

American Osteopathic Board of Emergency Medicine

Part III Examination

Instructions to Candidates

The Part III examination of clinical emergency department records consists of the candidate providing the AOBEM with copies of de-identified (no patient personal identification) medical records (“cases”) of emergency patients managed by the candidate. The candidate must submit **two** sets of 20 cases to the Board (1 original and 1 duplicate). **Submission deadline dates for each grading cycle are March 31, June 30, September 30 and December 31.**

Each case submitted must include:

- Physician chart
- Physician orders
- Age and sex of patient
- Nurse’s notes
- Results of laboratory testing
- Ekg’s
- Official radiologist interpretations of imaging studies
- Discharge instructions
- Date of encounter

Failure to follow directions will delay the grading of your material and you may have to submit new cases. Cases which are incomplete will not be graded until all materials are submitted, thus delaying the certification process. If a case is not complete (missing EKG/nurses notes, etc, the entire case needs to be resubmitted, not just the EKG). Cases using professional scribes may be submitted – no medical students/residents/other emergency physicians may be involved in the case.

-Each complete set (2 binders total) must be securely bound to allow for easy review.

- Each complete set must be clearly indexed and tabbed to coincide with each section.

Candidates must have totally managed the care of the patient (no house-staff supervised charts).

In order to assure legibility, handwritten charts must be accompanied by verbatim typed transcripts of the physician’s record. NO new material may be added. The records must be identical to those submitted to medical records following time of service. The candidate should assure that all copies submitted are *clear* and *legible*. Charts which are handwritten will not be reviewed, and the candidate will be asked to submit additional charts, thus delaying the certification process.

Template charts must be accompanied by an explanatory key. All handwritten portions of the template chart needs to be accompanied by a verbatim typed transcript as outlined above.

Charts are reviewed based on the following criteria:

- **History**
- **Physical**
- **Testing**
- **Treatment**
- **Diagnosis**
- **Disposition / Discharge**
- **Overall**
- **Critical Errors**

Twenty (20) legible emergency department records are submitted for peer-review. These records must represent at least five (5) separate dates and not more than 12 months from the date of chart submission. These must be patients that have been treated personally by the candidate in the emergency department and should reflect your practice of emergency medicine. A copy of the patient emergency department record must accompany dictated charts. **At least 8 of the submitted charts must involve patients who were admitted** (an appropriate transfer to another institution shall be considered as an “admission”).

No more than 2 charts will be accepted from any one of the following categories, and no charts with the same diagnosis and/or procedure may be submitted:

- a) Abdominal and Gastrointestinal Disorders
- b) Cardiovascular Disorders
- c) Cutaneous Disorders
- d) Endocrine, Metabolic and Nutritional Disorders
- e) Environmental Disorders
- f) Head, Ear, Eye, Nose, Throat Disorders
- g) Hematologic Disorders/Immune System Disorders
- h) Systemic Infectious Disorders
- I) Musculoskeletal Disorders (Non-traumatic)
- j) Nervous System Disorders
- k) Obstetrics and Disorders of Pregnancy/Gynecology
- l) Pediatric Disorders
- m) Psychobehavioral Disorders
- n) Renal Disorders/Urogenital Disorders
- o) Thoracic/Respiratory Disorders
- p) Toxicology and Clinical Pharmacology
- q) Traumatic Disorders
- r) Administrative Aspects of Emergency Medicine
- s) Disaster Medicine
- t) Procedures/Skills

Each chart must be labeled as to category and disposition, for example:
“ABD / GI - Admit” “ABD / GI - Discharge”

-Should a candidate have any questions about the categorization, a copy of the entire Table of Specificity is available upon request from the AOBEM office and on the AOBEM website.

Clear, concise and complete documentation of all information and data such as History, Physical, EKG, Lab, X-Ray, results of treatments which support the diagnosis and treatment of Emergency Department patients can not be over emphasized.

Part 3 Incomplete Chart Policy

If a chart is deemed incomplete (i.e., does not include x-rays, nurses notes, labs etc), the candidate will be informed which case is incomplete. The candidate will have 90 days to send the completed case. The ENTIRE CASE must be re-submitted, NOT just the missing element. If the case or cases are not submitted in 90 days, then the whole Part 3 submission will be graded as incomplete. The candidate will then need to submit an entirely new and complete Part 3 AND pay the \$650 fee again, in order to have the Part 3 graded.

In addition to the 20 cases the following items must be submitted:

1. A copy of the emergency department attending physician schedule for the previous six (6) calendar months, for emergency department(s) attended by you. Please include a copy in each set.
2. A letter from your hospital (s) Medical Staff Office verifying current (full) privileges at your institution(s) in Emergency Medicine and that you are member in good standing at your institution. Verification must be on official hospital stationery. Please include a copy in each set.
3. A copy of your current AOA CME activity report and additional CME activity not on the AOA report. Please include a copy in each set. The CME requirement must be submitted as 50 hours of Emergency Medicine CME for every full year following completion of residency. For example if a candidate finishes residency in June 2009, and submits the Part III examination materials for the July 2010, the candidate will be required to have 50 hours of Emergency Medicine CME; if submits the Part III examination materials December 2011, the candidate will be required to have 100 hours of Emergency Medicine CME; if less than one year in practice, CME activity will not be required. Please refer to the included document for AOBEM definition of Emergency Medicine CME.
4. A copy of your current license to practice medicine in the state in which you are submitting charts. Please include a copy in each set.
5. \$650.00 fee. Make the check payable to AOBEM or pay online:
<https://certification.osteopathic.org/emergency-medicine/all-exams/>.

PART III CHECKLIST

- 20 Charts. 8 of the 20 charts must be admitted or transferred.
- Schedules from the previous 6 months.
- Charts – Doctor’s Notes (all areas that are handwritten must be typed). Nurses notes, EKG, lab, X-ray report and discharge instructions.
- Charts must be de-identified (no birth date, social security number, patient name, no medical records number).
- Hospital medical staff letter
- Current medical license
- AOA CME Report (50 hours related to emergency medicine / every 12 months)
- \$650.00 fee

Your Part III materials should be mailed to:

**AOBEM
142 E. Ontario Street
4th Floor
Chicago, IL 60611**

AOBEM/ Definition of Emergency Medicine CME

1. Osteopathic or Allopathic CME programs in the specialty of Emergency Medicine
2. State Osteopathic CME programs
3. Osteopathic or Allopathic medical teaching in the specialty of Emergency Medicine
4. Standardized life support courses
5. Osteopathic Manipulative Medicine CME programs
6. Bioterrorism and/or disaster medicine courses/CME
- *7. Home study/Journal reading/Online CME in the specialty of Emergency Medicine
8. Faculty development programs in the specialty of Emergency Medicine
9. Emergency Medical Services courses/CME
10. Risk Management courses/CME in the specialty of Emergency Medicine
11. Osteopathic or Allopathic CME programs not within the specialty of Emergency Medicine may be submitted with course content/lectures for possible full or partial credit hours at the discretion of AOBEM.

* Limited to 50% of required hours



Statement to Hospitals for release of Part III materials

In order to achieve board certification from the American Osteopathic Board of Emergency Medicine (AOBEM), a candidate must take and pass three separate examinations (written, oral, and clinical). The third and final portion of the certification process (clinical competency) requires documentation of work in an emergency department, continuing medical education, and actual patient case encounter reviews. The candidate for board certification must submit 20 patient charts for review in order to demonstrate his/her clinical competency in Emergency Medicine.

The candidate is required to have all patient and hospital identification removed (including name, birth date, medical record numbers, and hospital name). Any charts that do not comply are returned to the candidate. The charts are then evaluated by an AOBEM examiner. After completion of the chart review, all charts are shredded and destroyed.