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## OFFICERS

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tr>
<td>President</td>
<td>Cynthia A. Lien, M.D.</td>
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<td>Vice President</td>
<td>Brenda G. Fahy, 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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<tr>
<td>J. Jeffrey Andrews, M.D.</td>
<td>San Antonio, Texas</td>
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<tr>
<td>Cynthia A. Lien, M.D.</td>
<td>New York, N.Y.</td>
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<tr>
<td>Daniel J. Cole, M.D.</td>
<td>Los Angeles, Calif.</td>
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<tr>
<td>Thomas M. McLoughlin Jr., M.D.</td>
<td>Allentown, Pa.</td>
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<tr>
<td>Deborah J. Culley, M.D.</td>
<td>Boston, Mass.</td>
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<td>Andrew J. Patterson, M.D., Ph.D.</td>
<td>Omaha, Neb.</td>
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<tr>
<td>Rupa J. Danier, M.D.</td>
<td>Fairfax, Va.</td>
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<tr>
<td>James P. Rathmell, M.D.</td>
<td>Boston, Mass.</td>
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<td>Brenda G. Fahy, M.D.</td>
<td>Gainesville, Fla.</td>
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<tr>
<td>Santhanam Suresh, M.D.</td>
<td>Chicago, Ill.</td>
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<tr>
<td>David O. Warner, M.D.</td>
<td>Rochester, Minn.</td>
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<tr>
<td>William W. Hesson, J.D.</td>
<td>Iowa City, Iowa</td>
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## EXECUTIVE STAFF

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<th>Name</th>
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<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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<td>Brenda G. Fahy, M.D.</td>
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## PUBLISHERS

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<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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## DESIGN & LAYOUT

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<td>Sasha A. Campbell, M.A.</td>
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The past year has been one of continuous transformation at the American Board of Anesthesiology® (ABA). We've evolved our programs to keep pace with changes in medical training, practice guidelines and healthcare regulation. In the process of doing so, we've also developed partnerships with our diplomates and a host of others who supported and facilitated our progress.

We worked closely with our examiners to successfully transition the Part 2 Examination to our new Assessment Center in Raleigh, N.C. This move allowed us to create more standardization in the exam process, offer the exam more weeks over the course of the year, and incorporate high-quality graphics into the exam. Our examiners deserve a significant amount of credit for helping us advance the primary certification process. More than 250 examiners traveled to Raleigh last year to train, examine and assess our new exam technology and process. Their input led to several enhancements that have made the entire exam experience more seamless for both examiners and candidates. Candidate surveys we've collected over the course of the year confirm this sentiment.

The ABA has also worked with a number of volunteer anesthesiologists to develop the Objective Structured Clinical Examination (OSCE) component of the forthcoming APPLIED Examination. Their hard work and commitment to the process informed the ABA Board of Directors of what is truly possible with the OSCEs and is helping to set the standard and structure for this new exam. We are still working to finalize the OSCE scenarios to ensure that they appropriately measure the skills they are being designed to assess and meet the same high-quality standard as our other exams.

Last year, the Board hosted 69 subspecialty program directors and staff at the ABA office for three, two-day meetings, where we walked through changes in our programs and collected feedback about our policies. We were also able to share critical research about substance use disorder and anesthesiologists, including the relative risk of relapse over the course of practice. This exchange of information was invaluable for building relationships with those who are training future generations of anesthesiologists. During these meetings we also learned more about how we can work together to advance training and, ultimately, our specialty.

The Board also held dozens of exam development and committee meetings designed to ensure that our certification programs remain relevant and reflect current practice. Additionally, we facilitated a series of focus groups to gauge how well we are communicating with our diplomates and to understand how we can more effectively share information. We are using the feedback we gathered to guide future initiatives.

Finally, in tandem with diplomates and a host of others, the Board redesigned its Maintenance of Certification in Anesthesiology® (MOCA®). The development and rollout of MOCA 2.0™ is probably the Board’s most comprehensive example of collaboration in recent years. In 2013, we created a MOCA Redesign Task Force comprised of experts in anesthesiology and technology to help frame our vision for the redesign.

In 2014, we surveyed diplomates to get first-hand feedback on what worked well in the existing MOCA program and where improvements were needed. That same year, we launched the initial MOCA Minute™ pilot and developed a MOCA 2.0 Users’ Group to review and share feedback on a platform prototype. We also shared our MOCA 2.0 vision with the American Board of Medical Specialties, other Member Boards, the American Society of Anesthesiologists, subspecialty societies and other stakeholders in the house of medicine.

This vision and the collective input of everyone involved in this process – most importantly our diplomates – culminated in the launch of MOCA 2.0 and the expanded MOCA Minute pilot in January. This has been a
transformative moment for the ABA and for maintenance of certification. MOCA 2.0 will continue to evolve based on diplomate input and our own assessment of the program. We’re confident that it will continue to get better because of the partnership we’ve cultivated with our diplomates and others in the broader medical community.

Thank you for your willingness to work with us to advance the highest standards of the practice of anesthesiology.

Cynthia A. Lien, M.D., President

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Dr. Rupa Dainer Elected to ABA Board

She earned her Bachelor of Science degree in Biology and Bachelor of Music degree in Orchestral Instruments from The Catholic University of America in 1998 before accepting a commission in the United States Navy. She earned her Doctor of Medicine degree in 2002 from the Uniformed Services University of the Health Sciences in Bethesda, Md.

She completed her residency training in 2006 at the National Naval Medical Center/Walter Reed Army Medical Center in the District of Columbia and finished subspecialty training in pediatric anesthesiology at Children’s National Medical Center in the District of Columbia in 2009.

In 2010, Dr. Dainer deployed to Afghanistan to serve in Operation Enduring Freedom and then deployed to the Dominican Republic in 2013 to participate in Medical Readiness Training Exercises (MEDRETE). She was promoted to Commander in 2014.

She was honorably discharged from the Navy in 2015 and joined Pediatric Specialists of Virginia as a pediatric anesthesiologist and chief strategy officer last October. She holds ABA certification in anesthesiology (2007) and pediatric anesthesiology (2013) and participates in the ABA's Maintenance of Certification in Anesthesiology Program®.

She lives in Bethesda, Md., with her two daughters.

Rupa J. Dainer, M.D.

The ABA is pleased to announce the election of Rupa J. Dainer, M.D., to its Board of Directors. Dr. Dainer officially began her term as a diplomate director in September 2015.

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Update on International Assessment

The ABA began offering its In-Training Examination internationally in 2013 through the Academy of Medicine, Singapore to physicians in training in Singapore. In March 2015, the Kuwait Ministry of Health offered the In-Training Examination International (ITE-I) for the first time to physicians in training through the Kuwait Board of Anesthesia.

Last year, a total of 106 examinees from four anesthesiology training programs – one in Kuwait and three in Singapore – took the ITE-I. The exam is administered via computer at the international sponsoring agencies’ training sites, and the ABA scores and reports the results to examinees through their sponsoring agency. In 2016, both Kuwait and Singapore will again administer the ITE-I to their trainees.

ABA International, LLC, a wholly owned ABA subsidiary, administers and funds these international anesthesiology assessment programs. This entity and its international programs are self-sustaining—no fees paid by U.S. candidates or diplomates are expended for international activities.
Beginning in January 2015, anesthesiology residency programs began submitting the Certificate of Clinical Competence (CCC) Reports with milestones created by the Accreditation Council for Graduate Medical Education (ACGME). The milestones are competency-based developmental outcomes in the areas of patient care, medical knowledge, system-based practice, interpersonal and communications skills, professionalism, and clinical skills. Levels of performance based on training year are assigned to each milestone descriptor.

Training programs are required to submit CCC Reports to the ABA every January and July on behalf of each resident who has spent any portion of the prior six months in training in or under the sponsorship of the residency program. For each reporting period, programs promote residents from one milestone level to the next based on recommendations from the program’s Clinical Competency Committee and the program director.

The CCC Report’s seven essential attributes did not change. If one or more essential attribute(s) is unsatisfactory, the overall grade must be unsatisfactory. All unsatisfactory training reports must be printed, signed and faxed or emailed to the ABA. A description of deficiencies must be submitted with an unsatisfactory report.

Milestones for subspecialties were reported for the first time at the end of January when subspecialty training programs submitted their CCC Reports for the 2015B reporting period.

At the present time, program directors report progress to both the ABA and the ACGME with separate reporting criteria. The ABA and the ACGME are working together to streamline the reporting process for programs. The Board will keep program directors informed as progress is made.

**THE FINAL MILESTONES**

Residents: advanced beyond defined performance targets and is demonstrating “aspirational” goals; only a few exceptional fellows will reach this level

Fellows: advanced beyond defined performance targets and is demonstrating “aspirational” goals; only a few exceptional fellows will reach this level

**SENIOR-LEVEL OUTCOMES**

Residents: substantially demonstrates milestones targeted for residency graduation

Fellows: substantially demonstrates milestones targeted for fellowship graduation

**MID-LEVEL OUTCOMES**

Residents: demonstrates milestones expected after having experience in anesthesiology subspecialties

Fellows: demonstrates additional milestones consistently, including majority of milestones targeted for fellowship

**JUNIOR-LEVEL OUTCOMES**

Residents: demonstrates milestones expected prior to significant experience in anesthesiology subspecialties

Fellows: demonstrates additional milestones, but not yet performing at mid-fellowship level

**ENTRY-LEVEL MILESTONES**

Residents: demonstrate milestones expected after completing one postgraduate year of education

Fellows: demonstrate milestones expected of an incoming fellow
ABA Changes BASIC Exam Dates

The ABA has changed the BASIC Examination administration months to June and November to ensure that residents only take one exam per Certificate of Clinical Competence reporting period. We have also added an additional administration day to provide greater flexibility for residents and programs to plan clinical coverage during the exams. The Board initiated these date changes based on feedback from program directors, who expressed concerns about the dates overlapping with the Part 1 Examination, which is offered in July.

The 2016 summer BASIC Examination will be held June 10-11. Registration will begin March 1 and end April 28. Late registration will begin April 29 and end May 12. All nonstandard accommodation requests were due by Feb. 15, and all supporting documentation is due by Feb. 28. Residents who take the June exam will have their results by mid-July, which will allow plenty of time for them to register for the November exam, if necessary. For sample questions or to see the exam’s content outline and blueprint, visit the ABA website.

The Board encourages residents to register early to ensure seat availability at the testing sites. ABA staff will work closely with the testing vendor ahead of future exams to make sure we set the highest expectations of service for our programs and residents. We will do what we can to avoid any scheduling issues.

To date, the ABA has administered four BASIC Examinations. Here are the results:

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<thead>
<tr>
<th>ADMINISTRATION DATES</th>
<th>PASS RATES</th>
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<tr>
<td>JULY 2014</td>
<td>97%</td>
</tr>
<tr>
<td>JANUARY 2015</td>
<td>88%</td>
</tr>
<tr>
<td>JUNE 2015</td>
<td>96%</td>
</tr>
<tr>
<td>NOVEMBER 2015</td>
<td>93%</td>
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ABA to Host Program Directors Meetings

The ABA will host four program director meetings in 2016 to continue to cultivate stronger partnerships with residency training programs. These meetings follow a similar series the Board hosted in 2014, during which the ABA got a better understanding of how its programs and initiatives impact training programs and vice versa. Now, with this foundation of mutual understanding, the ABA will host a second round of meetings in March and April at the ABA’s Raleigh, N.C., office.

Topics of discussion for the 2016 meetings will include:

- updates on the Objective Structured Clinical Examination (OSCE) development,
- risks and outcomes of substance use disorder among residents,
- resident surveys,
- BASIC Examination results and statistics,
- unsatisfactory training among residents, and
- changes to the Maintenance of Certification in Anesthesiology® (MOCA®) program.

In 2015, the Board hosted fellowship program director meetings, which had a similar format and agenda as the residency program director meetings, but focused on fellowship training. These meetings were well received by the 69 subspecialty training program representatives who attended. Based on positive feedback from attendees, the Board will continue to host fellowship program director meetings every other year.

The Board believes these meetings, where program directors can ask questions and bring forth issues, support our mission to advance the highest standards in the practice of anesthesiology.
**First ADVANCED Exam Coming Soon**

The first ADVANCED Examination will be administered in July 2016 and will replace the current Part 1 Examination for all candidates graduating from residency training on or after Jan. 1, 2016.

The ADVANCED Examination focuses on clinical aspects of anesthetic practice, including subspecialty-based practice and advanced clinical issues. Starting in 2017, it will be offered in January and July of each year. Candidates must pass this exam 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.

**OSCE Development Update**

The ABA has postponed the administration of the first Objective Structured Clinical Examination (OSCE) component of the APPLIED Examination until after 2017 to allow additional time for scenario development and validation. No date has been set for when the OSCEs will be administered, but the ABA will ensure that sufficient advanced notice is given for residency programs to prepare residents during their CA-3 year of training.

The first APPLIED Examination will be administered beginning in 2017 and will include only the Standardized Oral Examination (SOE) component. This exam will replace the current Part 2 Examination for all candidates graduating from residency training on or after Jan. 1, 2016.

It will be administered nine times during the 2017 calendar year. The exam dates and registration deadlines can be found on the ABA website.

To be eligible to register for the APPLIED Examination, candidates must:

- Have passed the ADVANCED Examination.
- Have completed 36 months of satisfactory clinical anesthesiology training.
- Be capable of performing independently the entire scope of anesthesiology practice without accommodation or with reasonable accommodation.
- Have on file a satisfactory Program Directors (PDIR) Reference Form upon graduation from the residency program.
- Have satisfied the medical licensure requirement for certification. Please note that training licenses do not fulfill this licensure requirement for certification.
Residents: Create Your ABA Portal Account

To ensure you stay apprised of your status in the ABA certification process, it is important to create an ABA portal account early in your training.

A portal account is valuable throughout your career. It provides a single location to view and maintain all records associated with your professional relationship with the ABA. Once your account is set up, you can review your training credit earned during residency and fellowship programs, track Board certification requirements, register for exams and view your exam scores. Upon certification, you can use your account to track your progress through the MOCA program.

For instructions on creating a portal account, click on “Creating a Portal Account” in the quick links section in the footer of the ABA website. To create your account, you will need to verify your name, birthdate and Social Security number.

Each time you log into your portal account, please update your contact information, as necessary. Keeping your email address up-to-date will ensure you receive all ABA communications, including exam registration, scheduling and results notices.

We suggest you use a personal email address (Gmail, Yahoo, etc.) so we can keep in touch with you after you complete your training program. Also, please add our domain, “theaba.org,” to the safe senders list in your email client. This will minimize the likelihood of you missing any of our emails.

ABA Completes First Year in New Assessment Center

The 2015 Part 2 Examinations were administered for the first time in the ABA’s new Assessment Center in Raleigh, N.C. The ABA administered the exams across nine weeks from February through October to a total of 1,894 candidates.

The ABA directors, staff and volunteers worked hard to ensure the first year of exams were as organized, efficient and stress-free as possible for candidates. To evaluate our performance, the ABA asked candidates to complete a survey about their experience and offer suggestions for how we might make the process better for future candidates.

Nearly half (49 percent) of candidates responded to the survey and their feedback was overwhelmingly positive. Based on the feedback we received, the ABA has made two changes to the administration of the Part 2 Examinations that will begin in 2016.

First, Part 2 Examination weeks will be scheduled between March and September each year. The later start date will minimize the chances of bad weather impacting the operation of the exams. The earlier end date will reduce the conflicts with many of the anesthesiology-related professional meetings that occur between October and December of each year.

Second, the Board will make every effort not to schedule candidates traveling from the Pacific and Mountain time zones for morning examination periods, when possible. The 2015 candidates reported in surveys that adjusting to time zone changes made the early morning exam periods more difficult for west coast candidates.
The ABA Releases Part 2 Examination Videos

The ABA released updated versions of its Part 2 Examination videos in early 2016 to familiarize candidates with the exam process in the new Assessment Center in Raleigh, N.C. The videos, entitled “Mastering the Part 2 Examination” and “Improper Candidate Behavior,” address frequently asked questions and provide candidates with demonstrations of successful and unsuccessful exam performances.

The new videos replace older versions developed in 2011 when the exam was administered in hotels. The ABA built its Assessment Center to standardize the exam process and create a more professional examination environment.

In addition to updating the Part 2 Examination videos, the ABA also developed a candidate experience video and an orientation video in 2015. The candidate experience video informs physicians of what to expect from the time they arrive at Raleigh-Durham International Airport through the completion of their exam. The orientation video, which is shown to candidates on the day of their exam, provides logistical information and an overview of the Part 2 Examination.

All four videos are available on the Part 2 Examination page of the ABA website.

ABA Launches New MOCA Logo

You may notice that the Maintenance of Certification in Anesthesiology Program® (MOCA®) has a new look. With the launch of MOCA 2.0™, the ABA designed a new MOCA logo to complement the redesigned program. The MOCA logo aligns well with the new ABA branding, which launched last year. Diplomates will see the MOCA logo on the ABA website, on the MOCA Minute™ website and on the MOCA Minute mobile app.

MOCA 2.0 for Non-Time Limited Certificate Holders

Since the inception of the Maintenance of Certification in Anesthesiology Program® (MOCA®), non-time limited (NTL) certificate holders have reported the MOCA exam was a barrier to participation for them. They are not required to participate in MOCA.

With the ABA piloting MOCA Minute™ to replace the MOCA exam, the Board is hopeful that NTLs will find the program more attractive and opt to participate to keep their medical knowledge current and help improve patient outcomes.

MOCA Minute is an interactive learning tool that the ABA began as a pilot project in 2014 to help diplomates prepare for the MOCA exam. Diplomates who participated in the initial pilot scored higher on the exam than those who did not participate. This early success and the popularity of the tool among diplomates led the Board to expand the pilot as part of the redesigned MOCA program, known as MOCA 2.0™, which launched in January.

In addition to removing the exam as a requirement, the ABA also created several additional Part 4 options and moved to an annual fee structure. Diplomates now pay $210 each year to participate in MOCA 2.0, rather than $2,100 every 10 years. The new fee structure is also proving to be popular among diplomates, who report that the redesigned program is more relevant and meaningful to their practice.
ABA Launches MOCA Minute™ Pilot and App

The ABA launched the MOCA Minute™ pilot in 2014 to help diplomates prepare for the MOCA exam. The initial success and encouraging results of that initiative led the Board to expand the pilot to all MOCA 2.0™ participants this year. Similar to the initial pilot, diplomates will have access to multiple choice questions that they have 60 seconds to answer.

In MOCA 2.0, diplomates are required to answer 30 questions per quarter, 120 per year. They must also report how confident they are in their answers to each question. This feature will help determine if and when physicians will see a similar question or concept repeated. If a physician answers a question incorrectly, but reports that he is confident in his answer, that concept is likely to be repeated sooner so the Board can assess if the physician has learned what he/she was confident he/she already knew.

In addition to the confidence question, diplomates will have the option to tell the Board how relevant a question is to their practice. The relevancy question will help the Board gauge which questions or concepts are most germane to diplomates’ day-to-day practice.

Unlike the MOCA exam, which was an event that tested a physician’s knowledge once every 10 years, MOCA Minute is a process that promotes continuous learning over time. Diplomates who answer questions incorrectly should not be concerned about their certification status if they demonstrate that they are learning the information they previously did not know by answering questions correctly over time. The ABA will work with diplomates who have a pattern of incorrect answers continuously over time to establish a remediation plan. The Board will not revoke the certificates of diplomates who perform poorly on MOCA Minute. However, the Board may not renew their certificates if they are not meeting the standard for certification when their current certificates expire.

To make accessing MOCA Minute questions as convenient as possible, the ABA has developed a mobile application that diplomates can download from the Apple Store or Google Play at no charge. The app allows diplomates to answer questions anywhere and at any time even if Internet access is not available.

The ABA produced a brief video that explains the MOCA Minute requirements and how the tool works. Click here to view the video.

Diplomates must register for MOCA 2.0 to access MOCA Minute. MOCA 2.0 for subspecialties is set to launch in 2017, at which time eligible diplomates with subspecialty certificates will get a higher percentage of MOCA Minute questions related to their subspecialty.

ABMS Pilot Explores New Assessment Models

The American Board of Medical Specialties (ABMS), the umbrella organization for the 24 medical specialty Member Boards, is exploring a pilot project to provide interested Member Boards with an online framework for continuous assessment and professional development. This initiative was inspired by the ABA’s MOCA Minute™ pilot, which many ABA diplomates enthusiastically support. MOCA Minute is a longitudinal assessment tool that ABA is piloting to replace the MOCA exam.

The ABMS pilot grew out of a workshop attended by representatives from 13 of the 24 boards held in July 2015 in Raleigh, N.C. The workshop, sponsored by ABMS and the ABA, focused on the possibility of adapting the MOCA Minute approach for other Member Boards’ diplomates. ABMS is in the process of identifying Boards interested in joining the pilot.

The ABMS plans to develop other innovative models for intensive, longitudinal assessments that Member Boards may use to assess diplomates’ knowledge, judgment and skills. The models will also be designed to help diplomates keep their knowledge current and improve patient care.

ABMS will conduct research and evaluation to test the psychometric validity of the questions and assessment methods, the ability of the construct to inform summative decisions, and the associations of different delivery methods with processes and outcomes of care, among other measures.
Subspecialty Recertification Update

Beginning in 2017, diplomates currently certified in Pain Medicine (PM) and Critical Care Medicine (CCM) will no longer be required to take a recertification exam. Instead, these diplomates will register for MOCA 2.0™ in January 2017 to maintain their subspecialty certification.

Physicians certified in Sleep Medicine and Hospice and Palliative Medicine will register for MOCA 2.0; however, they will continue to take the recertification examinations through the American Board of Internal Medicine to maintain their subspecialty certification. The ABA does not administer the exams.

Certificates Expiring in 2017-2019:

Diplomates whose PM and CCM subspecialty certification expires in 2017, 2018, or 2019 will register for MOCA 2.0 in 2017 and will need to complete the program requirements before their current certificates expire. Those with certificates expiring in 2020 or later are currently enrolled in the MOCA-SUBS program and will also register for MOCA 2.0 in 2017. Diplomates will receive credit in MOCA 2.0 for any activities they completed in their current MOCA-SUBS cycle.

In MOCA 2.0, the requirements for subspecialties will align with the primary certification requirements. However, a proportion of the MOCA Minute™ questions that diplomates receive will relate to their subspecialty area. Diplomates maintaining primary and subspecialty certificates will be required to answer only 30 questions per calendar quarter, which is the same requirement for those maintaining only a primary certificate.

Certificates Expiring in 2016 or Earlier:

Diplomates whose certificates have expired or will expire in 2016 must still take and pass the recertification exam by the end of 2018 before they are eligible to register for MOCA 2.0. Registration for the 2016 Pain Medicine and Critical Care Medicine Recertification Exams opens March 1. To avoid a late fee, candidates must register by June 30. Late registration is available until July 14 for the Critical Care Medicine Recertification Exam and until Aug. 18 for the Pain Medicine Recertification exam. A late fee of $500 will apply.

MOCA-SUBS to Transition to MOCA 2.0™

In January 2017, the ABA will launch the second phase of MOCA 2.0™, which will include migrating diplomates currently enrolled in MOCA-SUBS into MOCA 2.0. All diplomates who register for MOCA 2.0 will have one set of program requirements independent of how many certificates they are maintaining. For instance, diplomates will only need to earn 250 Category 1 CME credits to fulfill their MOCA 2.0 Part 2 requirement regardless of how many certificates they are maintaining.

The ABA will verify the clinical activity for each certificate a diplomat is maintaining to ensure they meet the minimum requirement.

Subspecialty certificate holders will participate in MOCA Minute™ to fulfill MOCA 2.0 Part 3: Assessment of Knowledge, Judgment, and Skills requirements. Diplomates will be required to answer only 30 questions per quarter (120 per year) regardless of how many certificates they hold. The MOCA Minute questions will be geared toward physicians' subspecialties.

Diplomates maintaining one certificate will pay an annual fee of $210 in 2017, and each subsequent certificate will have an additional charge of $100. For example, if a diplomate is maintaining anesthesiology ($210), pain medicine ($100) and critical care medicine certificates ($100), they will pay $410 in 2017 as the annual fee.

For more information about subspecialty certification, visit the MOCA for Subspecialties Booklet of Information on the ABA website.
2015 ABA Examination Results

PRIMARY CERTIFICATION IN ANESTHESIOLOGY

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

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<tr>
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<td>90%</td>
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</tr>
<tr>
<td>PART2</td>
<td>81%</td>
<td>84%</td>
<td>86%</td>
<td>86%</td>
<td>88%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

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

We have certified 54,672 physicians in anesthesiology as of Dec. 31, 2015. The certification rate for physicians who completed their anesthesia residency between 2009 and 2013 is displayed below:
MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY PROGRAM® (MOCA®)

The MOCA exam was administered for the first time in 2005. The success rate has typically been greater than 90 percent. A total of 5,718 diplomates have successfully completed the MOCA program as of Nov. 01, 2015.

CRITICAL CARE MEDICINE CERTIFICATION

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>94%</td>
</tr>
<tr>
<td>2010</td>
<td>97%</td>
</tr>
<tr>
<td>2011</td>
<td>97%</td>
</tr>
<tr>
<td>2012</td>
<td>84%</td>
</tr>
<tr>
<td>2013</td>
<td>86%</td>
</tr>
<tr>
<td>2014</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>77%</td>
</tr>
</tbody>
</table>

We have certified 1,970 diplomates in CCM since the program’s inception in 1986.

CRITICAL CARE MEDICINE RECERTIFICATION

We initiated a voluntary CCM recertification program in 2001 and 186 diplomates have recertified in the subspecialty. The overall success rate on the CCM recertification exam from 2001 - 2015 is 70 percent.

PAIN MEDICINE CERTIFICATION

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>89%</td>
</tr>
<tr>
<td>2010</td>
<td>90%</td>
</tr>
<tr>
<td>2011</td>
<td>80%</td>
</tr>
<tr>
<td>2012</td>
<td>86%</td>
</tr>
<tr>
<td>2013</td>
<td>87%</td>
</tr>
<tr>
<td>2014</td>
<td>85%</td>
</tr>
<tr>
<td>2015</td>
<td>89%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, we have issued 5,477 PM certificates.

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. We have recertified 2,274 diplomates in the subspecialty since beginning a PM recertification program in 2000. The overall pass rate on the PM Recertification Examination from 2000 to 2015 is 85 percent.

PEDIATRIC ANESTHESIOLOGY CERTIFICATION

The Pediatric Anesthesiology Examination was administered for the first time in 2013 and a total of 2,734 diplomates were certified. In 2015, 631 diplomates took the Pediatric Anesthesiology Examination and 519 (82 percent) earned certification. The success rate on the three exams is:

<table>
<thead>
<tr>
<th>Year</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>96%</td>
</tr>
<tr>
<td>2014</td>
<td>89%</td>
</tr>
<tr>
<td>2015</td>
<td>82%</td>
</tr>
</tbody>
</table>
HOSPICE & PALLIATIVE MEDICINE CERTIFICATION

The Hospice and Palliative Medicine (HPM) Examination is administered by the American Board of Internal Medicine (ABIM) every other year in even years. Our candidates took the HPM exam for the first time in 2008. The success rate on these exams 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>

*The HPM exam, administered by the ABIM, 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.

We have certified 117 diplomates in hospice and palliative medicine since the program’s inception in 2008.

SLEEP MEDICINE

The Sleep Medicine (SM) Examination is administered by the ABIM every other year in odd years. Our candidates took the SM exam for the first time in 2011. The success rate on these exams is shown below.

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>80%</td>
<td>54%</td>
<td>29%</td>
</tr>
</tbody>
</table>

We have certified 13 diplomates in SM since its inception in 2011 as of Dec. 31, 2015.

MOCA 2.0™ Annual Fee and Registration Process

With the launch of MOCA 2.0™ in January, the ABA has moved from a 10-year $2,100 MOCA fee to a $210 annual fee. Diplomates who are already registered for MOCA 2.0 or who want to register will complete an online, annual registration process, which includes payment. There are nine steps, including verifying your medical license and supplying practice profile information, that take approximately 15 minutes to complete for most diplomates. Diplomates who are in the ninth year of their 10-year MOCA cycle will have a 10th step, which will be completing their attestation. The ABA produced a brief video and a detailed PDF to orient diplomates to the registration process. Click the play button on the image above to view the video and click here to view the PDF.
2016 Examination Fees

The ABA is pleased to announce that its 2016 and 2017 fees will remain at 2012 levels. As the transition to staged examinations and MOCA 2.0 continues in 2016, we encourage diplomates and/or candidates to familiarize themselves with the information presented below.

BASIC EXAMINATION

The registration fee for the BASIC Examination, the first examination in the staged examinations system, is $775 for first-time takers and $600 for re-takers. To take the summer 2016 BASIC Examination, eligible candidates must register and pay the registration fee between March 1 and April 28. Late registrations will be accepted between April 29 and May 12. There is a nonrefundable $500 fee for late registrations.

To take the fall 2016 BASIC Examination, eligible candidates must register and pay the fee between Aug. 1 and Sept. 29. Late registrations will be accepted between Sept. 30 and Oct. 20. There is a nonrefundable $500 fee for late registrations.

ADVANCED EXAMINATION

The ADVANCED Examination is the second examination in the staged examinations system and will be offered for the first time in 2016. The registration fee for the summer 2016 ADVANCED Examination is $775. To take the summer 2016 ADVANCED Examination, eligible candidates must register and pay the registration fee between March 1 and May 31. Late registrations will be accepted between June 1 and June 30. There is a nonrefundable $500 fee for late registrations.

Beginning in 2017 the ADVANCED Examination will be offered twice each year, in January and July.

PART 1 EXAMINATION

Residents who complete training before June 30, 2016 are in the traditional examination system and will take the Part 1 Examination to begin the primary certification process. The fee for the Part 1 Examination is $600 for candidates who paid a $950 primary certification application fee by June 30, 2014 and who have an active application upon examination registration. The registration fee for physicians who did not pay an application fee is $1,550 for first-time takers.

To take the 2016 Part 1 Examination, eligible candidates must register and pay the fee between March 1 and May 31. Late registrations will be accepted between June 1 and June 30. There is a nonrefundable $500 fee for late registrations.

PART 2 EXAMINATION

The registration fee for the 2016 Part 2 Examination is $2,100 for those in the traditional exam system. Registration for this exam is open continuously. 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 week will not be listed in candidates’ portal accounts. The ABA then 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 $500 change fee. If the requested change cannot be made, the candidate’s check will be returned.

SUBSPECIALTY CERTIFICATION AND RECERTIFICATION EXAMINATIONS

The registration fee for subspecialty certification and recertification examinations is $1,600 for first-time takers and $1,200 for those seeking to re-take the exam. To take a 2016 subspecialty examination, eligible candidates must register and pay the fee between March 1 and June 30, 2016. Late registration deadlines vary by examination. Visit the specific exam’s page on the ABA website to see all registration deadlines and fees. There is a $500 nonrefundable fee for late registrations.

For subspecialty certification and recertification candidates who paid a $550 subspecialty application fee by June 30, 2014 and who have a valid application upon examination registration, the 2016 registration fee is $950.

Physicians interested in taking a subspecialty certification exam must be ABA diplomates and hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada. For a full list of eligibility requirements, visit the ABA website.

MOCA FEES

The fee for diplomates who enroll in MOCA 2.0™ is $210 per year. This fee must be paid by March 31 of each year.

The fee for the traditional MOCA program is $2,100, and it is due when diplomates register for the MOCA exam. The fee to retake the MOCA cognitive examination is $800.
ABA Booklets Provide Policies by Certification Type

The ABA annually publishes its policies and procedures in its Booklets of Information (BOIs), which can be found on the Policies/BOIs page of the ABA website. The four BOIs are divided into separate publications by topic areas to allow our residents, candidates, diplomates and training programs to easily navigate our policies. Each BOI has its own glossary and directory of exam and registration dates.

The following list highlights new policies in 2016 and substantive changes to the previous BOIs:

Staged Examinations: (BASIC, ADVANCED and APPLIED Examinations)

- The ABA is postponing the launch of the Objective Structured Clinical Examination (OSCE) portion of the APPLIED Examination beyond 2017.
- The medical licensure requirement deadline for the APPLIED Examination will be Nov. 15 of the exam administration year.

Primary Certification in Anesthesiology (Traditional Part 1 and Part 2 Examinations)

- The medical licensure requirement deadline was changed to Nov. 15 of the Part 2 Examination administration year, instead of within 30 days of the candidate’s Part 2 Examination administration week.
- The ABA will now report all exam results to candidates with outstanding requirements, but will not validate the results unless candidates complete all requirements by the deadlines.

Maintenance of Certification in Anesthesiology Program® (MOCA 2.0™)

- The MOCA Minute™ pilot will replace the MOCA exam as the MOCA 2.0 Part 3 requirement for diplomates.
- MOCA 2.0 participants now have more activity options for Part 4 activities.

Subspecialty Certification, Recertification and MOCA for Subspecialties (MOCA-SUBS)

- Details are provided about the January 2017 launch of MOCA 2.0 for subspecialties, as well as the recertification process for diplomates whose pain medicine or critical care medicine certificates expire in 2017, 2018 or 2019.
- Diplomates whose certificates expire in 2016 must pass the recertification exam before they can register for MOCA 2.0. They may register for the 2016 exams beginning on March 1. This is the last year to register for a subspecialty recertification examination. Diplomates with certificates expiring in 2016 will be able to take an exam one time each year through 2018.
- Beginning in 2016, all diplomates who register for subspecialty certification in pediatric anesthesiology must have completed an ACGME-accredited fellowship in pediatric anesthesiology.
ABA Website Redesign Launched in 2015

In March 2015, the ABA launched its new website, which was redesigned to be more user friendly. The site includes a Google-like search box, quick links to commonly requested materials and exam-specific pages that allow users to find information they need in just one click.

The new site is mobile-friendly and provides users the same functionality on cell phones, tablets and desktops. Additionally, it boasts new features including “Ask the ABA,” which allows users to inquire about new Board initiatives, policies and other general interest topics. The dynamic photo slider on the site’s home page provides visitors with images and links to information on ABA news, key deadlines and new program features. The “News and Announcements” section provides visitors with easy access to a repository of recent ABA headlines and announcements.

The ABA’s new website, which was designed and built by ABA staff, has increased customer engagement by 40 percent and page visits per session by 60 percent compared to 2014 website analytics.

Substance Use Disorder Among Anesthesiology Residents

The ABA Research Committee conducted a matched cohort analysis to investigate the risk factors and outcomes for substance use disorder (SUD) in physicians enrolled in Accreditation Council for Graduate Medical Education–accredited anesthesiology residencies over a 35-year study period. This new study titled “Risk and Outcomes of Substance Use Disorder Among Anesthesiology Residents” was published in the October 2015 issue of Anesthesiology (DOI: 10.1097/ALN.0000000000000810).

This study follows an article titled, “Substance Use Disorder Among Anesthesiology Residents, 1975-2009,” which chronicled the ABA Research Committee’s earlier research on this topic. That article appeared in the Journal of the American Medical Association in 2013.

For each of the 384 previously confirmed cases, two controls who did not develop SUD were matched for sex, age (± 5 years old), primary residency program, and program start date (± 2 years). The available risk factors evaluated included medical school country (United States vs. other), anesthesiology knowledge as assessed by In-Training Examination (ITE) performance, and residency program size.

Compared to the controls, cases were more likely to have received their medical education in the United States. For those with available ITE scores, cases had comparable ITE performance in the Clinical Base (CB) year with the controls, but were outperformed by the controls in the first Clinical Anesthesia (CA-1) year. The residency program size was not consistently associated
The outcomes assessed included mortality and profession-related outcomes. Compared with controls, cases were 15 times less likely to complete residency, 10 times less likely to become board certified, and seven times more likely to receive adverse medical licensure actions not related to SUD. With a median follow-up time of 12 and 15 years for cases and controls by Dec. 31, 2013, the mortality rate of 14.1 percent for the cases (54 cases) was significantly higher than that of 1.3 percent for the controls (10 cases).

This study quantifies the adverse outcomes of SUD by comparing cases who developed SUD during anesthesiology residency training versus controls who did not. Developing SUD has profound consequences for training outcomes, clinical practice and survival.

The ABA hopes that the study provides useful information to guide policy and difficult individual choices faced by anesthesiology residents who develop SUD and those who supervise and treat them.

ITE Results: Residents Taking BASIC Exam Show More Growth

The ABA recently assessed the impact of its new staged examination system on residents’ In-Training Examination (ITE) performance and found the new system has a positive impact.

The Board is transitioning to the staged examinations system for primary certification to promote sustained studying throughout training and to complement the movement of the Accreditation Council of Graduate Medical Education (ACGME) toward competency-based training and promotion. In this new system, BASIC and ADVANCED Examinations replace the traditional Part 1 (written) Examination, and the APPLIED Examination that follows replaces the traditional Part 2 (oral) Examination and will also eventually include Objective Structured Clinical Examinations (OSCEs).

ABA candidates who will complete residency training on or after June 30, 2016 will take the staged exams.

To assess how the new system has impacted residents’ ITE performance, the ABA analyzed their ITE scores from the last four years (2012-2015).

Results of this analysis showed that the first wave of residents in the staged examination system (i.e., residents who took the first BASIC Exam in July 2014) had a greater improvement on ITE performance from their CA-1 to CA-2 year, compared to the preceding two cohorts in the traditional exam system. Similarly, the cohort entering their CA-1 year in 2014 had a greater improvement from their CB to CA-1 year, compared to the two preceding cohorts.

The results revealed an accelerated growth trend, suggesting a positive impact of the staged exams system on residents’ ITE performance. The Board will continue to observe ITE score trends in 2016 to establish a more robust and longer span of evidence.
ABA Hosts Diplomate Focus Groups

The ABA Marketing and Communications Services (MarCom) department hosted four focus groups in 2015 to gauge physicians’ perceptions of the ABA’s communications channels and messages. The goal was to identify the most effective and efficient communications methods and where there are opportunities for improvement.

The ABA hosted the groups in its Raleigh office, at the 2015 meeting of the American Society of Regional Anesthesiologists (ASRA) in Las Vegas, the annual meeting of the American Society of Anesthesiologists (ASA) in San Diego and at the New York State Society of Anesthesiologists meeting in New York City. Participants were asked their impressions of the ABA’s annual newsletter, website, email communications and other channels.

Here are some of the general insights gleaned from the discussions:

• A majority of diplomates reported appreciation for the service they get from the ABA’s Communications Center and exhibit booths. The ABA’s Communications Center staff received and responded to 14,691 calls and 10,527 emails in 2015. Additionally, the Board staffed booths at eight meetings last year, including those of the ASA, ASRA and the Society for Pediatric Anesthesia. Diplomates said they valued having live people available to answer their questions at the booths and via the Communications Center.

• Diplomates recommended that we make email communications more concise and customized. For instance, they expressed a desire to receive personalized information about their status in the MOCA program so they know which requirements are complete and incomplete. The ABA plans to fulfill this request in 2016 with the launch of MOCA 2.0.

• With regard to ABA News, the Board’s annual newsletter, readers who were aware of the publication reported that they peruse it because it comes out only once a year and likely has important certification-related information. Several diplomates report that they specifically look for the annual exam results and many wish the newsletter included financial information about the Board.

• Diplomates report that they mostly review the annual Booklets of Information (ABA policy manuals) immediately prior to a certification exam or event. They said we should strive to make them more user-friendly and should consider using technology to do so.

The MarCom team will use the feedback we heard to update the website, re-format email communications and consider new features for the annual newsletter, among other changes. Additionally, the team has shared a detailed report of the feedback it received with the ABA Board of Directors, including information unrelated to its communications channels.

We would like to extend our deepest appreciation to diplomates who participated in the focus groups. The feedback we received was invaluable and will help drive our future communications initiatives.
We welcome the opportunity to answer your questions and share information at our exhibit booths in 2016. We will be at the annual meetings of the Society for Pediatric Anesthesia (SPA), the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA), the American Society of Regional Anesthesia and Pain Medicine (ASRA), the New York State Society of Anesthesiologists (NYSSA) and the California State Society of Anesthesiologists.

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

### EXHIBIT BOOTH SCHEDULE

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASRA Annual Pain Medicine Meeting</strong></td>
<td><strong>New Orleans</strong></td>
</tr>
<tr>
<td><strong>March</strong> 31 – April 2, 2016</td>
<td></td>
</tr>
<tr>
<td><strong>Society for Pediatric Anesthesiology</strong></td>
<td><strong>Chicago</strong></td>
</tr>
<tr>
<td><strong>Colorado Springs</strong></td>
<td><strong>April</strong> 1 – 3, 2016</td>
</tr>
<tr>
<td><strong>ASA Annual Meeting</strong></td>
<td><strong>Chicago</strong></td>
</tr>
<tr>
<td><strong>October</strong> 22 – 26, 2016</td>
<td></td>
</tr>
<tr>
<td><strong>California State Society</strong></td>
<td><strong>San Francisco</strong></td>
</tr>
<tr>
<td><strong>April</strong> 14 – 17, 2016</td>
<td></td>
</tr>
<tr>
<td><strong>IARS Annual Meeting</strong></td>
<td><strong>San Francisco</strong></td>
</tr>
<tr>
<td><strong>May</strong> 21 – 24, 2016</td>
<td></td>
</tr>
<tr>
<td><strong>ASRA Annual Pain Medicine Meeting</strong></td>
<td><strong>San Diego</strong></td>
</tr>
<tr>
<td><strong>November</strong> 17 – 19, 2016</td>
<td></td>
</tr>
<tr>
<td><strong>NYSSA PGA Meeting</strong></td>
<td><strong>New York</strong></td>
</tr>
<tr>
<td><strong>December</strong> 9 – 12, 2016</td>
<td></td>
</tr>
</tbody>
</table>
ABA to Field Your Questions At Open Forums

ABA diplomate directors will lead forums to provide information and answer questions about certification programs and requirements 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).

The one-hour forums will have two parts – one focusing on primary certification and one that focuses on the MOCA program. The first session offers a question-and-answer format on the Part 1, staged exams (BASIC, ADVANCED and APPLIED) and the new ABA Assessment Center in Raleigh, N.C. The second session will focus on MOCA 2.0, the MOCA Minute™ pilot, the 2017 launch of MOCA 2.0 for subspecialties and future MOCA 2.0 platform features.

### PRIMARY CERTIFICATION: WHAT YOU NEED TO KNOW

<table>
<thead>
<tr>
<th>MEETING: IARS ANNUAL MEETING</th>
<th>MEETING: ASA ANNUAL MEETING</th>
<th>MEETING: 69TH NYSSA PGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION: HILTON SAN FRANCISCO UNION SQUARE SAN FRANCISCO</td>
<td>LOCATION: MCCORMICK PLACE CONVENTION CENTER CHICAGO</td>
<td>LOCATION: MARRIOTT MARQUIS NEW YORK</td>
</tr>
</tbody>
</table>

### MOCA 2.0™: WHAT YOU NEED TO KNOW

<table>
<thead>
<tr>
<th>MEETING: IARS ANNUAL MEETING</th>
<th>MEETING: ASA ANNUAL MEETING</th>
<th>MEETING: 69TH NYSSA PGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION: HILTON SAN FRANCISCO UNION SQUARE SAN FRANCISCO</td>
<td>LOCATION: MCCORMICK PLACE CONVENTION CENTER CHICAGO</td>
<td>LOCATION: MARRIOTT MARQUIS NEW YORK</td>
</tr>
</tbody>
</table>

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. For those who cannot attend, the presentations are available on the Presentations page of our website.
Thank you: Diplomate Acknowledgements

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