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# ABS Review and Update: 2008

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Association of Residency Coordinators in Surgery  
April 15, 2008

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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
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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

# 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

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	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

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# 2008 examination dates

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GS QE

Thursday, August 14

VS QE

Monday, September 22

SCC CE

Monday, September 22

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# 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)

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Register early!!!!

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# 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
- 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
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# Why online?

- Reduced cost
  - Greater security
  - Greater convenience?
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# The other in-training examinations

## ■ PSITE

- 81 examinees
- 41 programs
- On-line review

## ■ VSITE

- 240 examinees
  - 91 programs
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# The issues of irregular behavior

- Professionalism
  - Copyright violation
  - Test validity
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# ABS irregular exam behaviors

- Copying/memorizing/distributing questions

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*Teaching to the test*

*vs.*

*teaching the test*

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02-25-2008, 04:44 PM

#1

**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 and inova?

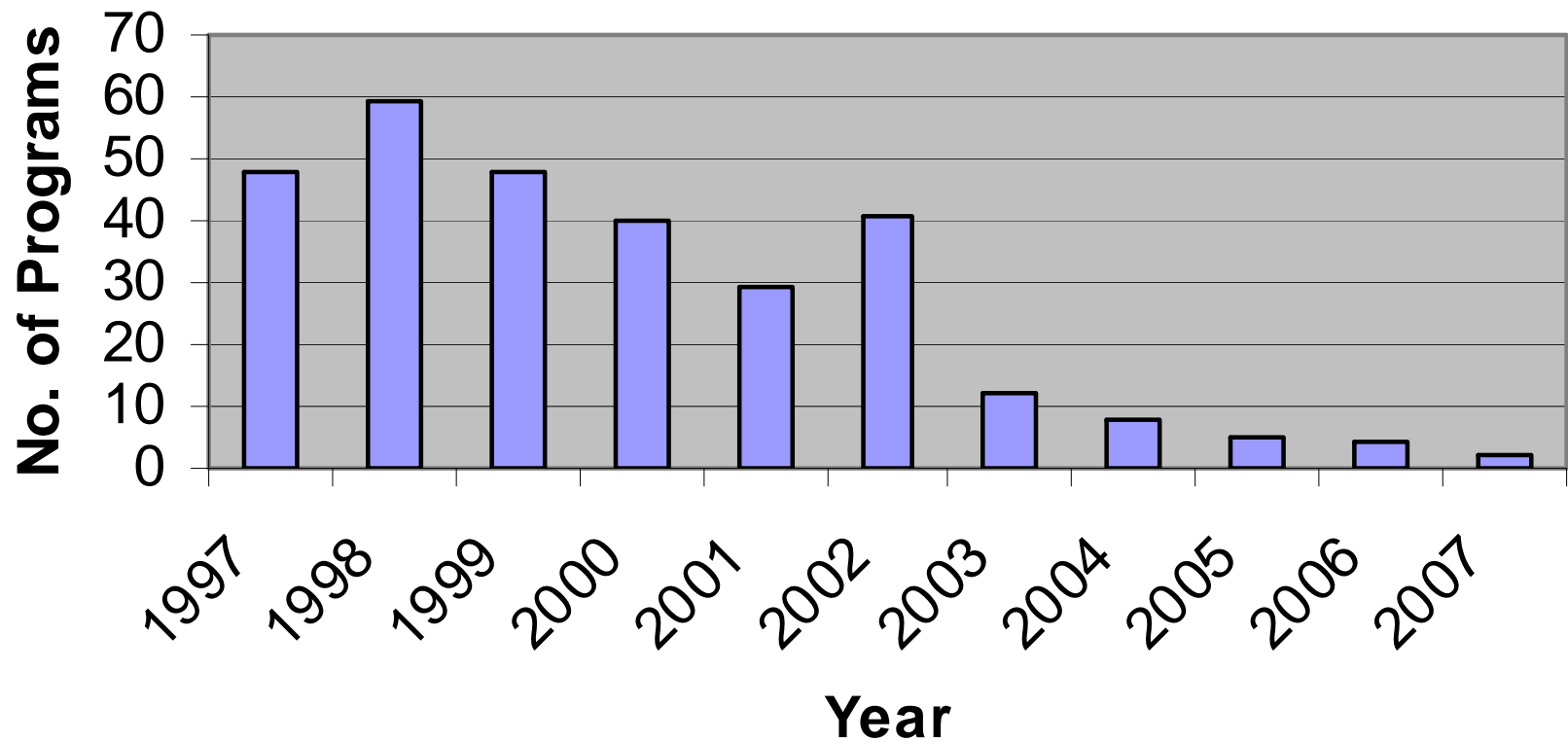
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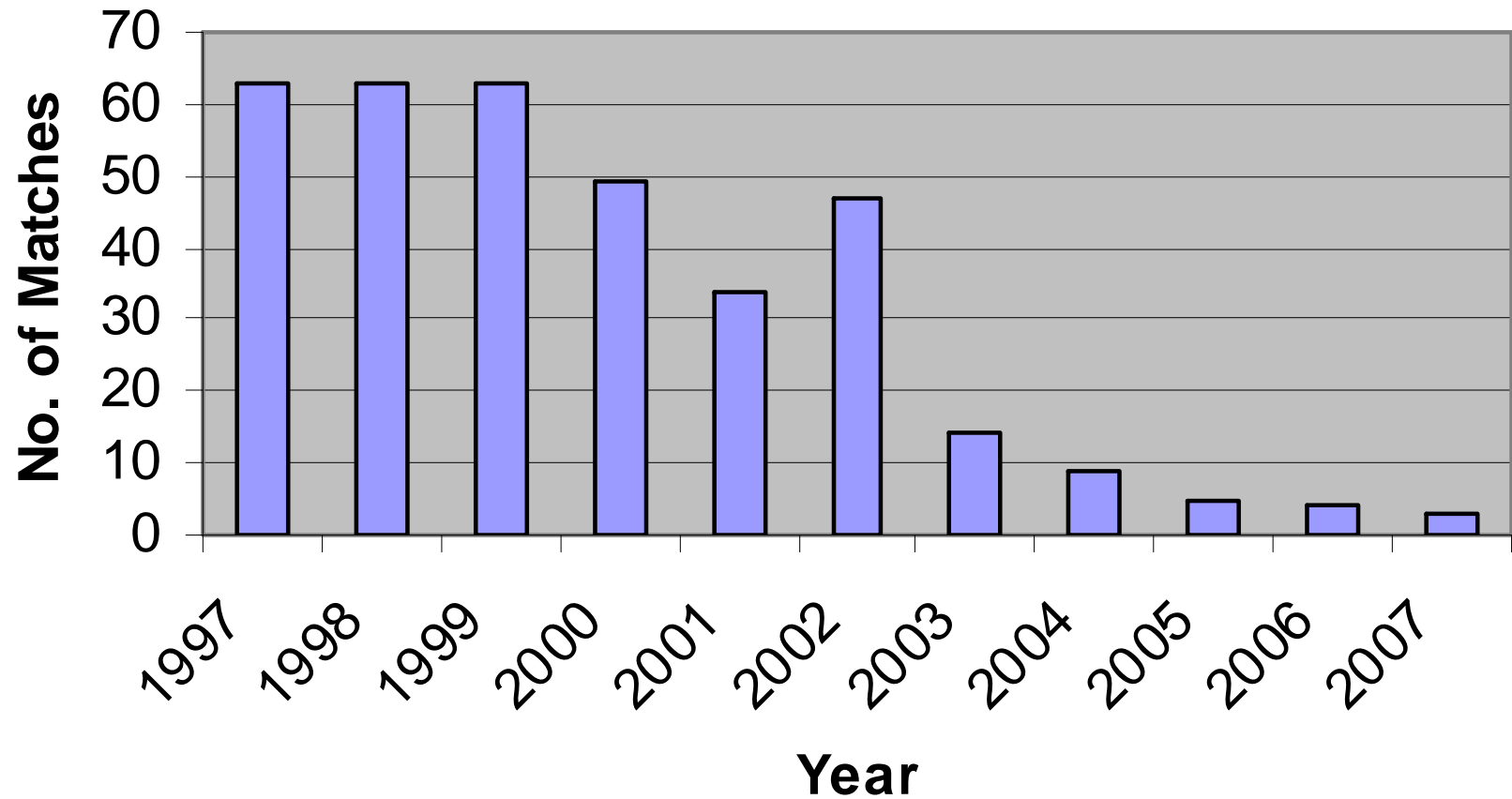
# ABS irregular exam behaviors

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

## No. of Programs with "Suspicious Matches"



## No. of "Suspicious Matches"




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Suspicious match  $\neq$  cheating

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# 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

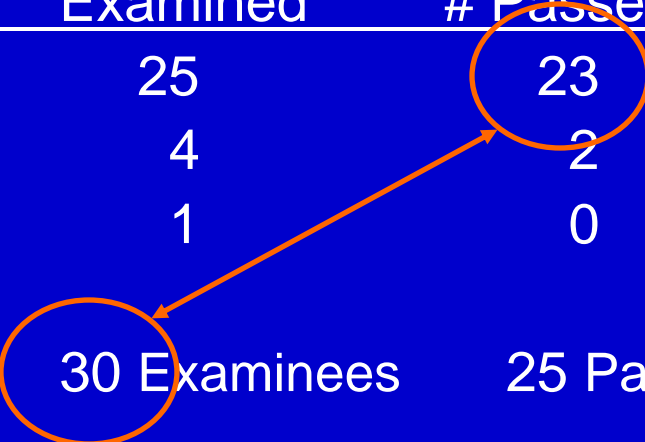
# Policy on unscheduled breaks

- 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
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<b>Program Total :</b>	<b>30 Examinees</b>	<b>25 Pass</b>	<b>5 Fail</b>



**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
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<b>Program Total :</b>	<b>24 Candidates</b>	<b>24 Pass</b>	<b>0 Fail</b>

**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

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# The survey

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# ABS Guide to Multiple Choice Examinations

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[www.absurgery.org/xfer/ABSTestGuide.pdf](http://www.absurgery.org/xfer/ABSTestGuide.pdf)

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The ABS continues to greatly  
appreciate your efforts and  
cooperation!

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Dr. Jo Buyske

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