

HANDBOOK FOR EXAMINERS FOR BOARD CERTIFICATION



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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 5:00 pm. Breakfast will be provided for the examiners starting at 7:00 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.

The examinees will be asked to place their name on the score sheet. Scoring is done on a 10 point scale in increments of 0.5. 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 with a predetermined point scale. 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

(Please read as things may have changed.)

1. Promptness

The orientation process is critical to the success of this exam, so we need you on time. Please arrive no later than 6:45 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. 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)

5. 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 provide ID labels that need to be placed 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.

6. Scoring the Exam

Each question/table will have two examiners. Each examiner should determine their score INDEPENDENTLY. Please sign your name on the bottom of the 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 score sheet will be divided into several sections which correspond to the exam question. Please mark down your score for each section including 0's, as it's difficult to tell if the candidate missed the question or if you forgot to score the point. You can give partial credit in ½ point increments but please try to score in the values listed and don't score in 1/4 or 1/3 points. The Board will total up your score. Once again, this is done independently by TWO examiners for each question.

As a question progresses, the candidate may be given information that would allow them to figure out the answers to a previous section that they had gotten wrong. DO NOT go back and award points to questions that the candidate did not previously answer correctly.

ORAL EXAMINATION

ORAL EXAMINER INSTRUCTIONS (CONTINUED)

7. 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 few questions and still pass the exam. Some questions contain additional information that may be automatically presented to the candidate, or may be dependant 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.

8. 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.

9. 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)

10. 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

Determining a Pass/Fail score for the Part III Clinical Exam has often proven to be a difficult task for the examiner, due in large part to the subjective nature of making the final call.

Therefore, the AOBOS has developed a more objective scoring method. You are to carefully score multiple predetermined areas and simply add up the final score. The AOBOS determines the passing score.

Although you will be asked for your opinion of pass/fail, you will NOT have to make this final determination. The scoring system will do it for you.

The system is much like gymnastics. The candidates begin with a perfect score, and then get deductions for deficiencies. Too many deductions will result in a score lower than what the AOBOS determines is indicative of a level of excellence necessary to achieve Board Certification.

The Board has weighted different aspects of the exam to reflect their relative importance. The total exam will be worth 1,000 points, 600 from chart review and 400 from surgical observation.

The scoring will be derived from:

20 Chart Reviews/Senior Examiner (15 pts/chart)	=	300 Points
20 Chart Reviews/Junior Examiner (15 pts/chart)	=	300 Points
2 Surgical Observations/Senior (100 pts/surgery)	=	200 Points
2 Surgical Observations/Junior (100 pts/surgery)	=	200 Points
TOTAL		= 1,000 Points

Again, the candidate begins the exam with 1,000 points, and then receives deductions from chart review and surgical observation as indicated.

FINAL SCORE = 1,000 – deductions

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)

1. 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 AOA 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)

1. The senior examiner is sent the candidate's surgical log and mortality review report. From these documents, 20 charts are selected and the list is sent to the candidate. The senior examiner may consult with the junior examiner in selecting the 20 charts for review. See page 12 for guidelines in selecting charts for review.

Step #5. Exam Occurs (Candidate & Examiners)

1. The examiners review 20 cases for on site 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)

1. 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. Note that the medical record screens are no longer required as part of the clinical examination.
3. Choose 20 charts for the on site exam. The senior examiner may consult with the junior examiner in selecting the 20 charts for review. See page 12 for guidelines in selecting charts for review.
4. Schedule the exam, and coordinate with the candidate and junior examiner.
5. Send in the grade sheets, evaluation forms, the standard setting exercise and your dictation to the AOBOS. If there are significant problems with the exam, the AOBOS requests your *detailed comments* typewritten on your letterhead.

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 charts for review.
4. Send in the grade sheets, evaluation forms, the standard setting exercise and your dictation to the AOBOS. If there are significant problems with the exam, the AOBOS requests your *detailed comments* typewritten on your letterhead.

CLINICAL EXAMINATION

GUIDELINES FOR SELECTING CASES FOR CHART REVIEW

1. Select 20 charts that represent a broad inspection of the candidate's scope of practice. It is helpful to select a few additional records 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 records; however, if a large number of records are missing key documents it is at the discretion of the senior examiner as to how to proceed.
2. The selected records 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 candidates work.
4. Complicated cases should be reviewed to evaluate the candidate's management of complicated cases. On the other hand, it is inappropriate to select all 20 records from only complicated cases.
5. Do not review more than 20 records. At times examiners may want additional records to review to evaluate a perceived deficiency. The board asks that you meticulously document the concerns regarding those cases, but not review any additional records as this corrupts the scoring system and creates potential bias in the exam. Each candidate must undergo identical exam procedures. Consequently, don't review fewer than 20 charts.
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 should communicate these expectations to the candidate in the initial communications setting up the exam.
7. Both examiners review the same set of 20 charts and independently score the same records.
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.

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 charts 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 charts 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 charts being reviewed. (You are graded on pre-op, hospital care, operative care and post-op follow-up care in the office.)
- 6. All 20 charts 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

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 charts for review from the candidate's surgical log at least **4 weeks** prior to the examination.
See page 12 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 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 booklet and *must* include receipts. Air fare will be reimbursed for a coach rate ticket and the use of a personal car will be reimbursed at a rate of **55** 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 charts 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 1,000 point scoring system that utilizes deductions for problematic areas in your chart review and surgical observations. 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.

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 Candidates 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 Part III. 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 charts from the candidate's log and mortality review report.

The Senior and Junior Examiners are to grade the 20 charts together.

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

Remember, this is a DEDUCTION system. Only whole points may be used – no fractions.

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 candidate is deducted one point. In other words, a document co-signed by house staff is deducted the same amount as if it wasn't present at all!

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

Following Medicare guidelines:

An H&P should be performed no more than 7 days prior to admission or within 24 hours after admission. 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. Deductions are made for any deficiencies. Only whole points are to be used – no fractions please.

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.

Satisfactory 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.

If any of the above is deficient, a one (1) point deduction is given.

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.

Was the Surgery Indicated?

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

CLINICAL EXAMINATION

Surgery Performed Satisfactorily

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.

Satisfactory Follow-Up Care

This is a new area of review, beginning in 2005. We are now asking 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. The lack of this documentation results in a full two (2) point deduction.

Comments

Please use this area to explain deficiencies or problematic areas. If the problems are significant, it is recommended you submit your comments typewritten on your office letterhead.

In the case of an exam failure, it is critical the Board have this information.

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 charts 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 _____

	Satisfactory —————▶ Problematic					<u>Deductions</u>	
<i>Whole Points Only</i>							
Pre-operative Care & Evaluation	0		1		2	_____	
Satisfactory Chart Mechanics	0	1	2	3	4	5	_____
H & P/Orthopedic Consultation							
Consults, when indicated							
Progress Notes							
Operative Consent							
Operative Report							
Discharge Summary/Orthopedic Post-Op Instructions							
Was the Surgery, as Performed, Indicated?	0		1	2	3	_____	
Surgery Performed Satisfactorily	0		1	2	3	_____	
Satisfactory Follow Up Care	0		1		2	_____	
<u>Total Deductions (15 Possible)</u>						_____	

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) procedures 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

The following instruction is provided to give a better explanation of:

Pre Op Evaluation, #3; Appropriate workup, follows osteopathic principles.

In addition to the appropriate medical workup, the candidate also abides by osteopathic concepts emphasizing the following principles.

1. The human being is a dynamic unit of function.
2. The body possesses self-regulatory mechanisms which are self-healing in nature.
3. Structure and function are interrelated at all levels.
4. Rational treatment is based on these principles.

SURGICAL OBSERVATION FORM

*American Osteopathic Board of
Orthopedic Surgery*

Any category that does not apply, leave deductions blank.

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

Any category that does not apply, leave deductions blank.

Candidate _____ D.O.

Hospital _____

Medical Records Number _____ Patient's Initials _____

Examiner _____ D.O.

Whole Points Only	0 = Satisfactory	1 = Minor Problems	2 = Problematic
--------------------------	-------------------------	---------------------------	------------------------

I. PRE OP EVALUATION (5 Items, 2 Points Each) **Deductions**

1. Preparation	0	1	2	_____
2. Evidence of informed consent	0	1	2	_____
3. Appropriate work-up, follows osteopathic principles	0	1	2	_____
4. Appropriate radiology studies available	0	1	2	_____
5. Satisfactory chart mechanics	0	1	2	_____

PRE OP EVALUATION – DEDUCTION TOTAL

II. SURGICAL INDICATIONS (2 Items, 30 Points for Section) **Deductions**

Satisfactory → Problematic

1. Appropriate conservative treatment was rendered.	0	1	2	3	4	5	_____
2. The surgery performed was indicated.	0	5	10	15	20	25	_____

SURGICAL INDICATIONS – DEDUCTION TOTAL

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Any category that does not apply, leave deductions blank.

III. RELATIONSHIPS AND CONDUCT IN THE OR

Deductions

(2 Items, up to 5 Points Each)

<i>Whole Points Only</i>	Satisfactory → Problematic						
	0	1	2	3	4	5	_____
1. Professional communications: <ul style="list-style-type: none"> • Communicates with anesthesia, nursing and technicians • Effectively positions assistants for maximum efficiency 	0	1	2	3	4	5	_____
2. Professional conduct: <ul style="list-style-type: none"> • Adheres to aseptic procedures • Conducts procedure professionally and efficiently • Responds appropriately to problems 	0	1	2	3	4	5	_____

Justification for deduction:

OR RELATIONSHIPS/CONDUCT – DEDUCTIONS TOTAL

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Any category that does not apply, leave deductions blank.

IV. SURGICAL TECHNIQUE (50 POINTS)

Deductions

<i>Whole Points Only</i>	Satisfactory	→	Problematic				
1. Positions patient for maximum surgical exposure and checks to see all pressure points are protected.	0	1	2	3	4	5	_____
Comments: _____							

2. Selects proper incision.	0	1	2	3	4	5	_____
Comments: _____							

3. Achieves effective exposure with effective use of retractors and assistants.	0	1	2	3	4	5	_____
Comments: _____							

4. Recognizes pathology and performs proper procedure for pathology.	0	1	2	3	4	5	_____
Comments: _____							

5. Achieves satisfactory hemostasis, appropriate use of drains.	0	1	2	3	4	5	_____
Comments: _____							

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

Any category that does not apply, leave deductions blank.

IV. SURGICAL TECHNIQUE (CONTINUED)

Deductions

<i>Whole Points Only</i>

Satisfactory \longrightarrow Problematic

- | | | |
|--|-----------------------|-------|
| 6. Demonstrates awareness of team safety for electrical, mechanical, radiation exposure. Follows needle control precautions. | 0 1 2 3 4 5 | _____ |
| Comments: _____ | | |
| _____ | | |
| 7. Surgical technique is efficient and effective. Completes procedure in a reasonable time. | 0 1 2 3 4 5 | _____ |
| Comments: _____ | | |
| _____ | | |
| 8. Selects appropriate needle and suture. Demonstrates proper suture technique. | 0 1 2 3 4 5 | _____ |
| Comments: _____ | | |
| _____ | | |
| 9. Verifies sponge and needle counts. | 0 1 2 3 4 5 | _____ |
| Comments: _____ | | |
| _____ | | |
| 10. Selects appropriate dressings and/or splints. | 0 1 2 3 4 5 | _____ |
| Comments: _____ | | |
| _____ | | |

SURGICAL TECHNIQUE – DEDUCTION TOTAL (50 POINTS)

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SURGICAL OBSERVATION FORM

*American Osteopathic Board of
Orthopedic Surgery*

Any category that does not apply, leave deductions blank.

SUBTOTAL SUMMARY

PART I – PRE OP EVALUATION – DEDUCTIONS

PART II – SURGICAL INDICATIONS – DEDUCTIONS

PART III – OR RELATIONSHIPS/CONDUCT- DEDUCTIONS

PART IV – SURGICAL TECHNIQUE - DEDUCTIONS

TOTAL PROCEDURE 1 DEDUCTIONS

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

Candidate _____ D.O.

Hospital _____

Medical Records Number _____ Patient's Initials _____

Examiner _____ D.O.

<i>Whole Points Only</i>	0 = Satisfactory	1 = Minor Problems	2 = Problematic
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I. PRE OP EVALUATION (5 Items, 2 Points Each) Deductions

2. Preparation	0	1	2	_____
2. Evidence of informed consent	0	1	2	_____
3. Appropriate work-up, follows osteopathic principles	0	1	2	_____
4. Appropriate radiology studies available	0	1	2	_____
5. Satisfactory chart mechanics	0	1	2	_____

PRE OP EVALUATION – DEDUCTION TOTAL

II. SURGICAL INDICATIONS (2 Items, 30 Points for Section) Deductions

Satisfactory \longrightarrow Problematic

1. Appropriate conservative treatment was rendered.	0	1	2	3	4	5	_____
2. The surgery performed was indicated.	0	5	10	15	20	25	_____

SURGICAL INDICATIONS – DEDUCTION TOTAL

SURGICAL OBSERVATION FORM

American Osteopathic Board of Orthopedic Surgery

III. RELATIONSHIPS AND CONDUCT IN THE OR (2 Items, up to 5 Points Each)

Deductions

<i>Whole Points Only</i>	Satisfactory	→	Problematic				
1. Professional communications:	0	1	2	3	4	5	_____
<ul style="list-style-type: none"> • Communicates with anesthesia, nursing and technicians • Effectively positions assistants for maximum efficiency 							
2. Professional conduct:	0	1	2	3	4	5	_____
<ul style="list-style-type: none"> • Adheres to aseptic procedures • Conducts procedure professionally and efficiently • Responds appropriately to problems 							

Justification for deduction:

OR RELATIONSHIPS/CONDUCT – DEDUCTIONS TOTAL

SURGICAL OBSERVATION FORM

*American Osteopathic Board of
Orthopedic Surgery*

IV. SURGICAL TECHNIQUE (50 POINTS)

Deductions

<i>Whole Points Only</i>

Satisfactory



Problematic

- | | | | | | | | |
|---|---|---|---|---|---|---|-------|
| 1. Positions patient for maximum surgical exposure and checks to see all pressure points are protected. | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| Comments: _____ | | | | | | | |
| _____ | | | | | | | |
| 2. Selects proper incision. | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| Comments: _____ | | | | | | | |
| _____ | | | | | | | |
| 3. Achieves effective exposure with effective use of retractors and assistants. | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| Comments: _____ | | | | | | | |
| _____ | | | | | | | |
| 4. Recognizes pathology and performs proper procedure for pathology. | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| Comments: _____ | | | | | | | |
| _____ | | | | | | | |
| 5. Achieves satisfactory hemostasis, appropriate use of drains. | 0 | 1 | 2 | 3 | 4 | 5 | _____ |
| Comments: _____ | | | | | | | |
| _____ | | | | | | | |

SURGICAL OBSERVATION FORM

*American Osteopathic Board of
Orthopedic Surgery*

IV. SURGICAL TECHNIQUE (CONTINUED)

Deductions

<i>Whole Points Only</i>

Satisfactory → Problematic

6. Demonstrates awareness of team safety for electrical, mechanical, radiation exposure. Follows needle control precautions. 0 1 2 3 4 5 _____

Comments: _____

7. Surgical technique is efficient and effective. Completes procedure in a reasonable time. 0 1 2 3 4 5 _____

Comments: _____

8. Selects appropriate needle and suture. Demonstrates proper suture technique. 0 1 2 3 4 5 _____

Comments: _____

9. Verifies sponge and needle counts. 0 1 2 3 4 5 _____

Comments: _____

10. Selects appropriate dressings and/or splints. 0 1 2 3 4 5 _____

Comments: _____

SURGICAL TECHNIQUE – DEDUCTION TOTAL (50 POINTS)

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SURGICAL OBSERVATION FORM

*American Osteopathic Board of
Orthopedic Surgery*

SUBTOTAL SUMMARY

PART I – PRE OP EVALUATION – DEDUCTIONS

PART II – SURGICAL INDICATIONS – DEDUCTIONS

PART III – OR RELATIONSHIPS/CONDUCT - DEDUCTIONS

PART IV – SURGICAL TECHNIQUE - DEDUCTIONS

TOTAL PROCEDURE 2 DEDUCTIONS

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.**

FINAL SCORE SUMMARY

Candidate Name: _____

Date: _____

I am the Senior / Junior (circle one) Examiner

Examiner Name: _____

Chart Deductions (20 Charts) _____

Surgery #1 Deductions: _____

Surgery #2 Deductions: _____

My Total Deductions: _____

My Intuitive Grade Recommendation is: _____

Signature: _____

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>Strongly Disagree</u>		
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 charts 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) | _____ | Total Expenses | _____ |
| (calculated at 55.0 cents/mile) | _____ | | |

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. The examiners are reminded, however, 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** their 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. Summary Score 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.