



THE AMERICAN BOARD OF SURGERY

1617 John F. Kennedy Boulevard Suite 860 · Philadelphia, PA 19103 · 215.568.4000 · www.absurgery.org

Nominations to the Council of the American Board of Surgery (ABS)

The Council of the ABS seeks nominees to serve a six- year term. The Council of the ABS consists of approximately 30 members from across the specialties recognized by the ABS. The Council serves as a resource of knowledge, skill, wisdom, and expertise for the organization, and is where issues that cross specialties are discussed.

Council members each serve on one of the five ABS specialty boards (General Surgery Board, Vascular Surgery Board, Pediatric Surgery Board, Complex General Surgical Oncology Board, or Trauma Burns and Critical Care Board) and one of the four Council Committees (Education and Training Committee, Assessment Committee, Research Committee, and Diplomates and Surgeons in Practice Committee). In addition to commitment, availability, loyalty, and ability to keep confidence, individuals with one or more of the following characteristics are sought:

- **Expertise or experience in implementation science**
- **Experience in individual practice improvement**
- **Experience or expertise in physician wellness/burnout**
- **Experience in international GME**
- **Experience in under-served/critical access**
- **Practice-focus of Pediatric Surgery, Transplant Surgery, Vascular Surgery, Palliative Care, and/or Surgery of the Hand**
- **Canadian diplomate with an American board certification**
- **Experience as an associate examiner for the ABS**
- **Experience as an item writer for the ABS**
- **Prior service on a specialty board or advisory council of the ABS**

Emphasis will be placed on elements of diversity across all dimensions, including race, color, religion, gender, gender identity or expression, sexual orientation, national origin, disability or age or other elements that bring a different voice to the table.

The time commitment including exams is approximately 14-16 days/year.

Nominees will be accepted from societies, peers, or self-nomination. All nominations will require a letter of support (i.e. completion of the Nominate/Support Form) from either an organization or from a ABMS certified physician. **Both the nominator and nominee forms need to be completed for each candidate by November 29, 2021.** Both Forms are below and are also available on our website. Please direct all questions or queries to Tania Rosha at trossha@absurgery.org

[ABS Council Candidate/Nominee Form](#) (all candidates must fill this out, whether self-nominated or nominated by an organization or another individual)

[ABS Council Nominate/Support Form](#) (for all nominating organizations, nominating colleagues, or colleagues supporting a self-nomination)

ABS Nomination

Please fill out all sections completely and return with your CV to Sharon Gautschy, sgautschy@aast.org, by November 7th.

Name	
Email:	
Cell phone:	

Please check the competencies (experience or expertise) that you have:

- | | | |
|--|------------------------------|-----------------------------|
| Implementation Science: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Individual Practice Improvement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physician wellness/burnout: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| International GME: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Under-served/critical access: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Practice-focus of: | | |
| Pediatric Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transplant Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vascular Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Palliative Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surgery of the Hand | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Canadian Diplomat with American Board Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experience as an (for the ABS): | | |
| Associate Examiner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Item Writer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prior Service on specialty Board or advisory council | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For those you selected yes to, please provide comments and specific examples: