216	97%	3,697
SCC MOC	124	95%	1,718
CGSO Qualifying	62	90%	N/A
CGSO Certifying	63	89%	56
HS Certifying	14	79%	310
HS MOC	6	77%	164
HPM Certifying	12	58%	69

## Your Surgeon Is Certified NEW! >>

The *Your Surgeon Is Certified* brochure is offered to diplomates to educate patients about the significance of board certification. We will be offering an updated brochure with a fresh look in early 2016, with a new online ordering process. Look for more details in the coming weeks!

