AMERICAN OSTEOPATHIC BOARD OF SURGERY

INSTRUCTIONS FOR PLASTIC & RECONSTRUCTIVE SURGERY ORAL/CLINICAL EXAMINATION FOR CANDIDATES ENTERING THE AOBS CERTIFICATION PROCESS AFTER JANUARY 1, 2006

1. After successfully completing the written examination, the candidate will register for the oral examination. The oral examination will contain a section of theory and practice and a section of case reports. The exams will consist of 10 oral questions and 5 clinical questions (each question is equally weighed).

2. The case-reports will consist of five (5) cases selected from the candidate logs and are to be prepared by the candidate following the explicit instructions on case report preparation available for download at www.aobs.org under "Clinical Exam Instructions – Plastic and Reconstructive Surgery." Please prepare all logs using these Excel files.

3. LOG SUBMISSION for CLINICAL PORTION OF EXAMINATION

   A. The candidate is instructed to keep accurate and complete photographic records of all cases during the collection period.

   B. The ten (10) month collection period will run from July 1st – April 30th. ***A minimum of 50 operative cases in a given collection period is required – no logs will be accepted if under the 50 case required.***

   C. Candidates must perform at least one case from two of the following four categories:

GENERAL RECONSTRUCTION	COSMETIC	CRANIOFACIAL	HAND
Breast Reduction	Breast Surgery	Cleft Lip and Palate	Complex Hand Trauma
Breast Reconstruction	Facial Cosmetic (Facelift, Necklift, Blepharoplasty, Rhinoplasty)	Facial Fractures Excluding Closed Nasal Fractures	Carpal Tunnel
Pressure Sore Flaps (No Debridements)	Liposuction	Congenital	Ganglion Cysts
Skin Cancer Flaps (No Complex Closures)	Abdominoplasty		Microvascular Surgery
Lower Extremity Trauma	Body Contouring		
Otoplasty			

*****Please note: multiple surgeries on one patient will be counted as ONE case.**

DO NOT INCLUDE: Voluntary surgery in developing countries; minor surgery (lesions, lipomas, benign lesions, minor lacerations, skin cancers without flaps, debridements, minor laser procedures, hardware removal); assistant or co-surgeon cases in which the candidate is not the surgeon of record; procedures for injectables (i.e., fillers, Botox®).

D. The completed logs are to be printed and submitted to the board office by May 15, following the explicit instructions on log submission supplied by the board and available for download on the AOBS website www.aobs.org. Logs submitted electronically will be accepted. Payment of the $2750 oral examination fee is not required at this time; however, if logs are received between May 15 and May 21, the candidate will be required to pay a $500 late logs submission fee. Logs submitted after May 21st will not be accepted.

E. Once the Board reviews the submitted logs and deems them appropriate in diversity, complexity and volume, the candidate will be admitted into the PLR oral examination process.

F. If the Board identifies insufficiencies in these categories, it will not be counted as an examination failure; however the candidate will be allowed to submit logs from a new collection period that may include the following year, as well as the current year, for a total of a two-year aggregated total.

Plastic & Reconstructive Surgery for the Portion of Oral Examination Categories

1. CRANIOFACIAL - includes facial fractures, maxillofacial

2. HAND - includes upper extremities, wrists, hands and forearms

3. CONGENITAL - includes cleft lip, cleft palate, otoplasty

4. BREAST RECONSTRUCTION - includes tissue expansion, TRAM flaps, L-D flaps, nipple/areola reconstruction, complication of implantable materials, Poland's syndrome treatment, etc.

5. BREAST - includes reduction mammoplasty, augmentation mammoplasty, mastopexy, mastopexy with augmentation, etc.

6. MUSCLE FLAP RECONSTRUCTION - includes pressure sores, lower extremity reconstruction, chest wall reconstruction, etc.

7. MICROVASCULAR SURGERY

8. OCULOPLASTIC - includes blepharoplasty, canthoplasty, tarsal strips, complex perioccular reconstruction, etc.

9. CANCER - includes squamous cells, basal cell, melanoma, sarcoma and all reconstruction, etc.

10. BURNS - includes any reconstructive surgery to burn injury, etc.

11. RHINOPLASTY - includes aesthetic and functional components, with functional septoplasty and turbinoplasty, etc.

12. LASER - includes laser resurfacing, laser treatment for hemangiomas, vascular lakes, etc.

13. AESTHETIC FACIAL - includes forehead lift, face lift, mid-facial lift, malar augmentation, chin augmentation, hair transplantation and/or flaps, and autologous fat transplantation

14. AESTHETIC BODY CONTOURING - includes abdominoplasty, thigh lifts, lower body fascial suspension, lipoplasty, fat transfer and brachioplasty

15. OTHER - includes another other major PLR procedure not mentioned above

Plastic surgery is a vast field with many overlapping surgeries (i.e., craniofacial defects may also be congenital). The Board will review each presented case separately and advise the examinee accordingly.

CASE PREPARATION INSTRUCTIONS FOR THE PLR CLINICAL PORTION OF THE EXAMINATION

1. Submit typed/computer-generated segregated totals and logs in chronological order as follows:

Cases submitted are to be from the start of your practice to the submission date, OR candidates in practice more than a year should submit logs for the most recent 10-month collection period (July 1st – April 30th). Include all inpatient, outpatient or office-based surgery procedures. Include all patients who were hospitalized, even if managed non-operatively.

You must have been the surgeon of record and have dictated all of the operative reports.

Segregated consecutive cases with mortalities shall include:

● Date	● Hospital readmission within 30 days
● Hospital case number	● Pathology
● Patient age and gender	● Pre- and post-op photos
● Operative procedure	● CPT codes
● Pre- and post-op diagnosis	● Length of stay
● Complications	● Termination date

Logs should be segregated according to the appropriate spreadsheet tabs and listed chronologically within each category. *NOTE: Mortalities are to be listed under the Mortalities tab only.*

Logs must be certified by one of the following: **Hospital Administrator, Chief of Service or Medical Records Director.** This certification may be a separate letter or by signature on the first page of the logs.

If all information is not provided, you will be denied on this portion of the examination.

2. The Board will review logs and select a minimum of five (5) cases plus all mortalities for review.

3. **Each candidate is to submit one copy of each clinical case review in a *PDF format* to include:**

● Case summary	● Operative report face sheet	● All consults
● History and physical	● OR worksheet	● Progress notes (physician only)
● Admission note	● Billing, including CPT codes*	● Discharge summary
● All labs, x-ray and pathology	● Autopsy, if applicable	● Pre- and post-operative photos (MANDATORY)
● Pertinent office records	● Pathology report	
● Anesthesia record	● All orders	

* Please include: health insurance claims forms, electronically-generated bills including those given to patients but not submitted to third-party payors, invoices for cosmetic procedures and for procedures performed gratis.

Each case should be submitted in a separate PDF file identifying the case number. Cases may be sent to the AOBS by email, USB drive or CD-ROM. The files should be password protected with the candidate's AOA number as the password.

4. Cases must be submitted to the AOBS office no later than **August 15th.**

GUIDELINES FOR PREPARATION OF CASES FOR BOARD REVIEW

I. Pre-op Evaluation Elements

A. Chief Complaint
B. History of Chief Complaint
C. Associated Medical Problems
D. Workup of Above, Including

1. Lab
2. Diagnostics
3. Operative and Pathology Reports from Previous Biopsy or Surgery
4. Special Studies (i.e., angiograms)
5. Pre- and Post-operative Photos
6. Bills (including Health Insurance Claims Forms and Electronically-generated Bills)
7. CPT Coding

E. Medical History
F. Surgical History
G. Medications
H. Allergies
I. Review of Systems Including Musculoskeletal Complaints
J. Complete Physical findings as Related to Procedure Planned or Problem Examined
K. Working Diagnosis (Including Pre-op Staging)
L. Rationale for Surgery - Hospital Consult, Office Notes, History & Physical or a Combination

1. Need for Surgery vs. Medical Therapy
2. Procedure Planned

II. Operative Elements

A. Appropriate Procedure for Problem Found at Time of Surgery
B. Operative Note (Rational, Readable, Realistic)
C. Operative Time
D. Blood Loss
E. All Complications (Acceptable or Unacceptable, List Regardless of How Small or Large)
F. Pathology Report Including Any Special Studies on Tissue

III. Other Elements

A. Care (Inpatient or outpatient, Appropriate to Situation but Must Cover Therapy until Point of Discharge from Surgeon's Care)
B. Length of Stay (Appropriate for Inpatient Diagnosis)
C. Stability at Time of Inpatient Discharge
    1. Wound Healing
    2. Results of All Cultures, Tests and X-rays Addressed in Record
    3. Other Medical Problems Addressed
D. If Abnormalities are found in Outpatient Pre-op Testing, These Items Should Also Be Addressed in Records Submitted from Office Chart

IV. Follow-up Care Indicated in Chart (Oncologic and Non-oncologic Problems) Including

A. Need for Further Testing, Consultations, Treatment
B. Medications
C. Specialized Nursing Needs
D. Restrictions of Activities
E. Diet

V. Post-op Staging

VI. Discharge Summary Including

A. Hospital Discharge Summary
B. Dictated Discharge Summary When Patient is Discharged to the Care of Referring Physician

YOUR ORAL CASE PRESENTATION EXAMINATION BEGINS WITH THE SUBMISSION OF THE REQUESTED CASES. IF THESE ARE NOT COMPLETE AND WELL-ORGANIZED, YOU MAY FAIL THE EXAMINATION.

INCLUDE ALL REQUESTED INFORMATION AS DESCRIBED IN THESE INSTRUCTIONS.

DO NOT INCLUDE ITEMS THAT ARE NOT REQUESTED (I.E., NURSES ORDERS).

REMEMBER! ALL IDENTIFYING PATIENT INFORMATION MUST BE OBLITERATED FROM EVERY CHART.

APPEARANCE OF SUBMITTED MATERIALS

Each PLR oral examination case review should be submitted to the Board in a neat and orderly fashion.

Following are some examples and notes to assist you in preparing acceptable materials for a Board review.

A CASE SUMMARY MUST BE INCLUDED AS THE FIRST PAGE IN YOUR CHART. A case summary differs from the discharge summary in that the case summary details the case from first presentation through discharge and is a recap of the entire case. It is a single-page summary of pre-operative, operative and post-operative course including the outcome and final condition of the patient.

Candidates will prepare each case as a PDF file with an identifying case number. **The files should be password protected with the candidate's AOA number as the password. Bookmarks should be inserted corresponding to the following tabs:**

● Case summary	● Operative report face sheet	● All consults
● History and physical	● OR worksheet	● Progress notes (physician only)
● Admission note	● Billing, including CPT codes*	● Discharge summary
● All labs, x-ray and pathology	● Autopsy, if applicable	● Pre- and post-operative photos (MANDATORY)
● Pertinent office records	● Pathology report	
● Anesthesia record	● All orders	

IMPORTANT: During your preparation of the cases, if one or more of the tabs (i.e., consults) will remain empty, insert a sheet stating "INTENTIONALLY LEFT BLANK" that lets the examiners know that there is nothing to submit for this tab.

Notes for completion of case records:

- **It is recommended that the case be completely prepared in paper form then scanned and bookmarks inserted to correspond with the tabs above.**
- ***The candidates must bring a complete printed copy of each case chart to the exam. Additionally, they may bring a laptop or laptop equivalent with their pdf files and any supporting material.***
- **Numerous commercially available software packages are available for preparation or outside document services can assist with the process of scanning and bookmarking the document. (If using an outside service ensure they are HIPAA compliant.)**
- **Due to large scanned file sizes a USB drive may be a preferred method of submission.**

You may bring additional information with you to the examination in order to defend your cases. Neatness is required for the cases to be reviewed by the Board.

Submit your oral examination fee check, completed Sign-Off form and AOBS Business Agreement and send by certified mail to the AOBS office. Send your charts via CD-ROM or USB drive in the same package. Include your AOA number as the password for the PDF files on a separate paper. The AOBS office must receive these documents with your charts. There will be no exception to the policy.

ATTESTATION: The American Osteopathic Board of Surgery requests that the cases and medical records that you submit for review for your PLR oral examination reflect true and accurate information.

AOBS
142 E. Ontario Street, 2nd Floor, Chicago, IL 60611
1-800-621-1773 Ext. 8078
312-202-8078
FAX 312-202-8378
Email: aobs@osteopathic.org
www.aobs.org