

ours to evaluate clinical TEE imaging skills with simulation training.<sup>3</sup> Because ours is among the first attempts to grade the quality of TEE images, we agree that further refinement and validation of the scoring system is needed. We, however, disagree with Drs. Fletcher and Sharma that no validity of the scoring system was demonstrated. In our study, the experts blinded from the identity of the study subjects graded the imaging angle, overall clarity, and visibility of clinically important anatomical structures. Therefore, we strongly believe that the scoring system has intrinsic face and content validity. In addition, in our study, the images obtained by the attending anesthesiologists received significantly higher scores than images obtained by residents, and images obtained by residents with prior TEE experience received significantly higher scores than images obtained by residents without such experience, demonstrating the construct validity of our scoring system. We therefore strongly believe that in the absence of a definitive standard, our effort to objectively measure TEE image quality was successful.

### Competing Interests

The authors declare no competing interests.

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## Corporate Interests Necessitate Conflict of Interest Declarations by All Authors

### To the Editor:

The January issue of *ANESTHESIOLOGY* appeared as a theme issue regarding “Medical Education.” The article discussing objectively the Objective Structured Clinical Examination (OSCE) detailed OSCE’s inherent weaknesses: OSCE is

especially costly and residency programs will need to incorporate OSCE training at all sites. OSCE is very time consuming, presents difficulty in development and evaluation of OSCE, regarding quality, reliability, and validity.<sup>1</sup> The use of OSCE in medical student assessment has been in use for over a decade and recently dissected in a cost analysis there: it “provides a poor return on investment and little appreciable value to the U.S. healthcare system—and should therefore be eliminated.”<sup>2</sup> The accompanying editorial authored by three individuals employed by the American Board of Anesthesiology, Inc. (ABA) appeared to promote the ABA’s planned introduction of the OSCE and their certification program overall.<sup>3</sup> I was surprised to see this following statement declaring no conflicts of interests, where they clearly exist:

“Competing Interests: The authors are not supported by, nor maintain any financial interest in, any commercial activity that may be associated with the topic of this article.”

Upon review of the most recent available ABA 990 tax return from calendar year (January 1 to December 31) 2011, the two board member authors were listed as earning \$18,000 and \$78,000, respectively, whereas the Chief Assessment Officer author earned \$127,000.\* It is assured that all authors still earn significant sums. They are currently listed on the ABA webpage as retaining the same offices in 2013, when this editorial was submitted. The ABA is a 501 (3) C corporation with *corporate* balance books and prerogatives. As paid employees of any corporation and representing that corporation as paid authors, the declaration as stated is a gross misrepresentation even when the submission is designated as submitted from the ABA (there could actually be *volunteers* writing). It is time that officers and employees of ANY corporation be required to declare these conflicts of interests at ALL times. All three authors work for the corporation and are clearly supported by that corporation, the ABA.

As the journal representing the membership of the American Society of Anesthesiologists, *ANESTHESIOLOGY* has a responsibility to provide balanced information and declarations. It is time to require clear identification of these conflicts of interests of all corporate interests (including Maintenance of Certification proponents) in all journals.<sup>4</sup> Opposition to the regulatory capture of physicians is mounting.† This includes objective editorials, critical of Maintenance of Certification, and the associated costs, in other professional journals.<sup>5</sup> Important oppositional viewpoints should not be hidden from view by controlling journal content and allowing false declarations, especially in the American Society of Anesthesiologists’ own journal.

\* American Board of Anesthesiology, Inc.: 2011 IRS 990 tax declaration. Available at: <http://www2.guidestar.org/FinDocuments/2011/060/646/2011-060646523-089e9493-9.pdf>. Accessed May 1, 2014.

† Pittman D: Meeting coverage: AMA House Dismisses Recertification Programs. Published June 18, 2013. Available at: <http://www.medpagetoday.com/MeetingCoverage/AMA/39949>. Accessed May 1, 2014.

## Competing Interests

The author declares no competing interests.

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## In Reply:

We write in reply to Dr. Kempen's recent comments on our Editorial View in the January 2014 issue of *ANESTHESIOLOGY*.<sup>1</sup> Dr. Kempen is critical of the Objective Structured Clinical Examination (OSCE) and our lack of transparency as authors of this opinion piece in revealing our direct relationship with the American Board of Anesthesiology (ABA). We apologize for the incorrect disclosure statement that assured readers that we had no conflicts of interest in preparing the piece, as we most assuredly do. As Dr. Kempen points out, Drs. Rathmell and Lien receive an annual stipend for our work as ABA Directors and Dr. Harman, as ABA's Chief Assessment Officer, is an ABA employee. Although we were listed as being affiliated with the ABA on the first page of the editorial, we should have been far more explicit in directing readers to this conflict: we are among the leaders who oversee all activities of the ABA, including the new OSCE examinations. With that said, let us turn to Dr. Kempen's criticism of the OSCE itself, which he calls "costly," "time consuming," and as "present[ing] difficulty in development and evaluation . . . regarding quality, safety, and validity." The rationale for preparing the article was to describe for diplomates, examination candidates, and the public the careful deliberations that went in to the ABA's decision to incorporate the OSCE examination in to primary board certification for anesthesiologists and to detail the challenges that lie ahead in assuring that the new examination is valid and adds value for diplomates and their patients alike. We took pains to be transparent in our reasoning and to remain self-critical and we did address many of the very criticisms

with which Dr. Kempen seems to agree. The introduction of OSCEs can be used to drive education; in U.S. Medical Schools, addition of clinical skill assessment as a requirement for licensure has positively shaped education, assuring that physicians emerge with the skills that are fundamental to patient care.<sup>2</sup> In addition, as detailed in the editorial,<sup>1</sup> many studies have documented the validity of the OSCE as an additional measure of professionalism, communication, and clinical practice—all of which are difficult to evaluate with a computer-based examination alone. OSCEs are already widely used for licensure, training in medical schools, and certification in other countries. And, we are quite aware of the challenges associated with the development of reliable and valid OSCEs. An advisory panel and survey of examiners, program directors, chairs, and leaders of large private practice organizations all weighed in, describing areas in which they felt new graduates were not adequately trained, and these are the areas that are driving the initial content of the new OSCEs. Dr. Kempen's primary focus seems to be on the cost of the examination. He cites an opinion piece that ran in the *New England Journal of Medicine* in 2013 that questioned the value of the U.S. Medical Licensing Examination Clinical Skills Exam based on a purely economic analysis.<sup>3</sup> However, OSCEs need not be expensive. In fact, with the Accreditation Council for Graduate Medical Education requirement for many different varieties of evaluations—including those based on direct observation and case discussion—a type of informal OSCE will be a routine part of residency training. Finally, from our very first discussions about adding OSCEs to the board certification examinations, one of the guiding principles adopted by the ABA Directors has been that the cost of certification must not increase as we introduce the new OSCE examinations.

## Competing Interests

The authors declare no competing interests.

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