

DIPLOMATE

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PRESIDENT'S REPORT

“*Doing the Right Thing*” is the title that G. Paul DeRosa chose when he penned the most recent history of the American Board of Orthopaedic Surgery (ABOS), stating that “throughout its history ‘doing the right thing’ has been the foundation of the Board’s policies.” As we move into the 79th year of the Board’s existence, I can assure you that the 20 orthopaedic surgeons serving the ABOS are dedicated to just that: doing the right thing! Our Board has been a leader among the member Boards of the American Board of Medical Specialties (ABMS) in upholding the high standards of the profession of medicine. The ABOS exists to serve the best interests of the public and the medical profession by establishing educational standards for our residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. This is a critical process – our certification should be designed *by* orthopaedic surgeons *for* orthopaedic surgeons. As Marybeth Ezaki has stated in a previous issue of the *ABOS Diplomat*, “As a Profession, we have the unspoken contract to regulate ourselves. If we fail as a profession, we may find ourselves in the situation where outside organizations or governmental bodies take on this role. We must not lose our status as a Profession, for we will then be relegated to that of a mere trade.” In 1986, the ABOS established recertification because it was the right thing to do; commitment to lifelong learning and ongoing certification are important to a profession. Therefore, the ABOS has developed the current Maintenance of Certification (MOC) program over the past several years. In continuing to do the right thing, we are committed to making the MOC program value added and cost-effective for our diplomates.

It is an honor and a privilege to serve as the 58th President of the ABOS – the Board has accomplished much over the past 77 years and our agenda is full for the coming year as well. We will continue to depend on the incredible volunteerism of orthopaedic surgeons from across the country, representing all aspects of our profession. To keep our computerized examinations up-to-date, more than 100 orthopaedic surgeons voluntarily contribute their time and expertise to the writing, reviewing, rewriting, and standardizing of the questions which make up our examinations. Each July, over 200 of our orthopaedic colleagues serve as examiners for our Oral Examinations – this involves the donation of a week of their time away from their families and practices. The ABOS also continues to depend on countless Diplomates who complete peer review evaluation questionnaires for those orthopaedic surgeons applying for certification and maintenance of certification. This incredible volunteerism sets Orthopaedic Surgery apart from the other medical specialties



DAVID MARTIN, MD

and places us in a leadership role in advancing the process of maintaining our standards as a Profession.

Dr. James Kasser has served as the ABOS President over the last year and has done an outstanding job in advancing our agenda – he has represented the Board and our Diplomates extremely well with his insight and leadership. Dr. Kasser’s tireless dedication has set a great example, and our Board has accomplished much under his guidance. Former

ABOS Presidents Drs. Harry Herkowitz, John Seiler, and Randy Marcus have continued in significant leadership roles. This year the ABOS welcomes Dr. Terrance D. Peabody and Dr. Peter M. Murray as Directors-Elect. These individuals are committed to the certification process and have been selected based on their distinguished backgrounds and service to our profession. The Board continues to consider subspecialties, practice patterns, and geographic distribution as new Directors are elected. The American Medical Association (AMA), the American Academy of Orthopaedic Surgeons (AAOS), and the American Orthopaedic Association (AOA) submit slates of candidates to the ABOS on a rotating basis and we add two Directors-Elect to our membership each year.

Our profession has a history of being committed to lifelong learning and practice improvement, and our certification processes are undergoing continuous modification to reflect changes in our environment. The process begins with the Part I Written Examination – this examination has been computerized and updated. New questions and images are added on a yearly basis. The exam is reliable and valid; we continue to place it under intense scrutiny with constant revision and review from a diverse group of orthopaedic surgeons. Under the leadership of Dr. Regis O’Keefe, the Written Examinations Committee has reviewed examination content and validity. With significant changes in residency education, the committee will continue to closely monitor candidate performance on the examination. Dr. Annunziato

(President’s Report Continued on page 13)

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MAINTENANCE OF CERTIFICATION REPORT

THOMAS PARKER VAIL, MD

The specialty of orthopaedic surgery leads all medical groups in providing exceptional opportunities for continuous improvement and lifelong learning. Credit for this success is due to the tireless work of physician educators, professional organizations, and individual surgeons in our field who participate in a multitude of programs directed at quality improvement. Our processes for peer

review, our spirit of volunteerism, tools for self-assessment, and the provision to provide a secure examination are held among specialty medicine as being exemplary.

The American Board of Orthopaedic Surgery (ABOS) Maintenance of Certification (MOC) program is designed to provide orthopaedic surgeons a mechanism to receive ongoing credit for lifelong learning and continuous improvement after the initial board certification is achieved. The American Board of Medical Specialties (ABMS 2005) defines maintenance of certification as “a process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.”

Maintenance of Certification is of interest not only within our specialty and to the ABMS, but also to our patients, payers, and licensing groups at the State level. Hospitals, Health Systems, Insurers, and State Medical Boards are increasingly asking orthopaedic surgeons about their “MOC status” at the time of license renewal or initiation of a new license in another State. The Joint Commission requires physician participation in performance improvement, faculty positions at ACGME residency programs may require MOC, and some hospital credentialing bodies are now requiring MOC.

The distinction between licensure and certification is important. Licensure is a government function, certification is a professional function. State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking renewal of licensure. Licensure is a “states right.” Sixty-nine state licensing boards license 850,000+ physicians. Obtaining a medical license generally requires 4 years of medical school, 1-3 years of post-graduate training, a 3-part national licensing examination, and professional qualifications. A medical license is “undifferentiated” – not based on specialty. To maintain a license requires submission of a renewal form, a renewal fee (varies by state), and continuing medical education (varies by state). The Federation of State Medical Boards has defined a framework to maintain a license with the essential components including competencies in medical knowledge, patient care, interpersonal and communication skills, practice based learning, professionalism, and systems based practice.

The American Board of Orthopaedic Surgery designed the

Maintenance of Certification process to meet the requirement to demonstrate ongoing professional competence to anyone who might require that information, including the public, a credentialing body at a hospital or professional organization, or a State Medical Board. The ABOS MOC cycle occurs over a period of 10 years, and includes four parts. The four parts meet all of the requirements set forth by the American Board of Medical Specialties. Part I is defined as “Evidence of Professional Standing” (unrestricted State medical license, unrestricted surgical privileges, peer review – professionalism and behavior). Part II is “Evidence of Life Long Learning” (120 CME credits, of which 20 are self-assessment scored and recorded activities). Part III is “Evidence of Cognitive Expertise” (a secure exam- either computer exam or practice-based oral exam). Part IV is “Evidence of performance in practice” (case lists and peer review).

The goal of Part IV of MOC is to provide orthopaedic surgeons with a way to evaluate the quality of their own practice using familiar metrics which demonstrate self-improvement. The ABOS plans to expand current Part IV activities (the case list and peer review) with other options to fulfill this part of MOC. Other options being developed include “practice improvement modules” called PIMS, which are developed by content experts such as the AAOS or subspecialty organizations, and approved by the ABOS.

Practice improvement modules are not mandatory; they are simply another option to fulfill the Part IV requirement for evidence of performance in practice. A PIM is essentially a closed loop of practice review and improvement. In broad terms, a PIM would provide a structure to measure an activity in practice, assess performance, complete an education module on the subject, plan improvement, and then re-measure. CME credit would be given for completion of a PIM. Currently, PIMS are being developed by a number of subspecialty groups and the AAOS, including topics such as carpal tunnel release, distal radius fracture, hammertoe treatment, and treatment of supracondylar humerus fractures in children. Many other topics are sure to follow.

In the end, one important goal of the practice improvement plan for Part IV is simplicity, with options that align surgeon activities in hospital QI, specialist society activity, or other professional activity that constitutes defined practice improvement.

In order for the ABOS to provide the array of options required for a successful MOC program for those diplomates needing MOC, considerable infrastructure upgrades are being constructed within the ABOS. These include a search for a qualified staff coordinator to work with myself and the other Directors of the ABOS to meet the needs of the MOC program. Additionally, we are adding a staff coordinator for the information technology upgrades and infrastructure to support this activity. The goal is to allow diplomates to enter an MOC agreement and designate participation in MOC with a keystroke on the ABOS webpage. The ABOS will provide an option for those organizations needing assistance with management of databases related to PIMS. We

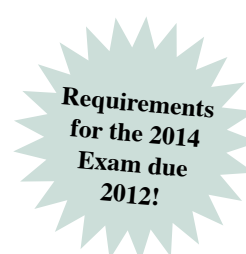
want to improve the seamless transfer of CME credit from the AAOS and other professional organizations to the ABOS records, and “push” information to Diplomates about deadlines and opportunities related to MOC participation.

Finally, it should be emphasized that the MOC program does not change certification status for lifetime certificate holders.

The lifetime certification is secure, and does not change with this program. Some lifetime certificate holders will likely need or want to enter the MOC process, and they will be able to do so in the same manner as time-limited certificate holders by signing an MOC agreement, activating a computer account with the ABOS, and starting a 10 year cycle.

MAINTENANCE OF CERTIFICATION FOR DIPLOMATES OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY WITH CERTIFICATES EXPIRING IN OR BEFORE 2016 who want to take the 2014 EXAMINATION

MOC Computer Examination Pathway*



CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		CASE LIST		APPLICATION		EXAMINATION	
taken in	due	during	due	available	due	fee due	in
2010-2012	12/15/12	2012	12/15/12	2/1/13	5/1/13	11/30/13	2014
<p>120 credits of Category 1 Orthopaedic CME, including 20 or more SCORED & RECORDED self assessment exam credits. Each SAE must be 10+ credits. The AAOS, ASSH, AOSSM, JBJS, CNS & NYSSOS offer SAE that qualify.</p>	<p>CME credits must be entered into the CME Summary at abos.org, then finalized and the MOC fee paid online. The Summary must be printed and certificates or transcripts from the issuing bodies must be attached to the Summary and mailed to the Board Office.</p>	<p>3 month surgical case list (limit 75) performed in hospitals and surgery centers during 3 consecutive months within the year indicated.</p>	<p>Case list must be entered at abos.org, then finalized & printed. Printed case list must then be signed by the medical records director, notarized & mailed to the Board office.</p>	<p>Application accessible at abos.org to Diplomates who have completed the MOC requirements. (CME, SAE and 3 month case list are finalized & documents have been received in the Board office.)</p>	<p>Application must be completed at abos.org, then finalized and app fee paid online. Printed signature page and additional required documents must be mailed to the Board office.</p>	<p>After the Credentials Committee meets, candidates receive their acceptance to sit letters in October. They must then go online and pay the exam fee at abos.org.</p>	<p>Exam options: 1) General 2) Adult Recon 3) Spine Surgery 4) Combined Hand (holders of hand subspecialty cert) 5) Combined Sports (holders of sports subspecialty cert).</p>

MOC Oral Examination Pathway

CONTINUING MEDICAL EDUCATION & SELF-ASSESSMENT EXAMS		APPLICATION		CASE LIST		EXAMINATION	
taken in	due	available	due	during	due	fee due	in
2010-2012	12/15/12	2/1/13	5/1/13	2012-2013	11/30/13	11/30/13	2014
<p>120 credits of Category 1 Orthopaedic CME, including 20 or more SCORED & RECORDED self assessment exam credits. Each SAE must be 10+ credits. The AAOS, ASSH, AOSSM, JBJS, CNS & NYSSOS offer SAE that qualify.</p>	<p>CME credits must be entered into the CME Summary at abos.org, then finalized and the MOC fee paid online. The Summary must be printed and certificates or transcripts from the issuing bodies must be attached to the Summary and mailed to the Board Office.</p>	<p>Application accessible at abos.org to Diplomates who have completed the MOC requirements. (CME Summary is finalized & it along with supporting documents have been received in the Board office.)</p>	<p>Application must be completed at abos.org, then finalized and app fee paid online. Printed signature page and additional required documents must be mailed to the Board office.</p>	<p>6 month surgical case list performed in hospitals and surgery centers during 6 consecutive months within the years indicated.</p>	<p>Case list must be entered at abos.org, then finalized & printed. Printed case list must then be signed by the medical records director, notarized & mailed to the Board office.</p>	<p>After the Credentials Committee meets, candidates receive their acceptance to sit letters in October. They must then go online and pay the exam fee at abos.org.</p>	<p>Candidates receive their list of selected cases in April, and must then upload the pertinent images & arthroscopic prints for the selected cases online. All other required case materials will be brought to the exam for presentation.</p>

**Diplomates whose certificates expire before they complete the MOC requirements will be required to take the Oral Examination Pathway.*

RECERTIFICATION

RECERTIFICATION EXAMINATION REPORT

JUDITH F. BAUMHAUER, MD, MPH, CHAIR



The Recertification Examination is Part 3 of the four part Maintenance of Certification (MOC) program aimed at lifelong learning and practice improvement. The recertification examination options include 1) a computerized written examination or 2) an oral recertification pathway.

The computerized written pathway has a number of tests available from a General exam to the specialty profile exams of Adult Reconstruction, Spine, or Sports (last year 2011). For those with a subspecialty certification in Hand or Sports can take the Combined Exam in those areas.

The general written examination consists of approximately 200 questions and covers general clinical material that all orthopaedists should know regardless of their area of expertise. The ABOS webpage WWW.ABOS.ORG provides additional data on the core orthopaedic knowledge anatomic breakdown for the computerized written examination.

The Specialty Practice Profile Examinations in the areas of Adult Reconstruction, Spine and for the final year in Sports consist of approximately 40% general core questions and 60% subspecialty questions. The Combined Hand or Sports Subspecialty recertification examination has approximately 80 questions of general core questions and 120 specialty specific questions.

In 2011, 917 orthopaedic surgeons took the computerized written recertification pathway. The General Exam pass rate was 96%; Adult Reconstruction 95%; Spine 97% and Sports 98%. The Combined Hand Pass rate was 97% and the Combined Sports Recertification pass rate was 97%.

Cumulative Written Recertification Results

	2007	2008	2009	2010	2011
Examinees	997	893	1223	1108	1073
Pass rate	97%	97%	98%	97%	97%

2011 Written Recertification Results

	General	Adult Recon	Sports Profile	Spine	Combined Hand	Combined Sports
Examinees	542	97	171	107	119	37
Pass rate	96%	95%	98%	97%	97%	97%

2011 Oral Recertification Results

	General	Adult Recon	Sports	Spine	Hand	Foot/Ankle	Pediatrics	Oncology	Trauma
Examinees	32	15	15	21	13	15	12	1	5
Pass rate	84%	87%	100%	71%	77%	87%	100%	100%	100%

The alternative recertification pathway is the Oral Examination. This recertification examination is focused on the submitted case list. Like the Part II Oral Examination for initial certification, the Diplomat chooses the subspecialty that most closely represents his/her practice. One-hundred and twenty nine orthopaedists chose this pathway with an overall pass rate of 86%.

Diplomates are eligible to take a recertification examination up to two years prior to the expiration date on their certificate provided they have completed the MOC requirements. The reporting date for MOC Case List and CME/SAE are 15-23 months PRIOR to the computerized test. The application for the computerized test is due MAY 1st, the year PRIOR TO the exam.

PLEASE, visit WWW.ABOS.ORG to familiarize yourself with the deadlines.

2013

MOC RECERTIFICATION EXAMINATIONS

Applications Available: Currently
Application Deadline: May 1, 2012*

** Diplomates must have completed their MOC requirements prior to 2012 in order to apply.*

2012

MOC RECERTIFICATION EXAMINATIONS

General/Adult Reconstruction/Surgery of the Spine Examinations

March 1 thru April 30, 2012

at Prometric Testing Centers, Nationwide

Oral Recertification Examination

July 23, 2012

at the Palmer House Hilton, Chicago

Combined Hand Examination

September 10-22, 2012

at Prometric Testing Centers, Nationwide

Combined Sports Examination

November 1-14, 2012

at Prometric Testing Centers, Nationwide

CREDENTIALS COMMITTEE

CREDENTIALS COMMITTEE REPORT

SANFORD E. EMERY, MD, CHAIR

MEMBERS:

Judith F. Baumhauer, MD, James E. Carpenter, MD, John Erbland,
Harry N. Herkowitz, Jr., MD, J. Lawrence Marsh, M.D., David F. Martin, MD, Peter M. Murray, MD,
James R. Roberson, MD, John G. Seiler, III, MD, Terry L Thompson, MD, Shepard R. Hurwitz, MD

The Credentials Committee of the American Board of Orthopaedic Surgery has a primary role to assess the professional competence and adherence to acceptable ethical and professional standards of candidates applying for the Part II Oral Certification Examination and the Recertification Examinations. We review information the candidate has supplied as part of our application requests for

part II certification or recertification, as well as any information pertaining to the committee's charge received from state licensing boards, the public, or medical professionals.

All diplomates of the ABOS and candidates for ABOS certification must demonstrate evidence of professional standing. A full unrestricted license to practice medicine in all state jurisdictions in which the applicant or diplomat holds a license is required. Practice Performance Assessment also occurs at the time of the Part II Oral Exam and Recertification Exam. The primary tool used for practice performance assessment continues to be the peer review form. This form (yes the orange op scan form!) is sent out to individuals identified by the applicant or diplomat who we contact for feedback on the quality of work and professionalism of the applicant. These individuals include orthopaedic colleagues, current and former practice partners, residency and fellowship program directors, chiefs of hospital staffs in orthopaedics, surgery, emergency medicine, radiology, and anesthesiology; operating room nurse supervisors, and heads of orthopaedic nursing. This peer review form asks questions in six areas of competency: professionalism, communication and interpersonal skills, patient care and surgical skills, practice based learning and improvement,

systems based practice and medical knowledge. The ABOS is truly indebted to the multiple diplomates and other professionals who complete these forms every year. Indeed the success of the credentialing process depends upon our collective sincere efforts in this area.

As part of the practice performance assessment, a six month case list for Part II examinees is required and a three month case list for Recertification examinees. The ABOS is currently working to improve our process of using these case lists to evaluate the candidate's or diplomate's practice.

The Credentials Committee meets twice per year in Chapel Hill to review applicants for Part II and Recertification. We review individuals whose state licenses have been revoked, which leads to revocation of board certification. Other options in evaluating applications to sit for a given examination include deferral for a year, denial, or acceptance to take the exam. At times we will request and organize a practice site visit to better evaluate the applicant or request that a diplomat take an oral examination as part of the recertification process.

For the 2011 Part II Oral Examination, 663 applicants were admitted, 14 were deferred, 5 were denied the opportunity to sit for the exam and 2 were deferred for a practice site visit. For the 2011 Recertification Examination, 1202 applicants were admitted to the exam, 11 were deferred and 7 were denied the opportunity to sit. In 2011, there were 5 Certificates revoked. These types of decisions are at times quite difficult, yet remain one of the most important functions of the board in maintaining the quality and professionalism of our specialty using underlying principles of fairness and high standards. The ABOS is truly indebted to all individuals, particularly those taking part in peer review, who contribute to this important process.

REVOKED CERTIFICATES

To date, the American Board of Orthopaedic Surgery has revoked the certificates of 64 Diplomates. Listed below are the most recent certificate revocations.

Former Diplomate	Last Known City/State	Year Revoked
Glenn H. Carlson, MD	Toledo, OH	2012
Alexander Chernowitz, MD	Asheville, TN	2011
Rogelio JT Naranja, MD	Fort Kent, ME	2012
John L. Reynolds, MD	Martinsville, IN	2012
Robert J. Tomlinson, MD	Fayetteville, AR	2012

SUBSPECIALTY CERTIFICATION

SUBSPECIALTY CERTIFICATE IN SURGERY OF THE HAND

MICHELLE JAMES, MD, SUBSPECIALTY CERTIFICATION CHAIR
 MARYBETH EZAKI, MD, JOINT COMMITTEE CHAIR



The Joint Committee on Surgery of the Hand is comprised members appointed by the three Primary Boards, Orthopaedic Surgery, Plastic Surgery, and Surgery. The charge to the committee is to set uniform standards for Subspecialty Certification (SSC) in Hand Surgery, to develop and administer the certification and recertification examinations, and to make recommendations to the parent Boards regarding Subspecialty Certification.



During the past two years, the administrative duties for the Hand examinations has transferred to the ABOS. The process of development of the Hand examination begins approximately two years before the exam is deployed to the computer testing centers. The Question Writing Task Force (QWTF) consists of about twenty to thirty volunteers from all

three parent specialties who write questions based on Hand Surgery knowledge and best evidence. The questions are edited by Staff at the National Board of Medical Examiners, and prepared for a face-to-face meeting of the QWTF to review each question for content, accuracy, and relevance. The best questions are then included in a pool of used questions with known performance statistics and used to construct the written examination. A content outline is used as a template to keep the exam consistent from year to year. This content outline ensures that all the major areas of Hand Surgery are covered in the examination. The exam undergoes a final edit by a subgroup of the Joint Committee, and then the test is sent back to the NBME for deployment to the testing centers.

After the exam has been given, the performance statistics for each question are reviewed and a Key Validation exercise is done for questions that are deemed ambiguous, too difficult, or controversial. At this stage, an average of five questions per test are deleted. A content-based standard setting exercise follows, with Hand surgeons from around the country, representing different kinds of practices, and the three parent Boards, reviews question by question, the standard for the minimally competent hand surgeon. Final scoring of the examination takes place after the Key Validation assessment.

Standard Setting for the examination is done after psychometric evaluation by the NBME to determine the difficulty of an examination with respect to prior tests. This assures that a candidate had the same chance of passing this particular test compared to one given before. The Passing scores are set at the same point by the Joint Committee for all three parent Boards. The Certification and Recertification tests are the same, however, passing scores are different.

The ABOS Diplomates who take the SSC Hand Recertification Examination and the Core Questions for recertification in both Orthopaedics and Surgery of the Hand, comply with the same requirements as the ABOS Diplomates with the other SSCs.

The Joint Committee has recommended to the parent Boards, and it has been accepted, that an Oral Pathway for Recertification will be made available for those ABOS Diplomates who wish to take a single Oral examination to fulfill recertification in both Orthopaedics and Surgery of the Hand. Details are being worked out, and hopefully this pathway will be available in 2014.

The Joint Committee is also considering a different recertification examination, rather than using the same examination as for Certification.

The 2011 Hand Examination contained 175 items.

The ABOS, ABPS, ABS Hand Initial Certification Examination was administered September 12, 2011 at Prometric testing centers across the country. In 2011, there were a total of 113 hand surgeons who took this exam. Of these, 78 were Orthopaedic hand surgeons, 25 were Plastics Surgeons, and 10 were General Surgeon Hand Surgeons.

The Fail rate was 1.3% for ABOS candidates, 20% for ABPS candidates, and 10% for the ABS candidates.

(Subspecialty Certification Continued on page 13)

Subspecialty Certification in Hand Examination

	2007	2008	2009	2010	2011
Examinees	42	80	66	57	78
Passes	41 98%	76 95%	62 94%	54 9%	77 99%

Subspecialty Recertification in Hand Examination

	2007	2008	2009	2010	2011
Examinees	4	16	41	23	14
Passes	4 100%	16 100%	39 95%	23 100%	13 93%

Combined Hand Surgery Recertification Examination

	2007	2008	2009	2010	2011
Examinees	100	85	139	105	119
Passes	98 98%	82 96%	135 97%	101 96%	116 97%

2012 SUBSPECIALTY CERTIFICATE IN HAND SURGERY

Subspecialty in Hand Surgery Examination
 September 10, 2012

Subspecialty in Hand Surgery Recertification Examination
 September 10-22, 2012
 at Prometric Testing Centers, Nationwide

2013
 Applications available November 1, 2012

For the Combined Hand Recertification Exam schedule, see page 4.

SUBSPECIALTY CERTIFICATE IN ORTHOPAEDIC SPORTS MEDICINE

JAMES E. CARPENTER, MD, CHAIR

The purpose of this report is to review and update you on Subspecialty Certification in Orthopaedic Sports Medicine. This report will include: 1) A brief history of the process, 2) The current status of Sports Subspecialty Certification, and 3) Future directions including folding the Sports Subspecialty Certificate into the MOC process and the creation of an oral sports recertification pathway.

The grandfather period for those individuals who did not graduate from an ACGME accredited fellowship to sit for the Sports Medicine Subspecialty Certification examination ended with the 2011 examination.

1) Brief History

In 1998, the leadership in Orthopaedic Sports Medicine decided to pursue Subspecialty Sports Certification Status (Hand surgery was approved in the 80's). After careful deliberations and analysis of scientific surveys, it was determined that Orthopaedic Sports Medicine had "a unique body of knowledge and area of practice" worthy of subspecialty certification. The original application was submitted to the ABOS in 1998 and it was approved in 2000. Then, it was sent to the ABMS (the "mother" board) for approval in 2003. Over the next 4 years, the ABOS and NBME worked on developing an examination that was fair, psychometrically sound, valid, and reflected our "body of knowledge."

2) Current Status of Sports Medicine Subspecialty Certification

The first examination was given in 2007. Since then, we have completed 5 years of examinations. Each year, the exam consists of approximately 200 questions and is given over a 4 hour time period. Starting in 2010, the exam contains video questions. The content breakdown that was determined to reflect the "body of knowledge" (i.e. curriculum) of a graduating sports medicine fellow or practitioner is as follows:

- General principles (5%) (Research, study design, statistics, ethics, professionalism)
- Medical aspects of Sports Medicine (20%)
- Musculoskeletal (75%) - Upper extremity (30%), Lower extremity (40%), Spine (5%)

In addition to the usual rigorous psychometric evaluation done with the NBME, the past 5 tests have also undergone a standard setting exercise. This involves having 10 experienced (ACGME

accredited fellowship and in practice a minimum of 10 years) sports orthopaedists sitting the exam and acting as judges to rate all items and determine passing rates. This exercise was done to further adjust and establish a final passing score. The results of the past 5 exams are listed on this page.

The Board has made several changes in the application process to make it more user friendly. A drop-down menu of acceptable Sports Medicine cases was created. Also, a "counter" was created to show the number and type of cases entered. These changes make it easier for the applicant to record acceptable Sports Medicine surgical and non-surgical cases. The minimum number of Sports Medicine cases required to sit the exam is 125. One hundred and fifteen of the 125 are surgical (75 arthroscopies) and 10/125 are non-surgical cases.

3) Combined Sports Medicine Examination

A critical goal of the subspecialty certification process is to make it consistent with the Subspecialty Certification in Surgery of the Hand (formally Certificate of Added Qualification or CAQ) and the MOC process. With this in mind, in 2009, the Board approved the following proposal:

"Those individuals who pass the Sports Medicine Subspecialty Certification Exam will be eligible to sit a combined pathway examination to satisfy Part III MOC requirements when the Diplomate is eligible to apply for recertification of the primary certificate."

The primary orthopaedic and subspecialty certificates then have the same expiration dates. The Combined Sports Examination satisfies Part III of the MOC requirements. It is 200 questions in length and will consist of 120 questions from the Sports Medicine Subspecialty Examination pool and 80 questions from the General Orthopaedic Exam pool. The first Combined Sports Examination was given in 2010 with sixty-three candidates taking the examination. In 2011, thirty-seven candidates took this pathway.

*(Subspecialty Certificate in Orthopaedic Sports Medicine
Continued on page 13)*

Subspecialty in Sports Medicine Examination

	2007	2008	2009	2010	2011
Examinees	587	356	322	419	425
Passes	529 90%	330 93%	281 87%	365 87%	378 89%

2012 SUBSPECIALTY CERTIFICATE IN SPORTS MEDICINE

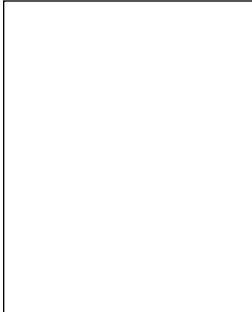
Examination: *November 1, 2012*
at Prometric Testing Centers, Nationwide

2013
Applications available August 1, 2012

For the Combined Sports Exam schedule, see page 4.

PART I CERTIFICATION REPORT

REGIS J. O'KEEFE, MD, PHD CHAIR
ANNUNZIATO AMENDOLA, MD



A key mission of the ABOS is to certify the expertise, knowledge, judgment, and skills of orthopaedic surgeons through the Part I Certification Examination. The examination is designed as the first part of a two-stage process to provide a fair and accurate assessment of the ability of surgeons trained in orthopaedics to provide the highest quality, state of the art care to members of the public. The examina-

tion was developed through the active oversight of the 2010-2011 Written Examination Committee (WEC). Dr. Regis O'Keefe served as chair and Dr. Annunziato Amendola as the co-chair. The committee members including Drs. Albanese, Anglen, Baumhauer, Carpenter, Emery, Ezaki, Harner, Herkowitz, Kasser, Marcus, Marsh, Martin, Roberson, Seiler, Thompson, and Vail. A special thanks goes to Dr. Chris Harner who is retiring from the WEC.

The 2011 Written Certification Examination was created through the work of over 70 orthopaedic surgeons practicing throughout the United States. These surgeons represent all disciplines and subspecialties within orthopaedic surgery. The process of creating the 2011 examination began two years earlier during the summer of 2009, when the members Question Writing Task Force were provide with their question writing assignments. Eight more steps followed: 1) Examination questions were submitted to the National Board of Medical Examiners (NBME) in December 2009; 2) NBME staff edited and categorized examination questions into one or more of 18 subcategories. 3) Questions were returned to the question writers for additional review prior to the meeting; 4) The Question Writing Task Force convened in Philadelphia in April, 2010 for a review of all of the questions. 4) Approved questions received final edits and were entered into an item library at the NBME. 5) In November 2010 the Field Test Task Force met in Chicago to review and approve questions tentatively selected for the 2011 examination. 6) The NBME assembled the proposed examination, with attention to broad representation of all areas of orthopaedic practice. 7) In January 2011 the ABOS Written Examination Committee met and discussed and approved each examination question selected for the examination. 8) In March 2011 the Chairman of the Written Examination Committee and the Executive Director reviewed the proofs and gave final approval to the examination.

Eligibility for the Part I Certifying Exam requires that candidates complete an ACGME accredited orthopaedic residency that includes 51 of 60 months of clinical training. Canadian residents that have passed the Royal College of Physicians and Surgeons Examination are eligible for ABOS Part I examination. A third pathway is the Academic Pathway whereby a foreign trained orthopaedic surgeon may seek approval to take the Part I examination

following a total of five years of clinical orthopaedic experience at a US academic center.

Prospective candidates are encouraged to register for the examination soon after receiving their scheduling permits so as to maximize the chance that they will be assigned to the test site of their choice. The registration process requires candidates to complete an ABOS-sponsored tutorial that familiarizes candidates with the examination format. The 2011 examination was designed with 7 separate test blocks. Blocks 1-6 each are allocated 75 minutes for completion, while block 7 has a total of 30 minutes for completion. There are 45-minutes of break time during the examination.

2011 ABOS Part I Certification Examination was held on July 7, 2011. This was the second year that the examination was presented in a computerized format. The computerized examination allows the inclusion of multimedia questions that include explorable CT/MRI scans, arthroscopy videos and physical exam videos. More than 180 Prometric Test Sites were used across the United States and Canada. A total of 832 candidates sat for the examination and all candidates completed the examination. 680 candidates took the examination for the first time while 152 candidates were repeating the examination due to prior failure.

The 2011 examination consisted of 312 questions. Members of the Written Examination Committee performed a key validation process and 8 items were removed from the examination scoring. Thus a total of 304 questions were used to measure candidate performance on the examination. In August 2011 the ABOS Written Examination Committee convened to review candidate performance on the examination and to set a passing standard based upon the distribution of scores and a detailed psychometric evaluation of the test. The candidates were notified of their results in September 2011.

(Part I Certification Continued on page 14)

Part I Certification Examination

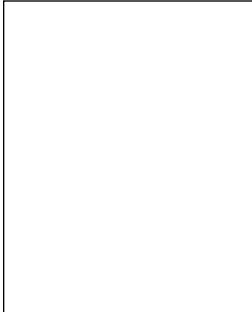
	2007	2008	2009	2010	2011
Examinees	728	715	719	779	832
Passes	641 88%	610 85%	643 89%	628 81%	660 79%

2012
PART I WRITTEN EXAMINATION
July 12, 2012
at Prometric Testing Centers, Nationwide

2013
Applications Available October 1, 2012

PART II ORAL EXAMINATION REPORT

STEPHEN A. ALBANESE, MD, CHAIR



The purpose of the Part II oral examination process is to evaluate candidates' clinical competence through credentialing and examination. Unlike the Part I written examination, which primarily assesses knowledge, the goal of the Part II examination is to assess the application of knowledge. Upon successful completion of the Part II examination, candidates become Diplomates of the American Board of

Orthopaedic Surgery and Board certified in orthopaedic surgery for a period of 10 years. This also marks the beginning of the first Maintenance of Certification cycle.

The 2011 ABOS Part II oral examinations were conducted July 19-21 in Chicago, IL. In order to be admitted to the oral examination, a candidate must have successfully completed the Part I written examination, possess a full and unrestricted medical license in the United States or Canada or be engaged in full-time practice in the United States federal government for which licensure is not required. Candidates also must have been in practice for at least 22 months, of which at least 12 were in a single location. Candidates are evaluated through a peer review process that includes input from their residency program director, orthopaedic colleagues, hospital chief of staff, and chiefs of orthopaedics, surgery, anesthesia, and operating room nursing staff. After reviewing the application and associated information, the ABOS Credentials committee determines which applicants are approved to sit for the Part II examination.

The oral examination allows peer review of the candidate's practice and decision making. The board examiners are volunteer, board certified orthopaedic surgeons. All examiners are required to participate in the recertification process and have a current ABOS certificate. The examination is based on the 6 month case list submitted by the candidate. The case lists were reviewed in advance and 11 cases selected. The candidates were allowed to delete one case, leaving 10 cases to serve as the basis for the examination. The candidates brought supporting documentation to Chicago.

The examination is divided into three 35 minute periods with two examiners in each period. During each examination period, examiners ask the candidate questions related to the selected cases. The examiners also have access to the candidate's practice profile. The specific skills evaluated for each case are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge. There are global evaluations of surgical indications, surgical complications, and ethics and professionalism. Each of the two examiners grades the candidate independently. The scores are adjusted to account for examiner difficulty. The scores from all of the candidate's examiners are combined to form a composite score for the candidate. There is no pre-determined failure percentage. The examination is structured so that it is possible for all examinees to pass the examination.

In an effort to improve the examination process, the Board actively seeks feedback from candidates and examiners during debriefing sessions immediately following the examination.

Candidates are asked to complete a questionnaire. During the sessions, verbal feedback is requested from the group. ABOS directors are present to answer questions and listen to comments from the candidates.

Over the past several years there has been a definite trend toward digital imaging in hospital and office settings. This trend is expected to continue. Candidates have historically brought hard copy images to the examination. The limited access to hard copy images had made this more burdensome for the candidates. Many candidates had to pay for printed copies of images. Furthermore, the variability in printing methods led to inconsistency in the quality of images available for the examination. There was the additional burden of carrying the material to and from the examination in Chicago. The questionnaires from the 2010 debriefing sessions indicated that 88% of candidates had digital imaging in either their hospital or office. Fifty-six percent had digital imaging in both settings. The verbal feedback strongly supported the use of digital imaging for the examination.

After several years of consideration and extensive preparation, the transition was made to digital imaging in 2011. Candidates were required to upload all case images to a central server in JPEG format several weeks prior to the examination. Images uploaded included radiographs, CT scans, MRI's, arthroscopy images, clinical photographs and any other related images. During the examination, the images were displayed on video screens at each examination station. The transition went remarkably well. There were no major technical issues. The responses in the debriefing sessions and post-examination survey indicated that the candidates overwhelmingly considered the transition to digital imaging a positive change in the process. The same imaging system will be utilized for the 2012 examination, with a few refinements in the process.

The results of the 2011 examination were very similar to prior years. There were 663 candidates and 165 volunteer examiners. Five hundred eighty-seven received passing scores for a pass rate of 89%. The results for 2006 to 2011 are displayed in the table below.

The ABOS Board of Directors is grateful to all of the participants in this voluntary activity. We believe that the oral examination is an essential component of our certification process.

PART II CERTIFICATION EXAMINATION STATISTICS

	2007	2008	2009	2010	2011
Examinees	662	669	695	680	662
Passes	596 90%	584 87%	621 89%	602 89%	586 89%

2012
PART II ORAL EXAMINATION
July 24-26, 2012
 at the Palmer House Hilton, Chicago

2013
 Applications Available April 1, 2012

ATTENTION DIPLOMATES ... We need your help!!!

The following pages list candidates that have applied for Part II of the certifying examination for 2012. In an attempt to enlarge our peer review of candidates, we ask that you review this list and submit comments on persons that you know, in regard to their competence to sit for the exam. Good faith comments, in the process of peer review, are privileged and provide a focus for the Credentials Committee Review. Please address your information to the attention of the Credentials Committee at ABOS, 400 Silver Cedar Court, Chapel Hill, NC 27514, or by email to dfrazier@abos.org.

MILITARY

Caufield, Ryan James
Douglas, Thomas Joseph
Dykstra, Aaron Douglas
Harvey, Margaret Ann
Starr, Adam Matthew

ALABAMA

Booker, George Robert
Busbee, Matthew Lloyd
Echenique, Jose Javier
Edmiston, Todd Brian
Leary, Jeffrey Thomas
Mann, John Perry
Maples, Robert Allan
Martens, James Patrick
Thomasson, Thomas Jackson
Thompson, Kevin James
Ward, Robert Andrew
Worthen, James Vann

ARKANSAS

Ardoin, Gregory Troy
McConnell, Jason Paul
Montgomery, Corey O'Neal
Rhombert, Edward Willis
Swymn, Jeremy Paul

ARIZONA

Bastian, Steven Daniel
Cercek, Robert Michael
Crowder, Terrence Tevon
D'Alleyrand, Jean-Claude
Decomas, Amalia Maria
Ferry, Amon Thomas
Flint, John Harris
Goggins, Colin Patrick
Lake, Jason Edward
Latt, Leonard Daniel
Lipton, Carter Brian
Nguyen, Tony Kim
Redmon, Shannah Malia
Sahasrabudhe, Amit Arun
Smith, Jordan Lee
Udall, John Hunt
Valdes, Mauricio Andres

CALIFORNIA

Alwattar, Basil Jamal
Bader, Lucas Jeremy
Basho, Rahul
Bederman, S. Samuel
Bishop, Julius Anthony
Butler, Jaret Michael
Chan, Keith Wei
Cheung, Sunny Chi Fung
Cho, Robert Hyun
Choi, Gene
Dalstrom, David Jens
DeBlasi, Gregory James
Desai, Shaunak Subhash
Diekmann, Glenn Robert
Downing, Kristopher Lee

Dunbar, William Henry
Ellison, Bruce Emanuel
Fabi, David William
Fan, Ryan Andrew
Fayssoux, Reginald Scott
Franklin, Adam Zevi
Gates, Jeffrey James
Gendelman, Vlad
Graw, Bradley Patrick
Green, William Scott
Hahn, Michael Patrick
Hanna, Kathryn Heidi
Hariri, Sanaz
Hernandez, Jaime Daniel
Heywood, Christian Sargent
Hong, Yuhwan
Hosalkar, Harish S.
Hsiao, Andrew
Jazayeri, Reza
Jeffcoat, Devon Michael
Khan, Najeeb Ahmed
Kim, Terrence Taehoon
Knazek, Elizabeth A.
Kwon, Yong
Lee, Daniel Jayho
Lee, Richard Seachun
Leek, Bryan Terry
Lin, James Matthew
Liu, Tzu-Shang Thomas
McDaniel, Candice Odette
McDonald, Thomas James
Mickel, Timothy John
Miller, Matthew David
Mitchell, Scott Andrew
Moore, Ryan Timothy
Mostofi, Amir Hossein
Nguyen, Lan Ngoc
Patel, Ravi Jayadev
Pennock, Andrew Tennant
Petrigliano, Frank Anthony
Reid, James Joseph
Robertson, Catherine Mackinnon
Romero, Denise Marie
Rouhipour, Varqa
Rowshan, Kasra
Rozansky, Alison Joy
Sabatini, Coleen Susan
Saldua, Neil Nelson Saavedra
Samimi, Babak
Schellack, Gregg Wendell
Shah, Swapnil Bharat
Smith, Tyler Gordon
Soppe, Clinton John
Stephenson, Daniel Robert
Stewart, James Thomas
Strauss, Nicole Louise
Tseng, Michael David
van Warmerdam, Jennifer Marie
Vance, Matthew Peter
Vaughn, Zackary Douglas
Vyas, Shail Mahesh
Wilker, Moshe
Ziran, Navid Mohammed
Zuckerman, Lee Michael

COLORADO

Chung, Woosik Michael
Daines, Michael Todd
DiMatteo, Laura Ann
Dolbeare, Dirk W.
Elton, John Paul Selmer
Faro, Frances Dabney
Foran, Jared Rubin Hillel
Garg, Sumeet
Genuario, James Warner
Heaston, Daniel Reed
Morreale, Joseph Michael
Oren, Trevor William
Orndorff, Douglas George
Payne, William Thomas
Redfern, John Carlton
Shannon, Brian D
VanderHeiden, Todd Frederick

CONNECTICUT

Applegate, Todd David
Bellapianta, Joseph Michael
Dunleavy, John Patrick
Feliciano, Edward
Greenbaum, Jordan Neels
Naujoks, Ryan Andrew
Polkowski, Gregory Gerald
Rios, Clifford Garrett
Sharkey, Melinda Sue
Sutton, Karen Michelle

DISTRICT OF COLUMBIA

Kalantar, Seyed Babak
Kaung, Geoffrey Wai Chung
Pandarinath, Rajeev

FLORIDA

Alfonso, Daniel Timothy
Blease, Robert Ernest
Brcka, David Aron
Chan, Daniel Bayon
Chan, Daniel Steven
Cotton, John Ryan
Decker, Robert C.
Diaz, Veronica Asela
Dillingham, Christopher Lawrence
Doak, Jeremy Paul
Farmer, Kevin William
Fouk, David Michael
Frank, Jeremy Stephen
Gay, David Matthew
Gebauer, Gregory Paul
Grabill, Scott Edward
Guzman, Camilo Enrique
Hanff, Stephen Anthony
Hawks, Michael Anthony
Jackson, Edward Robert
Kardashian, George
Kasraeian, Sina
Lamoreaux, David Chad
Laubaugh, Richard Michael
Leung, Brian C.
Livingstone, Ayisha Elizabeth

Lugo, Roberto
Malik, Steven W
Malin, Andrew Stephen
Matos, Ricardo Luis
Meinhardt, Philip Aaron
Monderson, Thesselon Warren
Moreyra, Carlos Esteban
Okafor, Chukwuka Chinedum
Penello, Daniel
Rivera, Venus Rebecca
Rubio, Francisco
Sanders, Jason Benjamin
Skeete, Kshamata
Stiebel, Matthew
Wade, Allison Muia
Warnick, Drew E
Watson, Jeffrey Dean
White, Laura Elizabeth

GEORGIA

Aragon, Amber Bartlett
Arnold, Kali Danielle
Arrington, Terry Lee
Bilotta, Jessica Christine
Cates, Taylor Brandon
DeCook, Charles Adam
Deshpande, Chetan Shrikant
Flanagan, Jill Caplan
Fletcher, Nicholas David
Gumidyala, Krishna Venkata
Hinson, John Allen
Kercher, James Saylor
Kim, Stephen
Langer, Phillip Raymond
Link, Matthew P
Ogburn, Charles Lawton
Puckett, Benjamin Noel
Register, Bradley Clay
Reisman, William Michael
Reto, Javier Alberto
Sadlack, Christopher Kyle
Sedory, David Marshall
Traub, Shaun Lowell
Tucker, Jennifer Joanna

GUAM

Kennedy, Carlos Conrad

HAWAII

Chen, Sam
Cuenca, Rachel Anne
Drake, Matthew Lee
Higashigawa, Kevin Han
Payne, Diane Elizabeth Sedgwick

IOWA

Bollier, Matthew John
Ferguson, Teresa Mosqueda
Gaffey, John Luke
Hussain, Suleman M.
Jackson, Atiba Diarra
Miller, Benjamin James
Morishige, Mark
Whited, Brent William

IDAHO

Kemp, Travis Jay
Magee, William Thomas
Shevlin, Michael Joseph

ILLINOIS

Ali, Mir Haroon
Anderson, Scott Allen
Clark, Jason Craig
Dairyko, Gregory Hampton
Dolan, Mark McNeal
Finlayson, Craig Justin
Goldstein, Jordan Louis
Huang, Chris
Johnson, Randon Charles
LaReau, Justin Mark
Levi, Gabriel Steven
McGinty, Jasmin Lara
Milburn, Mason Wayne
Nassos, Jonathan Tassos
Omotola, Aaron Patrick
Paik, Charles Chulseung
Patel, Priyesh D
Qeli, Albi
Rotstein, Jason Lewis
Siemionow, Krzysztof Borys
Stanley, Tom Davis
Stevens, Benjamin Williams
Thangamani, Vijay Bryan
Williams, Denis Adekunle

INDIANA

Calafi, Leo Afshin
Clarke, Sylvan Eugene
Cook, Nicholas Jon
Dikos, Gregory David
Fern, Stephen Edward
Gantsoudes, George Damon
Hamby, Zachary Craig
Justice, Benjamin Jay
Perni, Praveen C.
Shively, Karl David
Smucker, Jon Benjamin
Tanko, Quentin Kalman
Wickstrom, Otto William
Williams, Daniel Kaliko
Worman, Ripley William

KANSAS

Adams, Brent David
Carlisle, John Chamberlain
Chase, Adam Joseph
Elton, Suzanne Grillot
Lucas, Brennen Lee
Nelson, Joshua David
Reid, Justin Scott
Shah, Aakash Ajit
Tilley, Michael Brenden
Voos, James Everett

KENTUCKY

Abeln, Kristopher Todd
Greiwe, Raymond Michael
Kakarlapudi, Raj V
Krueger, Michael Robert
Price, Matthew Ryan
Rueff, Daniel Edward

LOUISIANA

Creekmore, Tina Lynn
Crenshaw, William David
Dersam, Gabriel Leese
Dudoussat, Bryan Scott

Gorman, Melissa Ann
Hildenbrand, John Christian
LeBlanc, Robert Douglas
McNulty, Michael Jesse
Petty, Catherine Ann
Sisco, Leslie Elaine
Spires, Timothy Davenport
Trappey, George Joseph
Whatley, Adam Nelson

MASSACHUSETTS

Abdeen, Ayesha
Armitage, Marshal Spencer
Boisvert, Catherine Brittany
Bruegel, Victoria Lee
Chao, Simon
Dafford, Erica Elliott Bayly
Gandhi, Jaipal Singh
Glotzbecker, Michael Paul
Grannatt, Kathryn Simpson
Healy, Ethan Matthew
Kwon, John Young Yul
Leung, Nicky Lee-Gi
McPhee, Erika Michelle
Ruchelsman, David Evan
Simon, Josef Benjamin
Smith, Harvey Edward

MARYLAND

Akhtar, Omar Humayun
Buber, Robert Raymond
Carmody Soni, Emily Elizabeth
Gilbert, Corey Adam
Henn, Ralph Frank
Huang, James Lee
Jackson, David Maurice
Jones, Angela Eve
Koh, Eugene Young
Nesti, Leon John
Reddy, Sudheer Chinthakuntla
Wallace, Michael Jason

MAINE

Shervin, Nina

MICHIGAN

Davis, Jason James
Kaplan, Lige Michael
McDermott, Michael Patrick
Nowicki, Philip Daniel
Paczas, Michael Richard
Sabesan, Vani Janaki
Sardelli, Matthew Carl
Srivastava, Ajay
Steensma, Matthew Richard
Sybesma, Justin Tyler
Sytsma, Mark Jonathan
Tan, Jane Soon-Yuen
Wierks, Carl Henry

MINNESOTA

Botker, Jesse Cole
Caron, Jason Joseph
Cross, William Wood
Gerlach, David John
Harrison, Alicia Karin
Johnson, Michael Randall
Kakar, Sanjeev
Meisterling, Steven Walter
Novak, Clifford Christopher
Severson, Erik Paul
Taunton, Michael James
Tuttle, Robert William
Wolter, Troy D

MISSOURI

Aggarwal, Ajay
Boyle, James Richard
Cutuk, Adnan
deRoode, Carolien Patricia
Efird, Chad Douglas
Glisson, Colleen Elizabeth
Greenberg, David Daniel
Kleiber, Brian Daniel
KnifeChief, Sarah Cortney
McAndrew, Christopher Michael
McMichael, Jessica Cole
Nadaud, Joshua Peter
Pienkos, Brian Lee
Pitts, Ryan Thomas
Rapley, Jay Herbert
Smith, James Donald
Zebala, Lukas Peter

MISSISSIPPI

Burrow, Jamey Walcott
Eisenhuth, Scott Alan
Fagan, Bryan Christopher
Gregg, Frederick O'Neal
Luber, Kurre Thomas
Van Osten, George Karl

MONTANA

Jacobson, Justin A
Perser, Karen Nicole

NORTH CAROLINA

Barker, Joseph Uhalt
Briones, Marcus Startzman
Chadderdon, Robert Christopher
Chandler, Justin William
Dumonski, Mark Leonard
Ellington, John Kent
Emory, Cynthia Lynn
Garrido, Ben Javier
Gocke, Ryan Thomas
Grant, Andre Christopher
Kuzma, Kevin Robert
Lacap, Anton Peter
Lark, Robert Kamiel
Maher, Jonathan Robert
Mallo, Gregory Charles
Martin, Steve Marshall
Mostak, Richard Grant
Moyer, Erin Perry
Sheth, Neil P.
Skalak, Anthony Francis
Steele, Garen Daxton
Swanson, Megan Ann
Syed, Ishaq Yousuf
Thompson, Corey Adam
Valentine, Brandon James
Williams, Daniel Mark
Wilson, Joseph Brian
Yaste, Jeffrey Jon-Michael

NORTH DAKOTA

Ackerman, Duncan Blaine
Dahl, Kevin Allan
Gardner, Jeremy John
Glynn, Jason Cory

NEBRASKA

Beran, Casey Dean
Bergmann, Karl Andrew
Bissell, Benjamin Todd
Gates, Charley B.
Gill, James Brian
Siebler, Justin Cain

NEW HAMPSHIRE

Boselli, Karen June
Hogan, Jeremy Paul
Koenig, Karl Marc
Sastry, Akhilesh
Sinkov, Vladimir Aleksandrovich
Thomas, Adrian Jefferson

NEW JERSEY

Austin, Luke Stanford
Baynes, Jason Robert
Bloomstein, Larry Z.
Bowers, Andrea Legath
Chaudhary, Saad Bin-Bashir
Chu, Alice
Davis, Damien Ian
Delgado, John Michael
Glassner, Philip Justin
Goodman, Howard Joel
Keller, Julie Michelle
Kupershtein, Ilya
Kwak, Steve Kim
Masella, Robert Michael
McDaid, Kevin Christian
Radcliff, Kristen Emmanuel
Roenbeck, Kevin Meehan
Ropiak, Raymond Russell
Sanfilippo, James Arthur
Tom, James Albert
Trokhan, Shawn Edward
Yoo, Daniel

NEW MEXICO

Conrad, Clayton Bernard
Larsen, Kenna
Mercer, Deana M
Tripuraneni, Krishna Raj

NEVADA

Bady, Sep
Hanson, Chad Michael

NEW YORK

Angel, Michael Jonathan
Apazidis, Alexios
Azer, Emil
Baghian, Sepideh
Bassora, Rocco
Bedford, Benjamin Byrd
Brown, Bennett Howard
Brown, Gabriel Dean
Calore, Briana Lynn
Carney-Young, Kimberly
Carr, Brian James
Cho, Samuel K.
Ciminiello, Michael Emanuel
Dhar, Yasmin
Duquin, Thomas Richard
Durrani, Shakeel Farrukh
Dushey, Craig
Ferrara, Justin Michael
Gabel, Jonathan Conger
Gainor, Jonathan Paul
Gamez, Lorenzo
Gerdeman, Andrew Charles
Giordano, Brian David
Girardi, Federico Pablo
Goldwyn, Elan Michael
Gonzalez Della Valle, Alejandro
Gonzalez-Lomas, Guillem
Gotesman, Alan H
Harris, Colin Benjamin
Hishmeh, Shuriz

Hlubik, Patrick Joseph
Hughes, Alexander Phillip
Jacob, Jesu
Kelmanovich, Daniel Jason
Kerker, Jordan Todd
Kowalsky, Marc Stephen
Lee, Jonathan Harris
Lemley, James Alan
Leo, Andrew Joseph
Lomita, Craig
Madom, Ian Anthony
Maghen, Yariv
Moghtaderi, Sam
Moulton, Andrew W.
Paci, James Michael
Passias, Peter Gust
Poon, Selina
Rachala, Sridhar Reddy
Renard, Regis Louis
Seidenstein, Ari Douglas
Shin, Catherine Hekyung
Siebuhr, Karl Frank
Smart, Lawson Ryan
Sokol, Shima Christina
Stets, Kelly Christine
Strauss, Eric Jason
Thomas, Kristen Leigh
Varma, Vikas Varma
Verma, Rohit Binod
Weiss, Everett Sandor
Wittstein, Jocelyn Ross
Young, Brett Hennerty
Yufit, Pavel Vladimirovich

OHIO

Abbott, James Douglas
Awan, Hisham
Bauman, Ryan David
Beal, Matthew Dean
Blake, Brian James
Burkett, Benjamin William
DiNicola, Nicholas Joseph
Godfrey, David Michael
Gowda, Charan
Gradisar, Ian Martin
Islam, Andrew Shafik
Johansen, John Andrew
Johnson, Ericka Renee
Kelley, Todd Christopher
Kurtz, William Jason
Liu, Raymond Weiwen
Morris, Michael James
Rapuri, Venkat Raghav
Ricchetti, Eric Thomas
Romanowski, James Richard
Salata, Michael Jonathan
Samora, Walter Paul
Shanti, Nael
Stefancin, John Joseph
Templeton, Jesse Ellis
Zunkiewicz, Mark Richard

OKLAHOMA

Khan, Zeeshaan Iqbal
Lewis, Thomas Roy
McAlister, Deborah Mullins
Moore, Mac Edward
Ponder, Corey Eugene
Ringus, Vytautas Matas
Smith, Sheryl McNiven

OREGON

Caravelli, Michael Louis

Doung, Yee-Cheen
Lin, Jason Seitetsu
Links, Ann Christina
Owens, Richard Farrel
Patillo, Dominic Patrick
Pro, Stephan Lee

PENNSYLVANIA

Blackrick, Lisa Rose
Chen, Neal Chung-Jen
Chertow, Todd Eric
Deirmengian, Gregory
Eager, Matthew Robert
Henderson, Christopher Patrick
Kline, Alex James
Lawrence, John Todd Rutter
Levicoff, Eric Alan
Matzon, Jonas Leif
Pahys, Joshua Matthew
Reddy, Chandra Shekar
Schaffer, Alyssa Anne
Schwartz, Mark Allan
Schweizer, Scott Kevin
Sensiba, Paul Richard
Shaffer, James Andrew
Weiss, Kurt Richard

PUERTO RICO

Chacon-Balado, Ariel
Colon-Martinez, Mirylsa
Delgado-Candelario, Javier
Guzman, Humberto
Massanet-Vollrath, Jose M.
Perez-Maldonado, Jose Luis
Rivera, Alberto Ramon
Villamil-Wiscovitch, Fernando Luis

RHODE ISLAND

Czerwein, John Kazimierz
Ganal, Edmund Anthony
Monchik, Keith Oster
Pelow Aidlen, Jessica Lynne
Plante, Matthew Joseph
Tabaddor, Ramin Ronald

SOUTH CAROLINA

Carroll, William Joseph
Cordas, Daniel Isadore
Corey, William Steven
Hydorn, Christopher Robert
Lalli, David Adam
McIntosh, Heather McCann
O'Dell, Jason Benjamin
Palmer, Michael Jason
Santiago, Keith John
Schaaf, Adam Carlton
Sutherland, George Beattie
Weatherby, Brian Alexander
Welsch, Matthew David

SOUTH DAKOTA

Bolson, Rajshri
Johnston, Casey Dean
Kimber, Kristofer Arthur
Kudera, Jeremy Steven

TENNESSEE

Abdus-Salaam, Sharif Ashanti
Asbury, Brandon Shane
Cason, Garrick Wayne
Gallagher, Bethany
Gardner, Warren Ewing
Jenkins, Timothy Douglas

Park, Jason Chang-Hyun
Parsley, Billy Keith
Perdue, Aaron Matthew
Pokabla, Christopher Mark
Purnell, Gregory Joseph
Schroerlucke, Samuel Ray
Weinlein, John Charles
Willis, Matthew Parker
Zielinski, Julie Anne

TEXAS

Achor, Timothy Stuart
Ahuero, Jason Samuel
Anderson, Cody Neal
Antosh, Ivan Josef
Barnett, Clint Douglas
Bashir, Rubin Sharief
Brooks, Kenneth Ryan
Cho, Alexander
Conner, Chad Stephen
Conoley, Jack Autrey
Dumais, Jules Arthur
Dwyer, Matthew Michael
Flak, Keith Stephen
Hartshorn, Cody Jackson
Horowitz, Kevin Scott
Hrnack, Scott Allan
Huffman, Rebel Renee
Johnson, Clint Weston
Jones, Thomas Louis
Jordan, William Jefferson
Karia, Ravi Arvind
Kelley, Zachary Lamar
Kennedy, Jason Matthew
Kibuule, Leonard Kayemba
Kodali, Pradeep
Krause, Frederick Ryan Wade
Manuel, Jacob Benjamin
Maroto, Medardo Richard
Marx, Randall Carter
Morrey, Matthew Charles
Moulton, Darrell Lee
Ogunseinde, Babajide Afolabi
Orr, Justin Dennis
Parameswaran, Angelo Dushi
Park, SangDo
Patel, Jayesh Kishore
Patel, Nilpesh Mahesh
Racusin, Adam Wesley
Reardon, Ryan Scott
Reichel, Lee Matthew
Riedesel, Matthew Kent
Roberts, Stephen Jan
Sanchez, Hugo Banda
Sander, Patrick Wesley
Schroeder, Frank Alexander
Seaberg, John Paul
Sen, Milan kUMAR
Seroyer, Shane Thomas
Shybut, Theodore Benjamin
Strebe, Sara Elisabeth
Tibbetts, Ryan Michael
Tinkler, Brandon Allen
Veurink, Ryan John
Vosburg, Caleb

UTAH

Gorman, Troy Michael
Hendry, Travis Michael
Holman, Joel Earl
Hooley, Eric Wayne
Lawrence, Brandon Douglas
Mackey, Richard Brian

Matthews, Bradford Kelly
McCandless, Jeremy Bell
Rice, Robert S

VIRGINIA

Akhtar, Nauman Jawaid
Browne, James Andrew
Cervieri, Christina Leigh
Dziadosz, Daniel Richard
Ellison, Bradley Scott
Freilich, Aaron Michael
Hashemi, Ali Reza
Kent, Roland Stanley
Laidlaw, Michael Scott
Larson, James Wesley
Lutta, Kevin Charles
Panzarella, Matthew Jeffrey
Park, Joseph Soo
Reis, Abilio A.
Sharma, Joy Vashisht
Toman, Jared A.

WASHINGTON

Boyer, Jason
Brown, Leah Chevon
Burns, Erica Marie
Ho, Lance S.
Jacobs, Benjamin John
Kiesau, Carter David
King, Jason Charles
Klimisch, Justin John
Marsh, Nathan Andrew
Mok, James Moon
Muir, Traske McNeil
Noce, Nicholas Joseph
Page, William Thomas
Pryor, John David
Riel, Ryan Ulysses
Ruhlman, Scott David
Seibert, Nicholas Robert
Shirzad, Khalid
Stone, Addison Thomas
Tanous, Thomas Louis
Wallace, Matthew Kyle
Wilcox, Jason James

WISCONSIN

Carlson, Brent Dixon
Harbour, Chad Marc
Lyon, Craig Clarke
Mikolyzk, David King
Neilson, John Curtis
Rupke, Tracy Dawn
Schechinger, Steven James
Sodhi, Jagdeep S
Thiel, Eric James
Tomaszewski, Daniel J
Van Zeeland, Nathan Lee
Webber, Nicholas Paul

WEST VIRGINIA

Fazalare, Joseph James
Micucci, Chad Joseph

CANADA

Lichtblau, Ethan
Mehdian, Hossein
Panaro, Carlo Domenic
Wang, Robert Yu-Chao

(Maintenance of Certification Report Continued from page 1)

Amendola will be taking over the chairmanship of the Written Examinations Committee and will continue to ensure that the examination gives candidates the best opportunity to demonstrate a reasonable knowledge base in our field.

Successful completion of the Part I written (computerized) examination leads to the Part II Oral Examination – this examination experience has now been updated to allow the use of digital images. In addition, the use of videos of sample examinations has allowed better training and benchmark grading correlation among our volunteer oral examiners. Dr. Stephen Albanese has chaired our Oral Examination Committee with excellent insight and will continue to evaluate the digitization opportunities to streamline the examination process. Dr. J. Lawrence Marsh will be taking over the Oral Examination Committee chairmanship in the coming year; this process is viewed by the ABOS as the ‘best test’ of an orthopaedic surgeon in practice and Dr. Marsh’s experience will contribute to further improvements.

To sit for the Oral Examination, orthopaedic surgeons must undergo a peer review process – oversight of this process falls to the Credentials Committee, ably chaired by Dr. Terry Thompson. The ABOS Peer Review program is the envy of other boards and the Credentials Committee plans to look at better ways to not only evaluate candidates, but to give valuable feedback that will improve patient care. Dr. Sanford Emery will be taking over the chairmanship of the Credentials Committee as these improvements are implemented.

Successful completion of Parts I and II of the certification process allows a Diplomate to enter the Maintenance of Certification process. The MOC plan initially adopted by the ABOS has not been changed. The MOC Committee, now chaired by Dr. Tad Vail, continues to look for ways to give orthopaedic surgeons credit for practice improvement activities in which they are already engaged. The MOC program has been made available to all orthopaedic surgeons; participation in the MOC process will demonstrate to our patients that our profession is dedicated to lifelong learning and practice improvement processes. Stresses on orthopaedic surgeons are increasing – the ABOS is dedicated to making the MOC program more user-friendly and more value-added. It is our responsibility to do a better job in communication and that will happen sooner rather than later: orthopaedic surgeons will be better informed and have more MOC resources in the very near future as the ABOS website receives a complete overhaul. In addition, personnel are being recruited to improve ABOS responsiveness to Diplomate MOC needs. The Recertification Subcommittee, chaired by Dr. Judy Baumhauer, is responsible for the computerized examination options in MOC – this committee will be evaluating new question and imaging types to improve the reliability of these exams.

Subspecialty Certifications in Hand Surgery and Orthopaedic Sports Medicine are available and these processes have been developed and focused under the leadership of Drs. John Seiler, Marybeth Ezaki, and Chris Harner. Combined recertification in both areas can now be combined with primary orthopaedic surgery certification. This committee will now be led by Drs. Michelle James and James Carpenter. Plans are being made for the possible use of an oral examination track for recertification.

The Research/Database Committee has been extremely active under the leadership of Dr. Jeffrey Anglen. Numerous studies have been completed or are underway utilizing the valuable ABOS case list database. Dr. James Roberson will take over the leadership of this committee and will continue to look at better ways to utilize our data to better define, benchmark, and improve our profession.

Dr. Chris Harner and Dr. James Weinstein have completed their terms of service to the ABOS. Their contributions to the Board have been incredible. Their dedication, insight, and leadership will

be missed. Issac Newton said it best: “If I have seen further, it is by standing on the shoulders of giants.” The commitment of Drs. Harner and Weinstein to the ABOS and to the certification process has made a difference to our profession that will be felt long into the future and we will certainly see further by standing on their shoulders.

ABOS Executive Director Dr. Shep Hurwitz and the incredible ‘Steel Magnolias’ who staff the ABOS offices in Chapel Hill continue to make it possible for us to accomplish much with their hard work and devotion to our processes. Do not hesitate to call the ABOS office with your questions. The ABOS has seen great benefits from the insight of our Public Member, Mr. John Erbland. Mr. Erbland’s commitment to learning about the practice of orthopaedic surgery and the ways in which we evaluate our Diplomates has made him a valuable asset to our decision-making. Tom Abram, J.D. serves the ABOS admirably as our legal counselor and advisor – his wisdom and advice has been and continues to be invaluable as we strive to improve certification and add value to our field. As your ABOS President in the coming year, I remain committed to carrying on the ABOS tradition of “*doing the right thing*.” These are challenging times, yet they are times of opportunity. This is a team effort – if you have suggestions or comments, I encourage you to contact me directly at dmartin@wakehealth.edu. We look forward to serving you and the public by meeting the challenges of education, certification, recertification, and maintenance of certification with goals of serving our patients well and adding value to our profession.

(Subspecialty Certification Continued from page 6)

The ABOS, ABPS, ABS Hand Recertification Examination was administered September 12-24 at Prometric testing centers. Fourteen ABOS candidates, 330 ABPS candidates and 10 ABS candidates took this examination for recertification in Hand only. The fail rate was 7% (1 failure) for ABOS candidates, and 10% for each ABPS and ABS candidates.

The ABOS Combined Ortho and Hand Recertification Examination, consisting of 255 items, was administered September 12-24 at Prometric testing centers. 119 candidates took this exam. The fail rate was 2.5% (2 first time takers, and 1 repeat taker). These results are comparable to those from prior years.

(Subspecialty Certificate in Orthopaedic Sports Medicine Continued from page 7)

4) Future Direction

The practice profile sports recertification examination was phased out in 2011. Starting in 2012, those individuals who do not possess a Subspecialty Certificate in Sports Medicine and want to recertify their Primary Orthopaedic Certificate, the following options are available:

General Orthopaedic Computer-Based Examination

An oral examination based upon a 6 month case list of the Diplomate

(This will be given by a Sports Medicine exam panel)

The ABOS will work with the ABMS to get approval for an Oral Pathway that will satisfy subspecialty recertification in Sports Medicine in the MOC process. This will give the Diplomate who has a subspecialty certificate in Sports the option of either a written or oral pathway to satisfy both the primary and subspecialty certificate for the remainder of their professional careers.

The passing standard for the 2011 examination was set at 1.12 logits. The examination is designed to provide candidates with the same opportunity to pass the examination each year. In order to judge the difficulty of the test and to assess the performance of candidates relative to other years, the examination contains a set of previously used examination questions. Each of these questions has detailed statistics from previous examinations, and the performance of current candidates on these questions relative to candidates in other years permits standardization of the examination between candidate pools in different years. Thus these previously used questions serve as equators that permit the same passing standard from year to year. The passing standard used in 2011 year was identical to the passing standard used in 2009 and 2010 (Scale Score = 170 and Proficiency/Logits Score = 1.12). On the 2010 examination, this corresponded to a raw score of 216 correct answers (71.1%).

The passing rate for United States and Canadian medical school graduates that were taking the examination for the first time examinees was 89.0%. The passing rate for international medical school graduates taking the exam for the first time was 77.3%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 40.0%; for international medical student graduate taking the exam a second or more times the passing rate was 16.7%. The passing rate for the entire candidate pool was 79.3%.

The validity of the test can be determined by the test psychometrics. The mean item discrimination, which determines how well each individual question discriminates between those who obtained high scores and those who achieved low scores was 0.26. The KR20 internal consistency reliability coefficient, the measure of how much an examinee's score would vary across repeated testing with dif-

ferent questions on the same content, was 0.90. The psychometric results are consistent with a highly valid examination and similar to the examination performance in prior years.

The mean p value, or the average percent score of the 2011 examination was 0.75 (75% correct). The performance of the standard group, which consists of the first time examination candidates that are graduates of US and Canadian Medical Schools was similar in 2011 (89.0% passing rate) and 2010 (88.4% passing rate) but was not as good as this 2009 reference group (94% passing rate). In each of these three years the same passing standard was used (Scale Score 170; Proficiency/Logits 1.12), so candidates in each of these years had the same opportunity to pass the examination. The overall failure rate in 2011 (20.7%) was higher than in 2010 (19.4%) primarily because there were more repeat test takers in 2011. The passing rate is lower for candidates who have previously failed the examination. The first time candidates did slightly better on the examination in 2011 than in 2010. In 2009 the overall failure rate was 10.6%. Thus the trend of a slightly worse performance on the Part I Certification examination, which was first observed in 2010, has continued in 2011. The ABOS is actively engaged with organizations across the orthopaedic community to address educational and other factors associated with candidate performance.

The American Board of Orthopaedic Surgery is proud to serve the orthopaedic community and the public through its examination process. The ABOS is committed to ensuring the highest quality of care by extraordinary group of physicians who have completed a rigorous training process and who have acquired and routinely use highly specialized skills. I would like to thank all of the orthopaedic surgeons and staff who committed the time and energy involved in creation of the 2011 ABOS Part I Certification Examination.

IMPORTANT REMINDERS!

IMPORTANT REMINDER FOR DIPLOMATES WITH CERTIFICATES EXPIRING IN 2014:

If you have not yet completed your MOC requirements and your certificate expires in 2014, you must complete your MOC requirements by December 15th of this year to avoid having a lapse in your certification.

Please refer to the grid on page 3 for the complete timeline for the 2014 examination.

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ABOS Board of Directors
September, 2011