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# Historical Format Clinical Exam Handbook

(For Candidates who have passed the Historical Part II Oral exam only)



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# INSTRUCTIONS FOR CANDIDATES FOR CLINICAL EXAMINATION

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# PREPARATION OF LOGS: CLINICAL EXAMINATION

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## 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 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 11.)

A minimum of 200 **MAJOR** patient surgeries must be documented. This is a minimum number of cases and should be exceeded in all but rare instances. You must document no less than 12 consecutive calendar months and no more than 24 consecutive calendar months in the surgical log. 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.

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.

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# LOG PREPARATION FOR CLINICAL EXAMINATION

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## 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

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

## 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.

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# LOG PREPARATION FOR CLINICAL EXAMINATION

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*continued*

## VIII. CHART DOCUMENTATION

As you prepare for your clinical examination, chart documentation remains an important part of the Chart Review portion of your exam. 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.

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# **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 whatever 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.

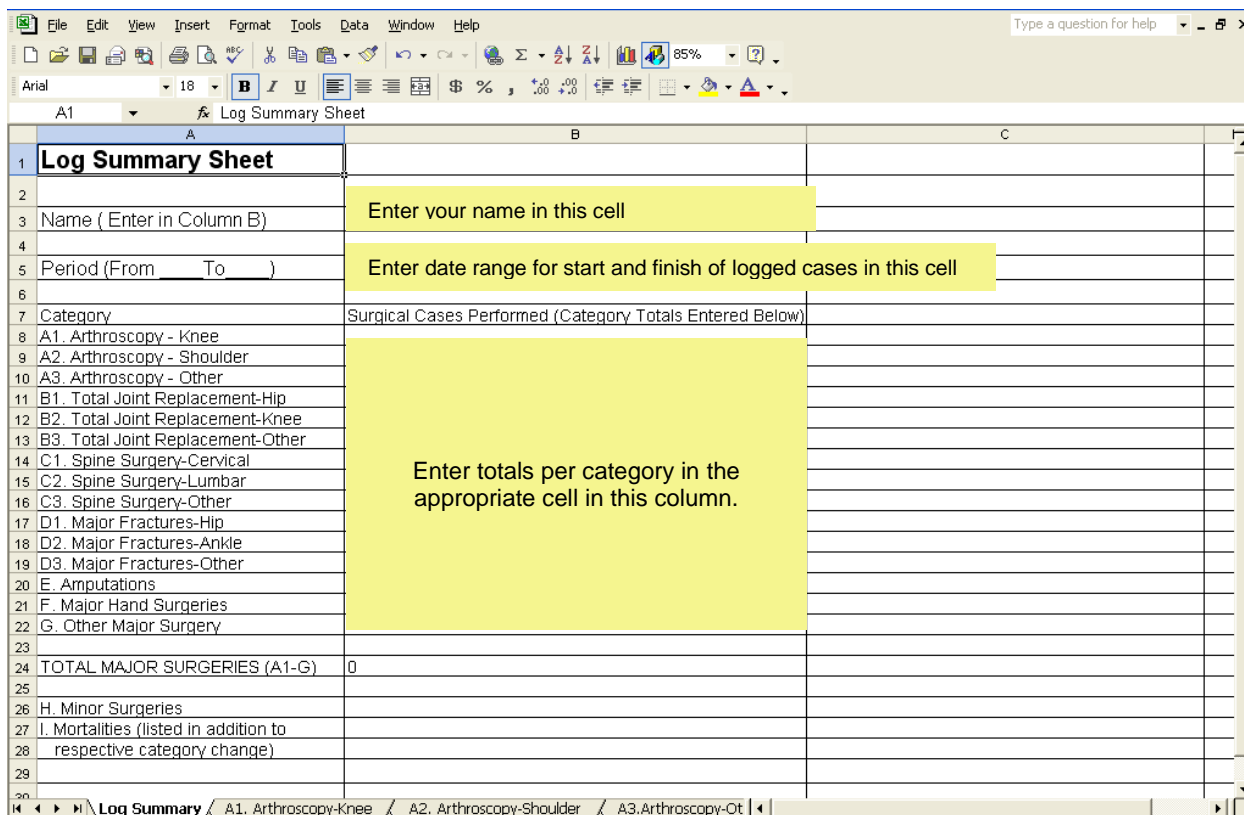
# LOG PREPARATION FOR CLINICAL EXAMINATION

*continued*

Surgical Logs must be compiled using the Excel template found both on the [AOBOS website](#) 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.



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	<b>A1. Arthroscopy-Knee</b>							0	
2	<b>list #</b>	<b>date</b>	<b>hospital</b>	<b>case #</b>	<b>P.I.</b>	<b>DOB</b>	<b>Diagnosis</b>	<b>Operative Procedure</b>	<b>Complications &amp; Outcome</b>
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									

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 *A1. Arthroscopy – Knee* is listed on the following page.

<b>A1. Arthroscopy-Knee</b>						<b>Candidate Name</b>		
<b>list #</b>	<b>date</b>	<b>hospital</b>	<b>case #</b>	<b>P.I.</b>	<b>Age</b>	<b>Diagnosis</b>	<b>Operative Procedure</b>	<b>Complications &amp; Outcome</b>
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	
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	

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# MORTALITY REVIEW

# SUMMARY REPORT

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**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.

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# HOSPITAL LOCATION SHEET

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Candidate Name \_\_\_\_\_

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

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

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

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

**USE OTHER SIDE OF THIS SHEET IF NECESSARY**

This is a sample form, click [here](#) to access the fillable PDF

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# INSTRUCTIONS FOR CLINICAL EXAM

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## **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 and observation of surgical skills and techniques. To accomplish this goal, two (2) 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. Twenty cases will be reviewed in great detail, and two (2) surgical procedures will be observed.

The following information will describe and instruct you in the necessary steps to complete the final portion of your Board Certification examination.

### ***\*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**

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

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.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

Both the Individual Chart Survey and the Surgical Observation 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. For complete details on the grading process, you are encouraged to read the **Handbook for Examiners for Board Certification** available at [www.aobos.org](http://www.aobos.org), the AOBOS website.

## **Grading**

To pass the Clinical Examination, each candidate must have a passing score for the Chart Review **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 of those three categories will result in a Fail grade for the clinical examination.

## **C. Part III Clinical Exam Protocol**

The Clinical Exam adheres to the following protocol:

### **Step 1 – Application**

### **Step 2 – Log Approval**

### **Step 3 - Examiners are Assigned**

Two examiners are assigned to each candidate, a senior and a junior examiner. Examiners are assigned at the AOBOS board meetings. The AOBOS board meets twice a year, typically in conjunction with the American Osteopathic Academy of Orthopedics spring and fall meetings. You will be notified subsequent to the board meeting with the names and contact information of your two examiners. 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 our office immediately so a replacement can be found.

Remember the examiners are all volunteers who give up time from their families and practices to perform these exams. Situations occur that necessitate last minute cancellations, which may result in the inability to complete your exam in the current cycle. Please be understanding. It is very difficult to coordinate three different

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

physician's schedules. Assigning, scheduling and changing examiners continues to be one of the biggest challenges for the AOBOS.

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 reviews. From these documents, twenty (20) cases are selected and the list is sent to the candidate. The senior examiner contacts the candidate to arrange a date and time to complete the clinical examination.

## **Step 5 – Candidate Examination**

Twenty cases are reviewed in great detail by the Senior and Junior examiners. Two major surgeries are observed.

1. The candidate shall arrange for a suitable place for review of charts and x-rays. It is mandatory that the examiners have enough room to have x-ray view boxes available to perform this examination. Please keep in mind that these are Board Certified orthopedic surgeons who are volunteering their time to assist you in completion of your Board certification.
2. Twenty cases are reviewed and scored by the examiners. It is mandatory all pertinent office records and x-rays be available. See page 18 for Chart Preparation.
3. Two (2) major cases in surgery will be observed. We **STRONGLY SUGGEST** scheduling three (3) procedures in case one is cancelled or postponed. Two cases will be observed for scoring purposes.  
The AOBOS requests "major" cases for observation. Use common sense in choosing cases for surgical observation. 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.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

4. The Senior examiner will give specific instructions regarding arrangements for travel and accommodations. Please provide your examiners with lodging and restaurant options close to where your clinical examination will be held.  
The examiners do not expect to be entertained.
5. If because of military service or a change in practice location, all necessary records are not available, immediately contact the Senior examiner who will relay this information to the American Osteopathic Board of Orthopedic Surgery.
6. If your practice is at more than one institution, please provide this information immediately to the Senior examiner so arrangements can be made for review of your records at more than one location. If possible, the exam will take place in one or two of your primary hospitals.
7. 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.
8. The examiners complete the examination forms and return them to the AOBOS.

## **Step 6 – Scores are Determined**

1. The examiner's records and evaluation forms are reviewed at either the spring or fall AOBOS Board meeting. **Pass/Fail determinations are made by the AOBOS, not by the examiners.**



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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

## 2. Grading

To pass the Clinical Examination, each candidate must have a passing score for the Chart Review **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 of those three categories will result in a Fail grade for the clinical examination.

3. **Candidate Pass/Fail letters go out within 4-8 weeks of the Board Meeting, not 4-8 weeks of the exam itself.**

## D. General Chart Preparation Information: On-site Exam

1. X-rays must be pulled for all cases including hospital and office films. To facilitate the exam, isolation of appropriate x-rays is necessary. You are required to place the pre-op and post-op x-rays in front of the x-ray jackets for easy access. Additional studies, such as MRI, EMGs, CAT scans, etc., should be available for review to give the examiners the best information about your treatment of your patients. **The AOBOS strongly suggests all information for the 20 cases being reviewed be available in hard copy format.**
2. **Remember you are also being graded on follow-up care**, so the examiners will also need to review **office x-rays and office charts**. Generally, the most recent x-ray studies should be available. However, if there were any complications, or other significant events in the course of treatment, interim x-rays 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.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

3. Generally, the charts should be stacked in an organized and efficient manner. Include the Individual Chart Survey page for each of the 20 cases selected by your Senior examiner. Make an additional copy of each of the Individual Chart Survey pages so you have one for both the Senior and Junior examiners, as each examiner will review each of your charts.
4. 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.
5. 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.
6. 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. This is the case for the radiographic studies as well. Do not expect the examiners to scroll through a computer to see the records. **The AOBOS strongly suggests all information for the 20 cases being reviewed be available in hard copy format.** However, the AOBOS realizes many hospitals have converted 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.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*continued*

- 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
7. A comfortable working room is necessary to review these numerous charts (typically a board room or small meeting room). You must have an x-ray view box available. 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.
8. 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!
9. You must complete the Clinical Candidate Checklist found on page 22 prior to your scheduled on site examination. The checklist outlines your responsibilities prior to the clinical examiners' arrival. The completed checklist must be sent (e-mail or fax) to the senior examiner and the AOBOS office BEFORE the scheduled examination date.

## 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.

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# INSTRUCTIONS FOR CLINICAL EXAM

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## 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 consult our web site for more details, [www.aobos.org](http://www.aobos.org) and click on "HIPAA". Included are Business Associate Agreements which your hospital may require. Remember it is YOUR responsibility to take care of this, not the examiners.

## H. Surgical Observation Cases

The clinical examiners will observe two (2) surgical procedures. No additional surgeries will be observed or included in the grading process. However, the AOBOS **strongly suggests** scheduling three (3) procedures in case one is cancelled or postponed. The surgical cases should be dissimilar and heavy in nature.

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

Have the medical record and x-rays 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.

If you have any questions about the cases scheduled, please contact your Senior examiner or contact the AOBOS.

## I. Completion of the Clinical Examination

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 candidates are reminded that the clinical examination is conducted by Diplomats of the American Osteopathic Association (AOA) on behalf of the American Osteopathic Board of Orthopedic Surgery (AOBOS). **The grades for the exam are determined by the AOBOS.** The examiners should refrain from giving information, and the candidate should not expect any information from the examiners regarding their examination.

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# INSTRUCTIONS FOR CLINICAL EXAM

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If additional expenses are incurred in travel due to multiple practice locations, unusual practice location, repeat visits, etc., a statement will be sent to the candidate and is due prior to receiving the results of the examination.

The results of the examination will be sent to the candidate within 4-8 weeks following the spring or fall meeting of the AOBOS Board.

Please note your exam may occur sometime before the AOBOS Board meets. Consult the AOBOS website for Board meeting dates.

Official notification will be provided by the Bureau of Osteopathic Specialists of the AOA and certificates will be sent following this notification.

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# INSTRUCTIONS FOR CLINICAL EXAM

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*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 **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 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.
- 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 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.

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Candidate Signature

---

Date

Candidate Name: \_\_\_\_\_

(Please print)

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

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The American Osteopathic Board of Orthopedic Surgery is going to conduct a clinical examination of an orthopedic surgeon at your hospital. This is the third part in a Board Certification process that requires successful completion of a written and oral examination. 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 will review the medical record with particular emphasis on presurgical evaluation and participation, postoperative management, surgical judgment, and overall patient care. At least 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 Business Agreement forms with each of our examiners. Should you require further HIPAA information consult our website, [www.aobos.org](http://www.aobos.org)

Thank you very much.

Sincerely,

***The American Osteopathic Board of Orthopedic Surgery***

142 Ontario Street  
4<sup>th</sup> Floor  
Chicago, IL 60611

E-mail: [aobos@osteopathic.org](mailto:aobos@osteopathic.org)

Web: [www.aobos.org](http://www.aobos.org)

Phone: 312-202-8208

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

# INDIVIDUAL CHART SURVEY

AOBOS Clinical Grading Form



Clinical Examiner Name:\*

Candidate Name:\*

Candidate should prefill Candidate Name and Case # for each of the 20 charts and print a set for each examiner

[click here for link to form](#)

## 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*   | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 2.a Satisfactory Chart Mechanics: H&P/Consults/Progress Notes*  | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 2.b Satisfactory Chart Mechanics: Operative Consent*  | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 2.c Satisfactory Chart Mechanics: Operative Report/Discharge Summary/Orthopedic Post-Op Instructions* | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 3. Indications for Surgery*   | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 4. Performance of Surgical Procedure*   | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 5. Quality of Follow-Up Care*   | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> Superior |
| 6. Holistic Impression*   | <input type="radio"/> Unsatisfactory | <input type="radio"/> Marginal | <input type="radio"/> Satisfactory | <input type="radio"/> 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



# SURGICAL OBSERVATION

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

[click here for link to form](#)

## 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