

THE AMERICAN BOARD OF ANESTHESIOLOGY ®

AN OVERVIEW OF THE CERTIFICATION PROCESS WITH EMPHASIS ON THE ORAL EXAMINATION

The American Board of Anesthesiology (the Board) exists to establish criteria by which physicians may be Board certified in anesthesiology. As defined by the ABA a Board certified anesthesiologist is a physician who:

Possesses knowledge, judgment, adaptability, clinical skills, technical facility and personal characteristics to carry out the entire scope of anesthesiology practice;

Is able to communicate effectively with peers, patients, their families and others in the medical community;

Can serve as an expert in matters related to anesthesiology, deliberate with others, provide advice and defend opinions in all aspects of the specialty of anesthesiology; and

Is able to function as the leader of the anesthesiology care team.

Because of the nature of anesthesiology, the ABA diplomate must be able to deal with emergent life-threatening situations in an independent and timely fashion. The ability to independently acquire and process information in a timely manner is central to assure individual responsibility for all aspects of anesthesiology care. Adequate physical and sensory faculties, such as eyesight, hearing, speech and coordinated function of the extremities, are essential to the independent performance of the Board certified anesthesiologist. Freedom from influence of or dependency on chemical substances that impair cognitive, physical, sensory or motor function also is an essential characteristic of the Board certified anesthesiologist.

The criteria by which appropriately licensed physicians achieve diplomate status include the following:

Completion of the Continuum of Education in Anesthesiology in a residency program or programs accredited by the Accreditation Council for Graduate Medical Education.

Satisfactory performance in the residency program(s) as defined by the Clinical Competence Committee of the accredited residency program(s).

Recommendation to the Board by a diplomate that the physician should be admitted to the examination system.

Successful completion of written and oral examinations developed and administered by the Board.

The residency in Clinical Anesthesia is intended to provide education and experience in the science and practice of medicine related to anesthesiology. During this period of training, the faculty members of the residency program instruct and observe the resident to assist in the

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development of those qualities essential to Board certification in anesthesiology. The faculty are expected to assure that graduates of their program possess sufficient levels of knowledge, skills, and clinical judgment to allow them to be competent in providing anesthesia care in an independent environment. The faculty are also responsible to assure that a program's graduates possess those personal characteristics essential to the ethical and safe practice of medicine. It is for documentation of the presence of these characteristics that the Board requires a satisfactory Certificate of Clinical Competence covering the final six months of clinical anesthesia training, evidence of permanent, unconditional, unrestricted and unexpired medical licensure, and a favorable recommendation from a diplomate familiar with the applicant's current practice of anesthesiology before the applicant will be admitted to the examination system.

The examinations are given to assure that the candidates for diplomate status have attained a certain standard of knowledge and judgment, are adaptable, and are able to make and defend decisions, analyze data and set priorities for patient care in anesthesiology. The level of performance required represents a national standard which all diplomates must achieve, a standard which may be greater than that expected by some programs and perhaps lower than that expected by others.

THE WRITTEN EXAMINATION

The written examination is primarily a test of knowledge. It is used to determine whether the candidate has a sufficient fund of information in general medicine and specifically in anesthesiology to be a Board certified anesthesiologist. The written examination is designed to test the knowledge gained *during* training in anesthesiology and related knowledge expected of physicians in general. The required knowledge is information one would expect to be of importance to the delivery of anesthesia care of a high standard.

THE ORAL EXAMINATION

Whereas the final satisfactory Certificate of Clinical Competence attests to the resident's ability to provide competent anesthesia care independently, the oral examination is given to test for the presence of those qualities and attributes which are fundamental to performance as a Board certified anesthesiologist. These include:

Soundness of judgment and rationality of thought in making and applying decisions.

Ability to assimilate and analyze data so as to arrive at a rational treatment plan.

Ability to define the priorities in the care of a patient.

Ability to recognize complications and to respond appropriately to them; adaptability as evidenced by the ability to respond to changing clinical conditions.

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Ability to communicate effectively about those issues of specific relevance to anesthesia care and also those topics of general medicine which are crucial to the care of patients with diverse diseases.

Recall of cognitive information is not the primary purpose of this examination. It is assessed only in the context of application of factual knowledge to the exercises listed above.

As examples, then:

The oral examination is not intended primarily to determine if the candidate knows a specific numerical value for the MAC of an inhaled anesthetic but rather what use the candidate will make of the information.

It is not the details of methods to insert a pulmonary artery catheter but rather the reasons why such a catheter is indicated and the influence of the data obtained on the treatment of a patient.

Of special importance is the candidate's ability to explain why various data are required before or during the care of a patient or why a certain anesthesia care plan was chosen.

A certain amount of factual information is required to discuss the management of a patient, but the oral examination is designed to test the candidate's *judgment*, *application* of knowledge, *clarity* of expression, and *adaptability* to changing, sometimes unexpected, circumstances as are often encountered in the practice of anesthesiology.

PROBLEMS EXHIBITED BY CANDIDATES DURING THE ORAL EXAMINATIONS

It is evident that the goals and methods of the two examinations administered by the Board differ. All physicians take written examinations frequently in their educational careers and are familiar with multiple choice examinations. It appears that candidates often are less capable of participating in the dialogue which is so crucial to an oral examination. The circumstances of the oral examination are not unlike those encountered by ABA diplomates in their discussions with other physicians, patients, and family members.

The oral examination is based on a Guided Question which includes a brief clinical history of a patient. A discussion of the anesthesia care ensues. The examination is the unfolding of a story of the management of the anesthesia care of a typical patient. Candidates are expected to select and defend their plans of management.

They must convince the examiners that their knowledge and judgment are sufficient to earn the confidence and respect of colleagues and patients. Some candidates are deficient in their ability to develop and defend a point of view in a convincing manner. What are some of the deficiencies which examinees exhibit and which, with practice and study, can perhaps be overcome?

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Superficial knowledge. Although the oral examination is *not* intended primarily as a test of cognitive information or recall, some candidates possess or provide such a small amount of information that the discussion of the anesthetic management of cases cannot proceed in a meaningful manner.

Inability to apply knowledge to a clinical situation. Some candidates appear to possess adequate information but the knowledge seems to be isolated from clinical relevance. The candidate may be unable to utilize the knowledge in the analysis and management of a clinical problem. As an example, candidates may know the normal values for various pulmonary function tests but be quite unable to describe the relationship of abnormal test values to the selection of an anesthetic technique, anticipation of complications, or preparations for postoperative care.

Inability to adapt to changing clinical conditions. Many candidates are able to approach the management of routine anesthesia care in an appropriate manner but, when challenged to adapt to a complication which develops or to a patient who responds differently than a normal patient, seem unable to manage the situation efficiently and effectively. As an example, a candidate may manage ventilation in a routine and safe manner during thoracotomy but be unable to analyze the causes of hypoxemia during the thoracotomy and to describe what is appropriate therapy for hypoxemia when it occurs in that setting.

Inability to express ideas or defend a point of view in a convincing manner. It is recognized that there are often several ways to interpret or to act on a set of data; there may be several ways to manage anesthesia care in a particular situation. It is the candidate's responsibility to express her or his point of view or treatment plan, whatever they may be, in a coordinated, rational, and convincing manner. It is crucial that an ABA diplomate be able to do so and, in fact, will be called upon to do so frequently during a career as a Board certified anesthesiologist. Unsuccessful candidates often cannot accomplish this.

Faulty judgment. Whereas there are often several possible approaches to the management of a patient, there are instances in which some approaches are clearly dangerous. Some candidates select dangerous approaches too frequently to be considered capable Board certified anesthesiologists.

Transmittal of insufficient information because of excessively slow and deliberate answers. In this instance, the candidate simply responds to questions so slowly that an adequate examination cannot be given within the time allotted.

Candidates are encouraged to participate in case discussions frequently with their colleagues and teachers. Presentations at clinical conferences represent good opportunities to perfect one's ability to present and defend a point of view in a clear and convincing manner. Such opportunities should be offered in training programs and should be welcomed by the candidate for certification.

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