



PSB-ABS News

Spring 2016

Newsletter of the Pediatric Surgery Board of the American Board of Surgery

In This Issue...

Report from the Chair	1
QE and MOC Exam Update	2
CE Update.....	2
PSITE Update	3
SCORE and NAT Update	3
Non-Accredited Fellowships	4
Residency Redesign	4
MOC Update	5
In Closing	5

New Member Profile



Dr. Mary Edwards, COL MC, USA, joined the PSB-ABS this past year as the board's

new at-large member. Dr. Edwards completed her general surgery residency at Brooke Army Medical Center in San Antonio, Texas, and her pediatric surgery training at Baylor College of Medicine in Houston.

Dr. Edwards is in solo practice at San Antonio Military Medical Center and also serves as the general surgery residency program director for the center. In addition, she serves on the center's graduate medical education committee, and as a consultant to the Surgeon General of the Army for general surgery.

Dr. Edwards has served in both Iraq and Afghanistan, and has received numerous awards for her service, including the Bronze Star.

Report from the Chair - Dr. Kenneth Azarow

About the ABS and PSB-ABS

As you may know, the American Board of Surgery (ABS) consists of a board of directors representing 26 national surgical organizations. It also includes three at-large directors, as well as one public member. Within the ABS, there are standing committees, advisory councils, and component boards, of which the Pediatric Surgery Board (PSB-ABS) is one. The Pediatric Surgery Board of the ABS consists of representatives from four organizations: the American Pediatric Surgical Association (APSA); American Academy of Pediatrics (AAP); the Association of Pediatric Surgery Training Program Directors (APSTPD); and the Advisory Council for Pediatric Surgery of the American College of Surgeons. In addition, we have one at-large member elected from the pediatric surgery community. Furthermore, any pediatric surgeon who happens to represent other ABS nominating organizations as a director may serve on the PSB-ABS.



This past year the PSB-ABS recognized the contributions of **Dr. Dennis P. Lund** as he concluded his at-large service and elected **Dr. Mary J. Edwards** to be our new at-large member. Like our other members, she will serve a six-year term. In addition to Dr. Edwards, the current members of the board are:

- Kenneth S. Azarow, M.D., Chair** (ABS Director – APSTPD)
- Fizan Abdullah, M.D.** (ABS Director – AAS)
- Marjorie J. Arca, M.D.** (ABS Director – APSA)
- Mary L. Brandt, M.D.** (PSB-ABS Member – AAP)
- Dai H. Chung, M.D.** (ABS Director – SUS)
- Frederick J. Rescorla, M.D.** (PSB-ABS Member – ACS Advisory Council for Pediatric Surgery)
- John H.T. Waldhausen, M.D.** (PSB-ABS Member – APSA)

The mission of the PSB-ABS is to certify pediatric surgeons through examination and the evaluation of education and professional conduct, and to oversee the requirements for attaining and maintaining that certificate. The standing work of the PSB-ABS is to write, edit, and administer the Pediatric Surgery Qualifying (QE), Certifying (CE) and Maintenance of Certification (MOC) Examinations, as well as the Pediatric Surgery In-Training Examination (PSITE). To develop these examinations, the PSB-ABS utilizes three groups of “exam consultants,” made up of practicing pediatric surgeons who volunteer their time and expertise to the board. One group addresses the QE and MOC Exam, another the CE, and another the PSITE. Finally, the PSB-ABS helps ensure that pediatric surgery is sufficiently represented on other ABS component boards and exam committees. We would like to express our deep appreciation to all of our examination consultants for their dedication and commitment to advancing pediatric surgery.

2016 Examinations

The online application process for all 2016 exams is now available on the ABS website, www.absurgery.org.

Diplomates eligible to take an MOC (recertification) exam this year (certification expires in 3 years or less) will also be notified by letter and email.

Pediatric Surgery Qualifying Examination

Sept. 12, 2016

Application Deadlines: July 1 and July 15

How to Apply

Pediatric Surgery MOC Examination

Sept. 12 - 26, 2016

Application Deadlines: July 1, July 15, Aug. 15

How to Apply

Recent Exam Statistics

Pediatric Surgery QE

Year	Examinees	Pass Rate
2015	54	94%
2014	50	94%

Pediatric Surgery CE

Year	Examinees	Pass Rate
2015	54	91%
2014	56	89%

Pediatric Surgery MOC Exam

Year	Examinees	Pass Rate
2015	47	94%
2014	45	91%

Pediatric Surgery Curriculum

The PSB-ABS has also taken on the responsibility of developing the *SCORE® Curriculum for Pediatric Surgery* currently in progress. The goal of this initiative is to create a standard curriculum for pediatric surgery training in the U.S. Beyond this effort, pediatric surgery trainees must also now meet specific *milestones (see pdf)* as they advance in their training. The PSB-ABS has played a leading role in developing these milestones in concert with the Accreditation Council on Graduate Medical Education (ACGME), and will continue to work with the ACGME as these are assessed and revised in the future.

Liaison to the Pediatric Surgery Community

Lastly, the PSB-ABS serves as a liaison between the pediatric surgery community and the ABS for all matters regarding surgical certification and education. The ABS is currently tackling several issues in coordination with other stakeholder groups, including redesigning general surgery residency training, modifications to its MOC program, and exploring accreditation/certification pathways for post-residency fellowship programs not accredited by the ACGME. These issues are all extremely complex and all options will need to be heavily weighed. We will work to keep you informed of our actions and collect feedback.

We recognize the need for frequent and consistent communication and input from our diplomates. As such, in addition to this newsletter, we are undertaking a new initiative to engage focus groups twice per year. We plan to extend a personal invitation to all new diplomates following this year's CE to sit down with members of the PSB-ABS during the annual APSA meeting. A similar invitation will go out in the fall to our newly recertified diplomates following the MOC exam with the goal of meeting at the ACS or AAP annual meeting.

The remainder of this newsletter will serve as an overview of some of the topics I have presented. It is our honor to serve our peers and the public by representing the interests of pediatric surgeons at the American Board of Surgery.

QE and MOC Exam Update

The Pediatric Surgery QE and MOC Exam consultants committee, along with members of the PSB-ABS, is responsible for all of the new exam questions that are developed each year. The group consists of 12 pediatric surgeons, each with a six-year term. Every two years a group of four surgeons rotates off. We sincerely thank Dr. Sherif G.S. Emil, Dr. Frazier W. Frantz, Dr. Robert E. Kelly, and Dr. Charles L. Snyder for their service, which ended this year. All consultants must be up to date on their MOC requirements and must be in the window where they will not have to take the MOC exam during their six-year term. Our passing scores for both exams have remained consistent at between 65% and 70% correct. The examinee passing rate for both exams has remained above 90% in recent years.

CE Update

This year's Pediatric Surgery Certifying Examination took place in Philadelphia during the first few days of March. Approximately five years ago, the PSB-ABS, led by Dr. Thomas F. Tracy and Dr. Ronald B. Hirschl, expanded the CE to better reflect the breadth of pediatric surgery practice. The CE now features five 30-minute exam

ABS MOC Requirements at a Glance

MOC requirements run in 3-year cycles (Jan. 1-Dec. 31):

- **Professional Standing:** A full and unrestricted medical license, hospital privileges (if clinically active), and professional references
- **Lifelong Learning/Self-Assessment:** 90 credits of Category 1 CME over a 3-year cycle, with at least 60 including self-assessment (such as a test or quiz)
- **Practice Assessment:** Ongoing participation in a local, regional or national outcomes registry or quality assessment program

See MOC Requirements for further details. After each 3-year cycle, diplomates report on their MOC activities by submitting information through the ABS website.

This information is due by March 1 – two months after the end of the 3-year cycle. See *Three-Year Reporting* for more on this process.

A secure MOC exam is also required at 10-year intervals, and may be taken starting 3 years before certificate expiration. See our MOC Exams section for details.

Diplomate Online Services

Check your MOC status; view your timeline: [MOC Status](#)

Record your CME activities: [CME Repository](#)

Update your contact information: [Update Personal Information](#)

View exam results; print verification: [Exam Records](#)

sessions, rather than three, with a specific area of pediatric surgery covered in each of the five sessions: 1) Oncology; 2) Thoracic/Airway/Chest Wall; 3) Trauma/Critical Care; 4) Abdomen/Hepatobiliary/GI; and 5) Head and Neck/Endocrine/GU.

Each of the five areas of the exam has a team of five pediatric surgeons responsible for the content and examination of their section. Each examination consultant is appointed to a six-year term for their specific section. The revised exam format provides greater opportunity to assess a candidate's judgment, which is the main purpose of this examination. The PSB-ABS would like to recognize those individuals who will be rotating off the CE consultants group after this year's CE for their hard work and dedication: Dr. Peter F. Ehrlich, Dr. Craig W. Lillehei, Dr. Eugene D. McGahren III, Dr. Henry E. Rice, Dr. Daniel A. Saltzman, and Dr. Anthony D. Sandler.

PSITE Update

The Pediatric Surgery In-Training Examination is offered annually in February to ACGME-accredited pediatric surgery training programs. It is a five-hour, web-based examination consisting of about 200 multiple-choice questions designed to measure the knowledge of pediatric surgery fellows. The results are provided to program directors to help assess trainees' progress.

In 2015, there were 53 first-year and 53 second-year fellows who took the PSITE. Each year, a survey accompanies the PSITE, designed to provide information on the composition of current pediatric surgery trainees. In 2015 the survey was designed to capture data around the process of training in pediatric surgery. The results showed that 46% of the fellows entered pediatric surgery training seven years after starting general surgery training, while 16% started after nine years. Forty-one percent of the trainees had two years of basic science research during residency; 25% had less than one year of research. Sixty-five percent of trainees participated in 11 to 15 interviews to gain a pediatric surgery training position. Sixty-two percent believed that five years of general surgery training is necessary prior to starting a pediatric surgery fellowship. These results are similar to the 2014 survey. The results of the 2016 PSITE survey will be made available to the PSB-ABS in June.

The PSB-ABS would like to recognize our PSITE consultants who are rotating off for their work in writing new exam questions and developing the exam: Dr. Gail E. Besner, Dr. Andrew M. Davidoff, Dr. Gerald Gollin, Dr. Craig W. Lillehei, and Dr. Daniel H. Teitelbaum. We extend our sincere thanks for their expertise, time and service.

SCORE and NAT Update

Pediatric surgery training for many years has had no single, standardized national curriculum. The SCORE Curriculum for Pediatric Surgery ("PedSCORE") has been developed by the PSB-ABS as an adjunct to the SCORE Curriculum for General Surgery used by most general surgery residency programs across the U.S. The content of the SCORE Curriculum for Pediatric Surgery is being posted to the SCORE Portal (www.surgicalcore.org) in four phases, with phases 1 and 2 already complete and in use by most pediatric surgery training programs in the country. Currently there are 50 modules ([view list](#)) published and in use with 66 additional ones to be completed in phase 3. Completion of the third phase will cover most of the remaining clinical topics, while phase 4 will add material related to the non-clinical ACGME competencies, such as professionalism, communication and systems-based practice.

Contact Us

PSITE: pedit@absurgery.org

PS QE: pedqe@absurgery.org

PS CE: pedce@absurgery.org

PS MOC Exam:
pedrecert@absurgery.org

MOC Program:
moc@absurgery.org

1617 John F. Kennedy Blvd.
Suite 860
Philadelphia, PA 19103
215-568-4000
www.absurgery.org

Follow Us



Facebook



Twitter

Phase 3 will be completed by June 2017, with phase 4 scheduled for completion by December 2017. A complete curriculum outline, similar to the one available for general surgery ([view pdf](#)), will be available shortly.

Currently the SCORE Curriculum for Pediatric Surgery uses *Pediatric Surgery (Coran et al)* from Elsevier as its textbook resource. Fellows whose training programs subscribe to the SCORE Portal have direct access to the Coran text for information; this resource also helps provide discussion and teaching objectives for faculty. In addition, APSA is currently well into the development of “NAT”—*Not a Textbook*—which is a new text resource being created by APSA members. As the NAT comes online, new SCORE pediatric surgery modules will be linked to this reference material, and as current modules are updated in the future, the NAT is anticipated to become the primary reference source. The NAT will be updated quarterly and will be able to accommodate multiple types of media. Currently the NAT is scheduled for initial release in May 2016 at the time of the annual APSA meeting.

Non-Accredited Fellowships

The ABS has been working for nearly two years to foster the development of a more uniform system of accreditation and certification across all of the specialties of general surgery. Currently, 75% to 80% of surgeons seek additional training following residency training in general surgery. Although many (50%) of these individuals train in a field with a formal certification process, such as pediatric surgery, the remainder pursue fellowships in subspecialty areas without a formal certification process (e.g., bariatric, endocrine, transplant, etc.). The latter are typically quite small, with generally fewer than 40 trainees per year total in each area.

Most of these disciplines have been reluctant to seek ACGME accreditation, due to the 80-hour workweek limitation and because doing so would prohibit fellows from billing for surgical services. The ABS is in discussion with the American Board of Medical Specialties, ACGME and Residency Review Committee for Surgery, as well as the relevant societies, to explore this issue further and construct pathways that could allow for accreditation of these fellowships and certification of their graduates. We anticipate ongoing discussion of this issue over the next several months.

Residency Redesign

The ABS is also in an ongoing state of examination and exploration of the best possible ways to train surgeons. There is fairly widespread agreement that the current system needs refining to better match current and future surgical practice. In order to serve the public and satisfy our own standards, a discussion around competency-based residency education is taking place. In the coming months, the PSB-ABS hopes to engage as many of you as possible in this discussion.

Currently the ABS is trying to learn as much as possible from what other countries have done in this regard, since these problems are relatively universal. Canada is currently in the process of adopting competency-based training across all medical specialties over the next five years. Surgical programs in the Netherlands have also been reorganized recently in this vein, and the scope of general surgery in that country has also been redefined.

The ABS is also investigating Entrustable Professional Activities (EPAs), which appear to be a core element of competency-based advancement. In addition, we are reviewing research on methods of improving the efficiency and effectiveness of learning, including skills acquisition and knowledge retention. We will keep you informed as our efforts progress.

MOC Update

The ABS is also continually and critically evaluating its MOC program to help ensure that it is useful for diplomates, while also upholding our duty to the public. We think everyone would agree that continual education around advances in surgical care is essential for the contemporary surgeon to provide the safest possible care for each and every patient. MOC is intended to serve as a national, surgeon-defined standard for what surgeons should be doing to stay up to date and improve their practice. The question is how to best achieve this in a meaningful yet feasible way. The PSB-ABS is examining this same question for our discipline. Should you have any questions about MOC activities, please feel free to reach out to any of the PSB-ABS members.

In Closing ...

We as the Pediatric Surgery Board of the American Board of Surgery are honored to represent our community and look forward to engaging with you as we seek to continue to uphold pediatric surgery certification as a surgeon-defined standard of excellence. Thanks for reading and for your attention!



PSB-ABS members at a June 2015 meeting (l-r): Dr. John Waldhausen, Dr. Dai Chung, Dr. Ken Azarow, Dr. Ron Hirschl, Dr. Marjorie Arca, Dr. Dennis Lund, Dr. Mary Brandt, Dr. Fizan Abdullah and Dr. Fred Rescorla.