



Working with the ABS

Association of Residency Coordinators in Surgery
New Coordinators Workshop – April 14, 2008

Barbara Jalbert-Gerkins

Key Points

- Requirements for application
- Highlight frequent errors found on QE applications
- Resident Roster/Roster Verification and their roles at the ABS
- ABSITE – points to keep in mind
- Your input



Limitation on Number of Residency Programs

- Residents completing their chief year in 2008 or thereafter, must have completed training in no more than **3 programs**.
- For residency training occurring in more than 1 program, ABS continues to require documentation of satisfactory completion, such as a certificate.
- This affects your current chief residents.



Requirements for 2008 Applicants

- 36 months devoted to essential content areas of surgery over the 5 years
- 500 operative procedures in 5 years and 150 in the chief year
- Chief year devoted to the essential content areas of surgery and no more than 4 months spent in any one specialty



New Surgery Certification Requirements

- Effective July 1, 2008, certification requirements are:
 - Have spent over the 5 years no fewer than **42 months** devoted to the essential content areas of surgery
 - Completed all chief rotations in essential content areas, thoracic surgery or transplantation
 - Participate in **750 operative procedures** in the 5 years and 150 as surgeon chief; up to 50 cases as TA may count toward 750 total



Essential Content Areas

- Alimentary Tract
- Abdomen and its Contents
- Breast, Skin and Soft Tissue
- Endocrine System
- Head and Neck
- Pediatric Surgery
- Surgical Critical Care
- Surgical Oncology
- Trauma/Burns
- Vascular Surgery



Frequent Problems with Applications

General Surgery Qualifying Examination Application Form (DRAFT)

[Save and Exit](#) [Cancel](#) [Instructions](#)

Graduate Medical Education

THIS SECTION MUST BE FILLED OUT CORRECTLY FOR YOUR APPLICATION TO BE ACCEPTED. INCORRECT OR INCOMPLETE INFORMATION WILL DELAY YOUR APPLICATION'S APPROVAL.

Click on the Instructions link above for **specific instructions** on how to complete this section.

[Add New Record](#)

From	To	Weeks	Program Name	Name of Affiliated Institution	Clinical Level	Clinical Activity	
2006-07-01	2006-09-30	13.1	CA - San Joaquin General [1033]		Residency - PGY 5 Chief	ENT	Edit
2006-10-01	2007-02-28	21.6	CA - San Joaquin General [1033]		Residency - PGY 5 Chief	Vascular Surgery	Edit
2007-03-01	2007-04-30	8.6	CA - San Joaquin General [1033]		Residency - PGY 5	General Surgery	Edit
2007-05-01	2007-06-30	8.7	CA - San Joaquin General [1033]		Residency - PGY 5 Chief	General Surgery	Edit

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- [Personal Information](#)
- [Mailing Address and Contact Information](#)
- [Birthplace and Citizenship](#)
- [Medical School](#)
- [State Medical License](#)
- [ECFMG Certification](#)
- [Graduate Medical Education](#)**
- [Certification of Attainment of Clinical Skills](#)
- [Completion](#)

Not an essential component

> 4 months

Chief rotation?

Frequent Problems – continued

- Application is signed by someone other than the program director of record as noted in ABS files.
 - ABS is not always notified by the RRC-Surgery of changes in program director.
 - Inform ABS via email of any change in program director, include effective date of the change.



The Second Most Frequent Problem

General Surgery Qualifying Examination Application Form (DRAFT)

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[Add New Record](#)

From	To	Weeks	Program Name	Name of Affiliated Institution	Clinical Level	Clinical Activity	
2002-07-01	2003-06-30	52.1	WA - Univ. of Washington [0768]		Residency - PGY 1	General Surgery	Edit
2003-07-01	2004-06-30	52.3	WA - Univ. of Washington [0768]		Residency - PGY 2	General Surgery	Edit
2004-07-01	2005-06-30	52.1	WA - Univ. of Washington [0768]		Residency - PGY 3	General Surgery	Edit
2005-07-01	2006-06-30	52.1	WA - Univ. of Washington [0768]		Residency - PGY 4	General Surgery	Edit
2006-07-01	2007-06-30	52.1	WA - Univ. of Washington [0768]		Residency - PGY 5 Chief	General Surgery	Edit

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Incorrectly grouped as yearly total – EACH rotation must be listed



Instructions for Graduate Medical Education

IMPORTANT: Each rotation MUST be listed separately by Clinical Activity and NOT grouped together as a yearly total. Such applications will not be processed.

- Enter your entire training sequence in chronological order from the date you began graduate education in surgery until the date completed or expect to complete. There should be no gaps in the time sequence from the start of your residency to its completion. Time spent on vacation, research, fellowships, etc., must also be listed.
- Add a new record for each rotation by clicking on the "New Record" link. Note that the information entered on the previous record for Program Name, Affiliated Institution, and Clinical Level will be the default values for the next record. Likewise, the next record will reflect as its start date the previous record's end date (plus one day).
- If your training did not occur at the parent institution, type the name of the institution and location in the "Name of Affiliated Institution" field.
- For rotations that combine different types of training, select from the drop-down menu the predominant clinical activity that best describes the rotation.
- "General Surgery" should be selected as Clinical Activity **ONLY** if the type of training completed is not listed as a menu option.
- Only residency rotations from a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada will be counted toward the required 54 months of clinical surgical experience.

EXAMPLE:

From	To	Weeks	Program Name	Name of Affiliated Institution	Clinical Level	Clinical Activity
2001-07-01	2001-09-30	13.1	NY - SUNY - Brooklyn [0500]	Mercy Hospital	Residency - PGY 2	Pediatric Surgery
2001-10-01	2001-11-30	8.7	NY - SUNY - Brooklyn [0500]		Residency - PGY 2	Thoracic Surgery
2001-12-01	2002-01-31	8.9	NY - SUNY - Brooklyn [0500]		Residency - PGY 2	General Surgery
2002-02-01	2002-03-31	8.4	NY - SUNY - Brooklyn [0500]	New York General Hospital	Residency - PGY 2	General Surgery
2002-04-01	2002-06-30	12.9	NY - SUNY - Brooklyn [0500]		Residency - PGY 2	Transplant

The Instruction Link provides a sample of how the Graduate Medical Education should be completed.



And the Most Frequent Problem is.....

	SC	SJ	TA	FA
PATIENT CARE (NOT FOR MAJOR CREDIT)				
<hr/>				
NON-OPERATIVE TRAUMA				
<hr/>				
Total PATIENT CARE (NOT FOR MAJOR CREDIT)				
<hr/>				
SURGICAL CRITICAL CARE PATIENT MANAGEMENT				
<hr/>				
Ventilatory Management: >24hrs on ventilator				
<hr/>				
Bleeding: non-trauma patient > 3 units				
<hr/>				
Hemodynamic instability: req. inotrope/pressor				
<hr/>				
Organ dysfunction: renal, hepatic, cardiac				
<hr/>				
Dysrhythmias: requiring drug management				
<hr/>				
Invasive line, manage/monitor: Swan, Arterial,etc				
<hr/>				
Parenteral/enteral nutrition				
<hr/>				
Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT				
<hr/>				

- These sections **cannot be left blank!**
- Resident should either enter data and resubmit the op report or provide a detailed written description of Non-Operative Trauma and/or Surgical Critical Care experience.



Transplant Experience

- Resident must have either a rotation or operative experience in transplant. If not, send patient roster with application.
- ABS requires pre-operative, operative and post-operative experience in transplant.
- Objective is for resident to have direct patient care of transplant patients.
- American Society of Transplant Surgeons has developed curriculum for general surgery resident on transplant service.



After Approval

- Resident will be notified to complete online exam registration and submit separate exam fee.
- Once registration is processed, exam authorization letter will be mailed.
- Advise residents to maintain a current email and mailing address by using “My Records” on our website.
- Schedule exam center with Pearson as soon as exam authorization letter is received.
- **Reminder** – Centers, particularly urban centers fill up quickly! Delay in scheduling a center will likely result in traveling outside local area.



Licensure

Certification requires a current, full and unrestricted medical license.

■ QE (written exam)

- Must have current, full and unrestricted medical license if taking QE more than 6 months following the completion of residency

■ CE (oral exam)

- Current, full and unrestricted medical license is an **absolute** requirement when taking CE, regardless of how soon following residency

Temporary, limited, or educational licenses are **NOT** acceptable, even if pursuing advanced training or fellowship.



Resident Roster Verification

- ABS must know where (program) and PGY level of a resident during a given year = verification signed by program director.
- For ABS verification purposes, resident either satisfactorily completes year and moves onto next level or does not.
- No details needed; probation or other reservations are not required to be noted as part of the verification process.
- ABS requires verification that a resident has satisfactorily completed at least 5 years of training.



Resident Roster for Current Academic Year

- Name and Social Security number as listed on the roster are used to create ABS records for each graduating chief.
- Number of graduating chiefs must match number of RRC-approved positions.
- If your program receives temporary approval, provide documentation to ABS. The ABS is not always notified of these decisions.



ABSITE – points to keep in mind

- The ABSITE exam and results are provided **only** to program directors as an evaluation tool to assess a resident's progress. And as such:
 - ABS does not provide transcripts to any third party, including the resident, ERAS, etc.;
 - Residents contacting the ABS to discuss and/or obtain results will be directed to contact program;
 - Advise residents to keep individual score report – it is their only record;
 - ABS does not accept checks from individual residents for the ABSITE



ABSITE – Visiting Residents

- For your resident on rotation at another program, the parent program should make arrangements in advance with host program.
- Host program is responsible for ordering and payment of the test booklet.
- Arrangements for reimbursement are made between the parent and host programs.
- If an extra booklet is used, the program that used the book will be charged regardless of who took exam.



ABSITE – Unaffiliated Examinee

- An examinee no longer in a residency program must find a program whose director is willing to allow him/her to take ABSITE along with residents.
- Program must order and pay for booklet.
- Examinee's results will be included along with the program's results. Results will not be provided to individual.
- It is the program's discretion to say "No".



ABSITE - Accommodations

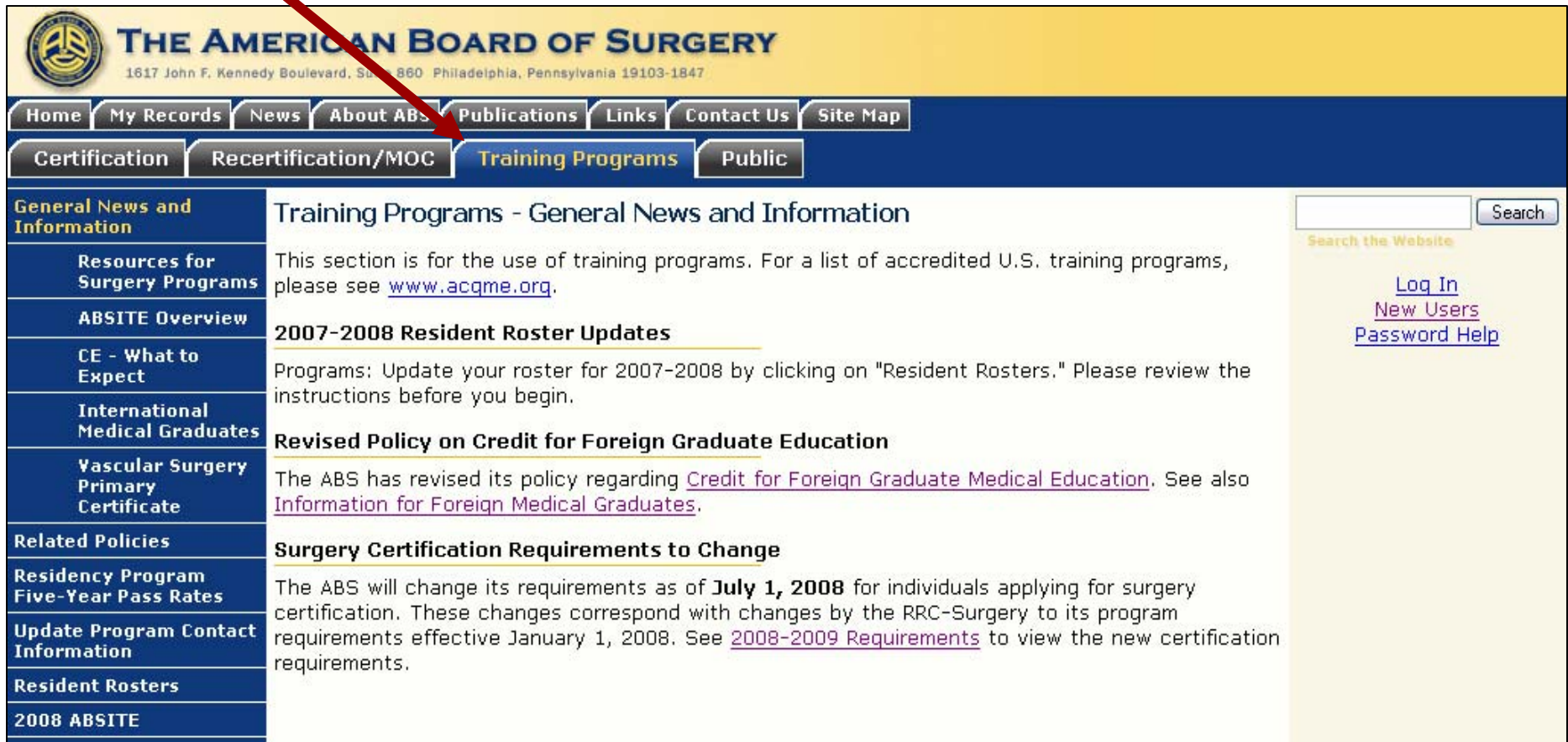
- Accommodations for the ABSITE is a program director decision.
- Our policy “Examination of Persons with Disabilities” found on our website may be used as a reference.
- Accommodations on the ABSITE does not guarantee accommodations on the QE.
- Resident must submit documentation at the time of application – see policy for requirements.



Next
ABSITE
is
January 31, 2009



Resources for Programs



THE AMERICAN BOARD OF SURGERY
1617 John F. Kennedy Boulevard, Suite 860 Philadelphia, Pennsylvania 19103-1847

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Certification Recertification/MOC **Training Programs** Public

General News and Information

- Resources for Surgery Programs
- ABSITE Overview
- CE - What to Expect
- International Medical Graduates
- Vascular Surgery Primary Certificate

Related Policies

- Residency Program Five-Year Pass Rates
- Update Program Contact Information
- Resident Rosters
- 2008 ABSITE

Training Programs - General News and Information

This section is for the use of training programs. For a list of accredited U.S. training programs, please see www.acqme.org.

2007-2008 Resident Roster Updates

Programs: Update your roster for 2007-2008 by clicking on "Resident Rosters." Please review the instructions before you begin.

Revised Policy on Credit for Foreign Graduate Education

The ABS has revised its policy regarding [Credit for Foreign Graduate Medical Education](#). See also [Information for Foreign Medical Graduates](#).

Surgery Certification Requirements to Change

The ABS will change its requirements as of **July 1, 2008** for individuals applying for surgery certification. These changes correspond with changes by the RRC-Surgery to its program requirements effective January 1, 2008. See [2008-2009 Requirements](#) to view the new certification requirements.

Search the Website

Log In
New Users
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The "Training Programs" tab is a central location for information/policies related to surgery programs and residents. **Only** the Program Contact Information, Resident Rosters and ABSITE menu items are password protected.



Resources - continued



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Resources for Surgery Programs

General Resources

- [Communications Timeline](#) (pdf)
Schedule of ABS communications to surgery programs
- [Booklet of Information - Surgery](#) (pdf)
Outlines ABS requirements and policies for certification in surgery
- [ABS Newsletter](#)
Mailed semi-annually to ABS diplomates and training programs
- [Frequently Asked Questions - Certification](#)
Commonly asked questions regarding the certification process

ARCS Meeting Presentations

- [ARCS Presentation BJC - April 2007](#) (pdf - large file)
Overview of application process and common errors
- [ARCS Presentation RSR - April 2007](#) (pdf)
Covers topics related to ABS interactions with surgery programs

RRC-Surgery Links

- RRC-Surgery: [Program Requirements](#)
- RRC-Surgery: [Resources Page](#)

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The “Resources for Surgery Programs” offers useful links to ABS publications, like the Booklet of Information and the ABS Newsletter. Links to this presentation as well as Dr. Rhodes’ can be found here.



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General News and Information

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- Examination of Persons with Disabilities
- Limitation on Number of Programs
- Readmissibility to Surgery Examinations
- Thoracic Surgery and Surgery Joint Program
- Vascular Surgery Early Specialization
- Residency Program Five-Year Pass Rates
- Update Program Contact Information
- Resident Rosters
- 2008 ABSITE

Credit for Foreign Graduate Medical Education

General Information

The ABS does not grant credit directly to residents for surgical education outside the U.S. or Canada. The ABS will consider granting partial credit for foreign graduate medical education to a resident in a U.S. general surgery residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), but **only upon request of the program director**. Preliminary evaluations will not be provided before enrollment in a residency program, either to the resident or program director. **All requests for credit and related inquiries must come from the program director.**

Requests for Credit

The program director is the primary judge of the resident's proficiency level and should make the request for credit only after having observed the individual as a junior resident for approximately nine months to ascertain that clinical performance is consistent with the level of credit requested. Requests for credit from the program director must be accompanied by documentation of the following:

- satisfactory completion of foreign medical school and foreign residency training;
- specialty certification in the foreign venue, if achieved;
- chronological listing of former foreign and U.S. practice after specialty training;
- chronological listing of all U.S. training, with specific description of accreditation status of training program and whether or not resident occupied an accredited or supernumerary (above accredited limit) position in program;
- attestation by program director of satisfactory completion of all U.S. or Canadian surgical resident training years for which credit is sought;
- all ABSITE scores.

Search the Website Search

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The “Related Policies” option houses various ABS policies, such as “Examinations of Persons with Disabilities” and the recently updated “Credit for Foreign Graduate Medical Education”.



Summary of Key Points

- No more than 3 programs to apply
- Common but avoidable problems with QE applications
- All ABSITE inquiries **must** come from program
- Roster Verification – just the facts; no details
- “Training Programs” tab – a resource for programs
- Keep the ABS in the loop; not always notified



Let us know!

- What other type of information would be helpful to have on our website?
- Suggestions: bjgerkens@absurgery.org



On behalf of the ABS,
thank you for your
efforts!

Questions?

