

# Chapter 48

## Board Exams



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Board exams are a necessary evil to the practice of medicine in the twenty-first century. They are the last hurdle in a long line of tests that included exams to get into medical school, exams to get your license, and in-service exams through residency. Depending on your specialty, there may be some unique differences in what it takes to become board certified. I will focus here on the General Surgery Board Exam.

The written part, otherwise referred to as a qualifying exam, is just another exam like any other you have taken. Many of the questions will test your knowledge and test your ability to read questions properly. The exams also test your endurance and your ability to keep your focus through the 8-hour exam. The following is taken from the American Board of Surgery (ABS) website:

- The General Surgery Qualifying Examination (QE) is offered annually as the first of two exams required for board certification in general surgery. The exam consists of about 300 multiple-choice questions designed to evaluate a surgeon's knowledge of general surgical principles and applied science.
- It is a 1-day exam lasting approximately 8 h and is held at computer-testing facilities across the USA. The exam is administered in five 90-min sessions, with optional 10-min breaks between sessions, and one longer 40-min break offered between the third and fourth session. Once a session has concluded, you will not be able to revisit those questions.
- Results are posted approximately 4 weeks after the exam; you will be notified by an email when they are available.

The exam's content outline is available as a pdf for download. Individuals who complete general surgery residency will have no more than 7 academic years immediately following residency to become certified. There is also a requirement to submit an operative experience report that is deemed acceptable to the ABS, not only as to volume but also as to spectrum and complexity of cases.

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The scarier part for most applicants is the oral exam, also known as the certifying exam, again taken from the American Board of Surgery (ABS) website:

- The General Surgery Certifying Examination (CE) is the last step toward board certification in general surgery. It is an oral exam consisting of three consecutive 30-min sessions, each conducted by a team of two examiners.
- The CE's purpose is to evaluate a candidate's clinical skills in organizing the diagnostic evaluation of common surgical problems and determining appropriate therapy. Emphasis is placed on candidates' ability to use their knowledge and training to safely, effectively, and promptly manage a broad range of clinical problems.
- The CE is held five times per academic year in major US cities. CE dates and sites for the next academic year are posted on this website in late spring. Once CE sites are posted, eligible candidates should select a site as soon as possible and must select a site by Sept. 1. Failure to select a site is considered a lost opportunity.
- All candidates are offered no more than one opportunity per academic year in each year of admissibility to take the CE. If you fail to select a CE site, or opt not to take the CE in a given year, it is a lost opportunity.

Yes, this all sounds very scary, but it's just the administrative stuff that goes with anything like this. The important part in the information above is that the exam tests the candidate's ability to be a sound and safe general surgeon. The oral exam is the last mountain to climb for the surgical trainee. Often mentioned at M&M conferences for the past 5 years as "what is the board answer" or "you will fail if you say that on your boards." Enough buildup has been made of the exam to strike fear into the hearts of any surgical attending. It's an amazing memory I have of sitting in the prep room with attending surgeons and recent fellowship graduates and looking around the room to see everyone pale and diaphoretic, with quivering hands shifting in their seats, waiting for the exam to begin. I didn't notice that the first time around as I was one of them, but the second time, after a good meal, a drink, and a good night sleep, confident in my knowledge and ability to answer safely, I did.

There are courses to take to prepare one for the oral exam. I, sadly, had an opportunity to take one of these courses twice. I highly recommend them. The exam is more about your confidence and your ability to take hours/days/weeks of real-life clinical workup and postoperative care and boil it down to 10 min of high yield facts, thoughtful safe decision making, and nothing that sounds experimental or shooting from the hip. The examiners are supposed to get you outside of your comfort zone, give you the curve balls, and make you think on your feet. Don't be a cowboy/cowgirl. Give the safe answer. Don't expect to describe the latest greatest technique that you just read about in the *Journal of Irreproducible Results* and expect to pass or impress the examiners. They don't want to be impressed with your knowledge. You can't impress them with your skill. Their job is to determine if you will be a safe surgeon with the seal of the American Board of Surgery behind you. Trust what you have been taught and don't overthink it.