### OFFICERS

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<tr>
<th>Position</th>
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<tr>
<td>President</td>
<td>J. Jeffrey Andrews, M.D.</td>
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<td>San Antonio, Texas</td>
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<tr>
<td>Vice President</td>
<td>Cynthia A. Lien, M.D.</td>
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<td>Secretary</td>
<td>James P. Rathmell, M.D.</td>
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<tr>
<td>Treasurer</td>
<td>Daniel J. Cole, M.D.</td>
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### BOARD OF DIRECTORS

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<th>Name</th>
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<td>J. Jeffrey Andrews, M.D.</td>
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<td>Cynthia A. Lien, M.D.</td>
<td>Vice President</td>
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<td>New York, N.Y.</td>
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<td>David L. Brown, M.D.</td>
<td>Secretary</td>
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<td>Cleveland, Ohio</td>
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<td>Thomas M. McLoughlin, Jr., M.D.</td>
<td>Treasurer</td>
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<tr>
<td>Allentown, Pa.</td>
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<td>Daniel J. Cole, M.D.</td>
<td>Treasurer</td>
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<td>Los Angeles, Calif.</td>
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<td>Andrew J. Patterson, M.D., Ph.D.</td>
<td>Treasurer</td>
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<td>Stanford, Calif.</td>
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<td>Deborah J. Culley M.D.</td>
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<td>Boston, Mass.</td>
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<td>Brenda G. Fahy, M.D.</td>
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<td>Gainesville, Fla.</td>
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<td>Santhanam Suresh, M.D.</td>
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<td>Robert R. Gaiser, M.D.</td>
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<td>David O. Warner, M.D.</td>
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<td>William W. Hesson, J.D.</td>
<td>Treasurer</td>
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<td>Iowa City, Iowa</td>
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### EXECUTIVE STAFF

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Mary E. Post, M.B.A., C.A.E.</td>
<td>Executive Director, Administrative Affairs</td>
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<tr>
<td>Daniel J. Cole, M.D.</td>
<td>Executive Director, Professional Affairs</td>
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### EDITOR

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### PUBLISHERS

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<tbody>
<tr>
<td>Michele S. Pore, M.B.A.</td>
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<td>Cristalle H. Dickerson</td>
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### ASSOCIATE EDITOR

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<td>Mary E. Post, M.B.A., C.A.E.</td>
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## THANK YOU TO OUR VOLUNTEERS
The American Board of Anesthesiology (ABA) has made incredible progress during the past few years, primarily by embracing change. We have been purposeful in our approach, transforming our programs and services to help ensure our candidate assessments truly identify anesthesiologists who meet the highest standards in anesthesia practice and gain the designation of “diplomate.”

Our cardinal mission is the primary certification in anesthesiology, certification in our subspecialties and maintenance of certification. During the last five to 10 years, the ABA has facilitated more strategic program enhancements to meet this mission than it did in the previous 70 years by entirely revising our primary certification process and with the initiation of Maintenance in Certification in Anesthesiology Program (MOCA).

Historically, primary certification required a written examination (Part 1) available only after completion of residency, followed by an oral examination (Part 2) upon passing Part 1. In July 2014, we launched the staged examination process with the first BASIC (written) Examination administered to anesthesia residents immediately following completion of their CA-1 year; that is, halfway through their training. This same cohort of residents will be the first group to take the ADVANCED (written) Examination and the APPLIED Examination, which consists of our traditional oral examination plus Objective Structured Clinical Examination (OSCE) scenarios. We are currently finalizing the development of our OSCE’s, and the first APPLIED Examination will be offered in 2017.

Our aim for redesigning the primary examination process is multi-fold: (1) to engage residents in more sustained studying over the course of their training, (2) to align with the AGCME’s move toward competency-based training and advancement, (3) to fully ascertain clinical judgment and communication skills, and (4) to provide a more authentic and realistic experience for our candidates.

This process redesign revealed the need to provide a permanent assessment site for the APPLIED Examination, and the ABA Assessment Center was conceived. In March 2013, a larger ABA office space in Raleigh, N.C. was secured, and the Assessment Center was completed in August 2014. The week of Feb. 23, we conducted our first oral examinations in this state-of-the-art facility. The new Assessment Center allows us to use the most modern technology to provide greater efficiency and to accommodate our candidates’ requests for more examination dates, especially in the spring. In 2015 and each year thereafter, the oral examinations will be conducted exclusively in Raleigh during nine examination weeks per year.

In 2004, the ABA launched the MOCA program. Since its implementation, the ABA has been receptive to diplomate feedback on MOCA. We have conducted research and surveys, and we have tracked the pass rates of the Part 3 examination in an effort to improve the MOCA process. This information, combined with innovative technology and current adult learning science, will result in a MOCA redesign that provides our diplomates with a personalized approach to meeting the requirements for continued certification.
Other important and recent ABA initiatives include the implementation of the Pediatric Anesthesiology Examination, the In-Training Examination for Pain Medicine, the Alternate Entry Path (AEP) certification program, and the assessment of candidates in international training programs.

While the Board of Directors and ABA staff have worked hard on these initiatives, it is important to acknowledge the contribution of hundreds of our diplomates who serve as examiners, exam committee members, question authors and editors, and user group participants. Last year, we held a series of program directors’ meetings at the ABA office in Raleigh to unveil the Assessment Center and to introduce the new examination process. This was hugely successful with a great exchange of information that resulted in a number of policy changes and program modifications. In 2015, we will host similar meetings with fellowship program directors to continue this rich dialogue. We are also planning a series of diplomat focus groups with the goal of getting more feedback from our diplomats in private practice. Input and collaboration with our diplomats and other stakeholders will always be an essential part of the ABA’s success in meeting its mission.

It is said that change is the only constant. While change is seldom comfortable, it is essential for organizations such as the ABA to remain relevant in the ever-changing world of medicine.

J. Jeffrey Andrews, M.D., President

KUWAIT TO OFFER ABA’S ITE-INTERNATIONAL

The Kuwait Ministry of Health will begin offering the In-Training Examination-International (ITE-I) to physicians in training for the first time in 2015 through the Kuwait Board of Anesthesia. The ABA will score and report the results to the Kuwait Board.

The ABA offered its ITE internationally for the first time in May 2013. Last year, a total of 84 examinees from four anesthesiology training programs took the 2014 ITE-I through the Academy of Medicine, Singapore. The ITE-I was administered via computer at Singapore training sites, and the ABA scored and reported the results to the Academy of Medicine. In 2015, Singapore will again administer the ITE-I to its residents.

ABA International, LLC, a wholly owned ABA subsidiary, administers and funds our international assessment programs. This entity and its international programs are self-sustaining—no fees paid by U.S. candidates or diplomats are expended for international activities.
Starting in 2015, anesthesiology residency programs began submitting new Certificate of Clinical Competence (CCC) Reports that incorporate the ACGME milestones. To synchronize the documentation of milestones and the CCC reporting process, programs submitted CCC Reports with milestones beginning with the 2014B reporting period (July 1 – Dec. 31, 2014).

The CCC Report is used in semi-annual reviews of resident performance and reporting to the ACGME. For each reporting period, programs will promote residents from one level to the next based on recommendations from the program’s Clinical Competency Committee and Program Director.

Residents’ performance will continue to be evaluated in the six general competencies: medical knowledge, patient care, professionalism, interpersonal communication, practice-based learning and system-based practice.

The seven Essential Attributes will remain on the CCC report; if one or more is unsatisfactory, the overall grade must be unsatisfactory. Unsatisfactory reports require a description of deficiencies and must be submitted with the report.

**THE FINAL MILESTONES**

The resident has advanced beyond performance targets defined for residency, and is demonstrating “aspirational” goals, which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level for selected milestones.

**SENIOR-LEVEL OUTCOMES**

The resident substantially fulfills the milestones expected of an anesthesiology residency, and is ready to transition to independent practice. This level is designed as the graduation target.

**MID-LEVEL OUTCOMES**

The resident demonstrates milestones expected of a resident after having experience in the subspecialties of anesthesiology.

**JUNIOR-LEVEL OUTCOMES**

The resident demonstrates milestones expected of a resident in anesthesiology residency prior to significant experience in the subspecialties of anesthesiology.

**ENTRY-LEVEL MILESTONES**

The resident demonstrates milestones expected of a resident who has completed one post-graduate year of education in either an integrated anesthesiology program or another preliminary education year prior to entering the CA1 year in anesthesiology.
ABA HOSTS FELLOWSHIP PROGRAM DIRECTORS IN 2015

The Board will host three fellowship Program Director meetings in 2015 in an effort to extend its commitment to building stronger partnerships with training programs. Program Directors will join the Board of Directors and staff in the ABA’s Raleigh, N.C., office to review subspecialty assessment program changes, tour the new Assessment Center and discuss future initiatives.

ABA Directors and staff will also discuss substance abuse amongst residents and fellows, subspecialty milestones and the Maintenance of Certification in Anesthesiology Program for Subspecialties (MOCA-SUBS).

These meetings are the result of a similar initiative in 2014 that brought residency Program Directors to Raleigh. The success of those meetings and the relationships that developed as a result led us to extend a similar invitation to fellowship programs. Our goal is to continue to partner with programs to advance the highest standards of the practice of anesthesiology and its subspecialties.
As we transition to the new staged examination process, anesthesiology residents are registering with the ABA at an early stage of their training, providing an opportunity for us to gather information throughout their training experience. This could prove useful to residency programs as they strive to provide the best possible experience for their residents.

2014 marked the second year the ABA surveyed CA-1 residents, and the first year CA-2 residents received the survey. In fall 2014, the ABA sent survey invitations to 831 CA-1 residents and 1,628 CA-2 residents who had available email addresses. Two hundred sixty-one CA-1 residents (31 percent) and 571 CA-2 residents (35 percent) completed their respective surveys.

The majority of CA-1 and CA-2 resident respondents were male (~60 percent), American medical school graduates (~85 percent), and owed student loans (~75 percent). For those who reported loans outstanding, the average amount was $214,000 ± $107,000 (M ± SD). In terms of career planning, the three most important factors in the residents’ decision to pursue anesthesiology were nature of the clinical practice of anesthesiology, ability to acutely manipulate physiology and pharmacology, and favorable life style.

When choosing residency programs, anesthesiology residents considered quality of clinical experience (96 percent consider as important), departmental commitment to education (88 percent), and program reputation (86 percent) as the three most important factors and considered the opportunity to participate in research (43 percent) and cost of living (64 percent) as the two least important factors.

On average, the CA-1 residents worked 63 hours per week (range of 40 to 90) and took four night calls (range of 0 to 9) per month. The CA-2 residents worked 64 hours per week (range of 12 to 100) and took five night calls (range of 0 to 20) per month.

Although 89 percent of the CA-1 respondents felt that they had strong social support and 82 percent felt that they maintained a balance between personal and professional life, 41 percent of them scored at high risk for burnout, 23 percent were in distress, and 8 percent had evidence of significant depression.

For CA-2 residents, 93 percent reported that they had strong social support and 72 percent reported that they maintained a balance between personal and professional life. However, 50 percent of them scored at high risk for burnout, 32 percent were in distress, and 11 percent had evidence of significant depression; when compared with the CA-1 residents, CA-2 residents were at higher risk for burnout and were more likely to be in distress.

About half of both the CA-1 and CA-2 residents thought that their programs had enough resources to address residents’ depression or burnout and were comfortable using them if needed, and one quarter of them were not sure. Almost 90 percent

### TOP 3 FACTORS WHEN CHOOSING A RESIDENCY PROGRAM

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Quality of Clinical Experience</td>
<td>96%</td>
</tr>
<tr>
<td>Departmental Commitment to Education</td>
<td>88%</td>
</tr>
<tr>
<td>Program Reputation</td>
<td>86%</td>
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</table>
of the CA-2 residents were glad that they enrolled in an anesthesiology residency, and three quarters were happy with their current residency program.

Three quarters of the CA-1 resident respondents agreed that their PGY1 prepared them well for beginning their anesthesiology residency training. Of CA-1 residents, 59 percent planned to pursue fellowship training after completion of their residency, while 10 percent planned to enter private practice directly and one-third were undecided. Among those who planned to go into fellowship programs, the most popular program was pain medicine (30 percent), followed by pediatric anesthesia (19 percent), cardiac anesthesiology (18 percent), and critical care medicine (17 percent).

For CA-2 residents, 54 percent planned to go into fellowship programs after completion of their residency while one-fifth planned to enter private practice directly and a quarter were undecided. Among those who planned to go into fellowship programs, the most popular program was cardiac anesthesiology (23 percent), followed by pediatric anesthesia (20 percent) and pain medicine (18 percent).

When asked about the areas of training that would contribute to their success as a practicing anesthesiologist, >80 percent of both CA-1 and CA-2 residents indicated that it was important to develop competencies in the areas outside of the “traditional” skills of providing direct patient care, including leading the surgical home, practice management, principles of quality improvement, and structure and financing of the health care system.

The ABA plans to continue annual administration of the surveys, and hopes that this information will prove useful to program directors and other leaders of the specialty.
The first BASIC Examination was administered to 1,622 residents in July 2014. A total of 1,556 (96.5 percent) passed the exam. Residents who did not pass on their first attempt were eligible to retake the exam in January 2015. A total of 92 residents took the January 2015 BASIC Examination and 81 (88 percent) passed.

**BASIC Examination**

The BASIC Examination, the first of the three new staged exams, will be administered at the end of a resident’s CA-1 year and focuses on the scientific basis of clinical anesthetic practice. The exam includes content areas such as pharmacology, physiology, anatomy, anesthesia equipment and monitoring. The staged exams (BASIC, ADVANCED and APPLIED Examinations) were developed to both encourage sustained studying throughout residency and to complement the Accreditation Council for Graduate Medical Education’s move toward competency-based training and promotion.

The BASIC Examination is offered in winter and summer of each year. Residents must pass this exam to qualify for the ADVANCED Examination and to graduate from residency training.

To be eligible to register for the BASIC Examination, residents must have:

- Satisfactorily completed 18 months of training, including the clinical base year. Residents who complete this requirement before March 31 of any year may register for the following summer’s BASIC Examination. Residents who will complete this requirement before Sept. 30 of any given year may register for the following winter’s BASIC examination.
- Graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools or the American Osteopathic Association.

**ADVANCED Examination**

The ADVANCED Examination, which candidates will take after completion of residency training, focuses on clinical aspects of anesthetic practice, including subspecialty-based practice and advanced clinical issues. The first ADVANCED Examination will be administered in July 2016. Starting in 2017, it will be offered in January and July of each year. Candidates must pass the ADVANCED Examination to qualify for the APPLIED Examination.

To be eligible to register for the ADVANCED Examination, residents must have:

- Passed the BASIC Examination.
- Completed 30 months of satisfactory clinical anesthesiology training.

Residents who will complete this requirement before March 31 may register for the ADVANCED examination that is offered the following July. Residents who will complete this requirement before Sept. 30 of any given year may register for the ADVANCED examination offered the following January.

**APPLIED Examination**

The first APPLIED Examination, which will replace the current Part 2 Examination, will be offered in 2017. It will include the oral exam and Objective Structured Clinical Examinations (OSCEs). Candidates who pass the BASIC, ADVANCED and APPLIED Examinations will become diplomates of the ABA.

Registration for 2015 – 2016 BASIC Examinations

To take the BASIC Examination, eligible candidates must register and pay the examination fee during the registration period. Late registrations will be accepted until two weeks prior to the first date the examination is offered. There is an additional $500 fee for late registrations.
To ensure that residents stay apprised of their status in the ABA certification process, it is important that they create ABA portal accounts early in their training. Portal accounts provide a single location to view and maintain all records associated with residents’ professional relationship with the ABA. Once a portal account is set up, residents can review their training credit earned during residency and fellowship programs, track Board certification requirements, register for exams, view exam scores and, upon certification, review the status of their MOCA requirements.

For instructions on creating a portal account, simply click on “How to Create a Portal Account” in the left navigation panel on our website. All residents need to do to create an account is verify their name, birthdate and social security number.

Each time the portal account is accessed, please verify and make any necessary updates to email addresses, mailing addresses and other contact information. Keeping email addresses up-to-date ensures that all ABA communications are received. We suggest that a personal email address (Gmail, Yahoo, etc.) is used when setting up the account so we can keep in touch after training is completed.
The ABA completed construction of its new ABA Assessment Center late last summer. The new Assessment Center includes:

- Two candidate orientation rooms
- 14 oral examination rooms
- 16 OSCE stations
- Standardized patient lounge/changing rooms

The new facility provides for greater efficiency and a more standardized experience for all candidates. It has also allowed us to add additional exam weeks. All Part 2 Examinations are being conducted at the new Assessment Center in 2015, where there will be nine, rather than two, examination weeks. The ABA administered the first of these exam weeks the week of Feb. 23.

While the first phase of the Center, which includes the orientation and oral examination rooms, is complete, the second phase, which includes the OSCE stations and the standardized patient lounge/changing rooms, is still being built out. The ABA will administer its first OSCE exams in 2017.

For additional information about the Part 2 Exam in the Assessment Center, see PART 2 Exams Move to Raleigh on page 13.
All Part 2 Examinations are now administered nine weeks per year in our new Assessment Center in Raleigh, N.C. The new Center allows for a greater number of candidates to take their oral exams in the spring months, which many candidates have expressed is their preference. Examination dates for 2015 and 2016 are as follows:

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<td>March 30-April 2</td>
<td>March 21-24</td>
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<td>April 20-23</td>
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<td>May 4-7</td>
<td>April 18-21</td>
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<td>May 18-21</td>
<td>May 2-5</td>
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<td>June 8-11</td>
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<td>Sept. 12-15</td>
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<td>Sept. 19-22</td>
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The ABA successfully launched the 2015 Part 2 registration on Oct. 1, 2014. Candidates were able to choose their examination week within their portal accounts on a first-come, first-served basis. Once all of the slots for a particular examination week were filled, candidates were no longer able to schedule appointments for that week. We will continue to assign specific examination dates and times for candidates on Monday through Thursday of their selected examination week. As of Dec. 31, 2014, more than 1,800 candidates had registered to take the 2015 exam.

The ABA notifies eligible candidates to register via email, so it’s important that residents and candidates maintain their current email address in their portal account. To ensure we have the preferred email address on file, candidates should log into their portal account via the ABA website at www.theABA.org and verify the accuracy of all their contact information.

**Getting to Raleigh**

We look forward to welcoming candidates to the burgeoning Raleigh/Durham area throughout 2015 and beyond. Candidates arriving by air will discover a new, state-of-the-art airport with a wide range of dining options and nonstop service to more than 40 major cities.
Hotel Accommodations and Ground Transportation

We have negotiated a special room rate for candidates with the Hilton North Raleigh/Midtown, which is located approximately one mile from the ABA Assessment Center. The Hilton will transport candidates from the airport to the hotel, from the hotel to the ABA Assessment Center and from the Center to the airport, all at no cost to the candidate.

Examination Day
Candidates should expect to spend approximately three hours participating in the exam process. On examination day, registration will take place in the lobby of the Hilton North Raleigh/Midtown. All candidates, whether they are staying at the Hilton or not, should register at the Hilton and take the shuttle from there to the Assessment Center. Candidates will be asked to show their photo ID and to sign the Part 2 Examination Acknowledgement and Release Forms during the registration process. Once registered, candidates will board the shuttle bus that will take them from the Hilton to the ABA Assessment Center. Candidates should bring their luggage, which will be stored in a secure compartment inside the shuttle bus.

Upon arrival at the Assessment Center, candidates will be greeted by staff and checked-in for their examination. Candidates will be asked to place any personal items in secure lockers. Next, candidates will move to the oral examination orientation room for a brief presentation and to review their first stem. The examination follows a fairly traditional path from that point forward with two 35-minute exam sessions and a 10-minute break in between.

Candidates will move from the orientation room to their first oral exam room, back to the orientation room for their second stem, and then to their second oral exam room. After the second oral exam, candidates will retrieve their personal items from their assigned lockers and board the airport-bound shuttle bus. The shuttle driver will deliver candidates to their departure terminal.

The ABA has produced two videos – the Part 2 orientation video that candidates see the day of their exam and a candidate Part 2 experience video, featuring a tour of the new Assessment Center – to familiarize candidates with the exam process and the new exam space.

Please note, candidates must be certified by the ABA at the time of registration for subspecialty examinations. Therefore, candidates may not register for a subspecialty exam before they have passed the Part 2 Exam.
ABMS SETS NEW MOC 2015 STANDARDS

The new American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) 2015 Standards are now in effect for all ABMS Member Boards. These standards provide an overarching framework for ABMS Member Boards in the development of their MOC programs, while allowing flexibility for each Board to appropriately tailor its program to its specific discipline.

While there are no requirement changes to the MOCA program based on the new standards, ABMS has updated the names of each of the requirements to provide further clarity and ensure they align with future initiatives the Boards are undertaking.

**New Name:**
Part I - Professionalism and Professional Standing (PPS)

**Original Name:**
Part I - Professional Standing

**New Name:**
Part II - Lifelong Learning and Self-Assessment (LLS)

**Original Name:**
Part II - Lifelong Learning and Self-Assessment (LLSA)

**New Name:**
Part III - Assessment of Knowledge, Judgment, and Skills (KJS)

**Original Name:**
Part III - Cognitive Examination (CE)

**New Name:**
Part IV - Improvement in Medical Practice (IMP)

**Original Name:**
Part IV - Practice Performance Assessment and Improvement (PPAI)
A case evaluation, also known as a practice improvement (PI) or quality improvement (QI) project, is one of the Part 4 requirements for the Maintenance of Certification in Anesthesiology Program (MOCA). It allows diplomates to assess their practice and develop a specific project designed to improve the quality of care they provide to patients.

The value of this exercise, which is likely already happening in many practices to meet institutional, insurance or regulatory requirements, is that diplomates can work to further improve patient outcomes and earn MOCA credit doing so.

The first step in completing a case evaluation is selecting an area for improvement in a clinical practice. These areas can be identified through the use of current professional benchmarks or knowledge of best practices. Topics presented at conferences, in medical journals and other continuing education opportunities may be sources of ideas that can be applied to a diplomate’s practice.

Once the potential quality gap or improvement area has been identified, the “collect, compare, implement and evaluate” process as described in the How to Complete a Case Evaluation description on the ABA website can begin.

Alternatively, diplomates may apply the Plan-Do-Study-Act (PDSA) cycle. This concept is similar to the approach presented on the ABA website, but is a different way of approaching or describing the process.

The PDSA cycle includes putting together a plan of action to close a quality gap (Plan), carrying out components of the plan (Do), reviewing the outcomes for evidence of success (Study), and modifying the plan if more improvement is needed or integrating the new process into a practice if the results were successful (Act).

This is not intended to be a full-scale study, but an examination of an individual’s practice that can be repeated on an ongoing basis for continuous practice improvement. A quick Internet search will produce PDSA worksheets and information as to how to use them. The IHI Knowledge Center website (www.ihi.org/knowledge/Pages/default.aspx) is an example of one such site. There are also other QI methodologies, such as Six Sigma and Lean Six Sigma, that diplomates may find useful to guide their practice improvement efforts.

Below are a few common questions our diplomates have asked as they attempted their first Case Evaluations. Hopefully, the answers provided below will be useful for anyone beginning this project.

1. **HOW DO I COLLECT MY DATA AND HOW MANY PATIENTS SHOULD I INCLUDE?**
   If you have an electronic health record (EHR), you may be able to pull the data straight from your EHR. Otherwise, you will need to do a manual, random chart review of at least 10 patients meeting the criteria you have identified for your evaluation.

2. **HOW LONG SHOULD A CASE EVALUATION TAKE TO COMPLETE?**
   Several factors can impact the duration of your effort and overall improvement goal. If you see only a few patients every month with a specific outcome, it may take a year or more to see enough patients to assess your QI effort. If you set a high improvement goal, it may take numerous trials to reach the desired outcome.

3. **WHAT IF I DON’T NEED TO MAKE ANY IMPROVEMENTS?**
   If you cannot identify any practice gaps, then determine if there are new techniques or drugs you would like to investigate. Alternatively, you can evaluate process work flows, communication and handoff procedures, all have which impact patient care.
NTL PARTICIPATION IN MOCA

Nearly 700 non-time-limited (NTL) diplomates have enrolled in the MOCA program during the last two years. This is good news given the value placed on physician’s maintaining up-to-date medical knowledge and the commitment it demonstrates to improving patient safety and outcomes.

NTLs are not required to participate in MOCA; however, those who do participate demonstrate that they are keeping up with their colleagues who certified in 2000 or later - for whom MOCA is required. More than 2,200 NTLs are currently enrolled.

Many NTLs have been drawn into the MOCA program recently because of their interest in Pediatric Anesthesiology certification, which the ABA began offering in 2013. Participation in MOCA is a requirement for diplomates registering for subspecialty certification.

MOCA does not require much additional effort from participants since many are already completing several of the requirements by maintaining their medical licenses (Part 1), exceeding our average CME requirements of 25 credits per year (Part 2) and participating in quality improvement activities (Part 4). The only remaining requirement is the Part 3 component, the Assessment of Knowledge, Judgment, and Skills (formerly the Cognitive Examination).

Since participation is voluntary, newly enrolled NTLs can complete MOCA on an expedited basis (from two to nine years rather than the standard 10). During MOCA enrollment, NTLs choose the year in which they would like to complete the program, and their requirements are adjusted to reflect the shortened timeframe.

Participation in MOCA does not impact a diplomat’s non-time-limited certificate status. Additionally, there is no cost to enroll and NTLs may withdraw from the program at any time without penalty. Diplomates can enroll in MOCA at ABA exhibit booths or through their portal accounts, which can be accessed via the ABA website at www.theABA.org.

For more information, contact the ABA Communications Center by calling (866) 999-7501 or emailing coms@theABA.org.
ABA SURVEY INFORMS MOCA PROGRAM REDESIGN

The ABA implemented its MOCA program in 2004 to help diplomates maintain up-to-date medical knowledge, enhance quality clinical outcomes and promote patient safety.

Now, 10 years later, a decade’s worth of data and diplomate feedback suggest there are elements of the program that work well and others that could be enhanced. To get broad perspective on perceptions of the program, the ABA invited more than 29,000 diplomates to participate in an online survey in 2014.

More than 8,000 diplomates (28 percent) responded to the survey, demonstrating diplomates’ significant interest in this topic. Here is what we gleaned from the survey data:

• A majority of respondents were MOCA participants (72 percent) and 65 percent were time-limited certificate holders. Sixty-three percent of respondents worked in private practice and 29 percent worked in academia.

• Eighty-seven percent of respondents reported that they are aware of and very familiar or somewhat familiar with the MOCA requirement.

• Eighty-two percent of MOCA participants said they participate in MOCA to satisfy a job requirement, 78 percent said they do so to maintain high standards and 77 percent said they participate to keep up with changing practices.

• Twelve percent of MOCA participants who answered a free-response question about things that are working well in the program agreed that the goal of keeping anesthesiologists up-to-date in both their knowledge and skill sets and/or creating a culture of life-long learning is successful in the MOCA program.

• Ninety percent of respondents who participate in MOCA said they consider the Part 2 component somewhat or very useful.

• Twenty-six percent reported the Part 2 or CME component is their most positive experience with the program. MOCA participants say the CME activities most relevant to their practice are lectures (80 percent); workshops (76 percent); self-assessment activities, such as ACE/SEE (74 percent); and online CME (71 percent).

• When MOCA participants were asked to rank the program’s components from most to least challenging, 41 percent rank Part 4: Improvement in Medical Practice (formerly Practice Performance Assessment and Improvement) as the most challenging component. Part 4 includes a case evaluation and/or a simulation education course, and a attestation. Specific requirements depend upon diplomates’ certification year.

• More than 50 percent of respondents reported that they participate in individual Improvement in Medical Practice (formerly Practice Performance Assessment and Improvement or PPAI) activities, and 53 percent of those who do reported that they do so annually or more often. Sixty-three percent of diplomates reported participating in group or hospital-based PPAI, and nearly 66 percent of them reported doing so annually or more often.

• Among diplomates participating in MOCA who responded to an open-ended question about steps that...
could enhance MOCA, one third suggested either removing or changing the simulation requirement.

- Thirty-six percent of MOCA participants ranked the Part 3: Assessment of Knowledge, Judgment, and Skills (formerly the Cognitive Examination) as the most challenging component of MOCA.

- When responding to a series of statements related to the exam, 66 percent of MOCA participants favored the idea of having a series of evaluation questions that accompany educational modules throughout the 10-year cycle; and 70 percent of this same group reported wanting the ability to skip exam questions regarding subspecialty topics that do not apply to their practice.

- Additionally, 35 percent of respondents agreed or strongly agreed with a statement that the current MOCA Exam provides an accurate assessment of their knowledge, 30 percent disagreed or strongly disagreed with this statement, and nearly 31 percent were neutral.

- Among respondents who are not participating in MOCA, half cited cost and time commitment as the two main obstacles to participation. Among non-participants who answered an open-ended question about what would make them more likely to participate, 15 percent say reducing the cost of the program. Other recommendations included making the program more relevant and less time-consuming for the individual diplomate.

The feedback gleaned from this survey is incredibly valuable and is helping to inform the current MOCA program redesign. The redesign effort, dubbed MOCA 2.0, is meant to ensure that the program remains relevant to diplomates, reduces the burden of participation and provides a more personalized approach to lifelong learning. At the same time, we want to ensure the program continues to promote patient safety and improved clinical outcomes.

Diplomate input is incredibly important to getting this right. We would like to express our gratitude to those of you who took the time to participate in the survey. We are listening and are using your feedback to chart our future course.

We look forward to continuing an ongoing dialogue with diplomats regarding MOCA. If you have feedback on MOCA you would like to share, you may do so anonymously by clicking here or by going to http://moca.theaba.org/fg.pl.
INTRODUCING MOCA 2.0

Since the MOCA program launched in 2004, we have collected a significant amount of data and a lot of valuable feedback from our diplomates about the program’s requirements and its relevance to clinical practice.

This feedback, along with the ABMS MOC 2015 Standards, have stimulated interest in new and innovative approaches to lifelong learning, demonstration of proficiencies and quality improvement.

In 2014, the ABA embarked on an effort to reimagine MOCA to address critiques of the current program while continuing to meet ABMS standards. The ABA formed a MOCA Redesign Task Force last year to help inform the project, which is being called MOCA 2.0.

MOCA 2.0 is an Internet-based, adult education platform that integrates an ongoing process of learning and assessment. It is being designed to create a community among our diplomates that emphasizes ongoing assessment, reflection and learning. The goal is to help diplomates continuously test their knowledge, identify gaps in their knowledge, and connect to targeted educational opportunities and resources that will meet their individual needs.

As the ABA works through this redesign, it has proactively sought to partner with diplomates and other key stakeholders to align the MOCA 2.0 features with diplomates’ lifelong learning needs. In addition to establishing the Task Force, the Board has collected informal feedback at its exhibit booths, set up an anonymous MOCA Feedback mailbox and created a MOCA 2.0 Users’ Group, which includes 18 physicians comprised of subspecialists, private practitioners, academicians, early-career diplomates and residents.

The Users’ Group has reviewed an early version of the MOCA 2.0 prototype and made several excellent recommendations for features that provide greater customization for diplomates seeking real-time resources to maintain their medical knowledge.

The ABA will create additional opportunities for diplomate participation in the MOCA 2.0 project, which is expected to launch soon. In the meantime, diplomates who wish to be involved in the redesign or who have suggestions for program enhancements are invited to share their feedback at MOCA Feedback or by going to http://moca.theaba.org/fg.pl.
ABA TO EXPAND MOCA MINUTE TO ALL DIPLOMATES

In January 2014, we launched the MOCA Minute pilot program, a new interactive learning tool designed to help diplomates achieve better understanding of topics on the MOCA Assessment of Knowledge, Judgment, and Skills (formerly called the Cognitive Examination). The free, web application is also helping the Board determine if this learning model is more effective than traditional forms of learning, which would make this technology a viable feature for the MOCA redesign, also known as MOCA 2.0.

MOCA Minute questions are chosen from topic areas that a majority of diplomates answered incorrectly on a previous exam. Participants have one minute to answer the question once it has been accessed and each question is available for only one week. Whether the question is answered correctly or not, the correct answer, rationale and a link to additional resource materials is displayed. The question and supporting information is also emailed to diplomates for reference.

Participants are invited to share their feedback on every question, which helps the ABA refine the questions to ensure that the program is an effective learning tool.

As part of the initial pilot, we reviewed the July 2014 MOCA exam scores to determine if participation in MOCA Minute improved scores. Our preliminary analysis shows that diplomates who actively participated in the MOCA Minute pilot scored higher than diplomates who did not participate.

The pilot program is currently available to diplomates who are eligible to participate in the MOCA Assessment of Knowledge, Judgment, and Skills. The Board plans to expand the pilot to all diplomates in 2016 based on the positive participant feedback and the results it has generated.
This is the last year for diplomates to register for the Pediatric Anesthesiology Certification Examination with grandfathering criteria. After 2015, all registrants will be required to have satisfactorily completed an ACGME-accredited pediatric anesthesiology fellowship. Although this is the last year to register with grandfathering criteria, physicians will have until Jan. 1, 2019 to complete the certification exam.

The ABA has certified 2,214 diplomates in the subspecialty since the Pediatric Anesthesiology Examination was first offered in 2013. The 2014 exam was administered in September to 898 candidates, 797 of whom passed.

Diplomates may register for the 2015 exam via their portal accounts from March 1 to May 31, 2015. Late registrations may be submitted June 1 through Sept. 12, 2015, but will require an additional $500 fee.

To be eligible to register, diplomates must:

• possess an appropriate medical degree or its equivalent;
• hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada that is permanent, unconditional and unrestricted. Furthermore, all licenses held must be active and unrestricted;
• be a diplomate of the ABA;
• be meeting the requirements of the MOCA Program; and
• have satisfactorily completed a one-year fellowship program in pediatric anesthesiology that was ACGME-accredited throughout the time of enrollment, with verification from the program director,

OR
• possess the required practice experience (grandfathering criteria) described below.

Grandfathering Criteria
(Only for diplomates who completed anesthesia residency training before July 1, 2012)

To register with grandfathering criteria, diplomates’ clinical practice must have been devoted primarily to pediatric anesthesiology for the last two years. Alternatively, they must have devoted at least 30% of their clinical practice averaged during the last five years to pediatric anesthesiology. The practice must include neonates and children under the age of 2 years and procedures considered high risk.

Although this is the last year to register with grandfathering criteria, physicians will have until Jan. 1, 2019 to complete the certification exam.
ABA RECERTIFICATION PROGRAMS END IN 2016

Eligible Diplomates Encouraged to Recertify in Pain Medicine and Critical Care Medicine

While the ABA is transitioning away from the subspecialty recertification program, diplomates whose subspecialty certification in pain medicine or critical care medicine expires on or before Dec. 31, 2019 are eligible to recertify once more before automatically being enrolled in the Maintenance of Certification in Anesthesiology Program for Subspecialties (MOCA-SUBS). Diplomates can take a subspecialty recertification exam no sooner than seven years after their most recent certificate was issued.

If your subspecialty certification or recertification expires on or before Dec. 31, 2019, you may register by June 1 for a 2015 recertification exam. A late registration period will be available from June 2 until July 23 for critical care medicine and Sept. 3 for pain medicine; however, there is an additional $500 fee for any registration submitted during late registration. The final opportunity to register for recertification comes in 2016. The ABA will consider all registrations received after the 2016 late registration period for the 2017 MOCA-SUBS Examinations.

Fees

As of this year, diplomates will no longer be required to apply in the year prior to the recertification exam and pay separate application and examination fees. Instead, they will register in the year of the subspecialty recertification exam and pay a single fee during registration.

Duration of Candidate Status Policy

The policy allows diplomates currently in the subspecialty recertification exam system and diplomates who apply for subspecialty recertification by May 31, 2016 to have until Jan. 1, 2019 to satisfy all requirements for subspecialty recertification. Prior to this policy change, diplomates had three exam opportunities to successfully complete the requirements for subspecialty recertification.

If all requirements for recertification are not met within the prescribed time period, as described above, the application will be declared void. However, physicians whose registrations for subspecialty recertification are voided may enroll in MOCA-SUBS to maintain subspecialty certification.

Diplomates enrolled in the Maintenance of Certification in Anesthesiology Program for Subspecialties Program (MOCA-SUBS) may now review and track their requirements via their progress reports located on their personal portal accounts, which may be accessed through the ABA website at www.theABA.org.

Diplomates certified in a subspecialty after Jan. 1, 2010 (whose certifications expire on or after Dec. 31, 2020) are automatically enrolled in MOCA-SUBS after their subspecialty certification is awarded.

The following screen shot is provided to guide you through your MOCA-SUBS progress report.

For questions about a progress report or the MOCA-SUBS program requirements, contact the ABA’s Communications Center at (866) 999-7501 or at coms@theABA.org.

MOCA-SUBS PARTICIPANTS CAN NOW TRACK THEIR PROGRESS ONLINE

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2014 EXAM RESULTS

PRIMARY CERTIFICATION IN ANESTHESIOLOGY

The success rates on the Part 1 and Part 2 Examinations for candidates taking the examination for the first time are shown in the following table.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART 1</td>
<td>86%</td>
<td>92%</td>
<td>85%</td>
<td>87%</td>
<td>90%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>PART 2</td>
<td>85%</td>
<td>81%</td>
<td>84%</td>
<td>88%</td>
<td>87%</td>
<td>88%</td>
<td>88%</td>
</tr>
</tbody>
</table>

The Part 1 and Part 2 Examination success rates for the entire candidate group are displayed below:

We have certified 53,100 physicians in anesthesiology as of Dec. 31, 2014. The certification rate for physicians who completed their anesthesia residency between 2008 and 2012 is displayed below:

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY PROGRAM (MOCA)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate has historically been greater than 90 percent. A total of 4,450 diplomates successfully completed the MOCA program as of Dec. 01, 2014.

CRITICAL CARE MEDICINE CERTIFICATION

The success rate on recent Critical Care Medicine (CCM) Examinations is:

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<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>93%</td>
<td>94%</td>
<td>97%</td>
<td>97%</td>
<td>84%</td>
<td>86%</td>
<td>80%</td>
</tr>
</tbody>
</table>

We have certified 1,866 diplomates in CCM since the program’s inception in 1986.
CRITICAL CARE MEDICINE RECERTIFICATION

We initiated a voluntary CCM recertification program in 2001 and 149 diplomates have recertified in the subspecialty. The overall success rate on the CCM recertification examination from 2001 to 2014 is 73 percent.

PAIN MEDICINE CERTIFICATION

The success rate on recent Pain Medicine (PM) Examinations is:

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
<td>87%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, we have issued 5,230 PM certificates.

Qualified diplomates of other ABMS Member Boards take the same PM examination and are held to the same passing standard as our diplomates. For these examinees, the 2014 success rate was 88 percent.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. We have recertified 2,042 diplomates in the subspecialty since beginning a PM recertification program in 2000. The overall success rate on the PM recertification examination from 2000 to 2014 is 85%.

HOSPICE & PALLIATIVE MEDICINE CERTIFICATION

The Hospice & Palliative Medicine (HPM) Examination is administered by the ABI M every other year. Our candidates took the HPM Examination for the first time in 2008. The success rate on HPM examinations is shown below.

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>86%</td>
<td>74%</td>
<td>79%</td>
<td>40%*</td>
</tr>
</tbody>
</table>

We have certified 117 diplomates in HPM since the program’s inception in 2008.

*The HPM exam, administered by the American Board of Internal Medicine, had a small population of ABA candidates and a high proportion of re-takers in 2014, making the pass rate significantly lower than in previous years.

PEDIATRIC ANESTHESIOLOGY CERTIFICATION

The Pediatric Anesthesiology Examination was administered for the first time in 2013 and a total of 1,417 diplomates were certified. In 2014, 898 diplomates took the Pediatric Anesthesiology Examination and 797 (89 percent) earned certification. This brings the total number of diplomates certified in Pediatric Anesthesiology to 2,214.
In 2015 and 2016, the ABA will maintain the same fees it has had since 2012. However, some candidates and diplomates will notice that the exam registration process has changed. The ABA has implemented a new registration system to replace the traditional process, which included separate application and examination fees. Candidates who register on or after March 1, 2015 will pay one registration fee in the same year as the exam. For a full calendar of exams and fees, click here.

BASIC EXAMINATION
The registration fee for the BASIC Examination is $775. To take the Summer 2015 BASIC Examination, eligible candidates must register and pay the fee between March 1 and April 30, 2015.

Late registrations will be accepted between May 1 and May 14, 2015. There is a $500 fee for late registrations and a $200 fee for examination cancellations. The re-examination fee is $600 if paid by April 30 and $1,100 if paid by May 14.

PART 1 EXAMINATION
The registration fee for the 2015 Part 1 Examination is $1,550.

Candidates who applied in 2014 can register for the 2015 exam between March 1 and June 1, 2015, but will pay only $600 since they previously paid a $950 application fee.

Candidates who did not submit an application in 2014 can register for the 2015 Part 1 Examination between March 1 and June 1, 2015 and pay the entire $1,550 registration fee.

Late registrations will be accepted until July 13 with an additional $500 fee. There is a $200 fee for exam cancellations. The re-examination fee is $600 if paid by June 1 and $1,100 if paid by July 13.

PART 2 EXAMINATION
Beginning in 2015, Part 2 Examinations will be administered in the ABA Assessment Center in Raleigh, N.C. Part 2 Examinations will be offered nine weeks per year.

The registration fee for the 2015 Part 2 Examination is $2,100. Registration for this exam opened on Oct. 1, 2014. During the registration process, candidates choose their exam week on a first-come, first-served basis. Once all of the slots for a particular week are filled, the ABA randomizes candidates into specific time slots on Monday through Thursday of that week and notifies candidates at least two months in advance of their specific day and time.

The ABA cannot grant requests to change examination days within the candidate’s chosen week. However, candidates may request a change of exam week by writing to the ABA and enclosing a check for the $200 change fee. If we are unable to make the requested change, we will return the candidate’s check.

Late registration for the Part 2 Examination is not available. The examination cancellation fee is $750.

Registration for the 2016 Part 2 Examinations will open in mid-March. Candidates interested in registering for a 2016 exam week may do so through their portal accounts.

SUBSPECIALTY CERTIFICATION AND RECERTIFICATION EXAMINATIONS
The registration fee for the 2015 subspecialty certification and recertification examinations is $1,600. To take a 2015 subspecialty certification or recertification exam, eligible candidates must register and pay the registration fee between March 1 and June 1, 2015.

Late registrations vary by exam. Please click here to see all registration deadlines and fees. There is a $500 fee for late registrations and a $200 fee for examination cancellations. The reexamination fee is $1,200.

MAINTENANCE OF CERTIFICATION EXAMINATION
The fee for the 10-year MOCA cycle is $2,100 and is due when diplomates register for the MOCA Assessment of Knowledge, Judgment, and Skills (formerly the Cognitive Examination). To take the summer exam, diplomates must register and pay the MOCA fee by June 1.

There is a $200 fee for examination cancellations. The re-examination fee is $800.
The current pass rate for the MOCA examination (now called the Assessment of Knowledge, Judgment, and Skills) is approximately 92 percent. However, in recent years, there have been an increasing number of diplomates who are re-taking the exam and re-takers as a group usually have lower pass rates than first-time takers.

Given the consequences for diplomates of failing the MOCA examination and potentially failing to meet the Part 3 requirement, the ABA initiated a study to investigate the factors associated with performance on the exam.

Analyses of the data from the diplomates who achieved primary certification between 2000 and 2006 and had taken the MOCA exam at least once as of July 2013 showed that passing the ABA Part 1 and Part 2 certification examinations on the first attempt and being male were positive predictors for MOCA exam scores. In contrast, having a history of action(s) taken against any medical license, taking the examination later in the MOCA cycle, and older age at primary certification were negative predictors for exam scores. Among those who did not pass the MOCA exam the first time, the likelihood of success decreased with each subsequent attempt.

An article chronicling this research was published online in the Journal of Clinical Anesthesia on Nov. 20, 2014. The ABA hopes this information is useful to diplomates preparing for the MOCA exam. We encourage those with the risk factors described above to focus on their exam preparations. To assist our diplomates and encourage success on the exam, the ABA has posted sample questions on the ABA website. To access these materials, visit the MOCA page.
ABA RESEARCH DESIGNED TO ADVANCE THE SPECIALTY

The ABA Research Committee conducts a variety of studies to guide the continued evolution of its programs and to provide information to the anesthesiology community that could bring value to the specialty and individual anesthesiologists.

For example, several projects involve the MOCA Program. In 2012, the ABA surveyed its diplomates to determine their perceptions of the value of board certification and MOCA. The results were published in the Journal of Clinical Anesthesia in 2013 (DOI: 10.1016/j.jclinane.2012.09.001) and are informing current ABA efforts to improve MOCA by enhancing its clinical relevance. Another MOCA perception survey was conducted in 2014 and is contributing to the current program’s redesign. Additionally, the ABA will soon publish a research project that examined the potential utility of patient and peer surveys in the MOCA process.

The ABA is also pilot testing MOCA innovations, such as the MOCA Minute program. In this program, participants are sent via email one clinically relevant question per week. The question must be answered within one minute, after which the ABA sends participants educational materials based on the concept queried. These materials include an explanation of the correct answer as well as references for further study. The goal of the program is to help diplomates engage in continuous learning to prepare for the MOCA Part 3 component: Assessment of Knowledge, Judgment, and Skills (formerly the Cognitive Exam). Preliminary results of the pilot demonstrated that the MOCA Minute program helped active participants improve their performance on a subsequent MOCA exam.

The ABA also seeks to help anesthesiologists by providing information about the specialty. In 2013, the ABA began surveying anesthesia residents to learn more about their medical training, career plans, residency life, and well-being. The Board plans to continue these surveys longitudinally to better inform the anesthesiologists’ professional experiences at different stages of their careers.

Other research activities include collaborating with Mayo Clinic to investigate the incidence of substance use disorder among anesthesiology residents (DOI: 10.1001/jama.2013.281954), and collaborating with the Federation of State Medical Boards to look at how board certification impacts the incidence and types of disciplinary actions taken against medical licenses.
We welcome the opportunity to answer your questions and share information about primary and maintenance of certification in anesthesiology and all of its subspecialties. In 2015, we will be exhibiting at the meetings of the Society for Pediatric Anesthesia (SPA), the Society of Cardiovascular Anesthesiologists (SCA), the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA), the American Society of Regional Anesthesia and Pain Medicine (ASRA) and the New York State Society of Anesthesiologists PostGraduate Assembly (NYSSA PGA). Stop by so we can answer your questions.

We will be available to help you navigate your portal account, assist with your MOCA enrollment and cycle queries, and to provide general information about ABA policies, procedures and new initiatives. For additional information, please visit the News & Events page of our website.

## 2015 EXHIBIT BOOTHS DETAILS

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>SOCIETY FOR PEDIATRIC ANESTHESIOLOGY</strong></td>
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<tr>
<td>Phoenix, Arizona</td>
<td>March 13 – 15</td>
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<td><strong>IARS ANNUAL MEETING</strong></td>
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<tr>
<td>Honolulu, Hawaii</td>
<td>March 21 – 24</td>
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<tr>
<td><strong>ASA ANNUAL MEETING</strong></td>
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<tr>
<td>San Diego, California</td>
<td>Oct. 23</td>
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<tr>
<td><strong>SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS</strong></td>
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<tr>
<td>Washington, DC</td>
<td>April 11 – 15</td>
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<tr>
<td><strong>ASRA ANNUAL PAIN MEDICINE MEETING</strong></td>
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<tr>
<td>Miami, Florida</td>
<td>Nov. 19 – 21</td>
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<tr>
<td><strong>NYSSA PGA MEETING</strong></td>
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<tr>
<td>New York, New York</td>
<td>Dec. 11 – 15</td>
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<tr>
<td><strong>ASRA ANNUAL PAIN MEDICINE MEETING</strong></td>
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<tr>
<td>Las Vegas, Nevada</td>
<td>May 14 – 16</td>
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BA Board of Directors will host special sessions to provide information and answer questions about our primary certification, subspecialty certification and MOCA during the annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA) and the New York State Society of Anesthesiologists PostGraduate Assembly (NYSSA PGA).

These annual meeting sites were chosen to provide access to as many physicians as possible. The sessions are free and no pre-registration is required.

Two separate, but consecutive 30-minute sessions will be held at each meeting. The first 30-minute session will focus on primary certification in anesthesiology, including an overview of the new staged exams (BASIC, ADVANCED and APPLIED Examinations), the new ABA Assessment Center and two-way communications with program directors. The second 30-minute session will focus on MOCA, including an overview of Part 4 requirements, the MOCA Minute pilot program, the MOCA Survey results and the future of the program.

Please note the dates below are subject to change.
For those who cannot attend, the presentations are available on our website on the News & Events page.

### SESSION 1: PRIMARY CERTIFICATION IN ANESTHESIOLOGY

<table>
<thead>
<tr>
<th>Sunday, March 22</th>
<th>Meeting: IARS Annual Meeting</th>
<th>Location: The Hilton Hawaiian Village Honolulu, Hawaii</th>
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<tr>
<td>10:30 – 11 a.m.</td>
<td>Check the ABA website for the most up-to-date information.</td>
<td>Saturday, Dec. 12</td>
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<td>Meeting: ASA Annual Meeting</td>
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<td></td>
<td></td>
<td>Location: Ernest Moral Convention Center San Diego</td>
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<td>Location: Marriott Marquis, New York</td>
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### SESSION 2: MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

<table>
<thead>
<tr>
<th>Sunday, March 22</th>
<th>Meeting: IARS Annual Meeting</th>
<th>Location: The Hilton Hawaiian Village Honolulu, Hawaii</th>
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<td>11 – 11:30 a.m.</td>
<td>Check the ABA website for the most up-to-date information.</td>
<td>Saturday, Dec. 12</td>
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</tr>
</tbody>
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### ABA RECOGNIZED HOLIDAYS:
- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve
- Christmas Day
- New Year’s Eve

If a holiday falls on a Saturday, the ABA will close on the Friday prior to the holiday. If a holiday falls on Sunday, the ABA will observe the holiday the following Monday.
Thank You

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