

Symposium - "Training of Surgeons"

Certification of surgeons in the United States of America

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The certification of the professional skills as well as ethical characteristics of a surgeon is a complex task that must encompass not only the assessment of the individual and his/her training but also the standards of surgical care that have been established in the community of practice.

How we view the essentials of certification in the United States. First and foremost, we attempt to control the quality of our training programs, and we have for years attempted to control the numbers of training positions in general surgery according to the need. Our training programs have been open to qualified candidates from all over the world. This has been a real strength of our training programs, and as a corollary, our certifying process. Individuals who complete an accredited program are allowed to enter the certifying process. Our training programs in general surgery remain five years in length. Each year during this period, trainees take an examination that is designed to help assess cognitive progress. The examination is not designed to present a hurdle to the resident, but obviously if residents consistently do not score well they may not advance in the program.

The essence of qualifying (certifying) in general surgery relates to the definition of the specialty as regards clinical experience and pursuit of the formalities of the examination process. The candidates sign up for the latter during the waning months of their residency. The American Board of Surgery is explicit in that the candidate must have knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care, and neoplasia. This goal is accomplished not only during time in the clinics and the operating room, but also through a didactic course in the pathophysiology of surgical disease. The trainee must also acquire specialized knowledge and skill relating to the diagnosis and preoperative, operative, and postoperative management in the following areas of primary responsibility : alimentary tract, abdomen and its contents, breast, skin and soft tissues, head and neck, vascular system, endocrine system, oncology, trauma, and critical care. The minimum operative experience is 500 major cases ; most have around 1,000 or more.

The examination is in two parts, taken at separate times. The so-called "Qualifying" (written) exam must be passed before taking a "Certifying" (oral) exam that is given by members of the Board and Guest Examiners. One can take the written exam five times before starting over in the process and the oral three times before having to take another year of instruction. It is a well designed process that insures a well trained, highly experienced product.