

HANDBOOK FOR CANDIDATES FOR BOARD CERTIFICATION



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This edition of the Handbook for Candidates for Board Certification (circa 12/98) supersedes all previous publications of this Handbook.

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Printed in the United States of America

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INTRODUCTION

The American Osteopathic Board of Orthopedic Surgery (AOBOS) recognizes that you are completing your training in Orthopedic Surgery. The information in the enclosed booklet will assist you in proceeding through the Board certification process. Board certification in Orthopedic Surgery is administered by the American Osteopathic Board of Orthopedic Surgery for the American Osteopathic Association (AOA). It requires successful completion of a written examination, and a clinical review with oral defense. The clinical review with oral defense consists of a chart review, oral defense of cases, and observation of surgical cases.

Prior to May 16, 2018, the AOBOS certification process consisted of three Parts: the Part I Written, Part II Oral and Part III Clinical. The Part II Oral was given for the last time October 11, 2017. The AOBOS has revised its certification process into a two part process consisting of the Part I Written and Part II Clinical which includes and Oral Defense. The first administration of the new Part II Clinical will be the 2019/2020 winter cycle.

The American Osteopathic Board of Orthopedic Surgery was established in 1979 and exists primarily for the purpose of assisting newly trained orthopedic surgeons in the certification process. The purpose of the certification examination is to provide the public with a dependable mechanism to identify physicians who have met a standard to assure excellence in the field of orthopedic surgery.

Certification is valid for a ten-year period of time beginning with certificates issued on or after January 1, 1994. You will be required to complete an OCC Cycle examination every ten (10) years thereafter. This OCC Cycle examination will be developed and administered by the AOBOS.

All the information necessary to complete the board certification process is included in this handbook. Please read it carefully.

REQUIREMENTS FOR BOARD CERTIFICATION

*American
Osteopathic Board of
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To be eligible for certification in Orthopedic Surgery by the American Osteopathic Association (upon recommendation by the American Osteopathic Board of Orthopedic Surgery), the applicant must meet the following minimum requirements:

- Be a graduate of an AOA accredited college of osteopathic medicine.
- Hold an unrestricted license to practice in the state or territory where his/her practice is conducted. An applicant for initial certification holding a restricted license may petition the AOBOS for the ability to enter the certification process based upon review of the reason for licensure restriction.
- Be able to show evidence of conformity to the standards set in the Code of Ethics of the American Osteopathic Association.
- Five (5) years of AOA or ACGME approved training in orthopedic surgery are required.
- The applicant must provide documentary evidence that he/she has performed a minimum of 200 major orthopedic procedures of his/her own responsibility over a minimum period 12 consecutive months and at most 24 consecutive months.
- The applicant must practice within the specialty of orthopedics for a period of at least 12 consecutive months subsequent to the required five years of approved training. Practice within orthopedics shall be defined as:

The practice of osteopathic medicine and surgery in orthopedics, as defined in the Bylaws of the Board, seventy-five percent (75%) of the time and submit an affidavit attesting to the nature of his/her practice.

- Following satisfactory compliance with the prescribed requirements for the examination, the applicant shall be required to pass the Written, and Clinical Exams to evaluate an understanding of the scientific basis of the problems involved in orthopedic surgery; familiarity with the current advances in orthopedics; and possession of sound judgment, and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of orthopedic surgery.

REQUIREMENTS FOR BOARD CERTIFICATION

continued

- Examination shall be conducted and required as follows:
 1. Written examination may be taken upon completion of all requirements of the American Osteopathic Academy of Orthopedics, AOA, or ACGME for an approved training program in orthopedic surgery. This may be in the fifth year of training if the candidate is projected to be training complete at the end of the fifth year.
 2. Clinical examination may be taken upon successful completion of the written examination and after 12 consecutive months of orthopedic practice and submission of a log of all surgical procedures with a minimum of two hundred (200) major procedures from a single geographic location. The candidate's surgical log must span a minimum 12 months collection period and all major cases within that timeframe must be included. If that amounts to more than 200 cases, all cases must be included. If the candidate fails to reach 200 cases in 12 months, collection may continue up to 24 months.
- The official date of certification shall be when the AOBOS notifies the candidate that he/she has successfully passed all examinations and is being recommended to the AOA for certification. Formal action by the Bureau of Osteopathic Specialists of the AOA is required to complete the process and the candidate may not claim certification until notified of this action in an official letter from the AOA.
- Certification is valid for a ten-year period of time beginning with certificates issued on or after January 1, 1994. You will be required to participate in all components of Osteopathic Continuous Certification (OCC) to maintain your certification.

APPEAL POLICY

*American
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The American Osteopathic Board of Orthopedic Surgery (AOBOS) is committed to assuring that aggrieved candidates for certification have access to an appeal process concerning the administration of any AOBOS examination.

The AOBOS will allow a candidate to appeal an examination if the candidate feels the actions of the AOBOS, with regard to any part of the examination, constitute unequal application of the regulations and requirements or standards; unwarranted discrimination, prejudice or unfairness; or improper conduct of the examination.

The AOBOS will not consider appeals based on the content of an examination, the sufficiency or accuracy of answers, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score. However, to ensure that the computer generated scoring is accurate, ‘hand re-scoring’ is available for the review of recorded answers. There is a small supplemental fee for the hand re-scoring option.

Please note that limitations of your hospital’s Electronic Medical Record (EMR) system are not a basis for appeal.

The AOBOS has a formal appeal policy available on our website, www.aobos.org. Please read the posted Appeals Policy for full details of the AOBOS appeal process.

BOARD ELIGIBILITY

*American
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Board Eligibility is necessary to participate in the AOBOS certification process. The only exception is the Written Exam, when it is taken in the fifth year of Osteopathic Orthopedic Residency.

Board Eligibility is automatic. Board Eligibility begins after the successful completion of your Osteopathic Orthopedic Residency and confirmation of ‘Training Complete’ status by the American Osteopathic Academy of Orthopedics (AOAO).

You shall be considered as board eligible for a period of six (6) years after the completion of your residency. Regardless of when you begin practicing, your board eligibility will expire at the end of the sixth year following the completion of your residency program. For example, if the date you completed your residency was 6/30/2019, your board eligibility would expire 12/31/2025.

TERMINATION OF BOARD ELIGIBILITY

*American
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Orthopedic Surgery*

All candidates initiating the certification process after July 1, 2009 (candidates not having completed the Part I Written examination by 2009), must comply with the new Board Eligibility and certification requirements listed below, as stated in the [BOS Handbook](#):

1. Board eligibility status will automatically be terminated and so recorded by the AOA and the appropriate specialty certifying board:
 - a. At the end of the board eligibility time frame, or
 - b. Following resolution of an appeal, or
 - c. Upon award of certification.
 2. In view of a candidate's right to appeal the results of a failed examination, if board eligibility would have terminated as a result of lapse of the six (6) year time frame, the designation of board eligible will not terminate until the appeal has been resolved.
 3. Candidates may not use the designation of board eligible at any time after the termination of board eligibility.
- .

RE-ENTRY INTO THE CERTIFICATION PROCESS

*American
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For candidates initiating the certification process after July 1, 2009 (candidates not having completed the Part I Written examination by 2009), the following reentry into the certification process applies, as stated in the [BOS Handbook](#):

First Re-Entry Process

1. Candidates must petition the specialty certifying board for entry into the certification process.
2. Upon acceptance by the specialty certifying board, the candidate must follow the process below:
 - a. The candidate must start at the beginning of the certification process. Prior activity toward certification will not be recognized in the first re-entry process.
 - b. Candidates must participate in the first available administration of the exam.
 - c. The candidate will have two (2) attempts to pass each step of the examination process.
 - d. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
 - e. Candidates who were not successful in becoming certified at the end of the first re-entry pathway process may pursue certification only by petitioning the certifying board for entry into the final pathway process.

Final Pathway

1. Candidates must petition the specialty certifying board for entry into the final pathway process.
2. The specialty certifying board is required to establish criteria that must be met prior to granting entry into the final pathway process.
 - a. These criteria must be approved by the Standards Review Committee (SRC) of the BOS.
 - b. Upon notification of the criteria, the candidate must display efforts to conform and satisfy the requirements without delay.
3. Upon completion of the requirements, the candidate must follow the pathway outlined below. Prior activity toward certification will not be recognized in the final pathway process.
 - a. Candidates must enter at the beginning of the board's certification process.
 - b. Candidates must participate in the first available administration of the exam.
 - c. The candidate will have two (2) attempts to pass each step of the examination process.
 - d. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
4. Candidates who were not successful in becoming certified at the end of the final pathway have no further opportunity to become certified in the specialty or subspecialty.

APPLICATION FOR WRITTEN EXAMINATION

*American
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Orthopedic
Surgery*

Apply online via the AOBOS website, www.aobos.org :

This link will take you directly to the application page -
<https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340>




American Osteopathic Board of Orthopedic Surgery (AOBOS)

To apply for an exam:

- Click on the desired exam or fee below.
- If not already logged in, Click the "Log In" button to login in using your AOA username and password. First time logging in or forgot password? [Click Here](#) for information on how to retrieve your log-in or password.
- Click the "Download Application" (if applicable).
- Once you have completed the application, locate the exam in the schedule below and click the "Upload/View Documents" button. You will be directed to a page to submit your application and any required supporting documents
- Click "Make Payment" to pay for any applicable fees.

Please contact the board: AOBOS@osteopathic.org with any questions or concerns.

 AOBOS Exam Schedules

Application Requirements:

- Examination fee of **\$1,650.00**.
- The examination fee is Non-Refundable. No cancellations will be accepted once the application has been submitted.

DEADLINE FOR APPLICATION IS JANUARY 15TH

NOTE: The exam will be administered by computer. Prometric®, part of the Thomson Corporation, provides scheduling and test centers for the exam. You will receive additional information regarding instructions on scheduling your exam appointment after your application has been accepted.

INSTRUCTIONS FOR WRITTEN EXAMINATION

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The AOBOS administers the Written examination via Computer Based Testing (CBT), which allows the candidate improved flexibility with test locations geographically closer to home.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

How much does the exam cost?

The Part I Written examination fee is \$1,650.

When are candidates eligible to take the exam?

Candidates are eligible as graduating 5th year residents or once in practice.

What about candidates with disabilities?

Candidates with documented disabilities must request specific accommodations 90 days prior to the time of their application to take the exam. The AOBOS will work with the candidate to provide accommodations that are appropriate to the disability. Prometric® Testing Centers are all accessible to candidates in wheelchairs.

May I cancel my application?

Fees cannot be refunded after January 15th application deadline. The AOBOS will refund 90% of the application fee, if cancellation is received 30 days before the application deadline (by December 15th).

How do I schedule an appointment to take the exam at a specific testing center?

Following the acceptance of your application and after the application has closed you will receive an email with instructions on accessing your Prometric Scheduling Permit. You will receive these instructions approximately 10 weeks before the exam date. Your Scheduling Permit will contain instructions for scheduling your exam at a Prometric® Testing Center. You should contact Prometric as soon as you receive the permit. Prometric schedules on a first-come, first-served basis. The sooner you schedule your appointment, the more likely you will receive your preferred location.

INSTRUCTIONS FOR WRITTEN EXAMINATION

continued

What does the exam entail? / What will the exam cover?

The examination is a two hundred fifty (250) question multiple-choice examination.

Where is the exam given?

Computer-based delivery of the exam is provided by Prometric®, a part of the Thomson Corporation. There are more than 300 Prometric Testing Centers in North America at this time. The current testing center locations are available on the Prometric website at www.prometric.com.

Will I be notified of the test center location and appointment time?

When you contact Prometric to schedule your appointment, you will be required to provide information found only on your Scheduling Permit. Prometric will provide you with the confirmed test day and time; the address and telephone number of the Prometric Test Center where you will test; and your Prometric Confirmation Number.

What are the testing centers like?

Prometric testing centers typically consist of an office area with 7 to 15 computer testing stations. Prometric staff members will be on hand to check in candidates and supervise the testing session. When you arrive at the test center, your required identification will be checked, you will sign in on the test center log and your photograph will be taken. Also, all testing sessions are monitored by video camera. Prometric administers a variety of educational, certification, and licensure tests; therefore, you may be at a testing center along with candidates taking other computer-based tests.

What do I need to be admitted to the test center?

You should arrive at the Prometric Test Center 30 minutes before your scheduled testing time on the exam date. If you arrive late, you may not be admitted. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. On arrival, you are required to sign in on the test center log and to present your Scheduling Permit plus one form of unexpired, government-issued identification (such as driver's license or passport) that includes **both** your photograph and signature, after which, a digital photograph will be taken. If it contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as an employee identification card or credit card, to supplement your photo-bearing, government-issued identification. If you do not bring your Scheduling Permit and acceptable identification, you will not be admitted to the test.

The first and last names on our identification **MUST EXACTLY MATCH** the names on your permit. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other. If your name is misspelled or differs from your name as it appears on your identification, contact the AOBOS immediately. **Name changes or corrections cannot be made within 7 business days of the exam date.**

All of your personal belongings (including watches, cell phones, pagers and wallets), food and beverages must be placed in a small, designated locker outside the testing room. Pagers and cell phones must be turned off before placing them in the locker.

INSTRUCTIONS FOR WRITTEN EXAMINATION

continued

How long will a test session last and what does it include?

The 6.5-hour test session includes:

- An optional on-line tutorial (1 to 30 minutes);
- An 84-item section (up to 110 minutes);
- An optional break (0 to 15 minutes);
- An 83-item section (up to 110 minutes);
- An optional break (0 to 15 minutes);
- An 83-item section (up to 110 minutes); and
- An on-line post-test survey (no additional time scheduled).

The maximum total testing time will be 330 minutes and the maximum total administrative time for the tutorial, break, and survey will be 60 minutes.

Time not used for the first 84-item section will **NOT** be available for the second 83-item section. Time not used for the first or second item sections will **NOT** be available for the third 83-item section. Time not used for the tutorial or break will **NOT** be available for answering items.

Candidates will be free to leave as soon as they finish the test.

Candidates will be allowed to leave the test center during the test breaks and are not to discuss any test items with other candidates. If candidates take any test breaks, they must return to the workstation in about 10 minutes to ensure that they initiate the next section of the test before the test clock starts running. Otherwise, they will have fewer than 110 minutes for the next section.

Will there be a tutorial available before the test administration date?

Yes. A brief tutorial is available on the AOBOS website, <http://orientation.nbme.org/Launch/AOBOS>. All examinees will have the option to view the tutorial again at the test center at the beginning of the test session.

What kind of computer skills will the exam require?

The exam will use a simple, proven computer interface that will require only routine mouse, key, or cursor movements. Each item can be answered two ways:

Move the mouse to the option bubble, left click the mouse, and depress the **Enter** key (or click on the **Next** button at the bottom of the screen), or

Press one of five letter keys (A, B, C, D, or E) and then depress the **Enter** key (or click on the **Next** button at the bottom of the screen).

Please make sure that the bubble has been filled in before pressing **Enter** or clicking on the **Next** key. Otherwise, your response will not be recorded.

If you accidentally proceed too quickly to the next item, it will be easy to return to the previous item to review, mark for review, or change your answer.

INSTRUCTIONS FOR WRITTEN EXAMINATION

continued

Will each candidate get a different length test?

No. Each examination will include 250 items. Adaptive examinations can vary in length, but the AOBOS exam will use fixed-length forms and will not be adaptive.

Does the computer-based format affect examinee performance?

Studies have shown that a change from a paper and pencil test to a computer-administered test has no significant effect on candidate performance and that most candidates prefer the computer version. Any initial anxiety usually dissipates after answering the practice items in the tutorial section <http://orientation.nbme.org/Launch/AOBOS>.

Will the examination scores be reported on site?

No. The examination will be scored after the administration date. Candidates should expect to receive their scores approximately 8-10 weeks after taking the exam.

How will scores be reported?

Notification will come from the AOBOS. Scores will also be posted online through the same portal used to apply for the exam.

What will the passing score be?

The AOBOS will determine the minimum passing score.

INSTRUCTIONS FOR WRITTEN EXAMINATION

continued

Irregular Behavior

Irregular behavior is defined by the Board as any behavior that undermines the application, assessment, or certification processes of the Board or that threatens the integrity of the certification process. Anyone having information or evidence that suspected irregular behavior has occurred should submit a written, signed statement to the Board providing a detailed description of the incident and/or circumstances and copies of any supporting documentation and evidence. Insofar as possible, such reports will be handled confidentially; however, the Board will not investigate and/or act on unsigned or verbal reports. Irregular behavior may occur prior to, during, and/or following examination application and administration. Such behavior may include, but is not limited to, the following:

- seeking and/or obtaining access to examination materials prior to the examination
- falsifying information on application or registration forms
- impersonating a candidate or engaging another individual to take the examination by proxy (copying, giving, or receiving unauthorized information or assistance of any kind during the examination)
- copying answers from another candidate or allowing answers to be copied
- making notes of any kind during an examination except on the laminated note boards provided at the test center
- memorizing and reproducing test questions and/or copyrighted information
- altering or misrepresenting scores
- failure to adhere to Prometric Test Center regulations
- possessing unauthorized materials during an examination administration (e.g., watches, recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials)
- other behavior that threatens the integrity of the exam
- causing a disturbance of any kind
- leaving the test center while the test section is open
- removing or attempting to remove erasable note board from the testing room
- tampering with the operation of the computer or attempting to use it for any function other than taking the examination

Looking in the direction of the computer monitor of another candidate during the examination may be construed as evidence of copying or attempting to copy, and a report of such behavior may result in a determination of irregular behavior.

APPLICATION FOR CLINICAL EXAMINATION

*American
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The Clinical Examination is conducted at your practice hospital(s) usually during a month between June and September for summer cycle exams or between December and March for winter cycle exams. Specific time and place will be determined by you and the senior examiner.

Apply online via the AOBOS website, www.aobos.org

This link will take you directly to the application page -

<https://cf.osteopathic.org/cbms/applicants/index.cfm?board=118340>




American Osteopathic Board of Orthopedic Surgery (AOBOS)

To apply for an exam:

- Click on the desired exam or fee below.
- If not already logged in, Click the "Log In" button to login in using your AOA username and password. First time logging in or forgot password? [Click Here](#) for information on how to retrieve your log-in or password.
- Click the "Download Application" (if applicable).
- Once you have completed the application, locate the exam in the schedule below and click the "Upload/View Documents" button. You will be directed to a page to submit your application and any required supporting documents
- Click "Make Payment" to pay for any applicable fees.

Please contact the board: AOBOS@osteopathic.org with any questions or concerns.

 AOBOS Exam Schedules

Supplemental Application Materials (can be submitted online through the application portal):

1. Examination fee of **\$3,250.00**. If not accepted for examination, the Board will return 90% of the fee.
2. **Surgical Case Log**. Logs shall include all major cases performed for a minimum of (12) twelve consecutive months since entering orthopedic practice. To be accepted, **NO LESS THAN 200 MAJOR CASES** must be documented. All surgical logs are subject to audit.
3. A completed **Hospital Location Sheet**.
4. A copy of your unrestricted state license.
5. Mortality Review Summary Report if applicable. See page 25 for instructions.
6. Copy of Fellowship Certificate, if a fellowship was completed.
7. Photo. This can be a simple selfie, it is merely to aid in the avoidance of examiner conflict of interest.

Surgical Case logs must reflect cases performed by the applicant and are not first assists or the work product of any other person. Current practice is required to be greater than 75% orthopedic medicine and surgery.

DEADLINES for application: Feb. 15th for summer cycle exams

Aug. 15th for winter cycle exams

PREPARATION OF LOGS: CLINICAL EXAMINATION

*American
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PLEASE NOTE:

Information in this handbook regarding the clinical exam is for the **NEW** clinical exam format. If you have successfully completed the Part II Oral exam, please see the [Part III Clinical Exam Handbook \(Historical Format\)](#).

I. SUBMISSION OF SURGICAL LOGS

You must count all patient contacts from the time you begin your log until the ending date prior to submission. A patient contact is any treatment provided in the Hospital, Out Patient Surgery Facility, Office or any other institution. Any patient that falls into one of the listed categories must be recorded and documented in your surgical logs. Routine office visits and non-surgical patient consults and treatments do not need to be recorded. ALL other patient contacts for major surgery, fall into one of the categories and therefore will be listed in your logs.

Mortalities are to be listed both in the category of primary treatment and under Category I (Mortalities). **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 and be submitted as part of the documentation necessary for the Clinical Exam application. (See Mortality Review on page 25.)

The Surgical Log must cover a minimum of 12 consecutive months of orthopedic practice with a minimum of two hundred (200) major procedures from a single geographic location. **This is a minimum number of cases and should be exceeded in all but rare instances.** All major cases within that timeframe must be included. If that amounts to more than 200 cases, all cases must be included. If the candidate fails to reach 200 cases in 12 months, collection may continue up to 24 months.

These should be the most recent months just prior to your application for the exam (ending within six months of the application deadline). The 200 case requirement must be from a single geographic location. Any variations to the single geographic location requirement must be formally requested and approved by the AOBOS Board. Locum Tenens positions qualify if the surgical cases meet the single geographic location requirement.

All cases must be recorded during the time period. It is not appropriate to omit or exclude from the count any MAJOR case during this time period.

All surgical logs are subject to audit. If a candidate's surgical log is selected for audit, the AOBOS will require the hospital(s) surgical record for the candidate's recording period before their surgical log will be approved.

II. MAJOR VS. MINOR CASES

The AOBOS uses the criteria established in the RBRVS, *Resource Based Relative Value Scale* (the physician payment schedule for Medicare) for what constitutes major vs. minor cases. Use the RBRVS (*Resource Based Relative Value Scale*) to look up the code in question. If it has a

90 day follow-up, the case is considered major. If it has a 0-10 day follow-up, the case is considered minor.

LOG PREPARATION FOR CLINICAL EXAMINATION

continued

If you do not have access to the RBRVS code book, you can access the Medicare website <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html> to use the Physician Fee Schedule Look-Up Tool.

III. CASES VS. PROCEDURES

The log is intended to report “cases”, not necessarily procedures. A “case” is a patient contact or encounter, for which multiple surgeries or procedures may have been performed. You must choose the primary procedure you want to include in your log and submit it in the appropriate category. The other procedures from that “case” can be optionally listed with the primary procedure, to indicate other work was done, but only the primary procedure is tallied in the category.

For example, you might have repaired flexor tendons and digital nerves at the same setting, accounting for multiple “procedures”. However, you must choose which procedure you want to log, i.e. either flexor tendon repair or digital nerve repair, and cannot list them separately.

The medical record number should be recorded in the **Case #** field of the Surgical Log.

IV. PI – (PATIENT INITIALS)

The PI column on the Surgical Log template should be used for the patient’s initials.

V. COMPLICATIONS AND OUTCOME

The Complications and Outcome column on the Surgical Log template should be used to record surgical complications and the outcome of those complications.

Listed below are examples of complications that may occur after surgery. Complications may include but are not limited to this list.

- Infection
- DVT
- Neurovascular compromise
- Wound dehiscence
- Malunion/non-union
- Morbidity
- Mortality

LOG PREPARATION FOR CLINICAL EXAMINATION

continued

VI. CLINIC CASES

If you are practicing in a Residency Training Program where you supervise the clinic run by the residents who perform the procedures and manage care of patients from that clinic, you have the option of excluding these cases from your log. If you choose to include them, you will be held to the same standard of participation as expected in the rest of your cases including evidence that you clearly have supervised the management of these cases.

VIII. CHART DOCUMENTATION

As you prepare for your clinical examination, chart documentation remains an important part of the Chart Review portion of your exam. Twelve (12) charts from your surgical logs will be reviewed in detail. Poor chart mechanics will have a significant impact on this segment of your clinical examination. The following guidelines are provided to aid you in two of the chart mechanics areas.

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.

SUBSPECIALTY ORTHOPEDIC SURGEONS

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If your practice is predominantly in a subspecialty, e.g. spine, hand, pediatrics etc., you must keep in mind you are still being certified as an Orthopedic Surgeon. You must complete your logs in the standard manner. Depending on your specialty, many of the standard categories may have few or no cases. Just include the cases you have.

Whatever your subspecialty may be, the Board will make every attempt possible to arrange one of your examiners to have a similar subspecialty, provided you inform the Board of your subspecialty.

LOG PREPARATION FOR CLINICAL EXAMINATION


continued

Surgical Logs must be compiled using the Excel template found both on the AOBOS website (www.aobos.org) and within the application portal.

The first worksheet visible in the Excel file is the Log Summary Sheet, as displayed below. This is the required format for the submission of surgical cases. No independent format may be substituted. No alternate categories may be used.

Enter your name in cell B3 on this form and the beginning and ending dates for your surgical log entry in cell B5. When finished entering your surgical log data in the appropriate categories, enter the number of cases for each category in column B on this worksheet.

The screenshot shows the Excel 'Log Summary Sheet' template. The worksheet has columns A, B, and C. Row 1 is the title 'Log Summary Sheet'. Row 2 is blank. Row 3 is for 'Name (Enter in Column B)' with a yellow instruction box. Row 4 is blank. Row 5 is for 'Period (From To)' with a yellow instruction box. Row 6 is blank. Row 7 is the 'Category' header, with a note 'Surgical Cases Performed (Category Totals Entered Below)'. Rows 8-22 list 16 categories: A1. Arthroscopy - Knee, A2. Arthroscopy - Shoulder, A3. Arthroscopy - Other, B1. Total Joint Replacement-Hip, B2. Total Joint Replacement-Knee, B3. Total Joint Replacement-Other, C1. Spine Surgery-Cervical, C2. Spine Surgery-Lumbar, C3. Spine Surgery-Other, D1. Major Fractures-Hip, D2. Major Fractures-Ankle, D3. Major Fractures-Other, E. Amputations, F. Major Hand Surgeries, and G. Other Major Surgery. Row 23 is blank. Row 24 is 'TOTAL MAJOR SURGERIES (A1-G)' with a value of 0. Row 25 is blank. Row 26 is 'H. Minor Surgeries'. Row 27 is 'I. Mortalities (listed in addition to respective category change)'. Row 28 is blank. Row 29 is blank. At the bottom, the Excel tab bar shows 'Log Summary' as the active tab, followed by 'A1. Arthroscopy-Knee', 'A2. Arthroscopy-Shoulder', and 'A3. Arthroscopy-Ot'. Navigation icons are visible on the left and right of the tab bar.

At the bottom of the Excel Surgical log file, you will find tabs for each of the 16 categories available for your surgical logs. When you click on the tab, you will move to that category's log sheet. Use the navigation icons to see all of the tabs 

LOG PREPARATION FOR CLINICAL EXAMINATION

continued

A sample of the *A1. Arthroscopy – Knee* log is displayed below.

	A	B	C	D	E	F	G	H	I
1	A1. Arthroscopy-Knee							0	
2	list #	date	hospital	case #	P.I.	DOB	Diagnosis	Operative Procedure	Complications & Outcome
3	1								
4	2								
5	3								
6	4								
7	5								
8	6								
9	7								
10	8								
11	9								
12	10								
13	11								
14	12								
15	13								
16	14								
17	15								
18	etc								
19									
20									
21									
22									
23									
24									

Log Summary A1. Arthroscopy-Knee A2. Arthroscopy-Shoulder A3.Arthroscopy-Ot

Within each category, you must:

1. List the cases chronologically.
2. Number your cases 1 to x separately for EACH category. Do NOT simply number your entire log 1 to x.

A sample log for the category, A1. Arthroscopy – Knee, is listed on the following page.

Notice that laterality is indicated.

A1. Arthroscopy-Knee								
list #	date	hospital	case #	P.I.	DOB or Age	Diagnosis	Operative Procedure	Complications & Outcome
1	1/12/2014	LSC	12367890	DKM	22	Tear medial meniscus Left knee	Scope medial menisectomy left knee	
2	1/15/2014	LSC	12389012	SWQ	27	Tear medial meniscus Left knee	Scope medial menisectomy left knee	
3	1/17/2014	LSC	12390123	HTF	31	Tear lateral & medial meniscus Rt knee	Scope medial and lateral menisectomy rt knee	
4	1/17/2014	LSC	12391123	JKU	26	Tear medial meniscus and ACL left knee	Scope medial menisectomy left knee, ACL reconstruction B-T0B allograft	Example of a complication and outcome notation
5	1/19/2014	LSC	12400121	TAM	16	Chronic lateral tracking rt patella	Scope lateral retinacular release rt knee	
6	1/30/2014	LSC	12400245	EWS	18	Tear meidal meniscus Left knee	Scope medial menisectomy left knee	
7	2/2/2014	LSC	12400345	HGT	27	Tear right ACL	Scope hamstring tendon ACL reconstruction rt knee	
8	2/26/2014	LSC	12431189	FTR	65	Tear medial meniscus Left knee; djd MFC	Scope medial menisectomy left knee, chondroplasty medial femoral condyle	Post op DVT. Admitted for heparinization. Discharge in 3 days. Recovered uneventfully.
9	3/1/2014	LSC	12481190	DGJ	21	Bucket handle tear medial meniscus rt knee	Scope medial menisectomy rt knee	
10	3/4/2014	LSC	12500121	GBI	65	Tear medial and lateral meniscus rt knee	Scope medial/lateral menisectomy rt knee	
11	4/1/2014	ACH	290-090	ITD	67	Septic Arthritis left knee	Scope irrigation, synovectomy, insertion of inflow outflow drains left knee	
12	4/4/2014	ACH	290-290	ITD	67	Septic Arthritis left knee	Scope, synovectomy left knee	

If there are no complications, this field should be blank.

HOSPITAL LOCATION SHEET

*American
Osteopathic Board of
Orthopedic Surgery*

Candidate Name _____

<i>PRIMARY HOSPITAL</i> _____	% SURGICAL VOLUME
Address _____	_____
City _____ State _____ Zip _____	
Phone _____	

<i>ADDITIONAL HOSPITAL</i> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone _____	
Distance from Primary Hospital _____	

<i>ADDITIONAL HOSPITAL</i> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone _____	
Distance from Primary Hospital _____	

<i>ADDITIONAL HOSPITAL</i> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone _____	
Distance from Primary Hospital _____	

<i>ADDITIONAL HOSPITAL</i> _____	
Address _____	_____
City _____ State _____ Zip _____	
Phone _____	
Distance from Primary Hospital _____	

USE OTHER SIDE OF THIS SHEET IF NECESSARY

MORTALITY REVIEW

SUMMARY REPORT

*American Osteopathic
Board of
Orthopedic Surgery*

All mortalities ***must*** be reported to the AOBOS. **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 and submitted in **typewritten format**.

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
6. The general hospital course

It is up to the Senior Examiner whether or not a mortality case is chosen as one of the twelve (12) cases for the Individual Chart Survey.

If a mortality case is chosen for review, the Board is particularly interested if the candidate appreciated the critical nature of the case, if consultations were obtained and if any preventable measures could have been taken.

INSTRUCTIONS FOR CANDIDATES FOR CLINICAL EXAMINATION

*American
Osteopathic Board of
Orthopedic Surgery*

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INSTRUCTIONS FOR CLINICAL EXAM

*American
Osteopathic Board of
Orthopedic Surgery*

A. Objective of the Clinical Examination

The objective of the Clinical Examination is to evaluate a candidate's surgical practice by review of his/her medical records, oral defense of a subset of cases, and observation of surgical skills and techniques. To accomplish this goal, two board certified orthopedic surgeons will review the medical record with particular emphasis on presurgical evaluation and preparation, postoperative management, surgical judgment, and overall patient care. Twelve (12) cases will be reviewed in great detail, five (5) of the twelve (12) cases will be chosen for case defense and two (2) surgical procedures will be observed.

****IMPORTANT NOTE:***

It is imperative that the medical record reflects the active participation of the candidate. Documents including, but not limited to, the history and physical exam, daily progress notes, consults, operative reports, pre-op/post-op orders, and discharge summaries **MUST** reflect the candidate's personal involvement. ***Notes authored by house officers, residents, fellows, physician assistants, nurse practitioners, etc., that are countersigned ONLY, do not satisfy this requirement.***

If H&Ps are done by other physicians, the candidate must duplicate that process to show his/her involvement in the case and management of decisions. The candidate physician must have personal documentation that he/she has done a pre-op evaluation and documented the rationale for surgery. If necessary, the candidate physician can attach an addendum to the chart explaining his/her pre-op evaluation, diagnosis and indications outlining the patient treatment plan.

B. Introduction to Clinical Examination (New Format)

Candidates who took the Part I Written exam in May 2018 or after (or prior candidates who were not successful in passing the Part II Oral exam), are required to take this new format of the Clinical Exam which includes a Case Defense component.

Candidates who began the certification process earlier and have successfully passed the (now discontinued) Part II Oral exam have been grandfathered into the [Historical Format Clinical Exam](#) which has no Case Defense component.

The AOBOS utilizes a scoring method for the Clinical Exam where examiners score candidates in multiple predetermined areas.

INSTRUCTIONS FOR CLINICAL EXAM

continued

The Board has weighted different aspects of the exam to reflect their relative importance. The Chart Review and Case Defense 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 twelve (12) charts from the candidate's surgical log, a case defense interview on five (5) of the twelve (12) cases and the observation of two (2) major surgical procedures.

The Chart Survey Form, Surgical Observation Form, and Case Defense Form used for the clinical examination can be found in this handbook. These forms are included for explanation purposes to illustrate how you will be graded.

Grading

To pass the Clinical Examination, each candidate must have a passing score for the Chart Review, Case Defense **and** Surgical Observation portions of the clinical examination, as well as a passing score for the overall clinical examination performance. Failure to meet the minimum passing score in any one category will result in a Fail grade for the clinical examination.

C. Clinical Exam Protocol

The Clinical Exam adheres to the following protocol:

Step 1 – Application Process

1. Prepare Surgical Log (see page 17), Hospital Location Sheet (see page 24), and the Mortality Review Summary (if applicable) (see page 25).
2. Submit completed application to the AOBOS through the application portal.

Step 2 – Log Approval

1. The AOBOS staff confirms application is complete.
2. An AOBOS Board or Clinical Examination Committee member reviews the surgical log.
3. Upon acceptance the candidate will be notified by the AOBOS office.

INSTRUCTIONS FOR CLINICAL EXAM

continued

4. If rejected, you will be notified of the problem/s, and if you respond quickly, it may be possible to correct the problem/s and remain in the examination cycle. Otherwise, you will forfeit \$250.00 and must reapply for the next cycle.

Reasons for rejection of a log include the absence of complications, insufficient description of diagnosis or procedure, procedures listed that do not qualify as “major cases”, insufficient numbers of cases or unbundling of procedures. (same patient, same day, has left knee arthroscopic ACL reconstruction, and medial meniscectomy and they are listed separately).

Step 3 - Examiners are Assigned

Two examiners are assigned to each candidate, a senior and a junior examiner. Examiners begin volunteering for exams at the time of the AOBOS board meetings. The AOBOS board meets twice a year in conjunction with the American Osteopathic Academy of Orthopedics spring and fall meetings. You will be notified with the names and contact information of your two examiners, after examiner positions are filled, following the board meeting. All examiners are Board Certified, and have been trained in the Clinical Examination process. Every attempt is made to ensure at least one examiner practices the same subspecialty as you, if applicable.

If you have a conflict with either examiner, contact the AOBOS office immediately so that a replacement can be found.

Remember that examiners are volunteers who give up time from their families and practices to perform these exams. It is challenging to coordinate three different physician’s schedules. Please be understanding, and as accommodating as possible.

Once the examiners have been successfully assigned, all aspects of the exam scheduling and format are determined and coordinated by the senior examiner. Good communication is CRITICAL for a smooth and successful exam.

Step 4 – Senior Examiner Chooses Charts and Arranges Exam

The senior examiner is sent the candidate’s surgical log, hospital location sheet, and mortality report (if applicable). From these documents, twelve (12) cases that represent the candidate’s practice with varying degrees of complexity are selected and the list is sent to the candidate. The senior examiner contacts the candidate to arrange a date and time to complete this clinical examination.

INSTRUCTIONS FOR CLINICAL EXAM

continued

Step 5 – Case Synopsis

The candidate will then be responsible for creating a short description of those twelve (12) cases, including at least two (2) references that support their care of the patient. The same reference can be used on multiple cases. This is to be returned to the examiners within two (2) weeks.

Sample Case Synopsis

Primo Cognome, DO
Clinical Examination – Case Summary

Case #1 – Mercy Hospital, Anytown USA
AC – MRN 555555
Revision knee arthroplasty

This is a 53 year-old female patient who presented for evaluation of her right knee. She had undergone Right total knee arthroplasty by another surgeon in 2011. Following surgery the patient had continued pain and difficulty with activity. She subsequently underwent successful left knee arthroplasty in 2013, but continued with right knee pain. She continued to work but had pain with all activity and at rest.

Examination demonstrated evidence of a loose tibial component that may have indicated septic or aseptic loosening, as well as continued patella-femoral arthritis as the patella had not been resurfaced. Pre-operative evaluation including C-reactive protein, WBC and Sed rate as well as aspiration of the joint with culture demonstrated equivocal findings, as the culture was negative. Patient elected to proceed with surgery for culture and revision vs. explant surgery and placement of a spacer.

Patient given medical clearance and underwent successful right knee revision arthroplasty and patellar resurfacing on 7/24/18, intra-operative cultures all negative. Discharged 2nd day post-op. Pre- and Post of antibiotics as well as DVT prophylaxis with Coumadin for 6 weeks. Very positive recovery and returned to work as floor nurse 10/13/18 following PT at home and as out-patient.

- * Three days (72 hours) before the clinical examination is to occur, the candidate ***must*** confirm with the Senior Examiner that the appropriate paperwork is complete and the required cases are scheduled for surgical observation.

INSTRUCTIONS FOR CLINICAL EXAM

continued

Step 6 – Candidate Examination

Twelve (12) cases are reviewed in great detail by the Senior and Junior examiners. Five (5) of the twelve (12) are chosen for case defense. Two (2) major surgeries are observed.

1. The candidate shall arrange for a suitable place for review of charts and radiographic studies.
2. Twelve cases are reviewed and scored by the examiners. It is mandatory all pertinent office records and radiographic studies be available. See page 33 for Chart Preparation details. The candidate should be reachable in case of questions but need not stay in the room during chart review.
3. Two (2) major cases in surgery will be observed. We **STRONGLY SUGGEST** scheduling three (3) procedures in case one is cancelled or postponed. Only two (2) cases will be observed for scoring purposes.

The AOBOS requests “major” cases for observation. Use common sense in choosing cases for surgical observation. Surgeries scheduled should reflect your practice. Do not schedule cases that are excessively complex, long, or that you are not confident in. Relatively “minor” cases such as carpal tunnel release, cyst excisions, trigger finger releases, etc. are **NOT** appropriate. The senior examiner and the candidate will come to an agreement prior to the examination on which two cases will be performed. Please communicate directly with your senior examiner regarding the cases that you have scheduled to be sure they are acceptable. If there is any question, please communicate with the senior examiner or the board office, as soon as possible.

Try to arrange the start of the surgery as early as possible on the day of your exam.

Have the medical record and radiographs of each case available for the examiners. It is extremely important that your rationale for surgical treatment be noted on the cases that are reviewed. The AOBOS **strongly suggests** that all pertinent pre-operative office notes, H&P and appropriate pre-operative radiographs are available for review by the examiners.

INSTRUCTIONS FOR CLINICAL EXAM

continued

4. For the Case Defense segment, you will return to the site of the chart review to be interviewed regarding five (5) of your twelve (12) prepared cases. You will not know prior to this time which five (5) cases were chosen, and should be ready to discuss any of the twelve (12) cases. Each case will be discussed for approximately ten to fifteen minutes. This is an opportunity for the examiners to determine medical decision making and thought processes that may not be readily evident from the chart review alone.
5. The examiners may request that you be available for an exit interview, but this interview is optional and at the discretion of the examiners. Advise them where you can be reached during the time of your exam. The clinical examination is conducted by Diplomates of the American Osteopathic Association (AOA) on behalf of the American Osteopathic Board of Orthopedic Surgery (AOBOS).

The examiners complete the examination and submit grading to the AOBOS.

Step 7 – Scores are Determined

1. Following the exam the examiners will submit their evaluations. They will not be able to tell you if have, or have not passed the exam. The evaluations will then undergo a statistical analysis by a psychometrician. The scaled scores will be submitted to the Board for review at the next AOBOS meeting, which occurs in conjunction with the AOA Spring and Fall Meetings.
2. To pass the Clinical Examination, each candidate must have a passing score for the Chart Review, Case Defense and Surgical Observation portions of the clinical examination. Failure to meet the minimum passing score in any one category will result in a Fail grade for the clinical examination.
3. **Candidate result letters go out within 4-8 weeks of the Board Meeting, not 4-8 weeks of the exam itself.**

Please note your exam may occur a length of time before the AOBOS Board meets.

Application Deadline	Exam Conducted	Board Meeting and Score Distribution
February 15 th	June, July, August, September	Fall Board Meeting – Scores November or December
August 15 th	December, January, February, March	Spring Board Meeting – Scores May or June

INSTRUCTIONS FOR CLINICAL EXAM

continued

After grades are released, passing candidates will be submitted to the Bureau of Osteopathic Specialists (BOS) of the AOA. Candidates will be notified of certification by the AOA and official certificates will be ordered.

D. Chart Preparation General Guidelines

1. Generally, the charts should be stacked in an organized and efficient manner. Include 2 copies of the Chart Survey Grading form for each of the 12 cases selected by your Senior examiner. You should enter your name and the case number for each of the 12 forms. Each examiner will review each of your charts. You should also print 2 sets of Case Defense Grading forms (10 forms total) and enter your name on the forms. The examiners will be responsible for entering the chosen case numbers for the 5 cases they select for case defense.
2. It is the policy of the AOBOS that there must be clear evidence and written documentation that the surgeon has evaluated the patient pre-operatively. If the information was gathered as an outpatient or during an office visit, it is advisable to attach the appropriate office records to the hospital (or outpatient surgery center) chart. We are interested in your preoperative management and your reasoning for choosing surgical treatment. You make the decision whether office records are necessary for the examiners to understand your surgical indications and workup.
3. **Remember you are also being graded on follow-up care**, so the examiners will also need to review **office radiographs and office charts**. Generally, the most recent radiographic studies should be available. However, if there were any complications, or other significant events in the course of treatment, interim images may be necessary. Use your best judgment in this regard. You are 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. (In the event of a no show, you must state what action was taken.) This documentation can be either in the hospital discharge summary or in your office records.
4. The chart must clearly document the active role the surgeon plays in patient evaluation and treatment. House officer notes, only countersigned by the surgeon, are NOT sufficient.
5. If the hospital or clinic is totally on computer, the applicant may be required to have the records hard copied to be available for the examiners to review. **The AOBOS strongly suggests all information for the 12 cases being reviewed be available in hard copy format.** However, the AOBOS realizes many hospitals have converted

INSTRUCTIONS FOR CLINICAL EXAM

continued

to purely electronic records. Contact your Senior examiner to discuss arrangements that are acceptable to all parties.

A complete chart must include the following:

- a. Entire pre-operative office notes denoting the pre-operative workup
- b. H&P or pre-operative documentation of the treatment plan authored by the candidate
- c. Evidence of informed consent
- d. Operative procedure note authored by the candidate
- e. Official operative record denoting operative time and blood loss
- f. All post-operative orders
- g. If outpatient surgery, prescription documentation and discharge instructions to patient
- h. Entire post-operative hospital record, which should include labs, orders, radiographic studies, post-operative notes and all progress notes.
- i. Discharge summary or comprehensive discharge note
- j. Post-operative office chart depicting aftercare until discharge from care

A complete radiographic chart must include following:

- a. Pre-operative or injury films and all appropriate ancillary studies (CT, MRI, Bone scan etc.)
- b. Intra-operative or immediate post-operative radiographs
- c. If arthroscopic procedure, pre and post correction pictures
- d. Representative post-operative radiographs to depict follow up AND final radiographs demonstrating condition at time of discharge from care

ALL pertinent pre-op, intra-op and post-operative radiographic studies should be placed into a Power Point format that is labeled and dated for each patient. Images should appear as they would in a PACS (they should not be distorted). Discuss with your Senior examiner whether you will need to provide a computer in the chart review room.

6. A comfortable working room is necessary to review these numerous charts (typically a board room or small meeting room. Generally, the examiners will meet with you in this room for a brief explanation of your organization method and ask you any questions they may have. You are excused while they work, but you need to be available if the examiners need any assistance. Reviewing charts is a lot of work, so as a courtesy to the examiners, we suggest you provide a few drinks and snacks.

INSTRUCTIONS FOR CLINICAL EXAM

continued

7. The examiners will be looking for your work, which in thick hospital records may be difficult to locate. **It is required that you color tab your work, similar to the style of medical records personnel.** For example, you might use one color for H&Ps, another for progress notes, and another for OR reports, etc. Anything that helps the examiners is in your favor!

E. Practice Relocation

The 200 case requirement for the surgical log recording period must be from a single geographic location. Any variations to the single geographic location requirement must be formally requested and approved by the AOBOS Board. Locum Tenens positions qualify if the surgical cases meet the single geographic location requirement.

An applicant who relocates her/his practice during the surgical log reporting period must file a formal appeal to the AOBOS Board *before* his/her surgical log submission to the AOBOS. Only extremely extenuating circumstances will be considered as valid grounds for appeal approval.

F. Military Personnel

If some or all of the candidate's practice experience is in military service, the candidate must take additional action to preserve adequate records for review. It may be necessary to copy records for those records to be available for the clinical examination.

G. HIPAA

The AOBOS is committed to patient confidentiality and follows all HIPAA regulations. Please contact the AOBOS office should your hospital require a Business Associate Agreement, the AOA has an agreement that addresses confidentiality and HIPAA compliance that can be put in place with your facility. Please talk with your facility regarding what they require as early as possible so that you are prepared for your exam.

INSTRUCTIONS FOR CLINICAL EXAM

continued

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 examination results will not be released without the submission of this checklist to the AOBOS office.***

The completed checklist must be sent by e-mail, to the senior examiner and the AOBOS office 72 hours **BEFORE** the scheduled examination date.

- ☐ 1. You have printed hard copies of the **Individual Chart Survey** form for each of the 12 selected cases. Two sets should be printed, one for each examiner. These should be affixed to the case materials. You will need to **prefill your name and the case #** for each chart.
You have also printed 2 sets of **Case Defense Grading forms** (10 forms total) and entered your name on the forms.
- ☐ 2. All 12 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.)
- ☐ 3. All x-rays are organized with Pre-op, Post-op and Follow-up films clearly identified. This may be done in a PowerPoint presentation.
- ☐ 4. Office records are available for all 12 cases being reviewed. (You are graded on pre-op, hospital care, operative care and post-op follow-up care in the office.)
- ☐ 5. All 12 cases being reviewed have the Individual Chart Survey form, office record, hospital record and x-rays with each chart.
- ☐ 6. A convenient, comfortable working room for the chart review has been arranged.
- ☐ 7. You have printed the **Surgical Observation Form** for both surgeries and printed a set for both examiners. You will need to **prefill your name and the medical records #**.
- ☐ 8. You have confirmed with the senior examiner, at least 72 hours prior to the examination that all appropriate paperwork is complete and your surgeries are scheduled.

Candidate Signature

Date

Candidate Name: _____
(Please print)

INDIVIDUAL CHART SURVEY GRADING

AOBOS Clinical Grading Form



Clinical Examiner Name:*

Candidate Name:*

Chart Survey

Case #*

Choose one grade for each of the following chart components.
(Use the Chart Review Grading Key for guidelines, found in the Examiner Handbook)

1. Pre-Operative Care & Evaluation*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

2.a Satisfactory Chart Mechanics: H&P/Consults/Progress Notes*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

2.b Satisfactory Chart Mechanics: Operative Consent*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

2.c Satisfactory Chart Mechanics: Operative Report/Discharge Summary/Orthopedic Post-Op Instructions*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

3. Indications for Surgery*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

4. Performance of Surgical Procedure*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

5. Quality of Follow-Up Care*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

6. Holistic Impression*

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

Candidate should prefill

Candidate Name and Case #

(the Case # should match candidates Surgical Log Case #)

Printed forms should be available for each case (12), for each examiner.

Total of 24 printed forms

This form is to be used as a working document at the candidate site if desired. Use the back for comments.
Final grades and comments should be entered in the online form through the link provided to examiners by AOBOS

SURGICAL OBSERVATION GRADING

AOBOS Clinical Grading Form



Clinical Examiner Name: *

Candidate Name: *

Candidate should prefill

Candidate Name and
Medical Records # for both
surgeries and print a set for
each examiner

Total of 4 printed forms

Surgical Observation

Date *

Medical Records # *

Surgical Procedure *

1. **Pre-Op Evaluation:** Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

2. **Surgical Indications:** Appropriate conservative treatment prescribed; surgical procedure performed is indicated *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

3. **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 *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

4. **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 *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

5. **Holistic Impression:** *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

This form is to be used as a working document at the candidate site if desired. Use the back for comments.
Final grades and comments should be entered in the online form through the link provided to examiners by AOBOS

CASE DEFENSE GRADING

AOBOS Clinical Grading Form



Clinical Examiner Name: *

Candidate Name: *

Candidate should prefill

Candidate Name

Printed forms should be available
for each case (5), for each
examiner.

Total of 10 printed forms

Case Defense

Case Defense Case #

1. Pre-Operative Care & Evaluation: Candidate summary of patient presentation, complaint, diagnosis and relevant history *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

2. Interpretation of Studies: Studies candidate performed. What is the gold standard test? *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

3. Diagnosis: Candidate's working diagnosis? Candidate's differential diagnosis? *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

4. Treatment / Surgical Procedure: Candidate description of treatment options and the rationale for management of this patient. *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

5. Follow Up Care: Candidates post-operative protocol. *

☐ Unsatisfactory

☐ Marginal

☐ Satisfactory

☐ Superior

This form is to be used as a working document at the candidate site if desired. Use the back for comments.
Final grades and comments should be entered in the online form through the link provided to examiners by AOBOS

THE STATEMENT FOR HOSPITAL ADMINISTRATOR OR MEDICAL RECORDS DIRECTOR REGARDING CLINICAL EXAMINATIONS

The American Osteopathic Board of Orthopedic Surgery (AOBOS) is going to conduct a clinical examination of an orthopedic surgeon at your hospital. This is the final part of the Board Certification process. The purpose of the clinical examination is to evaluate an orthopedic practice by review of the medical record and observation of surgical skills and techniques. Two (2) Board Certified orthopedic surgeons, who have surgical privileges at their own facilities, will review the medical record with particular emphasis on presurgical evaluation and participation, postoperative management, surgical judgment, and overall patient care. Two surgical cases will be observed. Your cooperation is greatly appreciated by the American Osteopathic Board of Orthopedic Surgery in assisting the surgeon during this examination.

This process is to be considered as peer review and, as such, the confidentiality of patient records is guaranteed.

The AOBOS is HIPAA compliant and has Confidentiality Agreement forms with each of our examiners. The AOBOS operates under the authority of the American Osteopathic Association. The AOA has a Business Associate Agreement that can be put in place with your facility should you require it. Please contact our office to facilitate that process.

Thank you very much.

Sincerely,

The American Osteopathic Board of Orthopedic Surgery

142 Ontario Street
4th Floor
Chicago, IL 60611

Phone: 312-202 8105

Fax: (312) 202-8458

E-mail: aobos@osteopathic.org

Web: www.aobos.org

(You may wish to give this statement to your hospital administrator or medical records department to explain this examination.)

CHANGE OF ADDRESS

*American
Osteopathic Board of
Orthopedic Surgery*

The American Osteopathic Board of Orthopedic Surgery recognizes that your address may change frequently during your training. It is extremely important that we are able to keep track of your address during the Board certification process.

Please email the AOBOS office with new address information, include your name and AOA#.

E-mail: aobos@osteopathic.org