Commentary: “We mock what we don’t understand!”

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Surgeons must be good communicators, team players, and continuing learners who can hone their skills throughout their careers.¹ Our specialty, like others, has set high standards for trainees to meet in the Board Certification process, while at the same time we have struggled with ideal assessments. Indeed, the American Board of Thoracic Surgery (ABTS) Qualifying Examination focuses on knowledge acquisition, whereas the Certifying Examination evaluates decision making and communication skills. Although there is criticism of this process for a variety of reasons, this is nonetheless our method of assessment, and as educators, we do strive to prepare our trainees.

In this issue of the *Journal*, Corsini and colleagues² describe a single-institutional mock oral examination (MOE) program. Corsini and colleagues² have carefully highlighted the importance of such educational endeavors in providing trainees with the skill set to face the ABTS Certifying Examination. MOEs provide invaluable feedback, not just to trainees but, importantly, also to the training programs themselves. One potential shortcoming of MOEs is that current ABTS examiners are not permitted to participate because of the high-stakes nature of the Certifying Examination. As described, these biannual MOEs can be (and perhaps *should* be) integrated into comprehensive curricular activities, such as weekly conferences, simulation laboratories, and research meetings. Dissecting out the true implications of a MOE for all trainees across the United States will be hard to determine, but the takeaway message is clear: MOE is a valuable learning experience for trainees, *and* it allows programs to identify at-risk candidates to permit early intervention. In an era in which surgical education remains a poorly funded mandate,³ the large time commitment for preparation and analysis is an important consideration.

Desmond M. D'Souza, MD (left), and Nahush A. Mokadam, MD, FACS, FACC (right).

Central Message

Mock oral examinations should be part of a comprehensive educational curriculum.

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As surgical education evolves beyond simple case logs, milestone metrics, and in-training examinations to prepare our next generation of surgeons, we as a field must continue to seek higher standards for ourselves as educators. All too often, the role of formal education gets lost in our world,⁴ and perhaps Corsini and colleagues² should use the success of their program to provide rationale for broader faculty and institutional support. As Dan Aykroyd would have us know, “We mock what we don’t understand.”⁵

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