HANDBOOK FOR EXAMINERS FOR BOARD CERTIFICATION

American Osteopathic Board of Orthopedic Surgery
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Suite 307
Port Huron, MI 48060

Toll-free (877) 982-6267 Fax (810) 984-2530
Website: www.aobos.org
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2013

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ORAL EXAMINATION

The oral examination of the American Osteopathic Board of Orthopedic Surgery is given in the fall of each year the day proceeding the opening day of the American Osteopathic Academy of Orthopedics fall meeting. The examination begins at 8:00 am and usually concludes at 4:00 pm. Breakfast will be provided for the examiners starting at 8:00 am in the same room as the exam. Lunch will be served in between sessions.

Several weeks prior to the exam you will be sent the topic for your question. The actual question with accompanying literature and bibliography will not be available for review until the oral examination day.

At least two examiners will be assigned per question. If there is a conflict with an individual examinee, because of training conflicts or association in practice, a substitute examiner will be available.

We will be using pre-printed scannable forms for grading the oral examination. The candidate will be asked to print his/her name on the score sheets. Each examiner will also be asked to print their names on the score sheets.

Each oral case question has multiple parts with credit given for how well the question was answered in the following question components:

- Patient Evaluation
- Interpretation of Studies
- Diagnosis/Differential Diagnosis
- Anatomy/Pathoanatomy
- Classification
- Treatment Plan
- Management of Complications

Each question will contain from three (3) to five (5) of these components, with the components and the weight of each component varying from case to case.

ORAL EXAMINATION

For each of the case components, you will be asked to grade the candidate on their response using the scale listed below:

Fail: Poor insight; fails to formulate and process the data appropriately; answers incorrectly.

Borderline Fail: Limited insight; questionable; minimum knowledge; answers fall below reasonable standards.

Pass: Sufficient knowledge; moderately capable; acceptable assessment capabilities; room for improvement.

Superior: Clear and concise comprehension; answers correctly without any errors; can work through entire question with no issues at all; demonstrates advanced knowledge.

It may be necessary to assist the examinee in managing his/her time to allow completion of the question in the allowed time. Eight (8) minutes will be allowed per question with a warning given when one minute remains.

Please remain objective. The questions are designed to be followed step by step. Avoid prompting the candidate.

Following the examination, we ask that all examiners complete the critique form regarding your assigned question so that we can review them to improve the examination.

ORAL EXAMINATION

ORAL EXAMINER INSTRUCTIONS

1. **Promptness**

   The orientation process is critical to the success of this exam, so we need you on time. Please arrive no later than 7:15 am, so you will have time to have breakfast, read the reference and look over the question.

2. **Sign In**

   At the entrance of the exam room, please sign in. This is the source documentation we use for submitting CME credits for oral examination participation. A packet with your name badge and a confidentiality agreement will be available at your assigned examination table.

3. **Cell Phones/Beepers**

   The candidates are nervous and anxious during this examination and phone and beeper noise is an obvious distraction. ***Please avoid bringing your cell phone and beeper.***

   If you must keep your cell or beeper, it is mandatory they be placed on VIBRATE or turned off. If you receive a call during a question, please let it go to voice mail.

4. **Attire**

   The appropriate attire for the examination is Business Casual. Shorts, tank tops, flip-flops, etc. are inappropriate attire for the oral examination.

5. **Learning the Question**

   Please take time to read, understand and become familiar with your question. Some questions are weighted towards the recognition of disease and pathology while others require more attention to the treatment options. You will need some time to do this, which is why we need you on time. For test security reasons, we cannot send you the question in advance. However, the Board will try to send you the question topic, and asks you read up on the subject. When possible, we will try to assign you a topic of your choice.

ORAL EXAMINATION

ORAL EXAMINER INSTRUCTIONS (CONTINUED)

6. General Format

The exam will be administered in a large room with approximately 40-42 tables. There may be rest stations where the candidate will have to wear headsets to prevent hearing the next table's question.

The examiners remain at their table while the candidates will move from table to table for each question.

The standard setting for each question will be determined by the Board. Each question is allotted approximately 8 ½ minutes – 8 minutes to complete the question and ½ minute to move to the next exam table. The candidate will sit down and print his/her name on the two scoring sheets. Wait for instructions from the time keeper to begin and proceed immediately with the question.

The examiners are NOT to read the question to the candidate. The candidate has already been advised he/she is to read the question.

7. Scoring the Exam

Each question/table will have two examiners. Each examiner should determine their score INDEPENDENTLY. Please print your name on each scoring sheet.

If you recognize a potential conflict with a candidate, e.g. prior student, partner, friend, etc, please excuse yourself and one of the extra examiners will replace you for that candidate. If needed, a Board member will be available to fill in. Please raise your hand to get our attention.

Your pre-printed scannable score sheet will be divided into several sections which correspond to the components being tested for that case. Please fill in the circle next to the appropriate grading scale for each component used in the question. Components not applying to your assigned question will be marked as 'not applicable' on the score sheet. Once again, this is done independently by TWO examiners for each question.

Remember, you are grading the candidates overall performance (superior, pass, borderline fail or fail) on EACH of the applicable question components (patient evaluation, interpretation of studies, diagnosis/differential diagnosis, anatomy/pathoanatomy, classification, treatment plan, and management of complications).

ORAL EXAMINATION

ORAL EXAMINER INSTRUCTIONS (CONTINUED)

8. Directing the Candidate – AVOID PROMPTING!

The questions are generally constructed in such a way that it is obvious how to present/direct the question. Before the start of the day, you should read both the Examiner's and the Candidate's Book to understand the flow of the question.

It is important to be professional and courteous but we are not here to teach, mentor or befriend the candidates. It is human nature to feel badly if a candidate is performing poorly. Nobody wants to think they might have been the cause of a candidate's failure. The tendency is then to give the candidate a break, or perhaps prompt the candidate. ***Please avoid any prompting!***

Remember a candidate can completely miss a couple questions and still pass the exam. Some questions contain additional information that may be automatically presented to the candidate, or may be dependent upon a candidate's request. If this isn't clear, you can summon a Board or Test Committee member for help, or use your best judgment.

9. Consistency

For the exam to be valid, we need to keep the process as uniform as possible from candidate to candidate. As the day wears on and we tire, you must stay consistent in how you grade the question for both morning and afternoon sessions. To maintain consistency, it is best if the same examiners give the same question to each candidate. However, to help ease the pain, we have 'floater' examiners, so you can take a break, if necessary. Again, raise your hand to get a Board member's attention.

10. Evaluations

At the end of the day, you will be asked to critique your question. Be honest and thorough. Evaluate the question for content, accuracy, quality of graphics, flow, etc. Give us ideas to make your question better. Be assured your efforts will be worthwhile, as this information is stored with the question for use by the Oral Test Writing Committee. The committee will read EVERY critique and use it to improve the question for future use.

ORAL EXAMINATION

ORAL EXAMINER INSTRUCTIONS (CONTINUED)

11. Be Flexible!

Remember we are all volunteers! Sometimes we have too many examiners, sometimes, too few. Examiners occasionally cancel at the last minute, or don't show up. The Board will do the best it can to assign you to your question of choice, but last minute changes may be necessary. Floaters should consider bringing a book or office work while waiting to fill in.

The Oral Exam is definitely a grueling and exhausting day! But it is also very rewarding, knowing you have given back to your profession.

The Board recognizes the personal and financial sacrifices you have made to assist us and for this we are sincerely grateful! Without your help, the Oral Exam would not be possible. In appreciation, we will offer breakfast, lunch & drinks throughout the day, and ***a reception following the afternoon session***.

CLINICAL EXAMINATION

INTRODUCTION

The AOBOS utilizes a scoring method for the Part III Clinical Exam where examiners score candidates in multiple predetermined areas during the onsite examination.

The Board has weighted different aspects of the exam to reflect their relative importance. The Chart Review portion of the exam comprises 60% of the total grade and the Surgical Observation portion of the exam the remaining 40%.

The scoring will be derived from an in-depth review of 20 charts from the candidate's surgical log and the observation of two major surgical procedures.

CLINICAL EXAMINATION

EXAM PROTOCOL

These are the basic steps in the Part III Clinical Exam Process:

Step #1. Application Process (Candidate)

1. Complete the Application Form
2. Prepare Surgical Log
3. Prepare Mortality Review report
4. Submit to AOBOS

Step #2. Log Approval (Board)

1. AOBOS Staff confirm application is complete.
2. AOBOS Board Member reviews log and Mortality Review report.
3. If accepted, candidate is notified within 2-3 weeks of application arrival to AOBOS office.
4. If rejected, candidate will be notified of deficiencies with further options.

Step #3. Examiners are Assigned (Board)

This occurs at the AOBOS board meetings. The spring meeting occurs in March or April, and the fall meeting is in conjunction with the Annual AOAO meeting. Notification of assignments goes out to examiners and candidates within 2-3 weeks.

Step #4. Senior Examiner Chooses Charts and Arranges Exam (Senior Examiner)

The senior examiner is sent the candidate's surgical log and mortality review report. From these documents, 20 cases are selected and the list is sent to the candidate. The senior examiner may consult with the junior examiner in selecting the 20 cases for review. See page 13 for guidelines in selecting charts for review.

Step #5. Exam Occurs (Candidate & Examiners)

The examiners review 20 cases for onsite examination purposes. Two major surgeries are observed. The examiners complete the evaluation forms and return them to the AOBOS.

Step #6. Scores are Determined (AOBOS)

The examiner records and evaluation forms are reviewed at the board meetings discussed above. Candidate Pass/Fail letters go out within 2-3 weeks.

NOTE: The dates for application deadline, exam completion deadline, and AOBOS board meetings are available on our website, www.aobos.org

CLINICAL EXAMINATION

SENIOR EXAMINER RESPONSIBILITIES

The senior examiner plays the key role in the exam process performing the following responsibilities:

1. Accept the exam and notify the AOBOS of such, along with the absence of any personal or professional conflicts with the candidate. This includes a prior relationship, (such as previous partner, or student/resident) or practice conflicts (too close geographically, litigation etc.).

2. Review logs and mortality review report sent by the AOBOS.

3. Choose 20 cases for the onsite exam. The senior examiner may consult with the junior examiner in selecting the 20 cases for review. See page 13 for guidelines in selecting cases for review.

4. Schedule the exam, and coordinate with the candidate and junior examiner.

5. Send in the grade sheets, evaluation forms and your dictation to the AOBOS. The AOBOS asks that you send a letter with your ***detailed comments*** on the candidate's examination performance. Please review your completed grade sheets, ensuring all items have been scored and all parts are complete.

JUNIOR EXAMINER RESPONSIBILITIES

1. Accept the exam and notify the AOBOS of such, along with the absence of any personal or professional conflicts with the candidate. This includes a prior relationship, (such as previous partner, or student/resident) or practice conflicts (too close geographically, litigation etc.).

2. Communicate directly with the senior examiner regarding the examination.

3. Review logs and mortality review report sent by the AOBOS. Note that the medical record screens are no longer required as part of the clinical examination. The senior examiner may consult with the junior examiner in selecting the 20 cases for review.

4. Send in the grade sheets, evaluation forms and your dictation to the AOBOS. The AOBOS asks that you send a letter with your ***detailed comments*** on the candidate's examination performance. Please review your completed grade sheets, ensuring all items have been scored and all parts are complete.

CLINICAL EXAMINATION

GUIDELINES FOR SELECTING CASES FOR CHART REVIEW

1. Select 20 cases that represent a broad inspection of the candidate's scope of practice. It is helpful to select a few additional cases to serve as replacements for occasional situations where absence of critical documents prohibits meaningful review of the record. It is reasonable to assume that critical records may not be available for one or two selected cases; however, if a large number of cases are missing key documents, it is at the discretion of the senior examiner as to how to proceed.
2. The selected cases should be of sufficient scope to include fracture management, trauma, arthroscopy and joint replacement, adult diseases. Subspecialty exams should select cases across a spectrum of pathology.
3. When selecting cases of similar type, such as ankle fractures, it is recommended to select cases from varying times over the course of the log. For example, selecting three ankle fractures, one from the early log, one from mid log and one from the end of the log provides examiners a longitudinal look at the candidate's work.
4. Complicated cases should be reviewed to evaluate the candidate's management of complex cases. On the other hand, it is inappropriate to select all 20 cases from only complicated cases.
5. **Do not review more than 20 cases.** At times examiners may want additional cases to review to evaluate a perceived deficiency. The board asks that you meticulously document the concerns regarding those cases, but not review any additional cases. Each candidate must undergo identical exam procedures. Consequently, don't review fewer than 20 cases.
6. Candidates should mark key documents (H&P, progress notes, discharge summaries, etc.) in the chart with colored flags to assist examiners in the chart review. Each chart should have two scoring sheets attached with the heading information filled out by the candidate. The senior examiner **must** communicate these expectations to the candidate in the initial communications setting up the exam.
7. Both examiners review the same set of 20 cases and independently score the same charts.
8. Cases are to be selected at least four (4) weeks prior to the exam to allow the candidate sufficient time to prepare.

CLINICAL EXAMINATION

Clinical Candidate Checklist

The items listed below are the responsibility of the candidate and must be completed prior to the scheduled clinical examination date. ***Candidate examinations results will not be released without the submission of this checklist to the AOBOS office and the assigned Senior Examiner.***

The completed checklist must be sent (e-mail or fax) to the senior examiner and the AOBOS office BEFORE the scheduled examination date.

☐ 1. Two copies of the Individual Chart Survey form are available for each of the 20 cases selected for review.

☐ 2. The shaded box at the top of each Individual Chart Survey form is filled out COMPLETELY and attached to the top of each chart.

☐ 3. All 20 cases selected for review are organized with color tabs indicating the appropriate areas, such as H&P, Progress Note, OP Report, Discharge Summary, etc. (See the Satisfactory Chart Mechanics section of the Individual Chart Survey form for a complete list.)

☐ 4. All x-rays are organized with Pre-op, Post-op and Follow-up films clearly identified.

☐ 5. Office records are available for all 20 cases being reviewed. (You are graded on pre-op, hospital care, operative care and post-op follow-up care in the office.)

☐ 6. All 20 cases being reviewed have the Individual Chart Survey forms, office record, hospital record and x-rays with each chart.

☐ 7. A convenient, comfortable working room for the chart review has been arranged.

☐ 8. You have confirmed with the senior examiner, 72 hours prior to the examination that all appropriate paperwork is complete and your surgeries are scheduled.

_____ _____

Candidate Signature Date

Candidate Name: _____
(Please print)

CLINICAL EXAMINATION

Senior Examiner Checklist

The items listed below are the responsibility of the senior examiner once the examination assignment has been accepted.

☐ 1. Coordinate an examination date acceptable to both examiners and the candidate.

☐ 2. Select the 20 cases for review from the candidate's surgical log at least ***4 weeks*** prior to the examination.

See page 13 in the Examiner Handbook for guidelines in selecting cases for review.

☐ 3. Provide the Board with a copy of any written correspondence with the candidate.

☐ 4. Candidate has confirmed with you, 72 hours prior to the examination that all appropriate paperwork is complete and the surgeries have been scheduled.

☐ 5. Candidate has sent you his completed Clinical Examination – Candidate Checklist.

CLINICAL EXAMINATION

SCHEDULING THE EXAMINATION

A candidate may take the Part III examination when at least 200 major cases have been recorded during a minimum of twelve (12) consecutive months and a maximum of 24 consecutive months in practice in one geographic location.

Part III Clinical Examinations will be offered during two separate periods each year: Summer (May, June, July, August) and Winter (December, January, February).

The AOBOS Executive Director will notify clinical examiners of their assignments immediately following the AOBOS board meeting. It is the responsibility of the senior examiner to coordinate a date for the clinical exam with the candidate and junior examiner. The date of the exam must be established within ten (10) days of receiving the assignment and the scheduling form will then be sent (faxed) back to the AOBOS office. Upon receipt of the confirmation scheduling form, the AOBOS will mail the candidate's logs and mortality review report to the senior examiner and junior examiners.

Examiners will make their own travel arrangements. You may request the candidate make hotel reservations, but the expenses are to be paid by the examiners. The Board will reimburse the examiners for ***reasonable*** expenses incurred for transportation, lodging, and meals. Unreasonable expenses include private aircraft, first class seating, expensive resort accommodations, expensive meals, last minute plane bookings, penalties for last minute changes without explanation, etc.

These expenses ***must*** be submitted on the AOBOS reimbursement form in this handbook and ***must*** include receipts. Air fare will be reimbursed for a coach rate ticket and the use of a personal car will be reimbursed using IRS guidelines – currently the 2013 rate of **56.5** cents per mile. The Reimbursement Form can also be downloaded from our website, www.aobos.org, in the Online Documents section.

The senior examiner should contact the candidate as frequently as necessary to assure that the candidate is properly prepared and has scheduled the necessary surgical cases for observation. The candidate ***must*** confirm with the senior examiner 72 hours prior to the examination that the appropriate paperwork is completed and the cases are scheduled for surgical observation. The Board requests that you provide us with a copy of any written correspondence that you may have with the candidate. If the senior examiner has any question regarding the examination, or preparation thereof, please contact the American Osteopathic Board of Orthopedic Surgery office ***immediately***.

Should questions or concerns occur during the clinical examination, please contact the AOBOS office or one of the AOBOS Board members as soon as feasible.

CLINICAL EXAMINATION

SUBSPECIALTY ORTHOPEDIC SURGEONS

If the candidate's practice is predominantly in a subspecialty, e.g. spine, hand, pediatrics, etc., you must keep in mind you are still certifying him/her as an Orthopedic Surgeon.

Whatever the subspecialty may be (hand or otherwise), the Board will make every attempt possible to arrange one of the examiners to have a similar subspecialty, provided the candidate informed the Board of his/her subspecialty.

SAMPLE LETTER TO CANDIDATE

Date

John Doe, D.O.
123 Main Street
Anytown, USA 12345

Dear Dr. Doe:

This letter is to confirm the date _____ for your Part III clinical examination.

Both Dr. _____ (**JUNIOR EXAMINER**) and I shall arrive on _____ to begin your chart reviews.

As you know, we will be reviewing 20 cases in great detail, in accordance with the AOBOS instructions and guidelines, which are explained in the Handbook for Examiners that can be viewed at www.aobos.org. You are encouraged to review these documents to make yourself aware of the process.

We will be using a scoring system that evaluates your performance in two component areas: chart review and surgical observation. The score sheets will be sent to the AOBOS. We do NOT determine Pass or Fail. Final grade determination is done by the AOBOS.

We expect your charts to be extremely well organized, with colored tabs indicating the appropriate areas, such as H&P, OP Note, Progress Notes, etc.

All x-rays should be organized with Pre-Op, Post-Op, and Follow-Up films clearly identified. Do NOT expect us to find these films in a large jacket of multiple studies or on your hospital's EMR system.

It is mandatory that your office records are available for review. As you know, you are being graded on Pre-Op, Hospital Care, Operative Care, and Post Op Follow-Up Care in the office.

Please arrange for a convenient and comfortable working room for us. The room should have a large table to arrange the charts, and must have an x-ray view box. The charts should have pre and post-op x-rays with each chart. Also, it is helpful to have drinks and snacks available for the examiners.

Following the instructions in the Candidate Handbook, you are to schedule two major surgeries, differing in nature. You are also advised to have a third major case ready to go in the event that one of your scheduled cases is cancelled. I will contact you one week prior to our arrival to discuss your cases.

I would also request that you make arrangements at a local hotel for rooms for the Junior Examiner and me. You are requested to guarantee late arrival but you will not be responsible to pay for these rooms. The lodging costs are part of the fees paid to take the clinical examination. Please forward the hotel information to me when the reservations are confirmed.

I hope that this examination process goes smoothly. If you have any concerns during your preparations, do not hesitate to contact me.

Sincerely yours,

SENIOR EXAMINER

cc: **JUNIOR EXAMINER**
AOBOS OFFICE

CLINICAL EXAMINATION

CHART REVIEW – INDIVIDUAL CHART SURVEY

The Senior Examiner will choose 20 cases from the candidate's log and mortality review report.

The Senior and Junior Examiners are to independently grade the same 20 cases.

A separate Individual Chart Survey is filled out for ***each*** chart reviewed by ***each*** examiner.

Documentation must be present that the surgeon is managing the case. This requires notes and reports dictated and written by the candidate. Co-signing notes or reports by the resident staff is NOT acceptable.

For example, if an H&P is missing or isn't personally authored by the candidate, the examiner is to take that into account when grading the H&P/Consults/Progress Notes portion of the Chart Mechanics. In other words, a document co-signed by house staff is to be considered the same as if it wasn't present at all.

Each examiner must complete each component on the form explaining any deficiencies in detail under additional comments.

Following Medicare guidelines:

An H&P **must** be performed no more than 30 days prior to admission and updated the day before or day of surgery. Office medical records that substantiate the hospitalization or procedure should be part of the inpatient record. Medicare requires that the hospital medical record justify the admission and treatment.

Discharge summaries should be dictated as soon as possible after discharge. If unable to dictate on the day of discharge, write a final summarizing progress note to include:

1. Principal diagnosis, secondary diagnoses and principal procedure.
2. Brief description of the hospitalization, disposition of the case, and follow-up care.
3. Results of diagnostic testing that confirm the principal diagnosis.

CLINICAL EXAMINATION

CHART REVIEW – INDIVIDUAL CHART SURVEY-EXPLANATION

The individual charts are to be reviewed in detail. In evaluating each of the components on the Individual Chart Survey, follow the Chart Review Grading Key on pages 22-25.

Most of this is self explanatory, but the following instructions are provided to give a better explanation of each area.

Pre Operative Care & Evaluation

This includes documentation of conservative care, proper work-up including appropriate diagnostic studies, consultations when necessary, and clear evidence the candidate is personally managing the case.

Chart Mechanics

To be acceptable, each area must:

a. Be present.
b. Contain the appropriate information.
c. Be authored by the candidate. Co-signed reports are NOT acceptable.

The history and physical and/or pre-operative evaluation may be part of the outpatient record.

Progress notes are not required daily if the candidate's practice situation has coverage by other orthopedic surgeons. Co-signed resident notes are still not acceptable. However, if any untoward event occurs or change in normal post-operative management is required, the candidate ***must*** document this fact on the record.

Operative reports must be dictated by the candidates.

Discharge summaries should be dictated by the candidate; however, a written discharge note that outlines the post discharge plan is acceptable. A check form signed by the candidate is not acceptable.

Indications for Surgery

In your judgment, was the surgery, as performed, indicated, and was the appropriate surgery chosen?

Performance of Surgical Procedure

This is the most important area of the review and is, therefore, weighted with a higher score. Was the surgery performed competently? This may include operative time, blood loss, complications, and especially, review of the post operative x-rays.

CLINICAL EXAMINATION

Quality of Follow-Up Care

We ask you to review the entire patient course, including the post operative follow-up care.

Therefore, it is necessary for you to review the candidate's office records and follow-up x-rays. The most recent films should be reviewed, along with any interim films as necessary.

The scoring is based on appropriate follow up care. Some areas to consider include:

Was the patient seen back in a timely manner?

Were all post-operative complications acknowledged and treated appropriately? Was rehab provided when needed?

Was the final result as expected?

The candidate is responsible for documenting the disposition of the case. This includes circumstances such as transfer out of the geographic area, transfer to a nursing home or extended care facility or simply a no show in the office. This documentation can be either in the hospital discharge summary or in the candidate's office records.

Holistic Impression

Your overall professional evaluation of the candidate's performance of the case reviewed. You will provide a Holistic Impression for each of the 20 cases in the chart review portion of the exam as well as both surgical observations.

Comments

Please use this area to explain deficiencies or problematic areas. We ask that you submit your comments typewritten on your office letterhead.

It is critical the Board have this information, especially in the case of an exam failure.

CLINICAL EXAMINATION

Chart Review Grading Key

1. Pre-operative Care & Evaluation

Fail **–** Inadequate or no work-up to establish a diagnosis. Studies ordered do not support the diagnosis. Poor documentation of history and physical exam findings. Limited or no attempt at conservative care, when indicated.

Borderline Fail – Incomplete work-up. Limited documentation of history and physical exam findings such that the diagnosis is unclear. Conservative care documented when indicated, but of insufficient duration or type.

Pass – Documentation supports the diagnosis and treatment plan. Proper ancillary studies available and interpretations documented. Appropriate type and duration of conservative care.

Superior – Documentation supports the diagnosis and treatment plan, and considers differential diagnosis. Correct ancillary studies available with complete documentation of findings and significance. Proper conservative care documented with consideration of alternatives.

2. Chart Mechanics

- **H&P/Consults/Progress Notes**

Fail – Inadequate or no documentation to establish diagnosis. Studies ordered do not support the diagnosis. Poor documentation of history and physical exam findings. Very limited or no objective finding. Indicated consults not done or not documented. Notes not done by the surgeon. Complications not discussed or documented.

Borderline Fail **–** Limited documentation of history and physical exam findings such that the diagnosis is unclear. Limited documentation by the surgeon (i.e. most documentation is authored by ancillary staff). Insufficient consultation documentation. Incomplete progress notes. Incomplete documentation of complications.

Pass – Documentation supports the diagnosis and treatment plan. Proper ancillary studies available and interpretations are documented. Notes authored by the surgeon that are appropriate and complete with objective findings. Complications and plans of treatment are clearly documented.

Superior – Documentation supports the diagnosis and treatment plan, and considers differential diagnosis. Correct ancillary studies available with complete documentation of findings and significance. Complications are identified and documented by surgeon with treatment plan.

CLINICAL EXAMINATION

- **Operative Consent**

  Fail – Office notes do not document pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit incomplete or inadequate description of planned procedure.

  Borderline Fail – Office notes document incomplete pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit meets minimum required description of treatment plan.

  Pass – Office notes document complete pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit clearly describes treatment plan and risks.

  Superior – Office notes document complete pre-operative discussion of the planned procedure, risks and benefits of the procedure, and alternative treatments with rationale for decision making. Surgical permit clearly describes treatment plan and risks.

- **Operative Report/Discharge Summary/Post-Op Instructions**

  Fail – Documents incomplete or not present. Documents do not contain required information. Insufficient description of procedure. Inaccurate description of procedure. (i.e. – x-ray findings do not match operative report)

  Borderline Fail – Documents minimum requirements only. Incomplete description of procedure.

  Pass – Clearly and accurately documents complete procedure. Discharge instructions complete and appropriate for procedure and diagnosis.

  Superior – Clearly and accurately documents complete procedure. Documents include indications for procedure, operative findings, and all pertinent facts. Discharge instructions are complete and appropriate for procedure and diagnosis including restrictions, therapy, and follow-up plan.

CLINICAL EXAMINATION

3. Indications for Surgery

Fail – No documentation of indications for the procedure. Clear documentation of contraindications for the planned procedure. Planned procedure inappropriate for the clinical situation.

Borderline Fail – Indications for the procedure are questionable. More information needed to justify surgical plan. Procedure may be indicated, but documentation does not clearly support the plan.

Pass – Surgical procedure is appropriate for the clinical situation and documentation supports the diagnosis and surgical plan.

Superior – Modification of the surgical plan reflects high level of knowledge and experience in avoiding complications while simplifying the treatment approach. Mature judgement is reflected in the plan.

4. Performance of Surgical Procedure

Fail – Technical mistakes compromise the outcome of the case. Dangerous practice observed that is likely to lead to complications. Failure to recognize and treat pathology. Clearly failing candidate.

Borderline Fail – Technical errors observed. Completes case, but struggles with technique. Borderline failing candidate.

Pass – Completes case appropriately with minimal error. Errors that occur are recognized and addressed appropriately. Proceeds with reasonable efficiency. Passing candidate.

Superior – No technical errors occur. Very time efficient. Proceeds with confidence and great skill. Clearly excellent surgeon.

5. Quality of Follow-Up Care

Fail – No, or incomplete, follow-up. Lost to follow-up with no documentation of attempts to contact the patient. Failure to recognize and/or treat a complication. Patient discharged from care at inappropriate time.

Borderline Fail – Follow-up incomplete or not clearly documented. Failure to completely recognize and/or treat a complication. Errors in post surgical management.

Pass – Appropriate follow-up and management. Recognizes and treats problems in a timely manner. Follows patients for reasonable time post-operatively.

Superior – Excellent documentation of follow-up. Appropriate decision making. Recognizes problems early and adjusts treatment as indicated. Clearly excellent management.

CLINICAL EXAMINATION

6. Holistic Impression

Your overall professional evaluation of the candidate's performance for the chart reviewed, including the candidate's logic, fundamental understanding and professional judgment.

Fail – Poor insight; fails to formulate correct diagnosis; misinterprets data; incorrectly evaluates and manages problems; frequent incomplete or missing documentation; poor decision making.

Borderline Fail – Limited insight; questionable decision making; minimum knowledge; management and technique falls below reasonable standards; incomplete documentation to support medical decision making.

Pass – Sufficient knowledge; moderately capable; acceptable assessment capabilities; room for improvement. Makes reasonable management and treatment decisions; accurate and complete critical documentation; reasonable technical execution of treatment plan.

Superior – Clear and concise comprehension; correct decision making without any errors; can work through entire case management with no issues at all; demonstrates advanced knowledge; excellent complete documentation of medical decision making; sound and consistent excellent technical execution of treatment plan.

CLINICAL EXAMINATION

CHART REVIEW – MORTALITY REVIEW

All mortalities ***must*** be reported to the Senior Examiner. **Mortalities apply to deaths that occur within 30 days of the surgical procedure.** All mortalities require a summary report to be personally authored by the candidate.

This summary should explain in as much detail as necessary:

1. The orthopedic surgery performed
2. The pre and post operative course
3. The cause of death
4. How the surgery affected the mortality
5. Any pertinent lab or x-ray findings
5. The general hospital course

It is up to the Senior Examiner whether or not a mortality case is chosen as one of the 20 cases for the Individual Chart Survey.

If a mortality case is chosen for review, the Board is particularly interested in whether the candidate appreciated the critical nature of the case, if consultations were obtained and if any preventable measures could have been taken. Record your conclusions on the Individual Chart Survey form, but feel free to add comments in your final dictation.

INDIVIDUAL CHART SURVEY

Information in this box is to be completed by the candidate prior to examiner arrival.

Candidate _____ D.O. Hospital _____

Patient's Initials _____ Age _____ Sex _____ Case # _____

Final Diagnosis _____

Surgical Procedure _____

Surgery Date _____ Length of Surgery (in minutes) _____

Estimated Blood Loss _____ Prior or Subsequent Surgery Associated with this Event: Y N

Choose ONE grade for each of the following chart components. ***(Use the Chart Review Grading Key for grading guidelines, found on pages 22-25.)***	**Fail**	**Borderline Fail**	**Pass**	**Superior**
1. Pre-Operative Care & Evaluation	○	○	○	○
2. Satisfactory Chart Mechanics:				
• **H&P/Consults/Progress Notes**	○	○	○	○
• **Operative Consent**	○	○	○	○
• **Operative Report/Discharge Summary/Orthopedic Post-Op Instructions**	○	○	○	○
3. Indications for Surgery	○	○	○	○
4. Performance of Surgical Procedure	○	○	○	○
5. Quality of Follow-Up Care	○	○	○	○
6. Holistic Impression	○	○	○	○

Additional Comments _____

_____

_____

_____

_____

_____

_____

_____

Examiner _____ D.O. Date _____

MAKE ADDITIONAL COPIES AS NEEDED

CLINICAL EXAMINATION

SURGICAL OBSERVATION

The senior examiner is to contact the candidate directly regarding the cases scheduled for surgical observation. The candidate is instructed that two (2) cases will be observed. The Board recommends scheduling three (3) cases, different in character and of the type, commonly known as heavy cases. The Board recommends scheduling three (3) cases in the event one is cancelled. Two cases will be used for scoring purposes.

The clinical candidate should use common sense in choosing the cases for surgical observation. The AOBOS requests "major" cases for observation. Relatively "minor" cases such as carpal tunnel release, cyst excisions, trigger finger releases, etc. are **NOT** appropriate. The Senior Examiner should be contacted with questions regarding cases for surgical observation. Should there be any question whether the nature of the procedures is appropriate for the exam, contact the American Osteopathic Board of Orthopedic Surgery immediately.

The surgical observation portion of the clinical examination is to be ***observation only***. There should be NO examiner participation in form of advice, direction or any other form of involvement in the candidate's surgical cases.

The examiners are to be present at the beginning of the procedure. Review the patient's chart and applicable x-rays for completion of the surgical observation form. Be sure to explain in ***detail*** problematic areas in the post observation comments at the end of the form, or in your final dictation. The examiners may interact with the candidate during the procedure, as necessary, to view pathology or visualize anatomy, but are cautioned against distracting the candidate.

The post observation comments are used to clarify observations made during the procedure and explain in detail any problem areas or concerns. Two complete sets of the surgical observation forms have been supplied. These are indicated as Procedure 1 and Procedure 2.

EACH examiner is to complete an independent observation of EACH surgery.

CLINICAL EXAMINATION

Surgical Observation Grading Key

Fail: Poor insight; fails to formulate correct diagnosis; misinterprets data; incorrectly evaluates and manages problems; frequent incomplete or missing documentation; appropriate studies not ordered; poor decision making; unsafe or incorrect technique; misapplication of technique

Borderline Fail: Limited insight; questionable decision making; minimum knowledge; management and technique falls below reasonable standards; incomplete documentation to support medical decision making. Technical execution below reasonable standards

Pass: Sufficient knowledge; moderately capable; acceptable assessment capabilities; room for improvement. Makes reasonable management and treatment decisions; accurate and complete critical documentation; reasonable technical execution of treatment plan

Superior: Clear and concise comprehension; correct decision making without any errors; can work through entire case management with no issues at all; demonstrates advanced knowledge; excellent complete documentation of medical decision making; sound and consistent excellent technical execution of treatment plan.

Holistic Impression: Your overall professional evaluation of the candidate for this surgical procedure.

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Candidate _____ D.O.

Candidate Signature _____ D.O.

Hospital _____ Date _____

Medical Records Number _____

Patient's Initials _____ Age _____ Sex _____

Surgical Procedure _____

Examiner _____ D.O.

Examiner Signature _____ D.O.

SURGICAL PROCEDURE 1

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Circle one grade for EACH of the following five components.

(Use the Surgical Observation Grading Key for grading guidelines, found on page 29.)

I. Pre-Op Evaluation

Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

II. Surgical Indications

Appropriate conservative treatment prescribed; surgical procedure performed is indicated

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

III. Conduct and Communications in the OR

Professional communications with: anesthesia, nursing, technicians, performs appropriate time-out

Professional conduct: Adherence to aseptic technique, protects patient safety, responds appropriately to problems

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

_____

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

IV. Surgical Technique

Appropriate positioning, proper incision, effective exposure, recognizes pathology and performs proper procedure, appropriate hemostasis and use of drains, awareness of team safety, efficient and effective technique, appropriate suture and/or implants, verify sponge and needle count, appropriate splint and dressings

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

V. Holistic Impression (of this Candidate for Procedure 1)

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Candidate _____ D.O.

Candidate Signature _____ D.O.

Hospital _____ Date _____

Medical Records Number _____

Patient's Initials _____ Age _____ Sex _____

Surgical Procedure _____

Examiner _____ D.O.

Examiner Signature _____ D.O.

SURGICAL PROCEDURE 2

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Circle one grade for EACH of the following five components.

(Use the Surgical Observation Grading Key for grading guidelines, found on page 29.)

I. Pre-Op Evaluation

Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

II. Surgical Indications

Appropriate conservative treatment prescribed; surgical procedure performed is indicated

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

III. Conduct and Communications in the OR

Professional communications with: anesthesia, nursing, technicians, performs appropriate time-out

Professional conduct: Adherence to aseptic technique, protects patient safety, responds appropriately to problems

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

_____

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

IV. Surgical Technique

Appropriate positioning, proper incision, effective exposure, recognizes pathology and performs proper procedure, appropriate hemostasis and use of drains, awareness of team safety, efficient and effective technique, appropriate suture and/or implants, verify sponge and needle count, appropriate splint and dressings

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

V. Holistic Impression (of this Candidate for Procedure 2)

Fail Borderline Fail Pass Superior

Comments _____

_____

_____

_____

CLINICAL EXAMINATION

RECOMMENDED GRADE

Based on your intuitive overall opinion of this candidate, circle your recommended grade.

High Pass

Pass

Borderline Pass

Borderline Fail

Fail

Strong Fail

Examiner _____ **D.O.**

Examiner Signature _____ **D.O.**

CLINICAL EXAMINATION

POST OBSERVATION COMMENTS

Use this sheet to make notes, but your final comments need to be submitted in typewritten format on your office letterhead.

Examiner _____ **D.O.**

Examiner Signature _____ **D.O.**

EVALUATION

Dear Examiner,

In an ongoing effort to improve the quality and effectiveness of our evaluation process, we would greatly appreciate your input. Please take a moment and give us your insight on the following issues. Please circle your opinion.

Question	Strongly Agree		Agree		Strongly Disagree
1. Records were well organized.	5	4	3	2	1
2. Examinee was well prepared.	5	4	3	2	1
3. Your instructions from the AOBOS as to how to conduct the exam were clear.	5	4	3	2	1
4. Reviewing charts is necessary.	5	4	3	2	1
5. X-ray review is more important than chart review.	5	4	3	2	1
6. Reviewing 20 cases is adequate.	5	4	3	2	1
7. Observing surgery is necessary.	5	4	3	2	1
8. Part III in general is necessary.	5	4	3	2	1

COMMENTS: (General opinions, criticisms, recommendations)

Reimbursement Form

American Osteopathic Board of Orthopedic Surgery

Please Submit to: AOBOS
800 Military Street, Suite 307
Port Huron, MI 48060

Phone: (877) 982-6267
Fax: (810) 984-2530

Attach Receipts to This Form

Name _____ AOA# _____

Address _____

City _____ State ____ Zip _____ Phone _____

Expenses incurred for:

- Clinical Examinations (Candidate's Name & Date) _____
- Test Committee Meeting _____
- Test Committee Workshop _____
- Standard Setting Committee _____
- Hand CAQ Meeting _____
- Hand CAQ Workshop _____
- Recertification Committee Meeting _____
- Recertification Committee Workshop _____
- Other (Explain) _____

Expenses:

Lodging	_____	Postage/Shipping	_____
Meals	_____	Supplies	_____
Airfare	_____	Copying	_____
Transportation	_____	Other (Explain)	_____
Rental Car	_____		
Personal Car - (enter miles)	_____		
(calculated using IRS guidelines - at 55.5 cents/mile for 2012; 56.5 cents/mile for 2013)	_____	**Total Expenses**	_____

Signature _____ Date _____

COMPLETION OF THE CLINICAL EXAMINATION

A. Exit Interview

The senior examiner has the option of conferring with the junior examiner and the candidate once the examination is completed. If the examiners feel it would be beneficial to review certain areas of the exam, this is the opportunity to do so. However, the examiners are reminded that this examination is conducted on behalf of the American Osteopathic Board of Orthopedic Surgery and the final grade is determined by the Board **AFTER** Board review of the information provided by the examiners. The examiners should refrain from, and the candidates should not expect, any opinion regarding the final grading of the examination.

NO SCORES are to be released to the candidate!

B. Submit the Paperwork

Be sure to include:

1. **Individual Chart Survey Evaluation Forms**
2. **Surgical Observation Evaluation Forms**
3. **Recommended Grade Sheet**
4. **Dictation on Office Letterhead, explaining any significant deficiencies**
5. **Examiner Questionnaire**
6. **Expense Report**

Return receipt requested to: AOBOS
800 Military St.
Suite 307
Port Huron, MI 48060

Fax: (810) 984-2530
Toll Free: (877) 982-6267

The Board may contact the examiners following their review of the examination.

Thank you for taking the time to assist the Board! We ask that you contact us with any questions or comments regarding the examination.