HANDBOOK FOR CLINICAL EXAMINERS

American Osteopathic Board of Orthopedic Surgery
142 Ontario Street
4th Floor
Chicago, IL 60611

Direct (312) 202-8208
Fax (312) 202-8458
Website: www.aobos.org
Email: aobos@osteopathic.org

2019
American Osteopathic Board of Orthopedic Surgery

142 Ontario Street
4th Floor
Chicago, IL 60611

Direct (312) 202-8208
Toll-free (800) 621-1772 EXT 8208
Fax (312) 202-8458
Website: www.aobos.org  Email: aobos@osteopathic.org

Board Members

Marko F. Krpan, D.O., Chair
Seth D. Krum, D.O., Vice-Chair
M. Sean O’Brien, D.O., Secretary-Treasurer
Nathan Melton, D.O.
John Schlechter, D.O.

Jennifer C. Greene, Director

Copyright 2019 by American Osteopathic Board of Orthopedic Surgery

All rights reserved. No part of the Handbook for Examiners for Board Certification may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

Printed in the United States of America
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Examination</td>
<td>3</td>
</tr>
<tr>
<td>Examination Protocol</td>
<td>4</td>
</tr>
<tr>
<td>Senior Examiner Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Junior Examiner Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Guidelines for Selecting Cases for Chart Survey</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Candidate Checklist</td>
<td>7</td>
</tr>
<tr>
<td>Senior Examiner Checklist</td>
<td>8</td>
</tr>
<tr>
<td>Scheduling the Examination</td>
<td>9</td>
</tr>
<tr>
<td>Subspecialty Orthopedic Surgeons</td>
<td>10</td>
</tr>
<tr>
<td>Sample Letter to Candidate</td>
<td>11</td>
</tr>
<tr>
<td>Chart Review – Individual Chart Survey</td>
<td>12</td>
</tr>
<tr>
<td>Mortality Review</td>
<td>19</td>
</tr>
<tr>
<td>Individual Chart Survey Form</td>
<td>20</td>
</tr>
<tr>
<td>Surgical Observation</td>
<td>21</td>
</tr>
<tr>
<td>Recommended Grade</td>
<td>23</td>
</tr>
<tr>
<td>Evaluation</td>
<td>24</td>
</tr>
<tr>
<td>Expense Documentation</td>
<td>25</td>
</tr>
<tr>
<td>Completion of Clinical Exam</td>
<td>26</td>
</tr>
</tbody>
</table>
CLINICAL EXAMINATION

INTRODUCTION

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

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

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

EXAM PROTOCOL

These are the basic steps in the Clinical Exam Process:

Step #1. Application Process (Candidate)
Candidate submits Application, Payment, Surgical Log, and Mortality Report, if applicable.

Step #2. Log Approval (Board)
AOBOS staff reviews application and log for completeness. AOBOS reviews Log and Mortality Report, if applicable, and makes approval determination.

Step #3. Examiners Assignments
The AOBOS staff will solicit trained examiner volunteers to perform exams. Solicitations will go out in close timing with the spring and fall board meeting held in conjunction with AOAO meetings. After Senior and Junior examiner assignments are completed, candidates and examiners will be sent notifications and materials.

Step #4. Senior Examiner Chooses Charts and Arranges Exam (Senior Examiner)
The senior examiner is sent the candidate’s surgical log and mortality review report. From these documents, 20 cases are selected and the list is sent to the candidate. The senior examiner may consult with the junior examiner in selecting the 20 cases for review. See page 6 for guidelines in selecting charts for review.

Step #5. Exam Occurs (Candidate & Examiners)
At the candidate site, the Senior and Junior examiner each review the 20 prepared charts independently. Two major surgeries are observed and reviewed. The examiners complete the Chart Grade and Surgical Observation evaluation forms and submit them to the AOBOS using the secure grading portal.

Step #6. Scores are Determined (AOBOS)
At the end of the clinical examination cycle, all scores for each exam conducted are compiled and sent to the psychometrician for evaluation. The psychometric report, examiner letters and evaluation forms are reviewed at the board meeting. Candidate Pass/Fail letters go out within 4 -8 weeks.

NOTE: Dates for application deadlines, exam completion deadlines, and AOBOS board meetings are available on our website, www.aobos.org
CLINICAL EXAMINATION

SENIOR EXAMINER RESPONSIBILITIES

The senior examiner plays a crucial role in the exam process by performing the following:

1. Volunteer for the exam. Ensure 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 via email by AOBOS staff.

3. Choose 20 cases for the onsite exam. The senior examiner may consult with the junior examiner in selecting the 20 cases for review. See page 6 for guidelines in selecting cases for review.

4. Schedule the exam, by coordinating with the junior examiner and candidate.

5. Utilize the online grade entry to enter grades for all 20 charts and 2 surgeries. Both examiners should grade the same 20 charts. The AOBOS asks that you use the Post Observation Letter to the Board section of the online grading form, or send a letter with your detailed comments on the candidate’s examination performance.

JUNIOR EXAMINER RESPONSIBILITIES

1. Volunteer for the exam. Ensure 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. The senior examiner may consult with the junior examiner in selecting the 20 cases for review, in which case, the senior examiner will forward the surgical log.

4. Utilize the online grade entry to enter grades for all 20 charts and 2 surgeries. Both examiners should grade the same 20 charts. The AOBOS asks that you use the Post Observation Letter to the Board section of the online grading form, or send a letter with your detailed comments on the candidate’s examination performance.
CLINICAL EXAMINATION

GUIDELINES FOR SELECTING CASES FOR CHART REVIEW

1. Select 20 cases that represent a broad inspection of the candidate’s scope of practice. It is helpful to select a few additional cases to serve as replacements for occasional situations where absence of critical documents prohibits meaningful review of the record. It is reasonable to assume that critical records may not be available for one or two selected cases; however, if a large number of cases are missing key documents, it is at the discretion of the senior examiner as to how to proceed.

2. The selected cases should be of sufficient scope to include fracture management, trauma, arthroscopy and joint replacement, adult diseases. Subspecialty exams should select cases across a spectrum of pathology.

3. When selecting cases of similar type, such as ankle fractures, it is recommended to select cases from varying times over the course of the log. For example, selecting three ankle fractures, one from the early log, one from mid log and one from the end of the log provides examiners a longitudinal look at the candidate’s work.

4. Complicated cases should be reviewed to evaluate the candidate’s management of complex cases. On the other hand, it is inappropriate to select all 20 cases from only complicated cases.

5. **Do not review more than 20 cases.** At times examiners may want additional cases to review to evaluate a perceived deficiency. The board asks that you meticulously document the concerns regarding those cases, but not review any additional cases. Each candidate must undergo identical exam procedures. Consequently, do not review fewer than 20 cases.

6. Candidates should mark key documents (H&P, progress notes, discharge summaries, etc.) in the chart with colored flags to assist examiners in the chart review. Each chart should have two scoring sheets attached with the Case # and Candidate Name filled out by the candidate. The senior examiner must communicate these expectations to the candidate in the initial communications when scheduling up the exam.

7. Both examiners review the same 20 cases and score them independently.

8. Cases are to be selected at least four (4) weeks prior to the exam to allow the candidate sufficient time to prepare.
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 20 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.

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

3. All images are organized with Pre-op, Post-op and Follow-up films clearly identified.

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

5. All 20 cases being reviewed have the Individual Chart Survey form, office record, hospital record and images 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)
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. Notify the board office of the scheduled exam date aobos@osteopathic.org

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

   See page 6 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, at least 72 hours prior to the examination that all appropriate paperwork is complete and the surgeries have been scheduled.

☐ 5. Utilize the link sent by AOBOS staff to submit grades within two weeks of the exam date.

☐ 6. Utilize the online reimbursement form to submit expenses the AOBOS office.
SCHEDULING THE EXAMINATION

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

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

The AOBOS will send the candidate’s logs and mortality review report to the senior examiner. It is the responsibility of the senior examiner to coordinate a date for the clinical exam with the candidate and junior examiner. The senior examiner should notify the AOBOS of the scheduled exam date by email aobos@osteopathic.org.

Examiners will make their own travel arrangements. The candidate should provide lodging and restaurant suggestions close to where the clinical examination will be held. All 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 hotel/resort accommodations, expensive meals, last minute plane bookings, penalties for last minute changes without explanation, expensive rental vehicles etc.

These expenses must be submitted on the AOBOS reimbursement form and must include receipts. Air fare will be reimbursed for a coach rate ticket and the use of a personal car will be reimbursed using IRS guidelines – currently the 2019 rate of .58 cents per mile. The maximum daily meal reimbursement per AOA guidelines is $110.00.

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. If the senior examiner has any question regarding the examination, or preparation thereof, please contact the American Osteopathic Board of Orthopedic Surgery office immediately at 312-202-8208.

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

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

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

Date

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

Dear Dr. Doe:

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

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

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

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

We expect your charts to be extremely well organized, with colored tabs indicating the appropriate areas, such as H&P, OP Note, Progress Notes, Orders, Consults, Labs/Path, Radiology Reports, DC instructions, etc.

All images should be organized with Pre-Op, Intra-Op, Post-Op and Follow-Up clearly identified. Do NOT expect us to find these images in a large jacket of multiple studies or on your hospital’s EMR system. A PowerPoint presentation of the images is a suggested way to organize them.

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 the appropriate equipment to view images. It is also helpful to have a few drinks and snacks available.

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

I would also request that you provide us with local hotel and restaurant suggestions. We will handle our own reservations.

I look forward to a smooth examination process. If you have any concerns during your preparations, do not hesitate to contact me. I will be available to answer any questions that may arise.

Sincerely yours,

SENIOR EXAMINER

cc:  JUNIOR EXAMINER
AOBOS OFFICE
**CHART REVIEW**

**CHART REVIEW – INDIVIDUAL CHART SURVEY**

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

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

A separate Individual Chart Survey is filled out for *each* chart reviewed by *each* examiner. The candidate will provide printed working forms at the examination. The online link should be used to submit your final grading to the AOBOS. Each chart is graded in 8 different content areas, each surgical observation in 5. The total number of grades generated by each examiner for a given candidate is 170.

*The candidate must show he/she is managing the case, not necessarily authoring and dictating all notes. Candidates must clearly document their active role in patient evaluation and treatment.*

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

Following Medicare guidelines:

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

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

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

CHART REVIEW – INDIVIDUAL CHART SURVEY-EXPLANATION

The individual charts are to be reviewed in detail. In evaluating each of the components on the Individual Chart Survey, follow the Chart Review Grading Key on pages 15-Error! Bookmark not defined.

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

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

Chart Mechanics
To be acceptable, each area must:
   a. Be present
   b. Contain the appropriate information
   c. Provide documentation authored by the candidate clearly documenting the active role the candidate plays in patient evaluation and treatment

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. Other provider notes, which are countersigned ONLY, are still not acceptable. However, if any untoward event occurs or change in normal post-operative management is required, the candidate must document this fact on the record.

Operative reports must be dictated by the candidates.

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

Indications for Surgery
In your judgment, was the surgery, as performed, indicated? Was the appropriate surgery chosen?
Performance of Surgical Procedure
This is the most important area of the review and is, therefore, weighted with a higher score. Was the surgery performed competently? This may include operative time, blood loss, complications, and especially, review of the post-operative images.

Quality of Follow-Up Care
We ask you to review the entire patient course, including the post operative follow-up care.

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

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

- Was the patient seen back in a timely manner?
- Were all post-operative complications acknowledged and treated appropriately?
- Was rehab provided when needed?
- Was the final result as expected?

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

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

Post Observation Letter to the Board
Please use this area to explain deficiencies or problematic areas. You can utilize the space in the online form or submit your comments on your office letterhead.

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

It is also useful to report extremely high performing candidates that are potential future examiners.
# Chart Review

## Chart Review Grading Key

<table>
<thead>
<tr>
<th>Pre-operative Care &amp; Evaluation</th>
<th>Unsatisfactory</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate or no work-up to establish a diagnosis. Studies ordered do not support the diagnosis. Poor documentation of history and physical exam findings. Limited or no attempt at conservative care, when indicated</td>
<td>Incomplete work-up. Limited documentation of history and physical exam findings such that the diagnosis is unclear. Conservative care documented when indicated, but of insufficient duration or type.</td>
<td>Documentation supports the diagnosis and treatment plan. Proper ancillary studies available and interpretations documented. Appropriate type and duration of conservative care.</td>
<td>Documentation supports the diagnosis and treatment plan, and considers differential diagnosis. Correct ancillary studies available with complete documentation of findings and significance. Proper conservative care documented with consideration of alternatives.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chart Mechanics: H&amp;P/Consults/Progress Notes</th>
<th>Unsatisfactory</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate or no documentation to establish diagnosis. Studies ordered do not support the diagnosis. Poor documentation of history and physical exam findings. Very limited or no objective finding. Indicated consults not done or not documented. Notes not done by the surgeon. Complications not discussed or documented.</td>
<td>Limited documentation of history and physical exam findings such that the diagnosis is unclear. Limited documentation by the surgeon (i.e. most documentation is authored by ancillary staff). Insufficient consultation documentation. Incomplete progress notes. Incomplete documentation of complications.</td>
<td>Documentation supports the diagnosis and treatment plan. Proper ancillary studies available and interpretations are documented. Notes authored by the surgeon that are appropriate and complete with objective findings. Complications and plans of treatment are clearly documented.</td>
<td>Documentation supports the diagnosis and treatment plan, and considers differential diagnosis. Correct ancillary studies available with complete documentation of findings and significance. Complications are identified and documented by surgeon with treatment plan.</td>
<td></td>
</tr>
<tr>
<td>Chart Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operative Consent</strong></td>
<td><strong>Unsatisfactory</strong></td>
<td><strong>Marginal</strong></td>
<td><strong>Satisfactory</strong></td>
<td><strong>Superior</strong></td>
</tr>
<tr>
<td></td>
<td>Office notes do not document pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit incomplete or inadequate description of planned procedure.</td>
<td>Office notes document incomplete pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit meets minimum required description of treatment plan.</td>
<td>Office notes document complete pre-operative discussion of the planned procedure, risks and benefits of the procedure. Surgical permit clearly describes treatment plan and risks.</td>
<td>Office notes document complete pre-operative discussion of the planned procedure, risks and benefits of the procedure, and alternative treatments with rationale for decision making. Surgical permit clearly describes treatment plan and risks.</td>
</tr>
<tr>
<td><strong>Operative Report/Discharge Summary/Post-Op Instructions</strong></td>
<td>Documents incomplete or not present. Documents do not contain required information. Insufficient description of procedure. Inaccurate description of procedure. (i.e. – x-ray findings do not match operative report)</td>
<td>Documents minimum requirements only. Incomplete description of procedure.</td>
<td>Clearly and accurately documents complete procedure. Discharge instructions complete and appropriate for procedure and diagnosis.</td>
<td>Clearly and accurately documents complete procedure. Documents include indications for procedure, operative findings, and all pertinent facts. Discharge instructions are complete and appropriate for procedure and diagnosis including restrictions, therapy, and follow-up plan.</td>
</tr>
</tbody>
</table>
## Chart Review

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indications for Surgery</strong></td>
<td>No documentation of indications for the procedure. Clear documentation of contraindications for the planned procedure. Planned procedure inappropriate for the clinical situation.</td>
<td>Indications for the procedure are questionable. More information needed to justify surgical plan. Procedure may be indicated, but documentation does not clearly support the plan.</td>
<td>Surgical procedure is appropriate for the clinical situation and documentation supports the diagnosis and surgical plan.</td>
<td>Modification of the surgical plan reflects high level of knowledge and experience in avoiding complications while simplifying the treatment approach. Mature judgement is reflected in the plan.</td>
</tr>
<tr>
<td><strong>Performance of Surgical Procedure</strong></td>
<td>Technical mistakes compromise the outcome of the case. Dangerous practice observed that is likely to lead to complications. Failure to recognize and treat pathology. Clearly failing candidate.</td>
<td>Technical errors observed. Completes case, but struggles with technique. Borderline failing candidate.</td>
<td>Completes case appropriately with minimal error. Errors that occur are recognized and addressed appropriately. Proceeds with reasonable efficiency. Passing candidate.</td>
<td>No technical errors occur. Very time efficient. Proceeds with confidence and great skill. Clearly excellent surgeon.</td>
</tr>
<tr>
<td><strong>Quality of Follow-Up Care</strong></td>
<td>No, or incomplete, follow-up. Lost to follow-up with no documentation of attempts to contact the patient. Failure to recognize and/or treat a complication. Patient discharged from care at inappropriate time.</td>
<td>Follow-up incomplete or not clearly documented. Failure to completely recognize and/or treat a complication. Errors in post surgical management.</td>
<td>Appropriate follow-up and management. Recognizes and treats problems in a timely manner. Follows patients for reasonable time post-operatively.</td>
<td>Excellent documentation of follow-up. Appropriate decision making. Recognizes problems early and adjusts treatment as indicated. Clearly excellent management.</td>
</tr>
</tbody>
</table>
# Chart Review

<table>
<thead>
<tr>
<th>Holistic Impression</th>
<th>Unsatisfactory</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your overall professional evaluation of the candidate’s</td>
<td>Poor insight; fails to formulate correct diagnosis; misinterprets data;</td>
<td>Limited insight; questionable decision making; minimum knowledge; management and technique</td>
<td>Sufficient knowledge; moderately capable; acceptable assessment capabilities; room for</td>
<td>Clear and concise comprehension; correct decision making without any errors; can work through entire case management with no issues at all; demonstrates advanced knowledge; excellent complete documentation of medical decision making; sound and consistent excellent technical execution of treatment plan.</td>
</tr>
<tr>
<td>performance for the chart reviewed, including the</td>
<td>incorrectly evaluates and manages problems; frequent incomplete or missing</td>
<td>and technique falls below reasonable standards; incomplete documentation to support</td>
<td>improvement. Makes reasonable management and treatment decisions; accurate and complete</td>
<td></td>
</tr>
<tr>
<td>candidate’s logic, fundamental understanding and</td>
<td>documentation; poor decision making.</td>
<td>medical decision making.</td>
<td>critical documentation; reasonable technical execution of treatment plan.</td>
<td></td>
</tr>
<tr>
<td>professional judgment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHART REVIEW

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
6. The general hospital course

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

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.
Candidate should prefill Candidate Name and Case # (the Case # should match candidates Surgical Log Case #) Printed forms should be available for each case, for each examiner.
SURGICAL OBSERVATION

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

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

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

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

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

EACH examiner is to complete an independent observation of EACH surgery.
# Surgical Observation Grading Key

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre Op Evaluation</strong></td>
<td>Poor insight; fails to formulate correct diagnosis; misinterprets data; incorrectly evaluates and manages problems; frequent incomplete or missing documentation; appropriate studies not ordered; poor decision making; unsafe or incorrect technique; misapplication of technique</td>
<td>Limited insight; questionable decision making; minimum knowledge; management and technique falls below reasonable standards; incomplete documentation to support medical decision making. Technical execution below reasonable standards</td>
<td>Sufficient knowledge; moderately capable; acceptable assessment capabilities; room for improvement. Makes reasonable management and treatment decisions; accurate and complete critical documentation; reasonable technical execution of treatment plan.</td>
<td>Clear and concise comprehension; correct decision making without any errors; can work through entire case management with no issues at all; demonstrates advanced knowledge; excellent complete documentation of medical decision making; sound and consistent excellent technical execution of treatment plan.</td>
</tr>
<tr>
<td><strong>Surgical Indications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conduct &amp; Communications in the OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Technique</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Holistic Impression</strong></td>
<td>Your overall professional evaluation of the candidate for this surgical procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### AOBOS Clinical Grading Form

**Clinical Examiner Name:**

**Candidate Name:**

### 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

---

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

---

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.
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.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records were well organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinee was well prepared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there anything that you think the AOBOS should further emphasize to candidates to help them prepare charts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Candidate facilities were accessible and we had access to adequate space to perform the exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your instructions from the AOBOS as to how to conduct the exam were clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Examiners Handbook is helpful in conducting the clinical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How could the handbook be improved?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel well equipped to serve as an Examiner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future Clinical Examiner Meetings/Training should include discussion of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As an examiner, what works well in the clinical examination process? What could be improved?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My time and energy spent as a Clinical Examiner is valuable to the Osteopathic Profession</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Exam is an effective method to certify future Osteopathic Orthopedic Surgeons.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS:**
Reimbursement Form

Please Submit to: AOBOS
142 E Ontario Street
4th Floor
Chicago, IL 60611
aobos@osteopathic.org
Phone: (312) 202 - 8208
Fax: (312) 202 - 8458

Name ___________________________ AOA# ___________________________
Address ___________________________
City ___________________ State ________ Zip ________ Phone ____________

Expenses incurred for:
Clinical Examinations (Candidate Name & Date)
Committee Meeting (Committee Name & Date)
Committee Workshop (Name & Date)
Other (Explain) ___________________________

### Expenses:

<table>
<thead>
<tr>
<th>Lodging</th>
<th>Meals</th>
<th>Ground Trans</th>
<th>Notes if needed</th>
<th>Notes if needed</th>
<th>Other</th>
<th>Notes if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parking</td>
<td>Gas</td>
<td>Rental</td>
<td>Baggage Fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Copying</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Miles $ Amount | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | Sub Totals |

Personal Car (enter miles) ________ (calculated using IRS guidelines - 53.5 cents/mile for 2017 Result will be entered under Ground Trans above.)

TOTAL $0.00

Signature ___________________________ Date: ____________

This is a sample form. Expenses should be submitted using the new online form.
COMPLETION OF THE CLINICAL EXAMINATION

A. Exit Interview

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

NO SCORES are to be released to the candidate!

B. Submit the Paperwork

Be sure to include:

1. **Grading via the secure online portal including:** the Individual Chart Surveys, Surgical Observations, Overall Recommended Grade and Post Observation Letter to the Board (this can be completed directly in the portal, uploaded into the portal or emailed).

2. **Expense Report**

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.