

August 2024

Rose Mustafa, M.D. 190 Butler Road Franklin Park, NJ 08823 ABS Candidate ID #: 082373

Admissibility Expiration: June 30, 2028

Dear Dr. Mustafa,

The American Board of Surgery (ABS) regrets to inform you that you did not obtain a passing score on the 2024 General Surgery Qualifying Examination (GSQE). The score report that follows this letter will provide you with additional information that should be helpful to you in preparing for future examinations.

Individuals are offered one examination opportunity within each year of admissibility to pass the examination. Your admissibility expiration date is listed above. The next GSQE will be given on July 17th, 2025. You will be contacted before the examination with registration information.

Please keep us informed of any change in your contact information. If you have questions regarding the above information, please contact the exam manager at gsqe@absurgery.org.

Sincerely yours,

Jo Buyske, M.D.

President and Chief Executive Officer



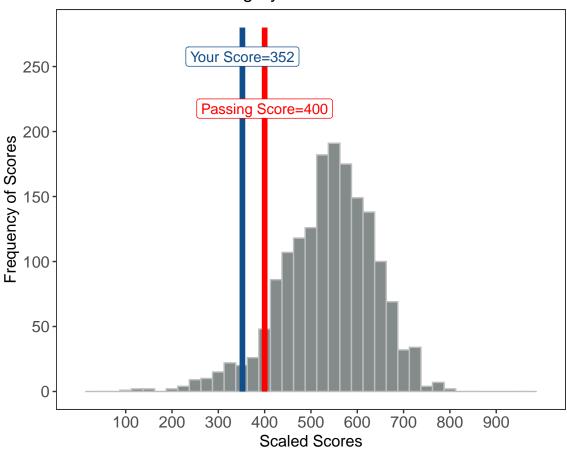
2024 General Surgery Qualifying Examination Report of Performance Identification Number: 082373

Dear Dr. Mustafa:

Please see the plot below for information related to your performance on the examination:

 $RESULT{=}FAIL$ 

# 2024 General Surgery QE Scaled Score Distribution



Your Percentile Score = 4

Total Group Average Scaled Score = 537

#### EXPLANATION OF SCORE REPORTS

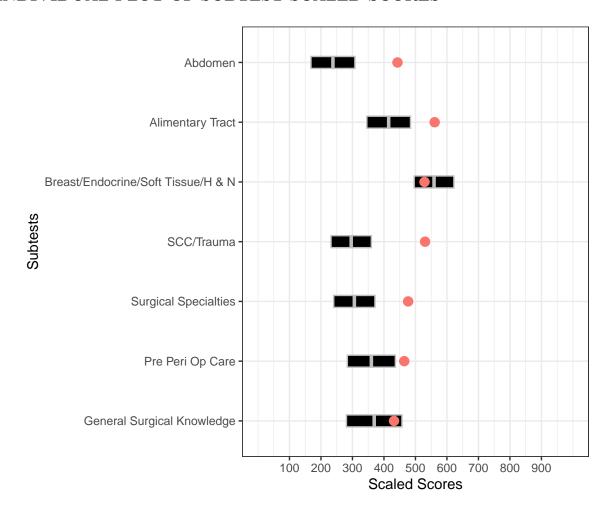
Your total examination score appears as a **scaled score** where 400 or above is a passing score. The scaled scores are placed on a common scale so that scores are comparable from year to year. Scaled scores are established to have a standard deviation of 100. For example, an examinee with a score of 500 scored one standard deviation above the passing score. Your scaled score and the passing scaled score are displayed graphically on the overall distribution of scores, allowing you to compare both your score to other test takers and the passing score.

Passing scores are determined each year through psychometric analysis and comparison with previous examinations so that the passing score is comparable from year to year. This way, examinees have the same chance of passing regardless of examination year or changes in examination difficulty or ability of the overall examinee group. Theoretically, all examinees could pass (or fail) each year; there is no pre-designated failure rate on the examination. As noted above, the passing score is always set equal to 400 on the ABS Examination scale.

#### SUBTEST REPORTS

The subtest charts on the next page show a plot of your scaled subtest scores for each of the major content areas of the 2024 General Surgery Qualifying Examination. Each box corresponds to a subtest. The grey center line in each of the boxes corresponds to your score for that content area. The width of the box corresponds to one standard error of measurement (SEM) around your score. If retested, you would expect your score to fall within the range of the box 68% of the time, assuming that you did not learn or forget any material. Boxes smaller in width indicate that your score is more precise for that specific subtest. Some subtests are very small and will not yield precise subscores. The red circles are the average scaled score for all 2024 examinees.

## INDIVIDUAL PLOT OF SUBTEST SCALED SCORES



The center line in each of the boxes corresponds to **your score** for that content area. The width of the box corresponds to one standard error of measurement (SEM) around your score.

The red circle corresponds to the average scaled score for all examinees for that content area.

Listed below by content categories are the number of questions you answered correctly out of the total number of questions in each category. Also listed are the topic areas describing the content of questions you answered incorrectly. This list may be helpful to you in planning your continuing medical education. In the case of categories consisting of fewer than 10 questions, your performance may not accurately reflect your knowledge in these areas. Specific topic areas may apply to more than one examination question.

#### Abdomen

16 of 36 answered correctly. The topic areas for the incorrect answers are:

- Immune Thrombocytopenic Purpura
- Miscellaneous Hernias
- Pancreatic Debridement
- Cirrhosis/Portal Hypertension (Ascites)
- Physiologic Changes Associated With Pneumoperitoneum
- Inguinal and Femoral Hernias
- Segmentectomy/Lobectomy Open
- Ventral Hernia Repair
- Postsplenectomy Sepsis
- Pancreatectomy Distal
- Bile Duct Neoplasms Operation
- Pancreatic Pseudocyst
- Peritoneal Dialysis Catheter Insertion
- Peritoneal Dialysis Catheter Insertion
- Splenectomy
- Abdominal Wall Reconstruction Component Separation
- Cholecystitis Acute and Chronic
- Hepatic Neoplasms Metastatic
- Hemolytic Anemias
- Ultrasound of the Biliary Tree

#### **Alimentary Tract**

30 of 48 answered correctly. The topic areas for the incorrect answers are:

- Esophagomyotomy (Heller)
- Esophageal Motility Disorders other than Achalasia
- Esophagomyotomy (Heller)
- Colonoscopy
- Rectal Cancer Transanal Resection
- Gastroduodenal Perforation Repair
- Esophageal Perforation Spontaneous
- Colitis Ischemic
- Colostomy
- Laryngoscopy
- Colon Cancer
- Colostomy Closure
- Mesenteric Ischemia Acute (Arterial, Venous, and Nonocclusive)

- Colonoscopy
- Diverticulitis
- Radiation Enteritis
- Esophagectomy/Esophagogastrectomy
- Bronchoscopy

### Breast/Endocrine/Soft Tissue/H & N

38 of 50 answered correctly. The topic areas for the incorrect answers are:

- Adrenal Mass Incidental
- Thyroidectomy Partial or Total
- Breast Cancer Invasive Carcinoma (Ductal, Lobular, All Variants)
- Mastectomy Total, Modified Radical, and Radical
- Thyroid Cancer
- Screening and Biomarkers
- Soft Tissue Sarcoma Resection
- Multiple Endocrine Neoplasias
- Benign Breast Disease Gynecomastia
- Genetic Susceptibility
- Postmastectomy Reconstruction Options
- Parathyroidectomy

# SCC/Trauma

32 of 61 answered correctly. The topic areas for the incorrect answers are:

- Pulmonary Injury
- Hepatic Failure and Hepatorenal Syndrome
- Infections Viral, Common
- Pancreatic Injury Operation
- Bladder Injury
- Septic Shock
- Vascular Injury Neck
- Colon and Rectal Injury
- Hepatic Failure and Hepatorenal Syndrome
- Defibrillation and Cardioversion
- Cardiac Arrhythmias Common
- Rib and Sternal Fractures
- Surgery and Surgical Conditions in Immunocompromised Hosts
- Anaphylaxis
- Frostbite and Hypothermia
- Derangements of Electrolytes and Acid-Base Balance
- Thoracentesis
- Endocrine Dysfunction
- Postoperative Delirium
- Pancreatic Injury Operation
- Neurogenic Shock

- Splenic Injury
- Aortic Injury
- Infections Fungal, Common
- Exploratory Laparotomy for Trauma
- Brain Death
- Liver Transplantation
- Septic Shock
- Infection and Antimicrobial Therapy

## Surgical Specialties

24 of 46 answered correctly. The topic areas for the incorrect answers are:

- Peripheral Vascular Disease and Claudication
- Arteriovenous Graft/Fistula
- Skin Grafting
- Pelvic Inflammatory Disease
- Complex Wound Closure
- Varicose Veins
- Lung Cancer
- Hydrocele
- Venous Access for Long-Term Therapy
- Pericardial Window for Drainage
- Arterial Aneurysms Visceral
- Ectopic Pregnancy
- Endovascular Intervention Principles
- Orchiectomy
- Inguinal Hernia Repair Pediatric
- Venous Access Devices Insertion
- Venous Thromboembolism
- Amputations Lower Extremity
- Sclerotherapy Peripheral Vein
- Complex Wound Closure
- Abdominal Aortic Aneurysm Endovascular/Open Repair
- Genitourinary

### Pre Peri Op Care

13 of 23 answered correctly. The topic areas for the incorrect answers are:

- Conscious Sedation Agents and Techniques
- Choice of Anesthesia
- Inherited and Acquired Disorders of Coagulation
- Nutritional Support Long-Term
- Hypocalcemia and Hypercalcemia
- Pain, Chronic Management
- Advanced Directives, DNR Orders, and Power of Attorney
- Nutritional Requirements

- Wound Closure
- Choice of Anesthesia

# General Surgical Knowledge

8 of 14 answered correctly. The topic areas for the incorrect answers are:

- Research Design
- Evaluation of Surgical Risk
- Perioperative Management of the Patient on Corticosteroids
- Ethics and Professionalism
- Radiology
- Palliative Care