

IN THIS ISSUE:

- [New Directors](#)
- [ABNS website](#)
- [Primary Exam](#)
- [Case log submission in ABNSPOST](#)
- [Oral Examination](#)
- [Recognition of Focused Practice](#)
- [Continuous Certification \(MOC\)](#)
 - Part I
 - Part II
 - Part III
 - Part VI
- [Learning tool for MOC focused practice](#)



The American Board of Neurological Surgery, Inc.

Member Board of the American Board of Medical Specialties

The Mission of the ABNS is to improve public health care by developing and executing a sequence of certification activities to improve and maintain the educational and professional standards of neurological surgery. The broad aim of the ABNS is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery, and thereby to serve the cause of public health.

Dear Candidates and Diplomates of the ABNS,

The American Board of Neurological Surgery has changed substantially over the past several years under the leadership of Chair Rich Ellenbogen, MD and Executive Director Fred Meyer, MD I am writing as the new ABNS secretary to keep everyone informed of the board's activities.

ABNS Welcomes three new Directors to the Board



Steven N. Kalkanis, MD, *Professor and Chairman*, Department of Neurosurgery at the Henry Ford Health System in Detroit, Michigan. Dr. Kalkanis is the Mark L. Rosenblum Endowed Chair in Neurosurgery, *Co-Director for the Neuroscience Institute*, and *Medical Director for the Henry Ford Cancer Institute*.

Marjorie C. Wang, MD, from Milwaukee, Wisconsin is a Professor of Neurosurgery, Director of Community Neurosurgery, Director of the Spine Fellowship and Vice Chair of Clinical Operations and Quality at the Medical College of Wisconsin.

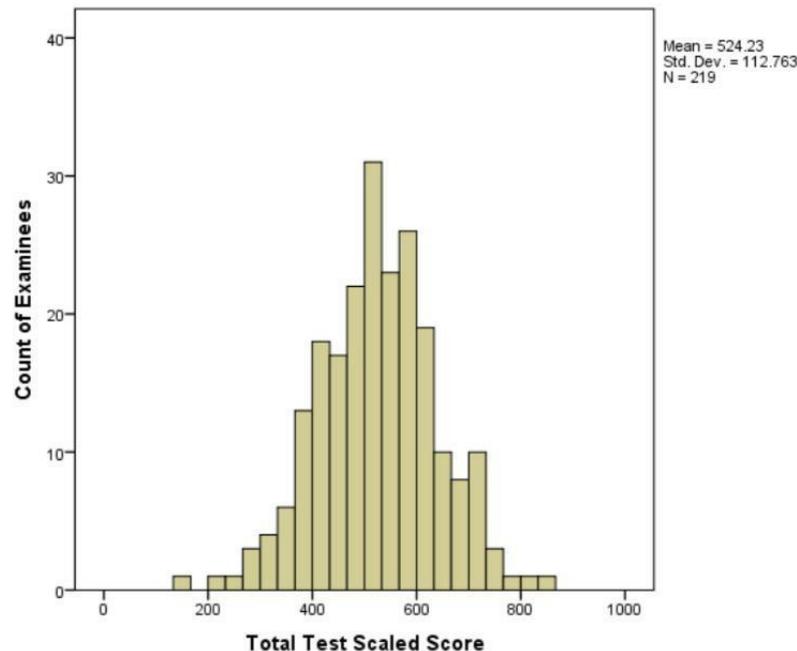


John A. Wilson, MD is a Professor and Vice Chair of Neurosurgery at Wake Forest Baptist Medical center in Winston-Salem, North Carolina

ABNS Website: ABNS Director Elad Levy, M.D. recently lead an effort to redesign, update and improve the ABNS website with the help of Scitent Corporation. The website now features numerous informative videos about the activities of the ABNS. The new website offers information about the primary examination, the oral examination, recognition of focused practice, and continuing certification (formerly M OC). The site also contains an ABNS position statement about spine surgery stating that residents who complete an accredited neurological surgery residency program are “spine surgeons” This statement can be found on the website under the “*About*” tab and then the “*News and Announcements*” tab.

The Primary Exam: The ABNS primary examination was revised over the past four years under the leadership of Drs. Mark Hadley and Carl Heilman. The board made an effort to make the primary examination more clinically relevant. The relative distribution of questions in the various content categories was changed with an increase in the number of neurosurgery & critical care questions, and a simultaneous decrease in neurology & neurobiology questions. However, the test remains a difficult examination. The percentage of questions answered correctly in 2018 in order to pass the examination increased from 60% to 64.5%. A score of 335 was required this year to pass. The score histogram for the 2018 examination is shown below:

Figure 1. Distribution of Reported Total Test Scores for Credit Candidates (N = 219)



Case Log Submission in POST:

An important step in achieving ABNS certification is each candidate's 150 case submission log. In the past, candidates have submitted 150 consecutive neurosurgical cases into a database called Neurolog. This system did not allow for the inclusion of imaging studies. In an effort to ensure that surgery is being performed with proper indications and good outcomes, the ABNS has changed the case log submission process. A new case log submission program has been developed under the leadership of Drs. Tony Asher, Elad Levy and Jack Knightly. This new system is called ABNS POST, which stands for "Practice and Outcome of Surgical Therapies." Using POST, ABNS candidates will submit 150 consecutive cases with the relevant pre-and postoperative imaging studies. The details of each patient will largely be chosen from drop down menus, minimizing the use of free text. This will allow the ABNS directors to analyze a candidate's case log in much greater detail for surgical indications, outcome, complication rates and lost to follow-up rates. The candidate's outcomes will be compared to the entire database of ABNS candidates, allowing for a fair and thorough evaluation of each candidate's practice.

The directors of the ABNS strongly recommend that candidates enter cases into POST as they occur. Entering the required information on all 150 cases will be much easier and more accurate if the data is entered in real time. Entering data points such as presenting symptoms or trying to remember if a patient was discharged to home or to a rehab facility, is easy if entered when the care is delivered.

Oral Examination:

The oral examination changed dramatically in 2017 by unanimous consent of the ABNS Directors with the leadership of Dr. Doug Kondziolka. The oral examination is now focused on the type of surgery actually performed by the candidate, rather than cases that the candidate might not actually treat as part of their practice. The current oral exam consists of three separate 45-minute exams. In each of these sessions, the candidate will discuss the management of 5 cases. All candidates will sit for a general neurosurgery session, which consists of 5 standard neurosurgical cases that any neurosurgeon might encounter while taking call at any emergency room. All candidates will also sit for a 45-minute session of 5 standard cases in the area of their chosen practice focus (tumor, cerebrovascular, functional, spine, pediatric, general). Those who choose general neurosurgery as their area of practice focus will be presented with 5 new standard general neurosurgery cases. The 3rd exam session will be a discussion of 5 cases chosen from the candidate's case log submission. When an ABNS director reviews a candidate's 150 case log submission, 10 cases will be flagged for possible presentation at the oral exam. Each case will be summarized in a PowerPoint presentation with appropriate imaging and follow-up. On the day of the examination, the examiner will choose which 5 of the 10 cases will be discussed. The examinee will then go through their 5 cases and discuss the management.

On the most recent oral examination, the overall fail rate was 17%. Each candidate must pass each of the three sessions. The fail rate for each individual session was 6% in the General Neurosurgery session, 6% in the candidate's chosen Practice Focus, and 9% on the candidate's own cases. Some candidates failed more than one session.

The ABNS currently has a backlog of candidates waiting for a date to sit for the oral examination. We have

plans to rectify this quickly. The oral examination has moved to the Mayo Clinic in Phoenix, Arizona where we have unlimited access to exam rooms. In the fall of 2017, 88 candidates took the oral exam. In the spring of 2018 we examined 117 candidates. In the fall of 2018 we are planning to examine 144 candidates. Our goal is to have every candidate sit for the oral examination within 6 months of completing his or her case log submission.

Recognition of Focused Practice:

The ABNS now recognizes three areas of focused practice in Neurosurgery:

- 1) Pediatric Neurosurgery (PNS)
- 2) CNS endovascular surgery (CNS-ES)
- 3) Neurological Critical Care (NCC)

In addition, the ABNS is a co-sponsor of the new ABNS subspecialty of Neurocritical Care (NCC) along with the American Board of Psychiatry and Neurology (ABPN: sponsoring and administrative board), the American Board of Anesthesia (ABA) and the American Board of Emergency Medicine (ABEM).

The ABNS is the sponsoring board for PNS and there are no co-sponsoring boards. The process for participation is similar to the past participatory model developed by the American Board of Pediatric Neurosurgery (ABPNS):

- 1) after successful completion of an ACPNF accredited fellowship, a written examination is taken and passed
- 2) submission of a successfully reviewed 12-month pediatric practice case log (≥ 95 major cases) with 3 months of clinical follow-up
- 3) an oral examination including questions based on the applicant's successfully reviewed case log

For non ACPNF-fellowship trained applicants, the ABNS may, at its own discretion, offer recognition to neurological surgeons who have been in practice ten years following the completion of their residency. While the ABNS is the sponsoring and administrative board for CNS-ES, the ABPN and the American Board of Radiology (ABR) are co-sponsoring the subspecialty, with the expectation that diplomats of all three specialties will undergo the same process of qualification and maintenance of recognition.

This process will be similar to that for the recognition of pediatric neurosurgery focused practice:

- 1) after successful completion of a CAST- or ACGME- accredited fellowship, a written examination is taken and passed
- 2) submission of a successfully reviewed 24-month endovascular practice case log with 3 months of clinical follow-up

However, in CNS-ES there is no oral exam requirement. For non-CAST non-ACGME-fellowship trained applicants, the ABNS may, at its own discretion, offer recognition to neurological surgeons who have been in practice, and will offer recognition to all those currently recognized by CAST through their "grand-parenting" pathway. The co-sponsoring boards may, at their discretion, offer similar recognition to non-neurological surgeons who have been in practice.

With regard to NeuCC RFP and NCC Subspecialty, a neurosurgeon currently practicing in this realm can

immediately participate in 2019 or 2020 with either program through a ‘grand-parenting’ process which is identical and will be open for 6 years dating from the administration of the first co-sponsored written exam. For the RFP, a practice pathway option will remain open indefinitely for those who have not completed formal fellowship training. For all neurosurgeons, one year of fellowship, either in-folded in PGY years 4-7 or post-residency, is required. If this fellowship training is ACGME accredited (which can only be obtained in blocks of no less than 4 contiguous months), the neurosurgeon is eligible for the sub-specialty and the recognition of focused practice pathway. If the fellowship training is non-ACGME but CAST-accredited, the neurosurgeon is eligible for only the recognition of focused practice pathway. Both pathways will require passing of a written examination. The recognition of focused practice pathway will also require submission of a successfully reviewed 12-month critical care practice case log documenting at least 300 hours of neurological critical care.

For all three focused practice pathways and the subspecialty in NCC, the neurosurgeon must obtain and maintain their primary ABNS certification.

Continuing Certification (Formerly known as MOC): The ABNS has changed its requirements for continuing certification starting in 2018. Through the hard work and leadership of Dr. E. Sander Connolly, the entire process is more educational, much more useful, and easier to navigate. The ABNS Diplomates participating in MOC will complete Continuing Certification Parts I- IV every year.

Part I: Professionalism and Professional Standing

The Diplomate must have a medical license. The chief of staff at the Diplomate’s primary hospital must confirm that the Diplomate has unrestricted privileges at their primary hospital. In the event that the Chief of Staff is not available for attestation, a department chair, suitable colleague, or administrator may serve this role.

Part II: Lifelong Learning and Self-Assessment

The Diplomate must earn at least 20 AM A PRA Category 1 CM E credits in Neurosurgery each year. The Diplomate must also participate in his or her hospital’s Patient Safety M module or Safety Exercise each year, with attestation of the Chief of Staff, Chief M medical Officer, Department Chair, or suitable colleague.

Part III: Assessment of Knowledge, Judgment and Skills

The ABNS has developed a learning tool of “Core Neurosurgical Knowledge” focusing on 30 or so evidence-based practice principles critical to providing emergency, urgent or critical care. This learning tool can be taken 24/7/365 on a Diplomate’s home computer. If a Diplomate gets an answer incorrect, they will be able to immediately read peer- reviewed literature on the concept, and then answer it correctly to master the principle. This learning module will be completed each year to reinforce the evidence-based literature and practice presented.

Part IV: Improvement in Medical Practice

The ABNS now requires that all Diplomates participate in a meaningful way in a morbidity and mortality (M & M) conference at his or her primary hospital. The Chief of Staff, Chief Medical Officer,

Department Chair or suitable colleague must sign off each year that the Diplomate is participating in M & M conference.

The ABNS has reached an agreement with the American College of Surgeons regarding the eligibility of an ABNS certified neurosurgeon taking trauma call at an ACS certified Level I, II or III trauma center. If an ABNS Diplomate is participating in Continuing Certification (MOC) through the ABNS, then this will fulfill what was previously the trauma related CME requirement for participation in the call schedule. The “Neurosurgery Trauma Liaison” however, will still have specific trauma related CME requirements.

Additional MOC Learning Tools for ‘Focused Practice’: For those Diplomates participating in the Pediatric Neurosurgery, CNS-ES, NeuCC focused practice programs, a streamlined case log will be required to confirm that their practice continues to be focused and the Diplomate will be required to complete a learning tool that includes core neurosurgery topics and an additional 8 or so evidence-based concepts critical to providing emergency, urgent or critical care in the area of focus.

***In Summary:** The American Board of Neurological Surgery is committed to fulfilling our mission to improve health care and protect the public. We have made many improvements in the activities of the board over the past several years to accomplish these public health goals. Finally, the ABNS is maintaining the ABNS’ mission in a budget neutral status, with every effort made to minimize the fees and dues on each candidate and diplomate.*

Sincerely,



Carl Heilman M D Secretary, ABNS

American Board of Neurological Surgery
245 Amity Road, Suite 208, Woodbridge CT 06525
Main Phone (203) 397.2267 Fax (203) 392.0400
www.abns.org abns@abns.org