

ANESTHESIA EDUCATION

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Ira Todd Cohen, MD, MEd

The speed and accelerate rate of technological change that we are experiencing is both exciting and daunting. In quick-to-adapt fields, like anesthesiology and education, differentiating between substantive improvements and temporary disruptions can be extremely difficult, especially when one is immersed in day-to-day practice. For every game-changing anesthetic advance such as pulse oximetry and propofol, there are the quickly forgotten flash-in-the-pans like the time-shared mass spectrometer and “the succinylcholine replacement,” rapacuronium. In between these two extremes are those inventions in search of a purpose, for example: the bispectral index monitor¹ and polyethylene glycolated albumin.² Education has had its own successes as with Problem-Based Learning and simulation; its share of misdirection as in the cases of New Math and open classrooms; and its solutions-looking-for-a-problem, for instance, with teaching across curricula and Standards Based Education.³ Into which category will the ever growing number of new technologies fall? As anesthesiologists and medical educators, the barrage of shiny new toys and flashy programs should both pique our interest and give us pause.

With the registration of its first website in March of 1989, the World Wide Web was launched. Today, it is unimaginable to function in academic medicine, let alone day-to-day life, without it. Approximately 10 to 15 years later, Web 2.0—a move away from static web

pages to user generated interactions, sharing, and content—began to appear. The graduate education community was quick to seize the opportunities it offered. Online distance learning programs, synchronous and asynchronous, began to appear in the late 90's. Soon, a whole new language containing abbreviations, acronyms and portmanteaus spewed forth: RSS (Rich Site Summary) VLE (virtual learning environment), MOODLE (Modular Object-Oriented Dynamic Learning Environment), Blog (weB-log), Podcast (iPod-broadcast) and Folksonomy (Folk-taxonomy). In conjunction with and as part of these changes, social media became a force on the Internet and beyond. Facebook, Doximity, Reddit, Twitter and Vine are just some of the rapidly growing number of social media sites, each serving different populations in different ways. All of these novel tools have been adapted by educators, with varying degrees of success.

So what do we have to look forward to, according to leading news and education websites?⁴⁻⁹ Some of the new gadgets that may be introduced into the education arena are 3-D printers, wearable technology (e.g. Google Glass[®]) and digital badges (for capture/recognition of ongoing formal and experiential learning). Examples of novel applications of existing technologies may include Learning Analytics (use of “Big Data”), Gamification (application of “gaming” expertise), and the Flipped Classroom (learning classroom material at home using VLEs while doing homework in the classroom in person). The more relevant question, though, is which of the above interventions might be applicable and useful in the education of anesthesiologists?

It is impossible to predict, with certainty, which new technologies will result in improved learning. One possible approach is to apply select entities that can augment already successful techniques. For example, wearable technology to augment simulation, digital badges for tracking and rewarding desired behaviors, and flipped classroom to encourage

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President's Corner

Trending Now

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pre-workshop learning, strengthening the workshop experience. The last example was actually put into action for this year's SEA Workshop on Teaching. In response to this wide-open and mercurial field, one of my first actions as President was to call for a task force to explore our Society's options. Unfortunately changes in management and other realities placed that effort on the back burner. Within the SEA though, new efforts towards this goal are underway. Stay tuned - on the mobile device of your choice.

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MERC Workshops at Spring SEA Meeting 2014 - Boston, MA

The Medical Education Research Certification (MERC) Program from the American Association of Medical Colleges (AAMC) is designed to introduce participants to medical education research. Its goal is to infuse knowledge and understanding of medical education so that participants can begin to work on projects and collaborate with others¹. The workshops are three hours each and a total of ten workshops are offered by the AAMC. A certificate of completion is provided after a participant finishes a minimum of six workshops.

These workshops were arranged for the SEA 2012 Spring Meeting and were very successful. We have brought them back to SEA for the 2014 Spring Meeting. Of the ten MERC workshops, six workshops have been selected for the Spring Meeting. Four of these workshops are the same from the 2012 meeting. The two new workshops are "Questionnaire Design and Survey Research" and "Hypothesis Driven Research". The six workshops are listed below.

1. Formulating Research Questions and Designing Studies
2. Measuring Educational Outcomes with Reliability and Validity
3. Data Management and Preparing for the Statistical Consultation

4. Introduction to qualitative Data Collection Methods
5. Questionnaire Design and Survey Research
6. Hypothesis Driven Research

This wonderful (and busy) experience will be offered over four days. The maximum enrollment will be limited to 34 members so sign up early. Preference will be given to those that sign up for all six workshops. We hope you can join us for this educational experience!



*Franklyn Cladis, MD
Chair Research Committee*

References

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The Flipped Classroom

The concept of the “flipped classroom” has recently become popular in the education literature. The goal is to make better use of classroom lecture time by making it more interactive. Studies have shown that lecturing in the traditional way has limited ability to foster any learning and certainly not lifelong learning. Students fall asleep, play with electronic media, or worst of all just don’t show up; faculty get annoyed because they feel whatever effort they have put into preparing the lecture is wasted and unappreciated. The concept of the flipped classroom consists of making lectures available electronically instead of using class time for them. Students can access the lectures on their own time and at their own pace. Class time is then used for interactive discussion of important points. Coming to the classroom becomes a time of student-centered learning to develop critical thinking, innovation through collaboration, problem solving, becoming team players, and developing a desire to learn more. By becoming fully engaged the students are stimulated to higher order thinking.

This method is not completely new. Teachers have been giving reading materials out before class for many years. Whether students do the reading ahead of time is quite variable. What is new is conducting the subsequent class with the assumption that the homework has been done. The technique doesn’t work if the homework has not been done. The goal is to make the best use of limited class time. By insisting on students’ active participation, it is believed that there is better learning, better retention, and better creation of lifelong learners.

A recent Academic Medicine article¹ discussed the use of the flipped classroom in a pharmacy class. There were several steps instituted to flip the classroom. The curriculum of 25 lectures (29 hours) was reduced to critical points of learning in an integrated learning accelerator module (iLAM) which students could access at any time, and could slow down or reverse, all to their learning ability. This reduced the time of “lectures” to 14.4 hours. Class time was devoted to student-centered learning. Each class was started off with a quiz to assess knowledge of the subject from the iLAM

through an audience response mechanism. The teacher then immediately reviewed the answers making sure all was understood. Then students were paired off to talk about specific discussion points which were subsequently presented to the class as a whole. Throughout the semester students were grouped and given assignments to review the literature on specific topics of interest for the class. Each group had to report to the class as a whole, and grading was done on the group work. Each class session ended with a ten-question quiz based on the material of the day. Finally, exams were given scattered throughout the semester and at the end of the semester. A survey was handed out to all 162 student participants at the end of the year. They loved the technique because of their active participation in their learning.

Applying the principles of the flipped classroom to anesthesia training should not be difficult. It requires initial effort, but once electronic materials are set and instructors are trained, it should not be difficult to maintain. Although this study found that there was great satisfaction among the students to taking a course in this manner, it is not clear that this technique will increase lifelong learning. The flipped classroom is another way to teach and learn, and the interactive format may very well help to create lifelong learners.

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Saundra Curry, MD

Mark your calendar and be sure to join us at these future SEA Meetings



2014 Fall Annual Meeting
October 10, 2014
JW Marriott
New Orleans, LA



2015 Workshop on Teaching
Date and location will be announced
shortly!



2015 Spring Annual Meeting
April 23 – April 26, 2014
Seattle, WA
In conjunction with the Association for Surgical
Education Annual Meeting

EDUCATION BOOK REVIEW:

The Question of Competence: Reconsidering Medical Education in the Twenty-First Century

This new book, edited by Brian Hodges and Lorelei Lingard, is a collection of chapters, or “discourses”, focusing on the concepts of competence.¹ The editors are “thought leaders” in the field of medical education, and they have assembled several notable authors to share their wisdom on competency education. Just when you thought you were “getting a handle” on competency education, this collection opens the door to new controversies and opinions. The authors show that our concept of a competent physician has changed radically over time and continues to evolve. Each discourse focuses on a particular view of competence and the “educational, moral, political and scientific implications” of adopting that view.

In the first discourse, Dr. Hodges discusses competence as a historical concept shaped by the political environment. Our view of the competent physician has dramatically changed over time. Dr. Lingard examines competence of the individual and how it can fail in the team environment. Other chapters concentrate on competence as expertise, self-assessment, reflection, or the ability to handle complex emotions. There is a chapter on the assessment of competence by Dr. van der Vleuten, a leader in this area of study. The final chapter explores competence as a state of mind, not a state of an individual. One of the strengths of this book is the diversity of authors. The authors are not only experts in medical education; they represent many disciplines other than medicine such as cognitive psychology, psychometrics, and sociology.

The twenty-first century will be known for its focus on educational outcomes as a replacement for time and process in medical education. Old competencies, such as medical knowledge, stand in line with the new competencies of team-based practice, cultural competency, navigation of systems, and life-long learning. This book addresses both the strengths and the critiques of competency-based medical education. Such concerns as “striving for mediocrity” and “checking the boxes” have been raised. The most fervent supporters also acknowledge the problems of logistics in a competency-based system. This book will open your mind to your own prejudices about competency. It is a sophisticated read, but well worth your time.



L. Jane Easdown, MD

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Spring Meeting Update: May 29-June 1st, 2014 Hyatt Regency Boston

We are pleased to announce the SEA Spring 2014 Meeting. *Faculty Development: Strength in Numbers, Power in Expertise!* will take place in Boston from May 29 through June 1st!

A great panel of experts in the field of faculty development has been assembled from across the country to provide you with unique insights into this complex area. New this year will be a “Best Practices” panel, presented by SEA members with experiences to share in developing faculty. Workshops will cover a variety of topics and will include a special track for new staff as well as offerings for experienced educators.

Also returning this year are the Medical Education Research Certificate (MERC) Workshops. These workshops, available at an additional fee, will allow the pursuit of topics relevant to education research. Completion of the MERC workshops will result in receipt of a certificate of completion from the AAMC.



John Mitchell, MD



Stephanie B. Jones, MD

Please note that MERC workshops begin Thursday, May 29, prior to start of the meeting.

The meeting will take place at the beautiful Hyatt Regency Boston. This hotel is centrally located within walking distance of the Boston Common, Public Garden, and the theater district. The conference center is a recently renovated state of the art facility -- a great place to learn and network!

To register and make hotel reservations, please head to the SEA website at www.seahq.org

Good Bedtime Reads

This is new section that was introduced in the Fall 2013 Newsletter. It grew out of a conversation at a recent SEA meeting in which book recommendations were shared, and we thought the newsletter would be a natural venue to help us connect through books. Whether fiction or non-fiction, if a book spoke to you, please consider writing a brief review. Email viji.kurup@yale.edu for additional information or to submit a review.



Book: *The Social Animal*
Author: David Brooks
Review Author: Viji Kurup, MD

It was at the evening reception at the SEA meeting last year that we got talking about books worth reading, and Berend Mets recommended to me the book *The Social Animal*.

Back in New Haven, the daily routine overcame my life, and it was a month later that I was able to find the book. Now, once in a while a book comes along that when you begin reading, you are glad you had not read it before, because NOW, you can SAVOUR the book!!!

The Social Animal by David Brooks is exactly one of that kind...

The book follows the lives of two individuals, Harold and Erica, who grow up in different circumstances. The characters go through childhood, college life, career, love, marriage, adultery and old age, all with a background commentary of what is currently known in scientific literature on the subject. The book explores the effect of the social structure and parenting on character formation in children. It also talks about what it actually means to be happy in life and work. In this book, David Brooks offers insights from research in the fields of neuroscience, cognitive

psychology, behavioral sciences, and sociology. He tackles the age-old notion that emotions and reason are separate entities, and he goes on to show that an individual is not a self-contained unit, but rather is defined by relationships. The topics covered range from ‘decision-making’ to ‘job-satisfaction’ to ‘leadership’ and will speak to people at all stages of their lives. The book will make you question the traditional definition for success in work and life, and it will influence the choices you make every day.

For people who like to read books on social and cognitive psychology, and who enjoy books by Dan Ariely and Malcolm Gladwell, *The Social Animal* offers a breadth of information on almost every aspect of life. A word of warning to those who are looking for a quick read: this is a pretty dense book at 450 pages, so be prepared. However, the topics and the research are so compelling that it is difficult to stop reading.

As members of the SEA, most of us interact with residents, patients, colleagues, and our superiors on a daily basis. Knowing what drives people and how they react to incentives will help in formulating policies that will be in tune with the aspirations of each group. It will make you aware of the unconscious, social self that deeply influences your thoughts and actions and ultimately defines who you are.

Book: *Siddhartha*
Author: Herman Hesse
Review Author: Shamsuddin Akhtar, MD

Books are like companions on a journey. They travel with you at a certain place and time. You enjoy their companionship based on your particular state of mind. They are what they are, but your ability to receive them is dependent on your unique emotional and intellectual state when you meet them. Best are those books that leave an impact, make you view things in a new light, impart a unique perspective, help you understand some old issues about being, evolve with you, and help you evolve. One such book is *Siddhartha*.

Siddhartha was written originally in German by Herman Hesse and subsequently translated into English (like most of his works). Hesse was awarded the Goethe prize and Noble prize in literature in 1946. If you’re looking for a book that stimulates your spiritual sense, beyond the Eastern ritual practices, and presents them in a way that is understandable, then this is the book

for you. It starts with introducing commonly viewed Eastern theology (particularly Hindu theology) through the character of *Siddhartha* (not to be confused with Buddha, whose name was also *Siddhartha*). He masters the ritual practice but does not find the “light”. The book adeptly weaves the narrative of his life: from the height of asceticism, to the depth of worldliness, lust, greed, and materialism. His inner quest, however, is rekindled and forces him to abandon both this “worldliness” and even his legitimate relationships. He is tested through relationships, and he ultimately reaches the answer that satisfies his quest.

I came across this book while searching for a poem written by Herman Hesse during the First World War, and I have read this book a handful of times in the past fifteen years. Each time I read it, I find something new, a unique clarity on some old questions,

Continued on next page

Global Outreach Committee Report

As you are all aware, the SEA/HVO Traveling Fellowships are the best known part of our committee work. While this continues to be a highly successful program, we are also involved with other projects.

Within the last year or so, groups at Stanford and at the Ariadne Labs have published emergency checklists or cognitive aids to facilitate management of critical events. These comprehensive checklists are available online (www.projectcheck.org, www.emergencymanuals.stanford.edu). They have been shown to improve management of acute perioperative events which demand a rapid response in often stressful situations. We are working to adapt some of these checklists and make them site-specific for use in developing countries, where they could be particularly useful.

In the meantime, our big news this year is the record breaking number of applicants for the 2014 SEA/HVO Traveling Fellowships. There has been an amazing nearly 50% increase from last year, with 43 residents applying from 24 different residency programs. Nine programs had more than two residents apply, while three programs had more than four residents apply. I'm not sure what has caused the boost in numbers, but we are delighted that so many people are interested. The reviewing process is not yet complete, but we will be awarding nine Fellowships again this year. I can never thank the donors sufficiently for their continued support of this program and I hope the wonderfully enthusiastic response this year will make them feel even more appreciated.

For several years, FAER has contributed a SEA/HVO Fellowship. We often have the resident who receives this award give a short presentation at the Spring SEA meeting. In anticipation of this year's presentation, I would like to share with you an excerpt from an email that Neil Masters (the 2013 recipient) wrote to Dr. Ward at FAER after his experiences in Ethiopia this year.

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Continued from previous page

renewed understanding of forgotten answers, a better perspective on the mystery of life, and a deeper message to live by. If you are in search of a book that weaves Eastern and Western thoughts and shines refreshing light on perennial questions about life, then this is the book for you. It is simply written, short, and full of wisdom. Even if you have read this book in high school or college, I would strongly recommend re-introducing yourself to it. Enjoy the companionship!

Note: *Siddhartha* can either be purchased or downloaded for free on an electronic device. I still like hard copies.

“Ultimately, I think the... experience exemplifies the importance of teaching anesthetic techniques [versus] having US providers provide the care themselves on focused surgical trips. There definitely is a role for these focused trips, but after my experiences in Ethiopia I can confidently say that the SEA-HVO has developed a much more sustainable and far reaching approach. Even if I only changed how that one student practices anesthesia, the net effect is that I may have improved the care of the thousands of patients that he likely will take care of over the course of his career. Of course, we were teaching a class of 20 some odd students, so the actual number of patients that we as SEA-HVO volunteers may eventually impact is far, far greater. This experience has definitely changed how I plan to pursue global health in the future and has impacted my life in more ways than I could describe in this e-mail. And for that, I thank you and all of the other supporters of the SEA-HVO program.”



Jo Davies MB BS, FRCA

I think this sums up beautifully what we are trying to achieve through these Fellowships.

A big thanks again to everyone who supports this program, either by spreading the word or by donating so kindly.

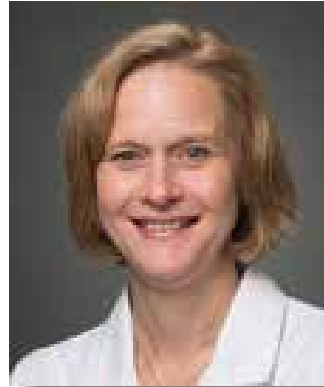
See you in June in Boston.

Register Now:
SEA 2014 Spring Annual Meeting
Faculty Development:
Strength in Numbers,
Power in Expertise!
May 29 - June 1, 2014
Hyatt Regency Boston
Boston, MA

Report on the SEA Workshop on Teaching

The SEA Workshop on Teaching was once again a great success with thirty-eight anesthesiologists participating from across the country and even across the pond (one who came all the way from Switzerland). This year's workshop was held in Winter Park, Florida, and proved to be as busy as ever with participants receiving twenty-nine hours of CME credit over a four-day period. The format of the course is relatively unchanged, with a curriculum that starts with the fundamental theories of teaching and learning and, through a series of small group sessions and workshops, allows participants to identify and practice practical methods of application. However, we also recognize that our learners' needs are changing and have made some exciting changes to the curriculum. For the first time, two distant learning modules were completed in advance of the meeting: Kolb Learning Styles Inventory and You Have the Power. Many past attendees will remember struggling through Jussim's "Self-Fulfilling Prophecies", and this pre-work allowed participants to come ready for discussion and breakout work. Two new topics have been introduced since the last newsletter update: "Talk'n 'bout My Generation: Teaching Across the Generation Gap and Electronic Media", and "Building Bridges: The Psychomotor Domain". The former generates lively discussion, while the latter gets participants down on their hands and knees – literally! As is always the case, we had a great deal of fun as we made new friends and networked in the academic community. And finally, we are now "green", with syllabus material, articles, and handouts accessed electronically and evaluations completed on-line.

We are extremely fortunate to have a core group of experienced faculty who continue to come back year after year despite increasingly busy professional and personal lives. Our group has expanded slightly through the years, which allows staff to take the occasional year off to participate in other projects. Core faculty includes Ira Cohen, Sandra Curry, Melissa Davidson, Steve Kimatian, Cathy Kuhn, Gary Loyd, Tom McLarney, Kathy Schlecht, Mike Vollers, and Bob Willenkin. No one is more enthusiastic about teaching than Bob Willenkin, co-founder of the workshop, and all who benefit from his wisdom are very appreciative that he comes out of retirement each year to continue the legacy. Preparation for the workshop begins a year in advance, starting with a debriefing session the day the workshop ends. On that day and throughout the year, participant feedback is reviewed, curriculum revised to optimize learning, topics updated to address current issues in our specialty, and syllabus revised. As a result the course is never exactly the same two years in a row, rather it is a constant "work in progress." Students who have come back for a second time often comment that they get something new



Melissa Davidson, MD



Stephen Kimatian, MD

from the course each time they participate. This also applies to the staff, as each new group of students exposes us to a new set of ideas and perspectives as we seek to relate the material to the challenges of clinical teaching. As is our mantra throughout the course, "Teaching is doing whatever it takes to get the learner to learn."

If you have never had an opportunity to come to the Teaching Workshop, or if you have but it has been a few years, consider joining us in 2015. We are already in the process of planning next year's course and we will have more details and pre-registration sign up by the SEA Spring meeting in June.

Do you have a colleague who is not a current member of SEA?

Give him or her this newsletter and ask them to join SEA online at www.SEAhq.org and receive all the benefits and networking opportunities that you do.

Not involved with SEA yet? Here's your chance to join a committee.

Contact Sandy Schueller at sandy@seahq.org and let her know which committee you would like to be on.

- Education Meetings
- Finance
- Membership
- Publications
- Research in Education
- Residency Curriculum
- Simulation in Anesthesia Education
- JEPM
- Medical Student Curriculum
- Faculty Development
- Outreach/Developing World
- Website

Milestones Update

We recently had the privilege of facilitating a workshop for approximately 230 program coordinators-administrators on February 27, 2014, at the ACGME Annual Educational Conference in National Harbor, Maryland, a stone's throw from the nation's capital. These non-physician administrative professionals represented the full range of specialties from approved residency and fellowship programs. Our workshop was entitled *Milestones Going Live: Knowledge and Skills for Coordinators in the Eye of the Storm*, and it was a part of a full day program for coordinators, dedicated to the milestones aspects of the Next Accreditation System (NAS).

Is it fair to call it a storm? Stand by.

Since most of the other offerings that day were PowerPoint lectures, we decided, in true SEA workshop tradition, to go with role-play supplemented by a question-and-answer format.

We had enough willing actors, and they got into their roles with enthusiasm. Each role-play spurred useful discussion. As is always the case, we learned as much as we taught. The coordinators understood their critical role in making Milestones work, and were eager to share and learn.

We did have the unique perspective of coming from a specialty having a long history with the Clinical Competence Committee (CCC). Few other specialties and programs had these prior to the NAS. Although the CCC role is now much expanded, at least we had a head start, and we were able to share our experience. Otherwise, most of the discussion centered around the critical role of coordinators in being able to eloquently explain the NAS and the milestones for our biggest constituency, the front line faculty and residents. Clinicians have not all kept up with what is required for the NAS, because their cognitive capital was invested in taking care of patients while advancing their own clinical capabilities. There was some talk of how to be diplomatic to those who may not be excited about what is perceived as an additional burden. On the whole, as administrative professionals, the participants were confident in their ability to store, organize, and report the data. They were more focused about the challenge of communication, people management, and diplomacy. After meeting them, we are sure they are up to it.

From coordinators of the six specialties which already had submitted their initial Milestone data in December of 2013 (Phase I specialties) we learned that currently, for a large program, it takes at least a month to gather all the information necessary to hold a meaningful informed CCC meeting which accomplishes all that is mandated. The large program CCC meetings can take almost a day. Even small programs require a couple of weeks to gather the information and several hours for the CCC. We also learned that most of the electronic resident management systems have recently updated their programming to accommodate rubrics, portfolios and give robust reporting for the CCC.

It was clear that almost no coordinators from Phase II specialties (going live July 2014) felt that their program was ready to go live if they had to do it today, but many were on target to get there by July 1. In fact, few of the Phase I programs had been ready this time last year. Furthermore, few Phase I coordinators were

completely happy with what they had accomplished since going live. All the coordinators were eagerly seeking and sharing ideas and assistance from and with colleagues both inside and outside of their specialty.

Gary E. Loyd, MD, MMM
&
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Many of you have seen the preliminary version of the Anesthesiology Milestones, released over a year ago. The official version, published in December 2013, is online at <http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/AnesthesiologyMilestones.pdf>. These milestones are comprehensive, understanding that the definition of "comprehensive" for milestones must honor their purpose as road signs rather than content outline or curriculum, both of which we already had. It was an intellectual challenge to generate this document, and the result—rich, logical and organized—is worthy of the scholars who produced it.

What do we mean by *ready to go live*? We mean being close to having necessary evaluation tools in place.

As a Phase II specialty, we will start reporting resident progress to the ACGME and ABA in milestones format by December 31, 2014, with the next report due by June 15, 2015. Measuring resident progress is nothing new for us, and the milestones mainly impose a higher degree of order and scope on how we report. The input for this will involve assessments we already use, as well as some new ones. These will be designed by us in order to measure some domains we have only assumed before. The assessments will support the validity and reliability of domains we have long assessed. At least three evaluation tools should be used for each milestone to meet the standards of measurement to which we will be held (but each evaluation tool can be applied to multiple milestones). Furthermore, each of these tools must itself meet reasonable criteria for validity and reliability. For example, multisource (360-degree) evaluations in the NAS will be critical. However, to demonstrate reliability, each instance of a multisource evaluation must have enough evaluators to mitigate individual biases.

The basic measurement tools will therefore have to be in place on or about July 1, 2014, the go-live date. It's a lot of work, made manageable by the fact that we will share freely. Since June 2013, the SEA has been facilitating this process. As the specialty which was first in so many advances (safety, post-call relief for residents, closed claims analysis, simulation, Clinical Competence Committees) we have what it takes to do this well. Chairpersons, program directors and core faculty will design the educational format for evaluation and assessment. Program coordinators will be invaluable in designing, implementing and maintaining the administrative framework. In fact, the milestones will showcase the mature professionalism of a group which long ago evolved from administrative functionaries to managers of education.

The key for all of us is to remember that as a new paradigm, this cannot be complete or perfect anytime soon. It will take years, and the ACGME knows that. We must work together, try not to

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ABA Staged Examination Updates

In the beginning of February, I attended the first meeting sponsored by the ABA for Program Directors. The following are the take away points regarding the ABA Staged Examination.

The staged ABA examination will go into effect July 2014 beginning with the BASIC examination for the Class of 2016 (current CA-1 resident). In order to be **eligible to register** for the staged examination in July 2014, the resident must successfully fulfill the following criteria:

- Begin a four-year anesthesiology residency in July 2012 and complete residency training on or after June 30, 2016.
- Create their ABA portal account
- Complete 18 months of satisfactory training (including clinical base and clinical anesthesia training)

In order to be **eligible to take** the BASIC examination the resident must have successfully completed **24** months of satisfactory training (CBY and CA-1 years) with the most recently completed six-months of training culminating in a satisfactory Clinical Competency Committee (CCC) report to the ABA. If the six-months of training prior to the BASIC examination results in an unsatisfactory CCC report, the resident should withdraw from taking the BASIC examination in July 2014 and register to take the examination in January 2015. Withdrawal from taking the examination in July 2014 will not count as a failure; a cancellation fee is associated with the withdrawal. The examination is administered at Pearson VUE testing center. The resident registers and pays for the examination through their ABA portal account.

If a resident who takes the BASIC examination in July 2014 fails to pass, they may re-take the examination at the next available session (January 2015). Programs **may** assign an unsatisfactory for medical knowledge on the CCC for the reporting period in which the examination was taken. If the resident fails to pass

on their second attempt, the program **must** assign an unsatisfactory for medical knowledge on the CCC for the reporting period in which the exam was taken. If the resident fails to pass on their third attempt, the program **must** assign an unsatisfactory for medical knowledge and the resident's training must be extended by six months. For each subsequent failed attempt, the resident's training is extended by 6 months. The resident **must** pass the BASIC examination to complete residency training.



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The first **ADVANCED** examination will be administered in July 2016. A resident is **eligible to register** for the **ADVANCED** examination upon passing the BASIC examination and completing 30 months of satisfactory clinical anesthesiology training. The ABA will only **validate** and report the **ADVANCED** examination results to candidates who have on file in the ABA office evidence of satisfactory completion of **36** months of clinical anesthesiology training by September 30 of the examination administration year. Similar to BASIC examination, a candidate registers and pays for the examination administered at Pearson VUE testing center via their ABA portal account.

The **APPLIED** examination will be administered for the first time in 2017 at the ABA Assessment Center in Raleigh, NC. More details to come.

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re-invent the wheel, and remember that our essential mission has not changed.

So is it a storm? One of the definitions is a strong wind, and we think that is fair. Another is "an outburst of feeling". The milestones are not that, but they have certainly provoked it.

Good luck with the milestones and the NAS. Feel free to contact the authors with questions and outbursts of feeling.