Advancing the Highest Standards of the Practice of Anesthesiology

Coming Soon: New ABA Assessment Center
**Officers**

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<td>David L. Brown, M.D.</td>
<td>Cleveland</td>
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<td>Cynthia A. Lien, M.D.</td>
<td>New York</td>
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<td>J. Jeffrey Andrews, M.D.</td>
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<tr>
<td>James P. Rathmell, M.D.</td>
<td>Boston</td>
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**Executive Staff**

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<td>Raleigh, N.C.</td>
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<td>Cynthia A. Lien, M.D.</td>
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<td>Thomas M. McLoughlin, Jr., M.D.</td>
<td>Allentown, Pa.</td>
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<td>Andrew J. Patterson, M.D., Ph.D.</td>
<td>Stanford, Calif.</td>
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<td>Santhanam Suresh, M.D.</td>
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<td>David O. Warner, M.D.</td>
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**Associate Editor**

Mary E. Post, M.B.A., C.A.E.

**Publishers**

Cristalle H. Dickerson
Michele S. Pore, M.B.A.

**Layout/Graphic Design**

Lindy A. Johnson
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Martin Helrich, M.D.; Charlotte P. Hickcox; and Ephraim S. Siker, M.D.

Recognition of Service
Thanks to our diplomates and other physicians who helped the Board in 2013
Typically, the president’s year at the ABA comes near the end of a 12-year term of service to the Board and our diplomates. This is the case for me. These 12-year terms provide a large number of experiences that focus one on the long-term improvements available and needed within the specialty.

At the present time, the Board is in the midst of reconfiguring the examination continuum for those obtaining their initial certification, as well as for those of us maintaining our certification through Maintenance of Certification in Anesthesiology (MOCA). It is an exciting time for our trainees and new diplomates. They will have their written exams administered in two doses, one (BASIC) following 18 months of training and one (ADVANCED) after completion of their program. We believe this will help inculcate lifelong learning principles, even in those obtaining their initial certification. Once a candidate passes both the BASIC and ADVANCED written exams, they will be eligible for the APPLIED exam, which over time will become a combination of typical oral examinations and a series of Objective Structured Clinical Examinations (OSCEs). The APPLIED Exam will be carried out at the examination headquarters next to our Board’s administrative offices in Raleigh and provide a more realistic examination environment than hotel rooms have been able to create over the last 73 years.

As we collaborate with the American Board of Medical Specialties (ABMS) in our MOCA program, there is unanimity of opinion by our directors that our goal is to make MOCA relevant and effective for our diplomates. The pressure for all of organized medicine is to create enough transparency and rigor to the maintenance of certification process that governmental and quasi-governmental regulators stay “hands off” the profession and let physicians—those most knowledgeable about what our patients need—maintain proper oversight. Many of us believe lifelong learning and adult learning techniques can be met through a professional approach to review and testing. This means MOCA will undergo reconfiguration over time and we hope to embrace more adult learning techniques rather than episodic, high-stakes exams. More will come on this during the next two to years.

Those of us who lead academic departments in which large numbers of young physicians are training know that the focus on expense reductions is putting pressure on research and especially education. Both of these are areas of anesthesiology that are effective in advocacy for our patients and are needed to advance the specialty. Our patients are using Board certification as a surrogate for evidence of well-trained and compassionate physicians who bring “new knowledge” to the bedside.

It was only 18 months ago that I was unconscious in our surgical intensive care unit being cared for by a group of anesthesiologist-intensivists who saved my life. I remain passionate about the importance of physician judgment directing care in operating rooms across the country, as well as in our intensive care units, pain clinics and hospitals. Board certification and maintenance of certification need to inform our patients that up-to-date physician judgment is at their bedside. Our anesthesiology colleagues have great judgment and as a certifying Board, we need to make opportunities available to our diplomates to continue to prove this to society.

David L. Brown, M.D.
We are pleased to announce the election of Thomas M. McLoughlin, Jr., M.D. to our Board of Directors. Dr. McLoughlin began his term as a Diplomate Director at the conclusion of the Board’s meeting in October 2013.

Dr. McLoughlin earned his Bachelor of Arts degree in Behavioral Biology with honors from Johns Hopkins University in 1984 and his Doctor of Medicine degree from Duke University in 1988.

He completed an internship in internal medicine and residency in anesthesiology at the University of Virginia Health Sciences Center in Charlottesville, VA (1988-1992). There, he served as Chief Resident in Anesthesiology, completed subspecialty training in cardiothoracic anesthesiology, and was named a Scholar by the Foundation for Anesthesia Education and Research.

Following training, Dr. McLoughlin entered active duty military service, joining the faculties of the Uniformed Services University of the Health Sciences and Walter Reed Army Medical Center. While at Walter Reed, he served as the Chief of Cardiothoracic Anesthesiology and Program Director of Anesthesiology Residency Education.

In 1996, Dr. McLoughlin joined the clinical staff of Lehigh Valley Health Network, serving as Chief of the Division of Cardiac Anesthesiology and Vice Chair of the Department of Anesthesiology. He was appointed Chair of the Department of Anesthesiology in November 2001. He holds an appointment as Professor of Surgery, Division of Surgical Anesthesiology, at the University of South Florida College of Medicine and is the Editor-in-Chief of Elsevier’s Advances in Anesthesia.

Dr. McLoughlin is certified in anesthesiology (1993), participates in MOCA, and has been an Associate Examiner since 2001. He is also Board certified in Perioperative Transesophageal Echocardiography by the National Board of Echocardiography.

He lives in Center Valley, Pa. with his wife, Becky, and has three children, Ryan, Aidan, and Keelin.

“I expected to feel the humility and pride that comes with service to a group deeply rooted in a tradition of excellence in our specialty. What I did not expect is the organization’s willingness, even eagerness, for adaptation and change. The ABA is a group of physician directors and staff who are actively discussing ways to unapologetically insure the highest standards for certified anesthesiologists. Yet, we see our candidates and diplomates as partners, and strive to create in them a growing sense of value for what the ABA means to them over the course of their careers.”
More than 6,000 Residents Took 2014 ITE

The 2014 In-Training Examination (ITE) was held February 20 – 24. A total of 6,235 examinees registered for the examination, which was administered at 141 residency program sites across the United States and Canada.

Scores will be provided in April to enable examinees to track their own knowledge growth and compare their performance with the performance of other residents at the same training level. As in the past, keywords describing the questions answered incorrectly will be supplied to examinees and program directors. Program directors will receive a summary of the performance of all trainees in their program, including all years a trainee has participated.

We would like to thank all of the residency training programs for their assistance in preparing their institutions, faculty and residents for the 2014 computer-based ITE. We hope to continue to work with the programs to improve the electronic administration experience for their residents.

International ITE Partnership

We offered our In-Training Examination (ITE) internationally for the first time in May 2013. A total of 65 examinees from three anesthesiology training programs took the 2013 ITE through the Academy of Medicine, Singapore. The international ITE was administered via computer at Singapore training sites, and we scored and reported the results to the Academy of Medicine, Singapore. In 2014, Singapore will again administer the ITE to their residents.

We have formed a wholly owned subsidiary, ABA International, LLC, to administer and fund our international assessment programs. This entity and its international programs will be self-sustaining—no fees paid by U.S. candidates or diplomates will be expended for international activities.

New Training Portal To Launch

We are redesigning the format of the Resident Training Information Database (RTID) to complement the changes to our assessment programs for primary certification in anesthesiology. Based on feedback from residency training programs, the portal has been redesigned for streamlined navigation, easy to understand requirements and deadlines, and a dashboard view of training data.

The new design, which will launch in early fall, allows program directors to easily complete resident enrollment and update training data with only a few clicks. Training credit entered and approved by program directors will immediately be available in residents’ portal accounts. This will provide more real-time reporting and instantaneous results. The new training portal was previewed at the program director meetings held at our office in Raleigh, N.C., during February and March.

Additional training portal features include:

• Clinical Competency Committee (CCC) reporting based on each resident’s actual training dates
• Real-time posting of approved training data
• Demographics view to maintain program and faculty contact information
• Dashboards views
Program Directors’ Meetings Enhance Communication

This year, we will begin implementing significant changes to our assessment programs for primary certification in anesthesiology. To help residency training program directors build a broader understanding of these initiatives, we invited them to our Raleigh, N.C., office to join our Board of Directors for an overview of these changes.

During the meetings, held in February and March, the ABA Directors and staff discussed the new staged examinations process for primary certification. They also discussed The Accreditation Council of Graduate Medical Education (ACGME) Anesthesiology Milestone project and its impact on residency training reporting. The discussions focused on improvements to the Resident Training Information Database (RTID) based on program director feedback. Our goal is to build stronger relationships with the residency programs and the residents they train by strengthening the lines of communication.

Based on the success of these initial meetings, we will evaluate the benefits of providing an annual meeting for residency programs, and ABA Directors and staff. We look forward to continuing to partner with programs to advance the highest standards of the practice of anesthesiology from residency through practice.
Our new staged examinations were designed to best support lifelong learning and the ACGME’s movement toward competency based training and evaluation predicated on the achievement of “milestones.” Residents who began a four-year CA training residency in July 2012 and are scheduled to complete residency training on or after June 30, 2016 will take the staged examinations, which consist of three parts: the BASIC Examination, the ADVANCED Examination and the APPLIED Examination.

**Fees**

The total fees for staged examinations are the same as those for the current primary examination system (Part 1 and Part 2 Examinations):

- BASIC Examination, $775
- ADVANCED Examination, $775
- APPLIED Examination, $2,100

The total cost of the staged exams and the current primary exams is $3,650.

**BASIC EXAMINATION**

The BASIC Examination, which will be administered at the beginning of a resident’s CA-2 year, focuses on the scientific basis of clinical anesthetic practice, including content areas such as pharmacology, physiology, anatomy, anesthesia equipment and monitoring. The first examination will be administered in July 2014. Starting in 2015, it will be offered in January and July/August of each year. Residents must pass the BASIC Examination to qualify for the ADVANCED Examination and graduate from residency training.

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

- Satisfactorily completed 18 months of training, including clinical base and clinical anesthesiology. Residents who complete this requirement before March 31 of any year may register for the following July BASIC Examination. Residents who will complete this requirement before Sept. 30 of any year may register for the following January’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.

**Registration for 2014 – 2015 BASIC Examinations**

There are no application fees for staged 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.

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<tr>
<th>BASIC Examination Dates</th>
<th>Registration Period</th>
<th>Late Registration Period</th>
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Once candidates have completed their online registration, they will see instructions for scheduling their examination appointment with Pearson VUE. Pearson VUE Centers have a limited amount of available seats, so candidates should schedule test appointments right away.

**ADVANCED EXAMINATION**

The ADVANCED Examination, which will be administered after completion of residency training, focuses on clinical aspects of anesthetic practice, including subspecialty based practice and advanced clinical issues. The first 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 following July ADVANCED examination. Residents who will complete this requirement before Sept. 30 of any given year may register for the following January’s ADVANCED examination.

**APPLIED EXAMINATION**

The APPLIED Examination is a combination of two components—the Standard Oral Examination (SOE) and a series of Objective Structured Clinical Examinations (OSCEs). The addition of OSCEs will allow candidates to better demonstrate their medical knowledge and judgment as well as the technical and communication skills required for clinical practice.

Beginning in 2017, the APPLIED Examination will be administered as many as eight times each year. Candidates will receive a separate score for each component of the APPLIED Examination (SOE and OSCE). Candidates must pass both components of the exam to become Board certified. However, if one component of the exam is failed, the candidate will retake only that component.

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 Reference Form (PDIR) upon graduation from the residency program.
- Have satisfied the medical licensure requirement for certification. A grace period will be permitted so that candidates may complete this requirement within 30 days of the last day of the candidates’ APPLIED Examination administration week. Please note that training licenses do not fulfill this licensure requirement for certification.

**Duration of Candidate Status Policy**

Candidates who complete residency training after Jan. 1, 2012, must complete all certification requirements within seven years of the last day of the year in which residency training was completed.

This policy was implemented to comply with the American Board of Medical Specialties’ (ABMS) policy that no more than seven years can elapse between a physician’s completion of residency training and achievement of Board Certification.

If a candidate does not satisfy all requirements for certification within the prescribed time period, the candidate must re-establish eligibility for the ABA examination system.
SUCCESSFUL PILOT LEADS TO PERMANENT ALTERNATE ENTRY PATH (AEP) PROGRAM

Based on the success of a seven-year pilot program, the Alternate Entry Path (AEP) will continue beyond the conclusion of the pilot in July 2014. The purpose of the program remains the same: to encourage outstanding internationally trained and certified anesthesiologists to become productive members of U.S. academic anesthesiology programs.

To be considered for entry into this program, applicants must have a pre-existing track record of significant, sustained scholarship in the areas of discovery and dissemination. The scholarship of discovery is demonstrated by receipt of peer-reviewed funding as a principal investigator or by first- or senior-authored publication of original research in peer-reviewed journals. The scholarship of dissemination is demonstrated by a record of consistent presentations at local, regional or national professional and scientific society meetings or the publication of review articles in peer-reviewed journals and chapters in textbooks.

A record of documented achievement in scholarship, rather than the potential for future success, is critical to acceptance into the AEP program, as is the ability of the sponsoring department to provide an outstanding academic environment.

AEP participants approved to begin the program after Jan. 1, 2014 will take the staged examinations for primary certification in anesthesiology.

More information about application procedures for the Alternate Entry Path program is available on our website and in the Staged Examinations Booklet of Information.

PORTAL ACCOUNTS PROVIDE EASY ACCESS TO YOUR RECORDS

Your portal account provides a single location to view and maintain everything associated with your professional relationship with the ABA. Once your portal account is set up, you can review the training credit earned during your residency and fellowship programs, track Board certification requirements, register for exams, view your exam scores and maintain your 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.

You’ll need to verify your name, birthdate and social security number to create your account. Contact information, especially your email address, should be updated and confirmed for accuracy.
Milestone Project Advances Outcomes-Based Assessment

The Anesthesiology Milestone Project is a joint initiative sponsored by the ACGME and the ABA to advance educational outcomes by developing competency based learning and assessment. The milestones are designed to create specialty specific normative data that the Residency Review Committee can use to assess the quality of residency training programs.

Outcomes-based milestones were developed to evaluate resident performance in the six general competencies in a manner that is relevant to the practice of anesthesiology. The expectation is that each resident will progress through the different levels of performance shown below during the course of residency training.

The Clinical Competency Committee of each residency program will evaluate residents’ milestones biannually. Not all residents will meet all milestones in every competency. The promotion of a resident from one level to the next will be up to the discretion of a program’s Clinical Competency Committee and program director.

The Certificate of Clinical Competence Report will become the core tool used in the evaluation of resident learning and performance against the milestones. Programs will submit a Certificate of Clinical Competence Report for each resident every six months starting in January 2015. At the completion of training, the program director will testify that the graduating resident is prepared for unsupervised practice.

The final milestones will determine whether individuals who have completed an ACGME-accredited residency training program are prepared for unsupervised practice.

Senior level outcomes should be demonstrated by the last day of CA-3 training and graduation.

Mid-level outcomes should be demonstrated by the last day of CA-2 training.

Junior level outcomes should be demonstrated by the last day of CA-1 training.

Entry-level milestones are outcomes a resident should demonstrate by the last day of their CB year of training.
Assessment Center Update

Construction of our new Assessment Center begins this spring and will be completed by early fall. The new Center will provide our candidates with more options and scheduling flexibility for the Part 2 Examination and future APPLIED Exams.

Plans for the Center include:
- a candidate registration area
- two candidate briefing rooms
- 14 oral examination rooms
- 16 Objective Structured Clinical Examination (OSCE) rooms
- a standardized patient lounge
- changing rooms

Examination Dates and Registration Process

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Starting in 2015, the Part 2 Examinations will be administered in the new Center, where we will offer nine examination weeks per year as shown to the left.

Registration for the 2015 Part 2 Examinations begins on Oct. 1, 2014. Candidates may choose their examination week through their portal account on a first-come, first-served basis.

As the slots for a particular examination week are filled, we will assign candidates specific times and dates on Monday, Tuesday, Wednesday or Thursday of that week.

Getting to Raleigh

We look forward to welcoming candidates to the vibrant Raleigh area. 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

On examination day, candidates will board the shuttle bus from the lobby of the Hilton approximately one hour prior to their examination appointment. Candidates should bring their luggage, which will be stored in a secure compartment inside the bus.

Upon arrival at the Assessment Center, candidates will be greeted by staff and escorted to the registration area for check-in. Candidates will be asked to show their photo ID and to place any personal items in secure lockers. Next, candidates will move to the oral examination briefing room for orientation and review of their first stem. The examination follows a fairly traditional path from that point forward.

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

REMINDER: DURATION OF CANDIDATE STATUS FOR PRIMARY CERTIFICATION IN ANESTHESIOLOGY

In 2012, we introduced changes to our Duration of Candidate Status Policy that benefit candidates for primary certification in anesthesiology. These changes were made to comply with ABMS’ policy that no more than seven years can elapse between a physician’s completion of residency training and achievement of Board Certification.

The policy is as follows:

- Candidates completing residency training on or after Jan. 1, 2012 must satisfy all requirements for certification within 7 years of the last day of the year in which residency training was completed.
- Individuals will be considered candidates in the examination system when their first application for primary certification in anesthesiology is accepted.
- Candidates with two or more voided applications will not be considered candidates in the examination system until they pass the Part 1 Examination. Taking the In-Training Examination before reapplying for the Part 1 Examination is no longer required.

As part of this policy change, we will no longer limit the number of opportunities given to satisfy an examination requirement. Candidates now have one examination appointment per calendar year to successfully complete the requirements for certification, based on the date residency training is completed (see above).

If a candidate does not satisfy all requirements for certification within the prescribed time period described above, the candidate’s application will be voided and he/she must re-establish eligibility. Physicians will only be allowed to re-establish eligibility for our primary certification examination system once.
NEW REGISTRATION PROCESS FOR PART 1 EXAM

We recently changed the registration process for the Part 1 Examination to benefit our candidates. We’ve extended the registration deadlines to allow candidates more time to complete the process. We’ve also added a late registration option.

Candidates who applied in 2013 for the 2014 Part 1 Examination will now register and pay the examination fee from March 1 through May 31, 2014. Late registrations will be accepted from June 1 through July 14, 2014. Please note, late registrants will incur an additional $500 late registration fee.

In 2015, we will implement a new portal registration system that will replace the traditional online applications. The new system will eliminate candidates’ need to submit information prior to registration and pay separate application and examination fees.

During the portal’s construction, residents may still apply for the 2015 Part 1 Examination through June 30, 2014 and submit the $950 application fee. These candidates will then register for the 2015 Part 1 Examination March 1 through May 31, 2015, and pay their examination fee of $600.

Residents who do not submit an application for the 2015 Part 1 Examination by June 30, 2014 will be able to use the new registration system March 1 through May 31, 2015 to register and pay the combined fee of $1,550.

Late registrations will be accepted June 1 through July 13, 2015, and will incur an additional $500 late registration fee.

GET READY FOR CHANGES TO THE PART 2 EXAM

The Spring 2014 Part 2 Examination is full; however, there’s still time for candidates to register for the Fall 2014 examination. The registration deadline is April 30, 2014. The good news is that starting next year, candidates will have more exam date options and may choose a week that is most convenient for them.

Beginning in 2015, Part 2 Examinations will be administered nine weeks per year in our new Assessment Center in Raleigh, NC. The new Center will allow for a greater number of candidates to take their oral exams in the spring months. Examination dates are as follows:

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Registration for the 2015 Part 2 Examinations will begin on Oct. 1, 2014. Candidates who are eligible to register will be notified via email, so it’s important to maintain your current email address in your portal account. To ensure that we have your preferred email address on file, please log into your portal account and verify all your contact information.

Candidates may 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 are filled, candidates will no longer be able to schedule appointments for that week. We will assign specific examination dates and times for candidates on Monday through Thursday of a selected examination week.
Making MOCA Work for You

Since the MOCA program launched in 2004, we have received a lot of valuable feedback from our diplomates about the program’s requirements and their relevance to clinical practice. As a result, we are exploring ways to enhance MOCA. Below are a few initiatives we are undertaking in 2014 to move the MOCA program forward.

The American Board of Anesthesiology
MOCA Minute Application

In January 2014, we launched the MOCA Minute pilot program, a new interactive learning tool. MOCA Minute is a free, web application designed to help our diplomates achieve better understanding of topics on the MOCA Cognitive Examination. Our goal is to foster diplomate success on the exam, and determine if this model learning is more effective than traditional forms of learning.

Eligible diplomates who opted to participate in the pilot are receiving one question per week through June 30, 2014. Participants have one minute to answer the question once it has been accessed and each question will only be available for 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.

This pilot is only available to diplomates who are eligible to take the MOCA Cognitive Examination in July 2014. If it is successful, we will offer the MOCA Minute to all of our diplomates in the future.

MOCA Redesign

We believe that lifelong and adult-learning techniques can be incorporated into MOCA in the coming years and are reviewing the program to identify modifications that will make it more relevant for diplomates. The MOCA Minute application is one activity that will inform the program’s future structure and we are developing a pilot program this year for a full MOCA redesign. Stay tuned for more details.

NEW: ABMS MOC 2015 Standards

ABMS recently released the MOC 2015 Standards for all ABMS Member Boards to implement by 2015. These standards will provide an overarching framework for ABMS Member Boards in the development of their programs for Maintenance of Certification, while allowing flexibility for each Board to appropriately tailor its program to its specific discipline. MOCA meets the new standards, but we will continue to review its structure to ensure that the program goals and our diplomates’ expressed needs are being met. We value your opinions and encourage you to continue submitting suggestions via email to moca@theABA.org.

NEW: ABMS Evidence Library for Board Certification and MOC

ABMS has created an online, searchable database that serves as a convenient resource for empirical evidence supporting ABMS Member Board Certification and the ABMS Maintenance of Certification® (ABMS MOC®) program. The ABMS Evidence Library represents an organic body of literature and a dynamic database to which references and annotations will be added over time as new literature emerges.

The research has been grouped into one or more categories, depending on whether it:
• supports the framework and structure of MOC,
• validates MOC programs, and/or
• points to the value of Board certification.
To show healthcare organizations and the public that our diplomates enrolled in MOCA are actively engaged in continuous professional development, we began displaying the participation status of diplomates enrolled in the MOCA program on the Diplomate and Candidate Directory in 2010.

Starting in 2014, all ABMS Member Boards have expanded their reporting to include the MOC participation status of all diplomates, not just those enrolled in MOC. Now, our Diplomate and Candidate Directory and the ABMS physician directory indicate whether a diplomate is “Meeting MOCA Requirements.”

Diplomates are meeting the requirements if, by the end of the fifth year of their MOCA cycle, they have:

- satisfactory medical licensure for Part 1 Professional Standing;
- completed half of their CME credits for Part 2 Lifelong Learning and Self-Assessment; and
- completed one activity for Part 4 Practice Performance Assessment and Improvement.

All requirements must be completed by the end of the 10th year of the MOCA program. The directory will note that diplomates who hold non-time limited certificates are not required to participate in the MOCA program.

Reinstatement Fee for Incomplete MOCA Requirements

All diplomates who do not complete the MOCA program requirements within 10 years will be allowed to continue in the program for up to three additional years, although their time-limited certificates will have expired.

Effective Jan. 1, 2014, all diplomates (including non-time limited certificate holders) who wish to complete the MOCA program in Years 11, 12 and 13 will pay a $525 fee for each year they continue in the program without completing the requirements.

To help diplomates re-establish their certification, we will move their 10-year MOCA cycle forward one year at a time, for up to three years. For instance, in the 11th year, any activities completed in the original Year 1 (e.g. CME credits) will be removed and the 10-year MOC cycle will be adjusted to run Years 2 through 11. Should requirements not be completed in Year 11, all activities in the original Year 2 will be deleted and the 10-year cycle will be adjusted to run from Years 3 through year 12.

Upon successful completion of all required MOCA activities in a 10-year period, we will issue certificates for Maintenance of Certification in the specialty of Anesthesiology that are valid for 10 years from the date you complete the program.

If, after an additional three years, the requirements for MOCA have not been completed, physicians with time-limited certificates will have to restart the process of primary certification by taking and passing all of the primary certification examinations under the same application.

Upon successful completion of the primary certification process, physicians will re-attain “diplomate” status and will be issued a new time-limited certificate. Non-time limited certificate holders who do not complete MOCA within 13 years and wish to complete the program must take and pass the MOCA Cognitive Examination before they will be allowed to fulfill the remaining program requirements.
Top 4 Reasons NTL Certificate Holders Should Enroll in MOCA

Since we launched our MOCA program, the two most frequently asked questions from diplomates certified before 2000 are “Do I have to participate?” and “Why should I participate?” Participation is voluntary for non-time limited certificate holders (NTLs), and our response on the “why” is multi-faceted:

1. You are completing a lot of the requirements already.
   You are maintaining an unrestricted medical license in the United States or Canada (Part 1 requirement). Many diplomates exceed our average CME requirement of 25 credits per year (Part 2 requirement). Many diplomates participate in group quality improvement activities that can be modified to qualify for a case evaluation (Part 4 requirement). The only thing left is the Cognitive Examination (Part 3 requirement), which allows diplomates to demonstrate that their medical knowledge is current.

2. You can demonstrate that you are keeping up with your colleagues.
   We began issuing time-limited certificates in the year 2000. It is estimated that by 2015, half of our diplomates will be enrolled in MOCA. Only a small fraction of diplomates who were certified between 1970 and 1999 have enrolled in MOCA, but that number has doubled during the past two years. With the number of time-limited certificates holders expanding by about 1,500 per year, the likelihood is that the majority of your colleagues are participating in MOCA. The MOCA program is a great way for you to show that you are dedicated to lifelong learning and want to keep up-to-date alongside your less experienced colleagues.

3. You have nothing to lose.
   Participating in MOCA will in no way jeopardize your non-time limited certificate status and you can withdraw from the program at any time.

4. It’s FREE to enroll.
   Our staff is happy to assist you with enrollment and answer any questions you may have about the requirements, specific timing of requirements, and how to submit requirements in your portal account.

If you are interested, you can enroll in the MOCA program through your portal account or visit our exhibit booths at many of the specialty society meetings for personal assistance. For a listing of our 2014 exhibit booths, please see page 29.

If you have any questions about how to enroll or would like further information about MOCA program requirements, please contact our Communications Center toll-free at (866) 999-7501 or via email to coms@theABA.org.

Our Communications Specialists are available to help you Monday through Friday from 9 a.m. to 5 p.m.
As a leader in patient safety, anesthesiologists pioneered the development of medical simulation. To help our diplomates advance their practice and continue to improve patient care, we added simulation as a MOCA Part 4 requirement in 2008. Our diplomates have asked whether meaningful practice improvement occurs as a result of this requirement.

To date, nearly 3,000 of our diplomates have participated in ASA-endorsed simulation courses to fulfill one of their Part 4 activities. In follow-up surveys, 95% of diplomate participants said they would recommend simulation to their colleagues, and 98% felt the course was relevant to their practice.

Within three months of course completion, 95% of participants had successfully completed changes in their practice based on what they identified during the course. This is a remarkably high level of implementation that will benefit practice and patient care.

To help our diplomates better understand simulation courses and their role in MOCA, we are in the process of filming a video on the MOCA simulation requirement that will be available online in May.

The primary objectives of the video are to:

- provide insight to our diplomates about what to expect in a simulation course, and
- show how simulation as a practice improvement activity can help our diplomates improve patient outcomes.

We hope you find the video beneficial and develop a better understanding of the value simulation can bring to your practice.

Diplomates participating in MOCA in 2014 can qualify for a bonus incentive payment if they also participate in the Physician Quality Reporting System (PQRS). MOCA participants may qualify for an additional 0.5% incentive payment (MOC:PQRS incentive) based on their estimated payments from Medicare Part B. This bonus is in addition to the 0.5% incentive payment allowed for participation in PQRS only. The MOC:PQRS incentive is not currently defined beyond 2014.

Please note that there are specific MOC: PQRS requirements that must be met to qualify for this benefit. The 2014 requirements can be found on the Maintenance of Certification (MOCA) page of our website.

This program is available to all diplomates. Non-time limited certificate holders who want to participate in MOC:PQRS must be enrolled in MOCA. For assistance with your MOCA enrollment, contact our Communications Center at (866) 999-7501 or coms@theABA.org.
On Jan. 1, 2010, we began transitioning from the current subspecialty recertification program to the Maintenance of Certification in Anesthesiology for Subspecialties Program (MOCA-SUBS). The program allows diplomates who are certified or recertified in a subspecialty after Jan. 1, 2010 to maintain their certification while demonstrating continued professional development and practice improvement.

**Benefits of Maintaining Specialty and Subspecialty Certification**

You may choose to maintain only your subspecialty certification via MOCA-SUBS; however, we strongly encourage you to also maintain your primary certification. If you choose to maintain both primary and subspecialty certification, you will benefit from overlapping program requirements for:

- **Part 1: Professional Standing** – Medical Licensure
- **Part 2: Lifelong Learning and Self-Assessment** – Your CMEs will count for both MOCA and MOCA-SUBS as long as some of the CME credits are related to each subspecialty certification being maintained.
- **Part 4: Practice Performance Assessment and Improvement** – Your case evaluation and simulation will count for both MOCA and MOCA-SUBS as long as they are completed in anesthesiology or the subspecialty. This requirement is the same for diplomates maintaining multiple subspecialty certifications.

We are working to align your MOCA and MOCA-SUBS cycles, which will make it easier for you to complete all of the program requirements during the same 10-year period.

**Diplomates Automatically Enrolled in MOCA-SUBS**

Diplomates certified in a subspecialty after Jan. 1, 2010 (whose certifications expire on or after Dec. 31, 2020) are automatically enrolled in the MOCA-SUBS program after their subspecialty certification is awarded. The MOCA-SUBS program is a 10-year program that starts the day after a diplomate’s most recent subspecialty certification or recertification is issued. Diplomates can review their MOCA-SUBS program requirements on their portal accounts.

While we are transitioning away from the current subspecialty recertification, diplomates whose subspecialty certification expires on or before Dec. 31, 2019 are eligible to recertify once more before automatically being enrolled in MOCA-SUBS. Diplomates can take a subspecialty recertification examination no sooner than seven years after their most recent certificate was issued.

Diplomates whose subspecialty certification or recertification expires before Dec. 31, 2019 may register March 1 through May 31, 2015 for the 2015 recertification examinations. The final opportunity to register for recertification comes in 2016. That registration period will run from March 1 through May 31, 2016 for the 2016 recertification examinations. A late registration period will be available for diplomates from June 1 of the examination year until two weeks prior to the examination administration week; however, there is an additional $500 fee for any registration submitted during late registration. All registrations received after the 2016 late registration period will be considered for the 2017 MOCA-SUBS Examinations. To be eligible to take the MOCA-SUBS exams, you will need to meet the exam prerequisites.

**Fees**

Beginning in 2015, diplomates will no longer be required to apply in the year prior to the recertification exam and pay separate application and registration fees. Instead, they will register in the year of the subspecialty recertification exam and pay a single fee during registration.
In 2013, the ABMS Board of Directors unanimously approved joint sponsorship between the ABA and the American Board of Emergency Medicine (ABEM) for certification in Anesthesiology Critical Care Medicine (ACCM). Emergency physicians can now apply for ACGME-accredited ACCM fellowships following their Emergency Medicine residency training, and upon completing a 24-month, ABA-approved CCM fellowship, may seek Board certification.

**Information for ACCM Programs**

Programs that wish to offer a two-year fellowship must receive prospective approval before any trainees accepted into the two-year anesthesiology critical care medicine fellowship can qualify for certification under the training pathway. Applications and FAQs are available on the Important Notices page of our website.

**Approved Two-Year ACCM Training Programs**

The following programs have been approved to offer two-year ACCM fellowships for emergency physicians:

- Case Western Reserve University/University Hospital Case Medical Center Program
- Washington University/B-JH/SLCH Consortium Program
- University of Michigan Program
- Jackson Memorial Hospital/Jackson Health System Program
- University of Florida Program
- University of Alabama Medical Center Program
- University of Chicago Program
- Emory University Program
- Stanford University Program
- University of Washington Program
- UCLA Medical Center Program
- University of Iowa Hospitals & Clinics

**More Than 70 Fellowship Programs Participate In the 2014 ITE-Pain Medicine**

Seventy-six programs administered the 2014 In-Training Examination for Pain Medicine (ITE-PM) to 286 fellows on Friday, March 14. This is a healthy increase from the first ITE-PM, which was administered in 2013 to 214 fellows enrolled in 63 different fellowship programs.

The ITE-PM consists of 150 questions, and participants have three hours to complete it. Scores will be provided by early April to enable examinees to track their own knowledge growth and compare their performance with that of other fellows at the same training level. Keywords describing the questions answered incorrectly will be supplied to examinees and program directors. Program directors will also receive a summary of the performance of all trainees in their program, including all years a trainee has participated.

We would like to thank all of the fellowship programs for their assistance in preparing their institutions, faculty and fellows for the 2014 ITE-PM. We hope to continue to work with the programs to improve the electronic administration experience for their fellows. If your program is interested in providing the ITE-PM for your fellows in 2015, please contact us at exams@theABA.org.
Eight hundred and sixty-five physicians applied for the 2014 Pediatric Anesthesiology Examination scheduled for Saturday, Sept. 13. The first Pediatric Anesthesiology Certification Examination was administered in October 2013 to 1,474 physicians.

**Registration for 2015 Exam**

Registrations for the 2015 subspecialty certification examination may be submitted electronically via portal accounts through May 31, 2015. Late registrations may be submitted June 1 through Sept. 11, 2015, but will require an additional $500 fee. Registrations received after Sept. 11, 2015 will only be considered for the 2016 examinations.

To register, you 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 pediatric anesthesiology fellowship training or possess the required practice experience as described below.

**Training/Experience Criteria**

To qualify for pediatric anesthesiology certification, you need to have met one of the following two criteria:

**Fellowship Training**

Satisfactory completion of a one-year fellowship program in pediatric anesthesiology that was ACGME-accredited throughout the time of enrollment, with verification from the program director;

**OR**

**Grandfathering Criteria**

(Only for diplomates who completed anesthesiology residency training before July 1, 2012)

The anesthesiologist's clinical practice must have been devoted primarily to pediatric anesthesia for the last two years, or at least 30% of the anesthesiologist's clinical practice averaged over the last 5 years has to have been devoted to pediatric anesthesia. The anesthesiologist's practice must include neonates and children under the age of 2 years and procedures considered high risk.

You may register with the grandfathering criteria described above through May 31, 2015. Late registrations may be submitted June 1 through Sept. 11, 2015, but will require an additional $500 fee. Registrations received after Sept. 11, 2015 will not be accepted with grandfathering criteria.

Diplomates who register with grandfathering criteria will have until Jan. 1, 2019 to successfully complete the Pediatric Anesthesiology Certification Examination and satisfy all other requirements for certification.

**Diplomates Certified before 2000**

To register for the Pediatric Anesthesiology Certification Examination, you must be a MOCA participant. As such, diplomates certified in anesthesiology before the year 2000 (non time-limited) must enroll in MOCA via their portal accounts before registering for the Pediatric Anesthesiology Certification Examination.

Participation in MOCA does not impact a non-time-limited certificate, but rather serves as an extra credential.

Please note that previous anesthesiology recertification is not equivalent to participation in the MOCA program.
We have made changes to our Duration of Candidate Status policies for subspecialty certification that will benefit our candidates. The new policy is as follows:


- Candidates who complete subspecialty training after Jan. 1, 2012 must satisfy all requirements for certification within seven years of the last day of the year in which subspecialty training was completed.

- Candidates who apply or have applied with grandfathering criteria for the Pediatric Anesthesiology Examination must satisfy all requirements for subspecialty certification by Jan. 1, 2019.

As part of this policy change, we will no longer limit the number of opportunities given to satisfy an examination requirement. If a candidate does not satisfy all requirements for subspecialty certification within the prescribed time period, as described above, their application will be declared void and they must re-establish eligibility for the examination system.

To re-establish eligibility, the applicant must complete four more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology subspecialty program and be completed satisfactorily before applying for examination. Physicians will only be allowed to re-establish eligibility for the examination system once.

We recently enhanced the subspecialty certification registration process for our candidates by extending the registration deadlines and offering a new late registration option.

Candidates who applied by Feb. 15 for a 2014 subspecialty certification exam will now register and pay the examination fee from March 1 through May 31, 2014. Late registrations will be accepted from June 1 through July 26, 2014 for Critical Care Medicine and June 1 through Aug. 14, 2014 for Pain Medicine, Hospice and Palliative Medicine, and Pediatric Anesthesiology. Please note, late registrants will incur an additional $500 late registration fee.

2015 Subspecialty Examinations

For 2015 subspecialty certification exams, there will no longer be separate application and registration processes and fees. Eligible candidates will register and pay a single fee March 1 through May 31, 2015. Late registrations will be accepted with an additional $500 fee as follows:

<table>
<thead>
<tr>
<th>2015 Examinations</th>
<th>Examination</th>
<th>*Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Medicine</td>
<td>Aug. 8, 2015</td>
<td>June 1 - July 25, 2015</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>NO EXAM</td>
<td></td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>Oct. 22, 2015</td>
<td>June 1 - Oct. 8, 2015</td>
</tr>
<tr>
<td>Pediatric Anesthesiology</td>
<td>Sept. 26, 2015</td>
<td>June 1 - Sept. 12, 2015</td>
</tr>
</tbody>
</table>
Diplomates currently in the subspecialty recertification examination system and diplomates who apply/register for subspecialty recertification by May 31, 2016 will now have until Jan. 1, 2019 to satisfy all requirements for subspecialty recertification.

As part of this policy change, we will no longer limit the number of opportunities given to satisfy an examination requirement. Diplomates now have one examination appointment per calendar year until Jan. 1, 2019 to successfully complete the requirements for subspecialty recertification.

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

**NEW REGISTRATION PROCESS FOR SUBSPECIALTY RECERTIFICATION**

We recently changed the subspecialty recertification registration process to benefit our diplomates. We’ve extended the registration deadlines to allow diplomates more time to complete the process. We have also added a late registration option.

Diplomates who applied in 2013 for a 2014 recertification exam will now register and pay the exam fee from March 1 through May 31, 2014.

Late registrations will be accepted June 1 through July 26, 2014 for Critical Care Medicine Recertification and June 1 through Aug. 14, 2014 for Pain Medicine Recertification. There is an additional $500 fee for late registrations.

**2015 SUBSPECIALTY RECERTIFICATION EXAMINATIONS**

For 2015 subspecialty recertification exams, there will no longer be separate application and registration processes and fees. Eligible diplomates will register and pay a single fee March 1 through May 31, 2015.

Late registrations will be accepted June 1 through July 25, 2015 for Critical Care Medicine Recertification and June 1 through Sept. 5, 2015 for Pain Medicine Recertification. Late registrations will incur an additional $500 fee.
2013 Examination 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>Year</th>
<th>Part 1</th>
<th>Part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>85%</td>
<td>81%</td>
</tr>
<tr>
<td>2008</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>2009</td>
<td>92%</td>
<td>81%</td>
</tr>
<tr>
<td>2010</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>2011</td>
<td>87%</td>
<td>88%</td>
</tr>
<tr>
<td>2012</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>2013</td>
<td>87%</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 51,513 physicians in anesthesiology as of Dec. 31, 2013. The certification rate for physicians who completed their anesthesia residency between 2003 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 been mostly greater than 90% for the times that it has been offered. A total of 3,535 diplomates have successfully completed the MOCA program as of Dec. 01, 2013.
Critical Care Medicine Certification
The success rate on recent critical care medicine examinations is:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>83%</td>
<td>81%</td>
<td>93%</td>
<td>94%</td>
<td>97%</td>
<td>97%</td>
<td>84%</td>
<td>86%</td>
</tr>
</tbody>
</table>

We have certified 1,738 diplomates in critical care medicine since the program’s inception in 1986.

Critical Care Medicine Recertification
We initiated a voluntary CCM recertification program in 2001 and 171 diplomates have recertified in the subspecialty. The overall success rate on the CCM recertification examination from 2001 - 2013 is 81%.

Pain Medicine Certification
The success rate on recent pain medicine examinations is:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>86%</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, we have issued 4,978 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 2013 success rate was 99%.

Pain Medicine Recertification
All ABA certificates in pain medicine are time-limited. We have recertified 2,010 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on pain medicine recertification examinations is:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>88%</td>
<td>89%</td>
<td>92%</td>
<td>86%</td>
<td>91%</td>
<td>100%</td>
<td>77%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Hospice & Palliative Medicine Certification
The HPM examination is administered by the ABIM 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></th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>86%</td>
<td>74%</td>
<td>79%</td>
</tr>
</tbody>
</table>

We have certified 111 diplomates in hospice and palliative medicine since the program’s inception in 2008.

Pediatric Anesthesiology Certification
The Pediatric Anesthesiology examination was administered for the first time in 2013. The 2013 success rate of this exam was 96%. We certified 1,417 diplomates in pediatric anesthesiology last year.
The American Board of Anesthesiology, Inc.

The Journal of the American Medical Association recently published the first comprehensive study of the epidemiology and outcome of substance use disorder (SUD) for any in-training physician specialty group. The study, titled “Substance Use Disorder Among Anesthesiology Residents, 1975-2009,” was investigated and authored by the ABA and Mayo Clinic, and appeared in the Dec. 4, 2013 issue.

In this retrospective cohort study, 384 (0.86%) of the 44,612 residents who began U.S. anesthesiology residency training programs from 1975 to 2009 were confirmed to have SUD. The data was based on our training records and other data sets. The study found there was an initial increase in SUD incidence rates followed by a period of lower rates in 1996-2002. However, the highest incidence rates have occurred since 2003 and show that approximately 1 of every 80 residents will develop SUD during training. The most common substances used were intravenous opioids, followed by alcohol, marijuana or cocaine, anesthetics/hypnotics and oral opioids.

Approximately 7% of residents died during training, and approximately 11% eventually died of a SUD-related cause. Of those who survived, the estimated relapse rate during a 30-year career was 43%. Rates of relapse and mortality did not depend on the category of substance used. For instance, the rates were no higher for intravenous opioid users than for alcoholics. The relapse rates did not change over the study period, suggesting little overall effect at a population level of recent efforts to treat SUD in anesthesiologists.

We hope this information will guide practices and policies regarding SUD in anesthesiology training programs. The results show this issue remains a significant problem among anesthesiologists and needs to be addressed for the protection of both the effected physicians and their patients.

Online Item Writing Workshop in Production

In a continued effort to support our question authors in the development of high-quality examination items, we’ve partnered with an instructional design firm to produce an online Item Writing Workshop. The interactive course will be designed to help question authors understand and practice sound item writing techniques. New question authors will be asked to complete the workshop before they participate in the comprehensive, in-person training provided at our office in Raleigh, NC.

The workshop will encourage question authors to view item writing as a process, recognizing it takes practice to write valid and reliable examination items and that a good question is often not created on the first try. It will also describe the attributes of well-written items and will give question writers an opportunity to practice some of the skills introduced in the module.

More than 150 physicians write and review items for our certification examinations, and new question writers are appointed annually. The online workshop is scheduled for release in May.
ABA MOVES TO PAPERLESS COMMUNICATIONS

At the ABA, we are committed to serving our diplomates and helping them advance their practice. We are moving toward the exclusive use of electronic communications, which will allow us to provide better customer service to you through timely and accurate communications. As such, it is essential that you update your email address in your portal account to ensure that you receive all important notifications and reminders. Each time you log into your portal account, please verify your contact information. If you need assistance, our Communications Specialists are happy to assist you.

ELECTRONIC NEWSLETTERS AND BOOKLETS OF INFORMATION

Our 2014 newsletter, as well as previous editions, are available on the Publications page of our website at www.theABA.org. Links to these publications are also available within your portal accounts.

As of 2014, our Booklet of Information was divided into four separate publications: Staged Examinations, Primary Certification in Anesthesiology, Maintenance of Certification in Anesthesiology Program (MOCA), and Subspecialty Certification.

We anticipate that the new format will allow our candidates, diplomates and training programs to easily find and better understand our policies. Each Booklet of Information also contains a specific glossary of terms to assist in clearly defining our policy information.

NEXT STEPS

We are always striving to offer better service. By communicating electronically whenever possible, we are able to improve the timeliness and effectiveness of our communications. This reduces costs, eliminates postal delivery errors, and ensures that candidates and diplomates learn what they need to know, when they need to know it. Today, most of our communications are sent via email. In the future, our electronic communications will involve more personalized portal-based messages.

WE WANT TO HEAR FROM YOU

The ABA is here to serve our constituents and we are always open to feedback. If you have any questions or suggestions about our current or future use of electronic communications, please share them with us by using the “Contact Us” form on our website at www.theABA.org.

You can also call our Communications Center toll-free at (866) 999-7501 or visit our exhibit booths. See page 29 for the locations of our 2014 exhibit booths.

FEES TO REMAIN AT 2012 LEVELS

The ABA is pleased to announce that 2014 and 2015 fees will remain at 2012 levels. We understand the costs associated with certification can be a challenge for candidates and diplomates, and have judiciously sought new technologies and processes to drive greater efficiency and limit increases in costs.

Complete information on fees and deadlines is posted on the Current Fees page of our website.
The ABA Board Directors will host special sessions to provide information and answer questions about our initial certification and MOCA programs during annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA) and the New York State Society of Anesthesiologists (NYSSA).

These annual meeting sites were chosen to provide access to as many physicians as possible. No pre-registration is required for the free sessions; however, attendance may be limited by safe occupancy designated by the hotel or convention center.

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 the transition to staged examinations and the new Part 2 (APPLIED) Examination format and content. The second 30-minute session will focus on MOCA and Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS). Please note the dates below are subject to change.

### Primary Certification in Anesthesiology

<table>
<thead>
<tr>
<th>IARS Annual Meeting</th>
<th>ASA Annual Meeting</th>
<th>NYSSA-PGA Meeting</th>
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<tr>
<td>The Fairmont Queen Elizabeth Montréal, Canada</td>
<td>Ernest Moral Convention Center New Orleans</td>
<td>Marriott Marquis, New York</td>
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</tbody>
</table>

**Sunday**

- **May 18, 2014**
  - 10:30 a.m. — 11 a.m.
- **Oct. 12, 2014**
  - 4 p.m. - 4:30 p.m.
- **Dec. 13, 2014**
  - 5:30 p.m. - 6 p.m.

### Maintenance of Certification in Anesthesiology (MOCA)

<table>
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<tr>
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- **Oct. 12, 2014**
  - 4:30 p.m. - 5 p.m.
- **Dec. 13, 2014**
  - 6 p.m. - 6:30 p.m.

We hope you will attend one of these sessions if you have questions or want more information about the initial certification examination process or the MOCA program. For those who cannot attend, a copy of the presentation is available on our website in the [News & Events page](#).
We welcome the opportunity to answer your questions and share information about our programs for certification and MOCA at our exhibit booths. In 2014, we will be exhibiting at the annual meetings of the Society for Pediatric Anesthesia (SPA), the Society of Cardiovascular Anesthesiologists (SCA), the IARS, the ASA, the American Society of Regional Anesthesia and Pain Medicine (ASRA) and the NYSSA.

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

<table>
<thead>
<tr>
<th>Event 1</th>
<th>Event 2</th>
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<tr>
<td><strong>Society for Pediatric Anesthesiology</strong></td>
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<tr>
<td>Ft. Lauderdale, Fla.</td>
<td>New Orleans</td>
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<td>March 7 - 9, 2014</td>
<td>Oct. 10, 2014</td>
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<tr>
<th>Society of Cardiovascular Anesthesiologists</th>
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<td>New Orleans</td>
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<tr>
<th>ASRA Annual Pain Medicine Meeting</th>
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<tr>
<td>Chicago</td>
<td>San Francisco</td>
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<tr>
<td>April 3 - 6, 2014</td>
<td>Nov. 13 - 16, 2014</td>
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<tr>
<th>IARS Annual Meeting</th>
<th>NYSSA PGA Meeting</th>
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<tr>
<td>Montreal, Canada</td>
<td>New York</td>
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</table>
Martin Helrich, M.D.: 1926-2013
ABA Director: 1974-1986

Martin Helrich, M.D. of Baltimore passed away at the age of 91 on June 2, 2013, after a courageous battle with a long-time illness.

Dr. Helrich was a pioneer in the field of anesthesiology. He was devoted to the specialty and his profession, and made significant contributions to advance our certification activities.

Dr. Helrich became an ABA Associate Examiner in 1958 and served in this important role for many years. He served on the Board of Directors from 1974 to 1986. During his 12-year tenure on the Board, he served as Secretary-Treasurer from 1982 to 1985, and later as President from 1985 to 1986.

After graduating in 1940 from Atlantic City High School in Atlantic City, N.J., Dr. Helrich earned both his bachelor’s and medical degrees in 1946 after completing a joint program between Dickinson College in Carlisle, Pa., and the University of Pennsylvania School of Medicine. Dr. Helrich completed an internship at Atlantic City Hospital in 1947, after which he completed a residency in anesthesiology (1948-1950) and a fellowship (1950-1951) at Bellevue Medical Center in New York. Dr. Helrich later served in the U.S. Army as Chief of Anesthesiology for two years at Ft. Polk, La., where he attained the rank of Captain.

Following his honorable discharge, Dr. Helrich moved to Philadelphia where he served as a research fellow sponsored by the National Heart Institute. He later joined the faculty at the University of Pennsylvania, where he was an assistant professor of anesthesiology from 1954 to 1956. In 1956, at the age of 34, Dr. Helrich was recruited to Baltimore and named Professor and Chair of the department of anesthesiology at the University of Maryland School of Medicine (which at the time was a newly recognized independent department). Dr. Helrich would serve as Chair for 30 years. During his tenure, he shaped and grew the department and received national recognition for his diligent work.

Upon his retirement in 1986, Dr. Helrich was appointed Professor Emeritus of Anesthesiology. In an effort led by his successor, the late M. Jane Matjasko M.D., a Professorship was established in Dr. Helrich’s name supporting the Chair of Anesthesiology at the University of Maryland School of Medicine.

Other noteworthy career highlights include his service as a Governor of the American College of Anesthesiologists, Director of the American Society of Anesthesiologists, President of the Maryland-D.C. Society of Anesthesiologists; consultant to the former Baltimore City Hospitals, the U.S. Medical Center in Bethesda, the former U.S. Public Health Services Hospital in Wyman Park, and the Army Hospital in Fort Meade. After retiring, Dr. Helrich served as the first Executive Director of the Foundation for Anesthesia Education and Research from 1988 to 1999, where he played an integral role in advancing the foundation’s growth and success. Dr. Helrich’s laudable contributions to the specialty earned him the Distinguished Service Award from the American Society of Anesthesiologists.

Dr. Helrich was an esteemed and celebrated leader whose clinical research, championship of academic anesthesiology, and dedicated teaching has left an indelible mark on the specialty. Dr. Helrich is survived by his loving wife, Ina, his two daughters Lisa (Washington D.C.) and Karen (San Diego), and two granddaughters.

Charlotte Hickcox: 1923-2013
ABA Executive Secretary: 1950-1979

Charlotte P. Hickcox of Wallingford, Conn., (formally of Cromwell and for many years of Wethersfield) died on Oct. 5, 2013.

Charlotte served as the ABA Executive Secretary for nearly 30 years from 1950 to 1979. The Board first created the office of Assistant Secretary in 1950 and later expanded the position to Assistant Secretary-Treasurer. Charlotte was the first to hold this new office. The expanded activity of the Board led to the creation of the Executive Secretary position to manage the office and deal with administrative functions. Charlotte worked at the ABA when its offices were located in Hartford, Conn. She is a native of Connecticut, and resided there until her passing. Charlotte attended schools in Watertown, Conn., graduated

Upon his retirement in 1986, Dr. Helrich was appointed Professor Emeritus of Anesthesiology. In an effort led by his successor, the late M. Jane Matjasko M.D., a Professorship was established in Dr. Helrich’s name supporting the Chair of Anesthesiology at the University of Maryland School of Medicine.

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March 2014 Newsletter

Ephraim S. Siker, M.D., of Pittsburgh, passed away at the age of 87 on June 21, 2013. Born in Port Chester, N.Y., on March 24, 1926, Dr. Siker was known to his family, friends and colleagues as “Rick.”

Dr. Siker was a second generation doctor, whose father Samuel Siker was a family physician. Dr. Siker built a rich legacy as a national and international leader in the field of anesthesiology. He made invaluable contributions to the ABA certification and assessment processes, and played an important role in the advancement of patient safety.

Dr. Siker became an ABA Associate Examiner in 1967 and provided this important service to the Board and the specialty for many years. He was elected to the Board of Directors in 1971. During his 12-year tenure on the Board, he served as Secretary-Treasurer for 10 years from 1972 to 1982, and later as President from 1982 to 1983.

Dr. Siker completed his premedical studies at Duke University, graduating shortly before the end of World War II. He enlisted in the U.S. Navy Reserve as a hospital corpsman while awaiting admission to New York University’s (NYU) College of Medicine. He later graduated from NYU with a medical degree in 1949. That same year, he completed his internship and began his resident training in anesthesiology at Westchester County Hospital. During the Korean War, he served in a M.A.S.H. Unit from 1950 to 1951. He remained in the Navy Reserve and was loaned to the Army, where he served as an anesthesiologist in the 4th Field Hospital in Korea. After returning to the United States and Naval jurisdiction, Dr. Siker served as Chief of Anesthesia Services at the Bremerton Naval Hospital in Washington State. After his discharge from the Navy in October 1952, Dr. Siker accepted a position at the University of Pittsburgh’s Department of Research Medicine, where he was awarded a U.S. Public Health Service Research Fellowship. After completing his fellowship training requirements, Dr. Siker joined the anesthesia faculty of Mercy Hospital, where he was named Vice Chairman of the Anesthesia department in 1954 and Chairman in 1960. He held the Chairman position for 34 years, during which time he led the training of 280 residents, appointing at least eight to chairman of anesthesia departments around the country. In recognition of Dr. Siker’s invaluable contributions, the University of Pittsburgh Department of Anesthesiology established the “E.S. and Eileen Siker Professor of Anesthesiology” chair.

Other noteworthy career highlights include his appointment in 1973 by former President Richard Nixon and the Institute of Medicine of the National Academy of Science to serve on a task force of eight physicians to connect with the People’s Republic of China (PRC). Dr. Siker’s research in the studies of pain and pain pathways, narcotics and narcotic antagonists, led to his appointment to the task force. In 1973, at the age of 47, Dr. Siker was elected President of the American Society of Anesthesiologists, becoming one of the youngest to ever hold this office. He chaired the Executive Committee of the World Federation of Anesthesiologists (1980-1984) and served as its Vice President through 1990. Dr. Siker was also a member of the Executive Committee of the American Board of Medical Specialties (1987-1989), was a Trustee of the Educational Commission for Foreign Medical Graduates (1978-1980), and served as the Executive Director of the Anesthesia Patient Safety Foundation (1995-1999). His commendable contributions to the specialty earned him the Distinguished Service Award from the American Society of Anesthesiologists.

Dr. Siker was a renowned and respected leader, and a true pioneer in the field of patient safety, whose active career in research, publication and teaching left a most positive impact on the specialty. Dr. Siker is survived by his beloved wife of 62 years, Eileen Bohnel Siker, their five children: Kathleen, Jeffrey, David, Paul and Richard Siker, eight grandchildren and one great-grandchild.

Charlotte diligently served as an effective Executive Secretary at a time when few women were serving in that capacity. She was an instrumental and integral part of the growth and history of the ABA’s administrative functions.

Charlotte is survived by her sister Mary Hickcox Lecko of Terryville, Conn., and many beloved nieces and nephews.

Ephraim S. Siker, MD: 1926-2013
ABA Director: 1971-1983

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We are grateful for the time and dedication of our diplomates and other physicians who assisted the Board in 2013. The ABA Directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

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Recognized Holidays

If a holiday falls on Saturday, we will close on the Friday prior to the holiday. If a holiday falls on Sunday, we will close on the following Monday.

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Veterans Day
- Christmas Eve
- Christmas Day
- New Year’s Eve

Questions? Contact our Communications Center
Available Monday through Friday 9 a.m. to 5 p.m. ET

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4208 Six Forks Road, Suite 1500
Raleigh, N.C. 27609-5765