

Southwestern Surgical Congress

The American Board of Surgery examinations: how are the Southwestern Surgical Congress programs performing compared to the rest of the United States?



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Abstract

BACKGROUND: Our aim was to study pass rates of the American Board of Surgery (ABS) examinations for examinees from programs in the Southwestern Surgical Congress (SWSC) compared with the rest of the United States (Non-SWSC).

METHODS: A retrospective review of pass rates of ABS Qualifying Examination (QE), Certifying Examination (CE), and QE/CE index from 2005 to 2015 was conducted.

RESULTS: From 2005 to 2010, SWSC outperformed Non-SWSC in QE (88% vs 85%, $P < .02$), CE (86% vs 82%, $P < .01$), and QE/CE (77% vs 72%, $P < .01$). From 2010 to 2015, SWSC outperformed Non-SWSC in QE (91% vs 86%, $P < .01$) and QE/CE (77% vs 71%, $P < .01$) but did not achieve statistical significance in CE (83% vs 81%, $P = .09$).

CONCLUSIONS: SWSC programs outperformed Non-SWSC across QE and CE in the early period, but only on QE in the late period. We encourage SWSC states and regional surgical societies to evaluate performance on ABS examinations and collaborate to improve surgical training.

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Concerns have been raised by fellowship directors and by the American College of Surgeons (ACS) Board of Governors regarding the quality of graduating surgical residents and their ability to make clinical decisions.^{1,2} Specifically, as it has been previously reported by Mattar et al,² there is a question of a "...lack of readiness of graduates of general surgery residency training to enter independent surgical practice or benefit fully from postgraduate specialty training." At this point, the only objective metric available

to residency program directors regarding the quality of their graduates is the American Board of Surgery (ABS) Qualifying (QE), and Certifying (CE) Examinations.³

The QE is a multiple-choice examination offered annually by the ABS as the first of 2 exams required for board certification in general surgery and is proposed to "...evaluate a surgeon's knowledge of general surgical principles and applied science".⁴ The CE is an oral examination evaluating the graduate's ability to make clinical decisions, assessing "...a candidate's clinical skills in organizing the diagnostic evaluation of common surgical problems and determining appropriate therapy".⁵ Accordingly, the Accreditation Council on Graduate Medical Education evaluates residency programs' effectiveness based on the performance of their graduates on these examinations and requires them to have a minimum of 65% of their graduates pass the QE and CE on the first attempt.⁶

Despite the various measures attempting to standardize training requirements before attempting the examinations, there still exists marked program and regional variability in ABS pass rates, as has been previously demonstrated.^{3,7-9} In addition, comparisons have shown that there are variations between programs of different affiliations: university based, independent, and military affiliated.^{3,7-10} For instance, military programs outperformed civilian programs, and university programs outperformed independent programs.^{3,10} This variability has been postulated to be influenced by certain factors such as, in the case of university and independent programs, the increased availability of learning resources and recruitment of high performing students to the university programs.³ Other criteria have also been identified as corresponding to lower board pass rates such as: small independent programs, located in the Northeast, and having a shorter accreditation cycle.³

The Southwestern Surgical Congress (SWSC) is a nonprofit organization that represents surgeons residing in the states of Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Kansas, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wisconsin, and Wyoming.¹¹ There has been no previous study examining SWSC programs board pass rates specifically. As many members of our faculty and residents actively participate in the SWSC, we were interested in analyzing the trends in pass rates of ABS examinations over a 10-year period to compare pass rates for the graduates of programs within the SWSC to the non-SWSC. Our secondary aim was to evaluate opportunities for improvement nationwide and to ultimately encourage regional surgical societies to collaborate and exhibit greater accountability in the education of the next generation of surgeons. We hypothesized that rolling board pass rates will be higher within states that are members in the SWSC, but that even in SWSC programs there will be ample opportunity for improvement.

Methods

A retrospective review of publicly available 5-year rolling pass rates of first-time examinees on the ABS QE, CE, and QE/CE index was conducted.^{12,13} Written permission from the ABS was obtained and the Institutional Review Board deemed it an exempt study. We wanted to compare trends of pass rates between 2 time frames: 2005 to 2010 and 2010 to 2015 because these 2 time frames span 10 years and that would ensure no overlap of data similar to how the ABS published those data. All programs were included if their data were published by the ABS. No program was excluded.

For each program, total number of graduates and the pass rates for QE, CE, and QE/CE index were collected, and the number of graduates passing and failing was then extrapolated. Programs were categorized based on whether they were considered university based or independent, military or civilian and located in a state that is included in the SWSC or those in the remainder of the United States (Non-SWSC). University-based programs (U) were defined as those with a physical presence of an affiliated medical school on the campus of the sponsoring hospital of that residency program. Individual program websites and the American Medical Association's FREIDA online website were used to make this determination.¹⁴ All others were considered independent programs (I).

Overall first-attempt 5-year pass rates were compared between the 2 time periods. Statistical evaluation was performed using GraphPad statistical software (GraphPad Software, Inc, CA) with Fisher's exact test and chi-square analysis using $\alpha < .05$ to determine the differences in ABS QE, CE, and QE/CE pass rates for each program's graduates on their first attempt at the examination.

Results

We identified a total of 239 programs with 4,087 graduates in 2005 to 2010 and 242 programs with 4,535 graduates in 2010 to 2015. SWSC had 58 programs in 2005 to 2010 and 61 programs in 2010 to 2015 with 34 and 36 (59%) classified as U in each time period, respectively ($P > .99$). Non-SWSC had 181 programs in 2005 to 2010

Table 1 Demographics

Program characteristics	2005-2010		2010-2015	
	SWSC	Non-SWSC	SWSC	Non-SWSC
Total no. of programs	58	181	61	181
Total no. of examinees	1,184	3,585	1,310	3,881
University/independent	34/25	94/87	36/25	94/87
Civilian/military	54/4	176/5	57/4	176/5

Non-SWSC = programs in the rest of the US; SWSC = Southwestern Surgical Congress programs.

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