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**Anesthesiologists™**

Residents In a Room  
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VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

DR. MADAN, HOST:

Welcome back to another episode of Residents in a Room, the podcast for residents by residents. I'm Dr. Madan, a CA1 at Beth Israel Deaconess Medical Center. And I'm here with my fellow residents, Dr. Lin and Dr. Green. So I'm going to let them introduce themselves.

DR. ALBERT LIN:

Good afternoon, everyone. My name is Albert Lin and I'm a current CA2 resident out here at Stanford University in California.

DR. MICHAEL GREEN:

Hi, everybody, I'm Michael Green, I'm a CA3 at Cahuilla Delta in Visalia, California.

DR. MADAN:

Today, we're joined by a representative from ABA, Dr. Warner. He's agreed to a little ask me anything session, which means me and my fellow residents, Dr. Lin and Dr. Green, get to ask all the things we've ever wondered about. So let's get going. First, can you tell us a bit about yourself and what you do at the ABA?

DR. DAVID WARNER:

So my name is David Warner. I am a pediatric anesthesiologist here at Mayo Clinic in Rochester, Minnesota. And I come to you as Secretary of the American Board of

Anesthesiology, which is the body that certifies anesthesiologists in this country. It's made up of 13 Directors, 12 of whom are all practicing anesthesiologists, one of whom is a public member, and a staff of about 70 people who work to support our diplomates.

DR. MADAN:

Great. Thank you. And thanks again for joining us. Let's start with something we've all spent a lot of time thinking about, COVID, and how it's affected us all. This has been a most unusual year for everyone. How did the ABA adapt and pivot?

DR. WARNER:

Well, it has been a most unusual year in a lot of ways, and the ABA is, is not an exception. I think that the two things that we concentrated on, number one, was how could we support our diplomates throughout this crisis? And so we took a series of steps for the folks who were already certified to make sure that we could help them and not create additional burdens. For example, we waived the requirement for answering 120 MOCA Minute questions for 2020. We certainly encourage people to still do that, but we didn't want that requirement to be a burden when people sometimes were, were being overwhelmed clinically.

So there was a series of, of different accommodations like that. We also wanted to make some accommodations and do the best we could for the people who were participating in our initial certification processes. So we needed to change the venues and the delivery format for some of our written examinations, the date, again, trying to make that more comfortable and friendly to adapt to these changing circumstances.

The other major part of our certification process that was affected was, of course, our Oral or APPLIED Examinations. We were only able to give one examination the first week of March and then wound up having to cancel the rest of the examination year because it just simply was not safe for either our examiners or our candidates to be able to travel to Raleigh.

So that had a significant impact on those candidates, obviously, and on the ABA operations. But we went ahead and began planning to be able to do a virtual administration of our APPLIED Examination and started to pilot that in December and started full-scale implementation in February. So that has gone well so far. Not perfectly, but well. And we plan to give those examinations remotely through the rest of 2021. We do plan on returning to in-person examinations when it is safe to do so, but we've not made a determination in terms of when that will be.

So as you might imagine, that had a pretty significant impact on our operations. And I can just compliment our staff who has really stepped up magnificently to be able to continue to deliver great service to our candidates and I think has adapted very well. But we, like everybody else, are looking forward to getting back together in person again at some point.

DR. MADAN:

What does it mean to be a board certified diplomate of the ABA? Has the path to becoming board certified changed over the years?

DR. WARNER:

So the specific exams that people have taken have changed a bit, but the basic path is, is still the same, at least to initial certification. So when people think about being board certified, they usually think of needing to pass a set of examinations and that is certainly still true. But what they may not realize is that the path actually starts when you start residency. So from the time that you enter residency as an anesthesia resident, you are working in your training program and we are actively starting to work with you.

The training programs, for example, every six months will give us an estimate of your clinical competency and essentially grade your performance as either being satisfactory or unsatisfactory for every six-month period. So we follow along during the residency program to make sure that the residents are keeping up with their clinical responsibilities as judged by the residency Program Directors. There are some examinations that start even fairly early. We have an In-Training Examination that is designed to try to help residents assess their state of knowledge and help the Program Directors know that as well. We have the actual Certification Examinations, which are now three, a Basic Examination that's taken after the first year of residency training, an Advanced Examination, which is another written examination that is taken typically shortly after you complete your anesthesia training, and then an APPLIED Examination that's taken after you pass the Basic and the Advanced components.

The APPLIED Examination is an oral examination. It consists now, of two components of what we call a Structured Oral Examination, which is a case based discussion with two examiners about various cases and situations that we see in anesthesiology. And then an OSCE, an Objective Structured Clinical Examination, which has more recently been introduced that helps to assess your ability to communicate and your professionalism as well as certain technical skills. So it's really a whole suite of activities that we use to monitor your clinical training and to determine if you meet a passing standard on these examinations.

That's the initial certification process. But then there's also a continuing certification process that really will continue throughout your anesthesiology career. Basically, it's a lifelong learning program where we try to help our diplomates keep current and add to their knowledge and skills throughout their careers and to be able to demonstrate to the public and to your employers that you are remaining current through continued participation in this program. That basic pathway of going through a structured training program and then passing a series of certification examinations is the same as it's been since the ABA was founded in the 30s.

DR. MADAN:

So you mentioned the In-Training Exam. What exactly is the purpose of the annual In-Training Exam? How does it help residents and residency programs?

DR. WARNER:

It's really twofold. One is as an assessment of the state of knowledge, both for you and for your program to know where you stand in terms of acquiring the knowledge necessary to become an anesthesiologist. It also has a, a formative or a learning component as well, because we know that assessments like that can actually be quite valuable in, in terms of learning, both in terms of the preparation that you make to get ready for the examination, but then also the process of taking the examination and then getting feedback about the areas that you need to further improve. So it's, it's really meant to be a tool for the resident and for the Program Directors to help guide and accelerate your learning.

DR. MADAN:

Great, thank you. Dr. Green has a few more questions about tests.

DR. GREEN:

Where do you see testing going from here? Is there going to be any other element of testing added on later, or do you see this, where we're at, as sufficient?

DR. WARNER:

So in terms of the initial certification process, we're not contemplating any changes right now in the examinations that we use. We have, within the last 10 years, already made some changes with the introduction of the Basic Examination and the introduction of the

OSCE component of the APPLIED Examination. So we again, don't anticipate any further changes in the initial certification exam at this time, although we're always looking for ways that we can do better.

We are working on the process that we use after your initial certification for continuing certification. We introduced a new process, the MOCA Minute, which is a series of questions that you receive over the course of a year to help keep your knowledge current. We're looking at better ways to do that, new question formats, new learning formats that we can do to make that more efficient. But that will only affect you after you finish your residency and to gain your initial certification. But again, for the initial certification, don't contemplate any changes right now.

DR. MADAN:

Excellent. So speaking about the MOCA program, can you explain a bit about the MOCA 2.0 program? What exactly is the goal, the timeline, the requirements?

DR. WARNER:

So MOCA 2.0 refers to some changes that we started making in, in the middle of the, of the 10's about 2016 or so, where for example, we changed the format of the examination that is part of the process from a once every ten year multiple choice examination to this MOCA Minute, which I mentioned before, a series of 120 questions that are available throughout the year at a time that's convenient for the diplomate in a format that's convenient for the diplomate, that they can use to answer some questions when they have some time and includes also some good feedback, both for correct and incorrect questions. The, the main purpose of this is really to help the diplomate learn.

So that's been one of the first features that we've introduced. But we've also done some things to try to make the system more friendly by recently changing the interface that we use to help the diplomates engage with the ABA and with the MOCA platform specifically. We call that ABA GO. That's an app that we introduced in January of this year to try and simplify that process.

We're also thinking about other ways that we can help with knowledge assessment and help you get the learning that you need as a diplomate. For example, we now provide a record of the areas that you need some help with, according to the MOCA Minute Assessment that's linked to some resources like CME resources that can help you specifically with the areas that may not be your greatest strength.

So the overall idea is to try to transform the MOCA process from something that's regulatory, something that you just do every 10 years, into something that will continuously help you improve your skills as an anesthesiologist.

DR. MADAN:

And how do I keep track of my MOCA 2.0 progress and maintain my board certification?

DR. WARNER:

So that's a significant enhancement that we've introduced in January with the introduction of the ABA GO process and updates to our website. When you go to that site now, you will see very clearly exactly where you stand with the four different elements of MOCA. You will see your progress, for example, with where you are, with your MOCA Minute questions and how your performance has been, areas that you may want to go back and review, those sorts of things. So we have taken a, a great deal of effort and tried to get feedback from a lot of people about how we can make that interface with us more friendly for you. And so we hope that people will find it useful and continue to give us feedback about ways that we could further improve it.

DR. MADAN:

Ok, Dr. Lin has a question for you.

DR. LIN:

So we've heard rumors of an emerging program called MOCA 3.0. What kind of changes can we expect with this new program?

DR. WARNER:

That's really what I've been describing. MOCA 2.0 is how we referred to the changes, like the introduction of the MOCA Minute to replace the every ten year exam. MOCA 3.0 is how we refer to this new suite of tools that we're in the process of introducing. So that's the, that's the new interface that we have, that's some of the new tracking tools that are part of that to help document and help keep track of what you've done in MOCA.

Now, as we continue to develop, we, we hope that we can continue to improve the MOCA program, such as coming up with some different types of question formats or some different learning experiences that we might be able to add to the program to

make it more useful for people. We have a users group of, of diplomates, primarily younger diplomates, and that helps work with us as we are exploring new ways that we can improve the program. So the first part of MOCA 3.0 is this new interface and then we'll use that as a platform or an engine that we can use to drive out some of these innovations that we hope to make in the future.

DR. MADAN:

Great. So I have a better sense now of the exams that I'll be taking as a resident and then after my training, but currently as residents, the cost of In-Training Exams adds up. What's the ABA's position on the cost of these exams?

DR. WARNER:

So for the In-Training Exams, as for all of our examinations, we determine the fees that are charged according to the actual expenses that we incur in order to deliver them. So we're, we're a non-profit organization. We're very sensitive to, especially the financial struggles that many people experience early on in their training. So we really try to keep those fees and all of our exam fees as low as we can. We recognize, too, that for some programs, the programs actually pick up the ITE examination fee. But again, we, we do everything that we can to try to keep that fee as low as we can. And we hope that we're delivering good value for the amount that we do charge.

DR. MADAN:

And given the expense and travel related challenges of Oral Boards, the opportunity now exists to do things remotely. So is it possible that in the future we can do Oral Exams virtually as well?

DR. WARNER:

So this has been an interesting journey for the ABA and for our candidates as we've dealt with the COVID emergency, as I think most people are aware, typically we give the Oral Examinations in person at a testing center in Raleigh, North Carolina, where the ABA is headquartered. We, after March, and the onset of the pandemic, we had to cancel the in-person examinations for the rest of 2020, which had a significant impact on, we know, all those people who had planned to take the examinations.

So pretty quickly after we made that decision, we then started to develop the Virtual APPLIED Examination, the opportunity to administer the APPLIED Examination remotely. So we did some pilot testing of that in December and we actually instituted

that in February of this year. We have examined about 500 candidates so far and overall it's going well, not perfectly because we have some technical challenges and sometimes, as you know, the internet just does not behave itself. But overall, we've been very pleased with how things have gone.

So we're in the process of continuing to evaluate our experience with virtual examination. Certainly there are some advantages in terms of not needing to travel and making things a bit more convenient. There are some potential disadvantages, for example, the potential for technical difficulties that we can't always absolutely control. But it will be a balance between those two factors. We plan to go ahead and evaluate our experience with this.

Right now, we do plan on resuming in-person examinations as soon as we feel it is safe to do so. But we have made the decision to give the rest of the APPLIED Examinations through 2021 remotely. And then we'll be making a decision after that based on our experience with giving the virtual examination over this year. And of course, lots of feedback from our examiners and from our candidates, to see what we might come up with as the best solution. So any, anything is possible, but that's what our plans are right now.

DR. MADAN:

And what advice do you have for us as residents to navigate and prepare for our exams?

DR. WARNER:

So I think the single biggest recommendation I can make is to get really familiar with our website, especially now that it has been significantly redesigned. It is full of good information about our examination process. I think it's important for you to understand what the process is so that you're not overly intimidated by what's going on and, and that you know what to expect. This includes a lot of information about our written examinations. For example, we have content outline for our written examinations, that's essentially a blueprint that we use to determine what goes on the examination. There's nothing that's on the examination that's not on that blueprint. So if you want to know what you could be asked in written examinations, you can go to that content outline for that particular examination.

Same thing for the oral examinations, for example, for the OSCEs, we have a detailed content outline on our website that tells you exactly what you can expect for each one of

the stations on the OSCEs. If you look at those blueprints, and if you prepare yourself, you're going to wind up being well prepared for the OSCE.

We also have some sample videos. We have some samples of the questions that we used on the structured oral examination part of the APPLIED Examination. So, there's lots of materials there to help you to prepare.

Residency programs are also very good about helping people prepare, especially for the oral components of the examinations. Most residencies, give mock orals, mock OSCEs. And I would urge you to take advantage of those opportunities as much as you can. It just helps you to be more comfortable with the format of the examination so that you're more familiar with what to expect and things don't throw you.

So, again, I think that there's, there's lots of good resources available, but really the best preparation is just doing what you do as you're learning to be an anesthesiologist, because as you read and as you gain experience doing cases, and as you look up information that will help you do your cases better, you're going to get the knowledge and you're going to get the skills that are necessary to succeed in our exams. Because that's really what they're about. We're not trying to ask trick questions. We're not trying to fool you. We're trying to concentrate on those items that we think are really most important to the practice of anesthesiology. So if you concentrate on getting really good clinical training and augmenting that with the appropriate reading and other experiences, you're going to be well prepared for our exams.

DR. MADAN:

Thanks for that answer. Dr. Lin has a question for you.

DR. LIN:

After finishing residency, my understanding is that graduates must sit for both the Advanced and the APPLIED Exams. Do you have any comments about how these exams are typically sequenced? Are they taken at the same time, or does one usually come before the other?

DR. WARNER:

So the Advanced Examination is a written examination that is taken typically shortly after the completion of residency training. For example, if you complete training in June, usually the first Advanced Examination date is sometime in July. For those who pass the Advanced Written Examination, they then can schedule their APPLIED or Oral

Examination. Typically, that is done sometime after you pass the examination with the first opportunity to be scheduled in the beginning part of the following year.

So the reason for sequencing it is that we essentially view passing the Advanced Examination as qualifying you to be able to take the Oral Examination. And we have some period of time from the Advanced to the first opportunity to take the APPLIED Examination to allow candidates to prepare for their APPLIED Examination and to get some more experience in practice to help them through this examination. It also helps those candidates who are needing to take Subspecialty Certification Examinations to be able to have a chance to do that as well in a timely way. So that's the sequencing of the later parts of our initial certification examination process.

DR. MADAN:

That's helpful information. Thanks for that. Changing subject, we have questions about the Absence From Training Policy.

DR. LIN:

So with the new Absence From Training Policy, where a resident is allowed to take up to 40 additional days away from training, are there any repercussions for that resident?

DR. WARNER:

According to the policy, no, there should not be. We explicitly created this policy, the policy so that there would not be repercussions. Now, this is something that is managed by the individual programs, so they are the ones that make the request to the ABA for this additional time. But what we found so far is that the requests seem to be quite appropriate, that it does not appear that people are abusing the system and that it appears to be working quite well. But to answer your original question, no, if you need to have the time for personal things that we mention in the Policy, you should be able to get that without jeopardizing your training.

DR. GREEN:

Have there been any academic uses of the Absence in Training Policy that you're aware of or non-traditional uses that would facilitate our careers or help garnish our CVs, so to speak?

DR. WARNER:

Well, actually, this, this policy is not meant to contribute to your academic process or to other kinds of scholarly activities. The requests are meant to be, to cover things like serious medical illnesses, parental leave, military leave, family leave, things that might be, for example, covered under the Family Medical Leave Act.

Now, we do have options for including scholarly activities as a part of your training. For example, there are research options that can be followed so that you can get additional research training, incorporated as a part of your training program. So we do want to make opportunities available for you to pursue those kinds of scholarly activities as a part of your residency. But this particular Absence From Leave Policy is not meant to support that activity.

DR. MADAN:

Well, thank you so much for joining us and elaborating on all these points. Really appreciate your time.

DR. WARNER:

You're quite welcome. And we urge people, if you have questions or just want to know more about what the ABA is, and any questions about procedures just to contact us. We'd be more than happy to answer any questions and have further discussions like this one.

DR. MADAN:

I'm Dr. Elena Madan and thanks again for joining us for Residents in a Room, a podcast for residents by residents,

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