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## PRESIDENT'S REPORT

It is traditional for the President's column to review some of the history and mission of the American Board of Orthopaedic Surgery (ABOS) although the focus varies each year. As I move along in my career now well past midway, the history of our founding organizations becomes progressively more meaningful as it did to my father, J. Vernon Luck. The ABOS was proposed by the American Orthopaedic Association and founded jointly by the American Orthopaedic Association, the American Medical Association and the recently formed American Academy of Orthopaedic Surgeons on January 7, 1934. Directors of the ABOS are selected from nominees from each of these organizations. In 1933 the Advisory Board of Medical Specialties now the American Board of Medical Specialties (ABMS) was founded by the first four specialty boards, ophthalmology, otolaryngology, ob-gyn, and dermatology. The ABMS now includes 24 member boards. To complete the perspective, the American Academy of Orthopaedic Surgeons (AAOS) was founded the same year as the ABMS.

The mission of the ABOS is "to serve the best interest of the public and the medical profession by establishing educational standards and by evaluating the initial and continuing competence of orthopaedic surgeons". To fulfill this mission, the ABOS, as with all ABMS member boards, are required to maintain governance and operational independence from other orthopaedic organizations. The first written examinations were conducted on June 10, 1935 at the University Hospital of Pennsylvania and consisted of a single essay question followed by clinical evaluation by patient examination. Vernon Luck and Fred Reynolds were responsible for pointing out the poor reliability and validity of the essay questions and obtained the services of an "educational psychologist" resulting in the conversion to multiple choice questions in 1961. Today the written certification and recertification examinations consist of 320 and 200 multiple choice questions respectively. The questions are the product of intense and extensive volunteer and professional effort including the Question Writing Task Force, the Field Test Task Force, the Written and Recertification Examination Committees, and teams of psychometricians who review, edit, and validate the questions. Despite the extensive use of volunteers, it has been estimated that each ques-



JAMES V. LUCK, JR., M.D.

tion making it through this elaborate creative and screening process costs over \$2000. Details of the 2005 Part I Written Examination are described by Randall Marcus, chair of the Written Examination Committee, later in this issue.

Oral examinations were part of the certification process since its inception. Initially the oral consisted of examination by three directors of the Board. Biographical information

was available on each examinee and the examiners could select the clinical material from their own institutions which the candidates soon termed "pet cases". Like the early written examinations, the consistency, reliability, fairness and validity of these examinations left a lot to be desired. Today candidates are examined by six oral examiners in three teams of two. None of the examiners conference or compare ratings. Case material consists of ten of the examinees own cases selected from a six month case list. All examiners are given a severity rating by psychometricians and candidate scores are adjusted appropriately. Each examiner is also evaluated by one of the directors. The ABOS oral examination has been recognized by other organizations and leading psychometricians as one of the most thorough, equitable, and valid examples of medical oral exam certification. In an AAOS survey of 3000 orthopaedic surgeons on recertification the respondents believed the oral examination to be the most valid, fair, and relevant method for recertification. This was confirmed in exit polls of oral examiners and examinees. The oral exam, however, is also the most labor intensive and has a

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## MAINTENANCE OF CERTIFICATION COMMITTEE REPORT

MARYBETH EZAKI, M.D.



Maintenance of Certification (MOC) is a voluntary process through which Diplomates of the American Board of Orthopaedic Surgery (ABOS) can maintain their certification in Orthopaedic Surgery. All member boards of the American Board of Medical Specialties (ABMS) are developing plans for the MOC processes best suited to the Diplomates in that specialty of medicine.

All board certified orthopaedic surgeons, regardless of the date of the original certification, are strongly encouraged to participate in MOC. Diplomates who have no expiration date on their certificates do not jeopardize their board certification by participating in MOC.

The plan for MOC must address the four components that define a competent physician as identified by the ABMS Task Force on Competence. These are:

- **On-going evidence of professional standing**
- **Commitment to life-long learning and periodic self-assessment**
- **Cognitive expertise**
- **Evaluation of performance in practice**

Plans to address each component must be submitted and approved by the ABMS. The ABMS has approved the ABOS plans for the first three components listed above.

**Evidence of professional standing** will be evaluated through the same stringent peer-review and credentialing process that is currently used by the ABOS for Diplomates in the recertification process. The Credentials Committee will continue to have the authority to require a candidate to take the oral examination, or submit to a site visit of his/her practice, if problems are identified in the credentialing process.

**Commitment to life-long learning and periodic self-assessment** are to be addressed by the Diplomate's reporting of continuing medical education (CME) units that include a specified number of self-assessment exams during ongoing three-year cycles during the duration of board certification. A minimum of 120 units of CME, that includes 20 units of SAE, are required during each three year cycle of board certification prior to application for recertification. The CME and SAE units must be topically related to the practice of orthopaedic surgery. The Diplomate is expected to evaluate and remedy areas of weakness.

**Cognitive Expertise** will be assessed through the same secure examination process that is in place for recertification. The ABOS offers six different pathways for the cognitive exam: a computer-based exam in general orthopaedic surgery; computer-based practice profiled examinations in adult reconstructive orthopaedics, sports medicine, and spine surgery that will have a section of

questions on core orthopaedic knowledge; the CAQ in Surgery of the Hand (available only to those who hold a current valid CAQ in Surgery of the Hand) that for recertification will also have the section of questions on core orthopaedic knowledge; and the Oral Examination pathway. Since certification is offered in Orthopaedic Surgery, it is appropriate and mandatory that the cognitive examination include questions on topics relevant to general core orthopaedic knowledge.

The ABOS submitted the plans for Part IV Performance in Practice to the ABMS committee in December 2004. The committee on certification (COCERT) responded and requested additional information from the ABOS over the summer of 2005. This was reviewed at the September interim meeting of COCERT and accepted with minor modifications.

**Evidence of performance in practice** will focus on quality improvement and will be addressed through a case list for an individual to look back at his or her own incorporation of "best practices." As part of the performance in practice evaluation, the Diplomate will be expected to submit a three-month case list (or 75 consecutive cases). (Diplomates who elect to take the Oral examination pathway are exempt from this requirement for performance in practice, as the separate submission of a case list satisfies this component.) It is anticipated that the Diplomate will be asked to self-audit those cases for compliance with practice specific "best practice" guidelines, and report the results of the audit directly to the ABOS. It is also anticipated that the cumulative results of these practice audits will be provided back to the Diplomate for feedback about national and regional orthopaedic practices. This ABMS mandated quality improvement initiative will undoubtedly require much effort and innovation to make it as easy as possible to report, collate and disseminate the information to all board certified orthopaedic surgeons.

An additional part of assessment is that of patient satisfaction. A questionnaire is being developed by the ABMS to address patient communication skills and patient satisfaction with the physician. This questionnaire is currently being beta tested by the ABMS and the American Board of Internal Medicine. It is hoped that a single questionnaire will be found to be acceptable for all member boards.

All ABMS boards must have a MOC process fully implemented by 2016. The ABOS will begin a gradual implementation of the components of MOC which have been approved. The first class of Diplomates that will see any change to the current process of recertification is 2010. For the Diplomates whose certificates expire in 2010 there will be changes in the application process. This will require submission of a case list, as well as completion of a cycle of CME and SAE. Details of these requirements are posted on the ABOS website [www.abos.org](http://www.abos.org), in a link to the ABOS

*(MOC Continued on page 11)*

# RECERTIFICATION

## RECERTIFICATION EXAMINATION COMMITTEE REPORT

RANDY N. ROSIER, M.D., CHAIRMAN



Summary of activities during 2005:

1. Examination review, administration, and analysis – General, Sports, Spine, Adult, Hand exams
2. Standard setting procedure – General, Sports, Spine, Adult, Hand exams
3. Change of Committee structure to become subcommittee of new MOC committee.

During 2004, using the new OS-2 classification system, content blueprints were generated for all of the recertification examinations. The computerized recertification examinations, including the General, Sports, Spine, and Adult exams, were administered through Prometric Centers in March and April of 2005 after final review of exam drafts by committee members in December of 2004. The final review generally involves discarding and replacing poorly performing or outdated questions, with replacement rates ranging from approximately 5-10% per year over the past few years. Following the computerized examination administration, items generating validity concerns were reviewed with NBME staff by conference call (key validation).

Prior to the QWTF meeting in Philadelphia in April of 2005, a group of volunteer practitioners participated in a content-based standard setting exercise, reviewing questions from all five recertification examinations. The results were reviewed and subsequently a standard-setting conference call of the recertification committee was used to set a common passing standard for all of the exams, which was set at 1.10 logits. There was a surprising degree of agreement among participants across subspecialties in evaluating the questions both within and outside subspecialty expertise domains, reinforcing confidence in the validity of the standard setting exercise. The Hand recertification computerized examination was administered in August-September of 2005. A separate standard setting conference call was utilized to set the pass rate and a common standard was maintained for this exam, 1.10 logits.

The total number of candidates who took a recertifying exam

in 2005 was 1,070. The practice-based oral recertification pathway was elected by 73 candidates, and was administered just prior to the administration of the Part II oral examinations in Chicago in July of 2005. The numbers of examinees and pass rates based on the 1.10 logit standard for the 2005 computerized recertification examinations, and the results of the oral recertification examinations are shown below:

Exam	Candidate	Failed	Passing rate
General	587	12	97.9%
Adult	83	1	98.8%
Sports	150	4	97.3%
Spine	89	2	97.7%
Hand	88	3	96.6%
Oral exam	73	7	90.4%

As is typical over past years, the oral examination had the lowest passing rate, which has generally been in the 85-95% range. The overall approximately 98% pass rate on the computerized examinations is quite similar to prior results over the past five years.

*(Recertification Report Continued on page 11)*

### 2007 RECERTIFICATION EXAM SCHEDULE

APPLICATION - currently available online at [www.abos.org](http://www.abos.org)

#### EXAMINATIONS

Computer Administered:  
General, Adult Reconstruction, Sports Medicine and Spine  
Prometric Technology Centers, March -- April 2007

Practice Based Oral  
Chicago, Illinois, July 10, 2007

Combined-Hand  
Prometric Technology Centers, August - September 2007

**Deadline to apply: May 1, 2006**

### Recertification Pass/Fail Rates - Past 5 Years

	2001		2002		2003		2004		2005	
<b>Recertification - passes</b>	558	98%	666	98%	684	99%	728	98%	1041	97%
<b>Recertification - fails</b>	13	2%	17	2%	9	1%	12	2%	29	3%
<b>Total Candidates</b>	571		683		693		740		1070	



## SUBSPECIALTY CERTIFICATION REPORT

PETER J. STERN, M.D. AND CHRISTOPHER D. HARNER, M.D.



All of the examinees took a computer-based examination that was administered through local Prometric Testing Centers during August and September 2005. This was the third year that examinations were administered by computer.

**HAND CERTIFICATION:** A total of 87 examinees took the 2005 certification examination including

70 registered by the American Board of Orthopaedic Surgery, 13 by the American Board of Plastic Surgery, and four by the American Board of Surgery. This compares with 88 individuals that took the exam in 2004, 65 in 2003, 75 in both 2002 and 2001. All examinees completed an ACGME accredited hand surgery fellowship.

There were 165 items of which 29% were new. Seven items were deleted from the final scoring because of poor psychometric performance. Psychometric characteristics including reliability coefficient and standard error of measurement were acceptable and were similar to prior years. The average score for the entire group was 75.4% correct. Scores ranged from 53%-91% correct.

Oversight of both the Certification and Recertification Examinations is accomplished by the Joint Committee on Surgery of the Hand which consists of directors from all three Boards. A passing score of 63% correct was selected. In 2001 and 2002 the passing score was 65% correct and in 2003 and 2004 a passing score was 66% correct. The overall failure rate was 6.9% compared to 8% in 2004, 6.2% in 2003, 8% in 2002, and 4.2% in 2001. A total of 81 examinees passed and 6 failed the examination. Since 1989, 2298 Diplomates have certified in Surgery of the Hand.

Failure rates by Board were:

- ABOS – 70 examinees – 3% (2 failed)
- ABPS - 13 examinees – 31% (4 failed)
- ABS – 4 examinees -- 0% (no failures)

**HAND RECERTIFICATION:** A total of 44 examinees took the recertification examination; 11 from the American Board of Orthopaedic Surgery, 22 from the American Board of Plastic Surgery, and 11 from the American Board of Surgery. There were 37 first time takers and seven reexaminees. As with the certifying exam, a computer-based test was administered at Prometric computer testing centers. The exam content was identical to the Certification Exam. The average percent correct for the total group was 68.8% which was considerably lower than in previous years (avg. percent correct for previous five years was 76%). A passing score of 62% correct was chosen by the Joint Committee on Surgery of the Hand. Overall, 311 of the 40 candi-



dates (75%) passed the exam.

Failure rates by board were:

- ABOS - 11 examinees- 18% (2 failed)
- ABPS - 22 examinees- 41% (9 failed)
- ABS - 11 examinees- 18% (2 failed)

To date, 961 Diplomates have recertified in Surgery of the Hand.

Finally, it should be noted that the number of ABOS examinees sitting for this exam has decreased considerably since the inception of the combined hand

and general orthopaedic examination.

**COMBINED HAND RECERTIFICATION:** Please note that the number of ABOS diplomates recertifying solely in hand surgery was considerably less than in the past years. Beginning with 2004, candidates with both a 10-year time limited ABOS certificate and a 10-year time limited hand surgery certificate were required to take an exam consisting of 80 General orthopaedic items and 165 hand recertification items for a total of 245 items in order to maintain both ABOS and Hand Surgery certification. Seven items were identified as being defective and were deleted prior to scoring leaving 238 items to score.

A total of 88 individuals took the computer based combined General Orthopaedic and Hand Recertification exam.

For the 80 general orthopaedic items the mean percent correct was 73% (79% correct in 2004) and the mean percent correct for the 158 hand recertification items was 77% (80% correct in 2004). The mean percent correct for the combined exam was 75.4%. The standard setting data was then reviewed by conference call by the ABOS Committee on Recertification and psychometricians from the National Board of Medical Examiners. A passing level of 62.6% correct was set. This resulted in three failures for the combined recertification exam (no failures in 2004).

A questionnaire of the 88 individuals taking the exam was collated. Ninety percent of examinees who sat for this exam had received their primary certificate in 1986 (the first year time-limited certificates were issued) or later. Ninety percent had limited their practice to

*(Continued on page 13)*

### 2006 CAQSH EXAMINATION SCHEDULE

APPLICATION: Currently available

EXAMINATION: CERTIFICATION and RECERTIFICATION  
*Prometric Technology Centers, August - September 2007*

**Deadline to apply: February 1, 2006**

## GRADUATE MEDICAL EDUCATION REPORT

RICHARDE. GRANT, M.D.



The RRC for Orthopedic Surgery met at the Hyatt Regency in Huntington Beach, California June 25 through June 26, 2005. Our newly appointed Chair, Jason H. Calhoun, presided over the meeting with the assistance of Peter J. Stern serving as Vice-Chair. The full committee consists of Drs. Stephen A. Albanese, M. Mark Hoffer, Dempsey S. Springfield, David M. Lichtman, Peter J. Stern, Jason H.

Calhoun, Michael J. Goldberg, Richard J. Haynes, Captain Jose J. Miranda, M.D., our resident member, and myself. Drs. Albanese and Lichtman were welcomed to their first meeting as RRC members along with Dr. William Robertson, who served as a full-time member of the field staff. The RRC was also fortunate enough to recruit Dick Haynes for a second tour of duty.

The committee reviewed 38 residencies and 38 fellowships. There were two proposed adverse actions relevant to fellowship assessment: Proposed probation of a hand fellowship and a sports medicine program. Two orthopedic residency education programs received proposed probation status, while another residency program received proposed continued probation. Proposed withdrawal of accreditation was applied to one orthopedic residency program, one spine surgery fellowship, and one orthopedic trauma fellowship.

After careful deliberation, the RRC confirmed two adverse actions. One residency program had its accreditation withheld while a second program had its probation status confirmed.

Seven fellowships received provisional accreditation: One adult reconstruction fellowship, one foot and ankle, one hand surgery, one orthopedic trauma, and three sports medicine fellowships. Two fellowships received continued provisional accreditation: One hand surgery and one sports medicine fellowship. Four fellowships achieved full accreditation following provisional fellowship status including one foot and ankle fellowship, two hand surgery, and one pediatric orthopedic fellowship. One orthopedic residency education program was granted full accreditation following probation.

Target dates for future site visits were also considered ranging from 18 months from our meeting date through 12, 24, 36, 48, and 60 months (five years). Nine orthopedic residency programs were scheduled for future site visits within three years from the time of our most recent meeting. Six fellowships were given the same timetable. Three fellowships were judged to be stable enough to receive a site visit within five years of our June of 2005 meeting.

The RRC approved a net increase of 50 residents and two fellows for eight residency programs and two fellowships, while an additional 15 requests for increase in resident compliment were denied. Progress reports were requested of seven residency programs and two fellowships (one hand and one sports medicine). There are currently 151 approved residency programs and 193 fellowships, supporting the education of 3,262 residents and 417

fellows. One hundred and 63 recent orthopedic residency graduates pursued post residency sports medicine fellowships while 177 participated in hand fellowships.

The committee reviewed the most recent program director changes in the agenda book. Observing no significant delta from antecedent years, the RRC took no action. Dr. G. Paul DeRosa (ex-officio) reported recent ABOS and ABMS activities relevant to orthopedic graduate medical education. Dr. Nestler, RRC Executive Director, reported to the committee on recent Accreditation Council of Graduate Medical Education (ACGME) activity including the rescinded probation and recent expansion of the Board of Appeals.

Drafts of proposed revisions to all program requirements were sent to current members and former members of the Orthopedic RRC. Subsequently, the RRC staff drafted justifications and impact statements which were posted on the ACGME Web site for review and comment before final submission for approval at the February of 2006 ACGME Meeting.

The resident and fellows case log system continues to evolve and accrue data. The committee reviewed reports generated by the ACGME Reporting System and took no action. It is anticipated that complete reports for orthopedic residents who started entering data as PGY-2s, will be available for our review during the January 13 to 15, 2006 Meeting scheduled for Key Largo, Florida.

This year, the ACGME took definitive steps to launch its new Outcomes Project beginning with the RRC Development Workshop which convened November 10 to 11, 2005 in Chicago, Illinois at the Gleacher Center, University of Chicago. Dr. Michael Goldberg and I were able to attend the inaugural meeting. The RRC Development Workshop participants documented their reflections after the comprehensive exercise and concluded that implementing the outcomes project was complex. However, most participants agreed that the different RRCs benefited from sharing experiences, process, and documents that work well for review and accreditation of residency and fellowship programs.

The November ACGME workshop focused on the commonalities in the implementation of the core competencies within programs and identifying metrics to assess the degree to which a program has progressed along this new required pathway. The workshop participants recognized that there was significant overlap among the six competencies. The residency programs and RRC can use this novel approach to their advantage. Optimistically, the requirements for implementing the six competencies and the program information form or PIF can be aligned and developed in parallel rather than sequentially. Common core competency requirements should generate common PIF questions and reviewer worksheets which, in turn, should lead to uniform common site visitor templates. Ultimately, such reformatting would facilitate the use of common constructive citations. Identifying the best path to streamlining site evaluations to such a level of clarity and commonality seemed to be the greatest challenge of the workshop. The evolving debate will provide prime material for the agenda of future ACGME workshops.

## WRITTEN EXAMINATION COMMITTEE REPORT

RANDALL MARCUS, M.D.



Evaluating the initial competence and qualifications of orthopaedic surgeons is part of the mission of the American Board of Orthopaedic Surgery (ABOS). In serving the best interests of the public and the medical profession, the ABOS Written Examination Committee (Drs. Marcus, Anglen, Berry, Callaghan, Ezaki, Garrett, Harner, Haynes, Herkowitz, Kasser, Rosier, Stern, Swiontkowski and Weinstein) is charged with producing the best possible

examination to fairly and accurately evaluate the competence of candidates for certification.

The 2005 Written Certification Examination was created through the work of over 70 orthopaedic surgeons practicing throughout the United States who represent all subspecialties of orthopaedic surgery. The examination's production began over two years ago in the summer of 2003, when the Question-Writing Task Force members were given their question-writing assignments. Eight more steps followed: 1) These questions were submitted to the National Board of Medical Examiners (NBME) in December 2003 for editing and review for any technical flaws. 2) The questions were then categorized by content: adult trauma, rehab, adult disease, basic applied science, pediatric trauma and pediatric disease. 3) In April 2004, the Question-Writing Task Force met in Philadelphia to review all of the questions. 4) The NBME reedited the questions and entered them into the item library. 5) In November 2004, the Field Test Task Force met in Chicago to review all questions. 6) The NBME assembled the exam, based on the ABOS content domains and valid question psychometrics. 7) In February 2005, the ABOS Written Examination Committee met and decided on final item selections. 8) In March 2005, the Chairman of the Written Examination Committee and the Executive Director reviewed the final page proofs and gave final approval to the examination.

The Written Certification Examination was administered to 703 examinees on July 8, 2005 in Chicago. The NBME subsequently performed its key validation process and, in consultation with the ABOS Written Examination Committee, deleted any defective items from the examination scoring. In August 2005, the NBME presented the final examination scoring and test psychometrics to the American Board of Orthopaedic Surgery Written Examination Committee, who set the passing standard. This standard is based on the results of an item-by-item analysis and a compromise standard setting exercise performed by the surgeons who are members of the Standard Setting Task Force. The ABOS notified the candidates of the results in September.

Of the 703 examinees, 614 took the examination for the first time and

89 were repeaters. The 2005 examination consisted of 321 items, but six items were deleted in the key validation process, so 315 items contributed to the total score.

The passing standard for the 2005 examination was set at 1.13 logits. This is based on the Rasch bank scale which allows for variations in test difficulty as well as variations in the proficiency of examinees from year to year. This standard was equivalent to a percent correct score of 68.6%, with an overall passing rate for all examinees of 83.9%. The passing standard was scaled to a mean standard score of 200 with a standard deviation of 20. The Rasch bank passing score of 1.13 logits corresponds to a standard score of 171.

The passing rate for United States and Canadian medical school graduate first-time examinees was 92.9%; and, for international medical student graduates taking the exam for the first time, 80%. Of those examinees repeating the exam, the passing rate for United States and Canadian medical school graduates was 28.0%; for international medical student graduates, 0%.

Test psychometrics revealed that the mean point biserial discrimination was 0.17, which means that the questions discriminated well between those who obtained high scores and those with low scores. The KR<sub>20</sub> internal consistency reliability coefficient, the measure of how much an examinee's score would vary across repeated testing with different questions on the same content, was 0.90. The standard error of measurement calculated from this KR<sub>20</sub> coefficient and scaled to the standard score of 200 was 9 standard score points. Therefore, an examinee's true proficiency is  $\pm 9$  standard score points if given repeated testing on the same content with different questions 68% of the time.

The psychometrics of the 2005 written examination reveal that the Written Examination Committee of the ABOS was successful in producing a valid examination that fairly and accurately evaluated candidates for certification as competent by the ABOS. The quality of this examination is due to the commitment of time and energy by all of the orthopaedic surgeons who participated in creating the 2005 written examination. On behalf of the ABOS, I would like to thank all of the members of the Question-Writing, Field Test and Standard Setting Task Forces, as well as the members of the Written Examination Committee.

### 2006 PART I EXAMINATION SCHEDULE

APPLICATION - Currently available online at [www.abos.org](http://www.abos.org)

EXAMINATION - *Chicago, Illinois, July 24, 2006*

**Deadline to apply: March 1, 2006**

### Part I Pass/Fail Rates - Past 5 Years

	2001		2002		2003		2004		2005	
<b>Part I - passes</b>	607	77%	637	79%	628	83%	645	88%	703	84%
<b>Part I - fails</b>	182	23%	168	21%	132	17%	92	12%	113	16%
<b>Total Candidates</b>	789		805		760		737		703	

## CREDENTIALS COMMITTEE REPORT

RICHARD J. HAYNES, M.D., CHAIRMAN



The ABOS was founded to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. ABOS Certification do so on a voluntary basis.

Directors of the ABOS have charged the Credentials Committee with assessing the applicants professional competence and adherence to acceptable ethical and professional standards. The credentialing process is dependent upon ABOS diplomates participating in the candidate evaluation process. The candidate has waived the right to take action for information provided in good faith. State laws also protect peer review information provided in good faith. ABOS liability insurance covers diplomates providing peer review information that is factual, accurate and given in good faith. The candidate evaluation process provides the basis for the ABOS evaluation of continued demonstration of the applicant's professional competence and adherence to acceptable ethical and professional standards.

The credentialing process for Part I consists of the recommendation of the program director upon successful completion of 54 of the 60 months of required education. Applicants who are in practice at the time they apply for Part I and all applicants for Part II must possess a full and unrestricted license to practice medicine 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.

The credentialing process for Part II includes demonstration of the applicant's professional competence and adherence to acceptable ethical and professional standards. This process consists of significant peer review by past residency directors under which the applicants trained as well as up to ten diplomates who are familiar with the applicant's work. In addition the names of the chiefs of staff, surgery, ER, anesthesiology, radiology, pediatrics and orthopaedics as well as the head of orthopaedic nursing and the O.R. nursing supervisor are provided by the applicant for all current hospitals, surgical centers and operating facility staff appointments. It is the responsibility of the applicant to ensure an adequate number of applicant evaluation forms are made available to the Credentials Committee.

Applicants with low ratings, or "yes" responses to questions about integrity, substance abuse, or license restrictions are further evaluated. The Credentials Committee reviewed 26 of the 716 applicants for the 2005 Part II examination in March 2005 and 700

were invited to sit for the examination. Eight applicants were deferred, five were denied admission and two site visits were recommended. Ninety-eight percent of the candidates were recommended to the Board to sit for examination.

Recertification was adopted by the ABOS in 1972 and beginning in 1986 all certificates issued by the ABOS were time limited to ten years. The recertification credentialing process is similar to that for Part II. Continuing medical education Category I documentation for the prior three years must be provided. In a manner similar to the credentialing process for Part II the Credentials Committee provides recommendations to the Board for admission to the recertification process, deferral or rejection.

During its September 2005 meeting the Credentials Committee reviewed 22 of the 1070 recertification applicants and invited 1048 applicants for the 2006 recertification process. Five were denied admission, five were deferred, and three applicants were given the option of a site visit or taking an oral examination. The committee has the option of recommending an oral examination as the only option and this was done in one case. The Credentials Committee also reviewed two active certificate holders whose medical license had been revoked and recommended certificate revocation for both. Ninety-eight percent of the candidates were recommended to the Board to sit for examination.

In 2005, the Board decided that the names of individuals whose ABOS Certificate has been revoked because of medical license revocation would be published in the Diplomate. The names of those individuals whose certificate has been revoked by the ABOS are listed on page eight.

The American Board of Medical Specialties (ABMS) of which the ABOS is a member has endorsed Maintenance of Certification (MOC), which replaces the concept of recertification. The four requirements for maintenance of certification are 1) evidence of professional standing, 2) self assessment and life long learning, 3) assessment of cognitive knowledge, and 4) evaluation of general competencies. The ABOS plan for the first three components of our Maintenance of Certification Program for Orthopaedic Surgery has been approved by the ABMS. Our plan for the fourth component has been submitted to the ABMS. MOC will include a case list requirement for recertification. This case list will be included in the deliberations of the Credentials Committee. It is quite clear that the peer review process that has been used by the ABOS and its Credentials Committee is completely consistent with the ABMS requirements for Maintenance of Certification.

The active participation of ABOS diplomates has allowed the Credentials Committee to address its charge of assessing the applicants' professional competence and adherence to acceptable ethical and professional standards.



## PART II ORAL

### ORAL EXAMINATION COMMITTEE REPORT

JOHN J. CALLAGHAN, M.D., CHAIRMAN



The Part II Oral Examination of the ABOS was administered in Chicago July 18-21, 2005, to 697 candidates who had previously passed the Part I Written Examination and had been in practice for a minimum of 22 months. Overall, 645 (93%) passed the examination. Fifty-two candidates (7%) failed the examination. This compares with a passing rate of 85% in 2004, 92% in 2003, 89% in

2002, 86% in 2001, 90% in 2000 and 1999, 91% in 1998, and 89% in 1995-1997.

The Part II Oral Examination is a practice-based examination. The candidate is asked to present up to ten cases selected from his practice, based on a six month computerized case list. The total number of operative cases for the 697 candidates was well over 89,000 (an approximate average of 130 surgeries per candidate over a six month period). The case list submitted to the Board is reviewed by Directors of the Board and selected oral examiners to identify twelve potential cases for the examination. The internet-based data collection system (SCRIBE) has been functioning well for three years and simplifies the collection of cases for the candidates. Starting in 2002, the candidates were instructed to use the CPT codes that they used for billing of these surgeries in their entry of cases on the SCRIBE system.

The examination is one hour and forty-five minutes in length divided into three 35-minute segments with a five-minute break in between each segment. During each segment, the candidate is examined by two examiners who are matched to the candidates for areas of stated expertise. For example, if a candidate identifies his special area of practice as spine surgery, at least one of the two examiners is a practicing orthopaedist who dedicates a significant part of his or her practice to spine surgery. The examiners are provided the complete case list as well as graphic analysis of the candidate's practice profile and complications.

The decision on pass/fail is based on the candidate's performance as assessed independently by the six examiners without any caucus of the examiners. For each presented case, the candi-

date is graded on data gathering, diagnosis and interpretive skills, treatment plan, technical skills, outcomes, and ethics and professionalism. At the conclusion of each segment, the examiners grade the candidate's handling of surgical complications. Each candidate therefore receives approximately 100 to 130 grades which are averaged and adjusted based on the known severity or leniency of the examiners.

A number of changes are being introduced for the oral examinations. The Oral Examination Committee worked with a number of consultants to develop improved definition and assessment techniques for ethics and professionalism. A large number of new examiners are being recruited and educational methods are being developed to enhance the training of the oral examiners. Directors of the Board sit in on the examinations as observers and evaluate the examiners' performance. The Committee is working on more useful ways to provide feedback to the examiners on how to improve their testing methods. In addition the Oral Examination Committee is working to assure HIPPA compliance while making the process as least onerous as possible and to incorporate the use of digital images used by many of the candidates.

Unlike the Part I Written Examination which tests exclusively orthopaedic knowledge, the Part II Oral Examination tests the application of knowledge, diagnostic acumen, surgical techniques, outcomes, and ethics and professionalism. Practice-based oral examinations thus more accurately reflect a practitioner's competence and will remain an essential part of future certifying examinations. The Oral Examination Committee is trying to incorporate all of the six core competencies outlined by the ACGME to include

*(Oral Examination Report Continued on page 12)*

#### 2007 PART II EXAMINATION SCHEDULE

APPLICATION - Available June 1 online at [www.abos.org](http://www.abos.org)

EXAMINATION - Chicago, Illinois, July 11-13, 2007

**Deadline to apply: October 31, 2006**

#### Part II Pass/Fail Rates - Past 5 Years

	2001		2002		2003		2004		2005	
<b>Part II - passes</b>	621	86%	631	89%	563	92%	594	85%	645	93%
<b>Part II - fails</b>	104	14%	76	11%	52	8%	104	15%	52	7%
<b>Total Candidates</b>	725		707		615		698		697	



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

The following pages list candidates for Part II of the certifying examination for 2006. In an attempt to enlarge our peer review of candidates, we ask that you review this list and submit comments on persons whom 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.

<b>CANADA</b> Bischoff, Markus Matthias Kim, David Edward	Dowbak, John Max DuBois, Ben Elias, Ramy Nabil Forest, Erin Elizabeth Gaur, Alok Golden, David Brian Gollogly, Sohrab Goring, Christopher Gullahorn, Leslie Joan Hanna, Richard Charles Hansen, Kevin P Hartman, Andrew Philip Harwood, Maury Kai Hoang, Bang Hai Hunt, Leonel James, Ron Ernest Kantor, Jeffrey Alan Karich, Andrew Curran Keefe, Daniel Terrance Khan, Zafar Saleem Khatod, Monti Kim, David H Kim, Janeth Francis Knudsen, Karl Robert Kopp, Franz John Limpisvasti, Orr Lin, David Da-Wei Lu, Allen P Mcculloch-Otero, Kenneth Meyer, Margaret Meyer, Steven Craig Millstein, Eric Seth Moon, Charles Neal Moorthy, Murali Motamed, Soheil Nuccion, Stephen Louis Oakes, Daniel Atherton Orisek, Philip Jacob Pallia, Christopher Sterling Phipatanakul, Wesley Pote Popejoy, Debra Jean Pradhan, Ben Bhupendra Provencher, Matthew Ratnarathorn, Monthakan Redlin, Hillary Green Rogers, Tiffany Rounaghi, Amir Ryder, Steven H Sandhu, Abhindrajeet Sasaura, Paul Mitsukazu Schamblin, Mark Leo Schule, Steven Leon Simic, Paul Michael Sun, Edward Chih-Yu Twitero, Trent John Uwaydah, Munir Marwan Weiss, Jennifer M Woodhouse, Emma Sally Yu, Rebecca Shirley Yuan, Philip S Zemanovic, Jason Richard Ziv, Eli Tomer	Beardmore, Anthony Adam Buchanan, Matthew Chen, Li Farnworth, Lance Ronald Forrest, Jennifer Bissell Ghiselli, Gary Hirose, Christopher Ben Klajnbart, Jorge Oscar MacDougall, James Patel, Vikas Vanarsi Ponce, Brent A Resig, Scott Gregory Zaronias, Dimitrios James	Ostrander, Roger Vincent III Puckett, Brett Christopher Reddy, Ponnnavolu Dayakar Sedaros, Robert Smith Sforzo, Christopher Robert Stchur, Robert Patrick Storer, Stephen Karl Taylor, Nathan Lewis Tenholder, Mark Joseph Toledano, James Edward Welsh, Scott Andrew	Snitovsky, Peter Alexander Stevens, Jeremy Shane Tarandy, Dana Ivan Terry, Michael Allen Tingle, Thomas Christian Tu, Kevin Urbanosky, Leah Renee Verma, Nikhil Narayan Vora, Anand Mahesh Whiting, Jeffrey Bruce
<b>MILITARY</b> Braunlich, Earl Fritz Duncan, Douglas David Kam, Benjamin Chee Chu Lynott, John Arthur Marchant, Bryant Gene Marchessault, Jeffrey Alan Miller, Michael Glen Myrtue, Andrew Jason Porter, Mark Donald Taliaferro, Harlan C Yao, Eric Stephen	<b>CONNECTICUT</b> Alleyne, Kenneth Rupert Benthien, Ross Alan Burton, Kevin James Lindskog, Dieter Margenau Lynch, Christopher B. Richo, Gary Rubano, James Joseph Schwartz, Michael Andrew Tomak, Sanda Lujic Watson, Frederick John Wijesekera, Shirvinda	<b>GEORGIA</b> Bacot, Brian Carlos Bendiks, Erik Thor Bojescul, John Adrian Danko, Aileen Marie Dasher, William Barnard III Duncan, Joseph Carl Dunn, Michael John Eidt, Herbert Collins III Hammerberg, Eric Mark Hill, Keith Jay Hooker, Michael Sean Hunter, David Montgomery Jimenez, Miguel Alexander Klugman, Jeffrey Alan Lee, Gregory Price Lin, Ki-Hon May, Charles Bush Meredith, Randall M. Moore, Derek Ronald Myers, Thomas Howard Oskouei, Shervin Vatani Prybis, Brad Gregory Schneider, Jason Alan Swanson, Kyle Edward Vickaryous, Brian Keith	<b>INDIANA</b> Beck, Dennis John Boyer, Bryan Andrew Gilot, Gregory Joseph Gottlieb, Jamie Eden Guse, Cary M. Hamby, Timothy Scott Julian, Kevin Eugene Kerpsack, James Michael King, David Henry Lowery, Douglas James Martin, Kurt Ryan Mencias, Adelbert Jay Nenadovich, Nikola Parr, J. Andrew Patel, Mihir Magan Surdam, Jonathan William	
<b>ALABAMA</b> Conrad, Jeffrey Mark Davis, Matthew Shane Sr. Davis, Michael Edward Haley, Timothy M. Hurowitz, Eli John Johnson, Lloyd III Riley, Renee Elizabeth Scholl, Brian Michael Sheils, Todd Michael Sparks, Daniel Raymond	<b>DELAWARE</b> Hermantin, Frank Ulrich Smucker, Craig	Lee, Gregory Price Lin, Ki-Hon May, Charles Bush Meredith, Randall M. Moore, Derek Ronald Myers, Thomas Howard Oskouei, Shervin Vatani Prybis, Brad Gregory Schneider, Jason Alan Swanson, Kyle Edward Vickaryous, Brian Keith	<b>IOWA</b> Kaspar, Sarkis	
<b>ALASKA</b> Brecht, Julius Stephen Spencer, Upshur	<b>DISTRICT OF COLUMBIA</b> Magur, Edward George McClure, Shannon K Sauer, Scott Thomas Thomas, Craig Michael Wimberly, Robert Lane	May, Charles Bush Meredith, Randall M. Moore, Derek Ronald Myers, Thomas Howard Oskouei, Shervin Vatani Prybis, Brad Gregory Schneider, Jason Alan Swanson, Kyle Edward Vickaryous, Brian Keith	<b>KANSAS</b> Gwyn, David Tyler Hendricks, Kelly Meister, Brad Robert Sojka, John Michael Whitaker, Mark Camden	
<b>ARIZONA</b> Dewanjee, Sumit Greene, David Lawrence Klein, John Russell Knecht, Stephen L Leber, Mark Joseph Lewandrowski, Kai-Uwe Mangan, Douglas Bradford Mellinger, Mark David Miller, Michael David Moezzi, Darius Mirza Porter, Steven Lynn Shafer, Brian Lee Vu, Louis Pak-Shun Wallace, Roxanne Weisstein, Jason S	<b>FLORIDA</b> Ashberg, Lyall Julian Atkinson, Todd Sterling Berkowitz, Mario Moises Bonenberger, Eric G Bradley, Timothy Michael Chang, Steven Chao-Huan Cowin, David J Deshmukh, Rahul Vinod DiGiulio, Milan Mason Donshik, Jon David Farino, Gregory Charles Foglar, Christian Gilmore, Michael Dow Girouard, Allain A. Goeke, Brad James Hastings, Timothy Richard Hatten, Brian Russell Herrera, Mauricio Fernando Herrera-Soto, Jose Antonio Hill, Nathaniel Henderson Jackson, Jose Francisco Kessler, Alec Christopher Lamar, Daniel Scott Marshall, Jason Jon Martin, Gregory Michael Munro, Mark William Neal, Kevin Michael	<b>HAWAII</b> Berkowitz, Mark Jacob Chang, Spencer Kin Yau Kassel, Gregory Paul Rose, Richard Taylor, Kenneth Francis	<b>KENTUCKY</b> Antekeier, David Peter Brown, Reid B Craig, Marcis Aaron Dodds, James Carpenter Hall, Keith Brian Kerr, Glenn Jamieson Kowalski, Kurtis Lorenz Milbrandt, Todd Alan Nicholls, Mathew Atkerson Redd, Brigham Bennion	
<b>ARKANSAS</b> Coker, Matthew Jack Grammer, William Cody Griffey, Michael Anthony Kaler, Ronald Soeller, Clemens Eugene		<b>IDAHO</b> McInnis, Douglas Patrick Webb, Darby	<b>LOUISIANA</b> Casey, Brett Edward DeLapp, John David Estrada, Lance Stuart Girod, Kyle Charles Harrell, Richard Madison Lalonde, James Allen Mathis, Chad Everett Nofsinger, Charles Cole Parmar, Vikram Singh Shahrdar, Cambize Talbert, Timothy Williams, George	
<b>CALIFORNIA</b> Ahluwalia, Sanjivendra Aurang, Kamran Bhatia, Nitin Narain Bui, Jeffrey Silvio Burgar, Alexandra Marie Cepkinian, Vahan Cheng, Ivan Cunningham, Torin Jay Davies, Mark Robinson Dietrick, Todd Baldwin	<b>COLORADO</b> Allred, Darin Wilbur Bazaz, Rajesh	<b>ILLINOIS</b> Ali, Arif Choi, Kellen Kyoung won Coats, Robert Wade II DeLeon, Serafin Giannoulas, Christos Gordon, Alexander Hoepfner, Peter Eric Hurford, Robert Kenneth Jr. Korcek, Kenneth John Nam, Ellis Kevin Oakey, Jerome William Petrucci, Jasper Pinnello, John Thomas Saleem, Arif Shepperson, Kyle P. Simmons, Gregory Jospheh	<b>MAINE</b> Binette, Michael August	

**MARYLAND**

Antoniades, John T.  
Berkowitz, Robert Jon  
Blam, Oren Gil  
Byrne, John Philip  
Ciotola, Joseph J.  
Durbhakula, Sridhar  
Jani, Mihir Mahendra  
Khanna, Akhil Jay  
Lemma, Mesfin Akilu  
MacDonald, James Herbert  
Mentzer, Kurt Donald  
Moshirfar, Ali  
Osman, Saidi Goto  
Pensy, Raymond Anthony  
Shawen, Scott Brinton  
Sohn, Joseph M.  
Urban, W. Christopher

**MASSACHUSETTS**

Anderson, Megan Elizabeth  
Ayers, Andrew Willoughby  
Bae, Donald  
Barrett, Susan Elizabeth  
Bhattacharyya, Timothy  
Braun, Stuart V  
Chapman, Andrew Whyte  
Chase, Joseph Edward  
De Asla, Richard Joseph  
DeAngelis, Nicola Anthony  
Kinkead, Timothy Jorge  
Kwon, Brian  
Lehman, Andrew Philip  
Mehta, Hemant  
Namkoong, Suk  
Phillips, James Edward  
Ramappa, Arun Jogi  
Rodriguez, Edward  
Sчена, Anthony John  
Shore, Jeremy Michael  
Shurland, Abraham  
Smith, Andrew Hamilton  
Voloshin, Ilya  
Wixted, John Joseph

**MICHIGAN**

Beekman, Ryan Andrew  
Caird, Michelle Sugiyama  
Frakes-Zieger, Cory Dylan  
Henne, Timothy  
Henry, Julie Lynn  
Huang, Charles  
Kooima, Cynthia Lee  
Lee, Stanley Szu-Chi  
Little, Bryan  
Mendelson, Alice  
Milia, Marc Joseph  
Morse, Patrick Michael  
Najibi, Soheil  
Phillips, Thomas Frederick  
Placzek, Jeffrey David  
Quinn, Michael Ivan  
Schaller, Thomas Michael  
Spirt, Adrienne Albright

**MINNESOTA**

Anderson, Robert Otis  
Baker, Daniel Lloyd  
Breien, Kristoffer Meyers  
Cammack, Paul Marriner  
DuBois, Christian Michael  
Ebeling, Patrick Brian  
Hanson, Daniel W  
Hughes, Everett Michael

Johnson, Neil Rodman  
Kirsch, Matthew Joseph  
Larson, Darren Fred  
Marston, Scott  
Mehbod, Amir Alaei  
Palkert, Diane Marie  
Pena, Fernando Alberto  
Warren, Chad Allen

**MISSISSIPPI**

Altmyer, Chad Steele  
Ragab, Ashraf Ahmed  
Thorderson, Nels Wallace

**MISSOURI**

Bagwe, Mahesh Ranjit  
Browdy, Jason A.  
Farley, Timothy Dempsey  
Grebing, Brett Raymond  
Hicks, David Christopher  
Hoernschemeyer, Daniel  
Holtkamp, Kelly  
Kelly, Matthew James  
L'Hommedieu, Coles  
Miller, Brett Anthony  
Monahan, Timothy James  
Nagamani, Kevin Karthik  
Puryear, Aki Sefaro  
Tull, Frank  
Van den Berghe, Gregory  
White, Christopher B.

**MONTANA**

Allmacher, David Harold  
Pike, Gregg Daniel

**NEBRASKA**

Shereck, Jon Robert  
Thompson, Michael  
Urban, Joshua Aaron

**NEVADA**

Ashman, Edward Saul  
Davis, Richard Todd  
Elkanich, George Michael  
Gordon, Wade Travis  
Kieckbusch, Travis David  
Menmuir, Brett Gordon  
Nevins, Russell Todd  
Perry, Archie C.  
Silverberg, David A.  
Tingey, Craig Thomas  
Vitello, William Anthony  
Yu, Conrad Otto

**NEW HAMPSHIRE**

Chen, Andrew Lawrence  
Parsons, Ira Manning

**NEW JERSEY**

Alberta, Francis Gerard  
Alcid, Jess Gerald  
Augustin, Jeffrey  
Austin, Matthew  
Blecher, Haim Dror  
Cozzarelli, James Francis  
Fahimi, Nader  
Farrell, Eric Daniel  
Faust, Alfred Francis  
Gabisan, Glenn Gacula  
Gaffney, John Thomas  
Hale, James J  
Levin, Rafael  
Levine, Harlan B  
Naseef, George Salem  
Parks, Anthony Lesmore Jr.

Rodricks, David Josef  
Rudman, David Paul  
Simmerano, Rocco  
Thacker, Sunil  
Wagshul, Adam David  
Yun, Jean Shim

**NEW MEXICO**

Bosch, Patrick Peter  
Franco, John  
Gorman, Robert Roland  
Veitch, Andrew John

**NEW YORK**

Acampa, John Warren  
Alexander, Daniel  
Amaral, Terry David  
Baird, Bruce Lee  
Bukata, Susan Virginia  
Cohen, Adam Benjamin  
DeLaMora, Sergai  
DiCaprio, Matthew R  
Fayyazi, Amir H  
Finuoli, Anthony Louis  
Gallina, Jessica Blair  
Gerber, Bradley Dean  
Hanypsiak, Bryan T  
Huang, Russel C.  
Ilario, Stephen John  
Joseph, David  
Kelly, Bryan Talmadge  
Keschner, Mitchell Todd  
Klein, Gregg Roger  
Lackey, William James Jr.  
Lee, Edward Won  
Mallen, Jonathan R.  
Maxian, Tina Ann  
McGuire, Kevin John  
Militano, Ulises Paul  
Mills, Edward Laurence  
Mullaney, Kevin J  
Murray, Michael Thomas  
Neuman, David Torten  
Nicoletta, Robert Joseph  
Palomino, Kathryn Ellen  
Parisi, Debra Michelle  
Phelan, Daniel Thomas  
Popowitz, Richard Loria  
Ritter, Christopher Albert  
Scuderi, Matthew Gerard  
Sodha, Samir  
Spencer, Eric Michael  
Stoeckl, Andrew  
Su, Edwin Philip  
Sullivan, John Patrick  
Sultan, Peter Glenn  
Trapp, Kevin M  
Unis, Douglas Brydan  
Vigna, Franco Edward  
Weiser, Lori Gail

**NORTH CAROLINA**

Aldridge, Julian McClees III  
Belanger, Theodore  
Bensen, Christopher  
Bolognesi, Michael Paul  
Charlson, Mark David  
Creighton, Robert  
Echols, Eddy Lewis Jr.  
Graf, Kenneth W.  
Hoffman, Brian D  
Isbell, William Martin  
Levine, Samuel David  
Jarrett, Samuel David  
Johnson, Erik Charles

Johnson, Jeremy Clyde C  
Jones, Carroll P. III  
Kazel, Michael Dennis  
Keener, Jay D  
Lumsden, Erika Gantt  
Mikles, Mark Raymond  
Olin, Matthew David  
Peak, Edwin Louis  
Rosenberg, Brian Jay  
Satterfield, William Harper  
Sickle, David Michael  
Singh, Hardayal  
Smith, Bradley Todd  
Szabo, Scott Joshua  
Wood, Mark Lyndon

**OHIO**

Bell, Jason Scott  
Buerk, Aaron August  
Cha, Peter Shin  
Chunduri, Jaideep  
Dawson, Robert  
D'Onofrio, Mark Michael  
Fleming, James Edward Jr.  
Gleason, Paul D. II  
Goodwin, Ryan Carey  
Herceg, Milan Bender  
Hoang, David  
Lee, Frederick  
Miller, Steven Michael  
Moore, Timothy Alan  
Mroz, Thomas Edward  
Rocco, Jeffrey Joseph  
Single, Daniel John  
Zimmer, Scott Michael

**OKLAHOMA**

Atteberry, Thomas Marvin  
Blackmon, Darnell Eric Sr.  
Bond, Dennis Franklin II  
Keller, David Edward  
Markman, Bruce Scott  
Mittal, Yogesh  
Schultz, Steven C  
Thomas, Richard Doyle

**PENNSYLVANIA**

Arnold, William  
Banco, Stephen Patrick  
Bezwada, Hari Prasad  
Chin, Kingsley Richard  
Cornwall, Roger  
Dantuluri, Phani Kumar  
Delullo, James A  
Hall, Ronald Anthony  
Hernandez, Jon David  
Kaufmann, Robert  
Khoury, Joseph George  
Knaub, Mark Andrew  
Lee, Gwo-Chin  
McGough, Richard Louis III  
McLean, Matthew  
Nechleba, Jeffrey Anthony  
Ogilvie, Christian McKay

Richards, Richard Stephen  
Rossini, Gerald-John M  
Santrock, Robert Dale  
Shilling, Jack Watkins  
Smith, Patrick Neil  
Towsen, Adrienne  
VanderHave, Kelly Lynn

**PUERTO RICO**

Negron-Valentin, Ingrid  
Reina, Ricardo Jesus  
Rios-Reboyras, Luis  
Soares-Rivera, Manuel

**RHODE ISLAND**

Alford, John Winslow  
Breen, Christopher John  
Izzi, Joseph Anthony  
Matzkin, Elizabeth G.  
Robertson, Alexander Paris

**SOUTH CAROLINA**

Cordas, Daniel Isadore  
Folk, Jason William  
Harbach, Gregory Paul  
Howe, David Jefferson  
Joseph, Thomas Nimmer

**SOUTH DAKOTA**

Duchene, Clark Charles  
Estes, William James  
Kadmas, Michael Wayne  
Leeburton, Timothy J.  
Marrs, Jeffrey Scott  
Walker, Timothy Lee

**TENNESSEE**

Davis, Richard A  
Dunn, Warren Reid  
Fahey, Christian Seavers  
Gardocki, Raymond  
Goss, James A.  
Holt, Ginger E.  
Jolley, James E II  
Koch, Brian E  
Mayfield, William Cato III  
Moore, David Ryan  
Patel, Mitul Kanti  
Roberts, Gregory Joseph  
Shuler, Franklin David  
Stafford, Paul Ryan  
Wurth, Todd R.

**TEXAS**

Bajaj, Gurpreet Singh  
Battista, Vincent  
Bell, Clinton Stephen  
Bosita, Renato Victor Jr.  
Brown, David Allen  
Caldera, Plinio Antonio  
Chaim, Solomon Herman  
Chance, John Randolph III  
Cyr, Steven Jeffrey  
Eggleston, Steven Dale  
English, Christopher Sean  
Foster, Lynanne Jane  
Goldberg, Tyler Daniel  
Gundanna, Mukund I.  
Hadnott, William Hicks III  
Hammit, Matthew Dean  
Hanson, Travis Wade  
Hanssen, Christopher  
Harman, Bradley David  
Heinrich, Eric Matthew  
Holt, Marston Shaun

Hsu, Joseph Robert  
Jordan, Steven Kent  
Josey, Robert A III  
Joshi, Ajeya Padmakar  
Kreuzer, Stefan Werner  
Laverty, David Charles  
Louden, Keith Ward  
Madsen, Terry Douglas  
Manderson, Michael Scott  
Mitchell, Darius Franklin III  
Noack, John McKay  
Patterson, Brian Lee  
Pember, Merritt Arthur II  
Post, Richard Jordan  
Ray, Robert B.  
Ritchie, Eric R.  
Rivers, Thomas Burk  
Rose, Donal Buckley  
Rumi, Mustasim N.  
Schultz, William Randall

Svoboda, Steven James  
Thomas, John A.  
Thornton, Steven  
Timon, Stephen Jay  
Vagner, Gregg Alan  
Warnock, Kenneth Mathew  
Wenger, Scott Andrew  
Westmoreland, James  
Whaley, Andrew Lawrence  
Wieser, Eric Scott  
Wilson, Frederic B. Jr.  
Wimberley, David Warren  
Won, Douglas Sung  
Wylie, Mark William

**UTAH**  
Clawson, Junius Jackson  
Faux, Jonathan Robert  
Fukushima, Brian W.  
Hall, Michael Joel  
Hawes, Justin Patrick

Holmes, Stephanie Marie  
Nelson, Russell Lee  
Ritchie, Paul Kohler  
Scholl, Mark

**VIRGINIA**  
Baddar, Adrian T  
Baqaie, Wahid  
Campolattaro, Robert M  
Dobzyniak, Matthew Allan  
Grutter, Paul William  
Hampton, Brett J  
John, Christopher Kenyon  
Johnson, Anthony Eugene  
Kulwicki, Kevin James  
Kump, Cyrus Scott II  
Lee, Mario Alexander  
Manke, Chad Richard  
Osborne, Tommy Taylor II  
Shuff, Charles Edward  
St. Remy, Carl Raphael

Willis, Mark Catesby Jr.

**WASHINGTON**  
Ananthakrishnan, Dheera  
Beingessner, Daphne  
Berney, Timothy Grant  
Bransford, Richard  
Coray, Spencer Allen  
Cummings, Joel Daniel  
Guyette, Todd Michael  
Havener, Todd W  
Joneschild, Elizabeth  
Mourning, David  
Musgrave, Douglas S.  
Price, John Scott  
Sestero, Anthony  
Smillie, Kent  
Vejvoda, Hank James

**WEST VIRGINIA**  
Seon, Carl

Whitfield, Stephen B.

**WISCONSIN**  
Beckenbaugh, Jeffrey P.  
Freehill, Angela Kathleen  
Glennon, Pamela Ellen  
Hebert, Matthew M.  
Lumsden, Boyd  
Manz, Robert Carl  
Perlewitz, Thomas John  
Simon, Patrick Michael  
Singhal, Peeush  
Squire, Matthew W  
Stephany, Jeffrey John

**WYOMING**  
Basta, Jean Denise

(MOC Report Continued from page 2)

from the AAOS website, and in a letter to the Diplomates whose certificates expire in 2010 and after.

Some Boards have opted to give a different certificate to those Diplomates who no longer have an operative practice. The ABOS feels strongly that there should be a single board certification status, and have submitted plans to the ABMS to evaluate the non-operative orthopaedic surgeon. The orthopaedic surgeon who maintains a non-operative clinical practice may still be evaluated in all components, including performance in practice. The case list requirement will still apply to this Diplomate.

The ABOS Diplomate who no longer has a clinical practice and does not actively treat patients may still participate in MOC. The essence of MOC Part IV is competence in practice-based learning and improvement in systems-based practice that includes the ability to assess and improve quality of care. The ABMS and the ABOS believe that the orthopaedist who no longer sees patients but who is still engaged in orthopaedic administration, teaching, or other aspects of non-clinical work may still engage in quality improvement initiatives that can be assessed. The details of how to assess performance in practice for this group is the subject of much discussion by both the ABMS and the ABOS. As these decisions are made, information will be provided to the Diplomates of the ABOS.

MOC is a work in progress. Recertification will look very different to the Diplomates who recertify in 2010 and thereafter. Most of the differences that the orthopaedist will see will be related to reporting activity to the ABOS in addition to other bodies such as state medical boards. The ABOS wants to make the process fair, the reporting as easy as possible, and the implementation as clear as possible.

The MOC committee is working to clarify the details of application, reporting, credentialing and testing. During the transition period – 2010 to 2016 – there is certain to be some confusion as the ABMS clarifies the requirements for the ABOS. The requirements

for MOC for a particular Class of diplomates, once published, will not be altered. It is therefore imperative that you, as a Diplomate of the ABOS, determine when your certificate expires, and the window for application, testing, and recertifying. It is your responsibility to comply with the requirements and the application process so that you do not lose your board certification.

The best way to personally plan for MOC is to begin to carefully document your CME units, and to get into the habit of participating in Self assessment instruments that are scored by the organization that developed them and reported back to you. Examples of appropriate SAEs are those prepared by the Orthopaedic Academy and specialty societies.

The best source of information on MOC is the ABOS website [www.abos.org](http://www.abos.org) or may be found by calling the ABOS office. Please bookmark this website and refer to it frequently as the MOC process is rolled out. The ABOS will make every attempt to communicate directly with you, but can only do so if you keep the Board informed when your address changes.

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(Recertification Report Continued from page 3)

Finally, the decision was made at the September 2005 ABOS meeting to reconfigure the Recertification Examination Committee as a subcommittee of the Maintenance of Certification committee. The Subcommittee will deal with the assembly, administration, question pool grading, standard setting exercises and analysis of the six recertification examination venues, i.e., the operational mechanics of the examinations. The overarching MOC committee will oversee the Subcommittee activities and be involved in the numerous other aspects of the MOC process.

lower pass rate (86-93%) than the written or computer based cognitive exam (98-100%). Universal utilization of the oral examination for the cognitive expertise and performance in practice components of Maintenance of Certification has been the topic of extensive discussions among the ABOS directors. The outcome of which was to leave it as an examination option. An additional requirement of a three month case list, similar to the oral exam six month case list, will be required of those diplomates taking a computer based cognitive examination. This case list will be used as a continuous quality improvement model (CQI) through the establishment of a normative data base to determine "best practices". Aggregate data will be shared with the diplomates. The case lists may also be used to assist in the credentialing process. The Part II examination process and results are detailed by John Callaghan, Chairman of the Oral Examination Committee and Vice President of the ABOS.

Recertification is well along in its transition to Maintenance of Certification (MOC), a process which began in 1998 with the ABMS Task Force on Competence. Two thousand and four was the last year for the written, paper and pencil, recertification examination given at the time of the AAOS annual meeting. Both the general clinical examination and practice-profiled recertification examinations (spine, sports and adult reconstruction) are computer administered and will form the basis for the cognitive expertise component of MOC, except for those candidates electing to take the practice-based oral examination. All 24 of the ABMS member boards are committed to the evolution of their recertification efforts into programs of maintenance of certification. MOC is also supported by the:

Accreditation Council for Graduate Medical Education (ACGME)  
American Hospital Association (AHA)  
American Medical Association (AMA)  
Association of American Medical Colleges (AAMC)  
Council of Medical Specialty Societies (CMSS)  
Educational Commission for Foreign Medical Graduates (ECFMG)  
Federation of State Medical Boards of the U.S. (FSMB)  
National Board of Medical Examiners (NBME)  
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Continuity of the process over a 10 year cycle is the principal difference between the current recertification program and MOC. The MOC plan and phasing for the ABOS is described in detail later in the "Diplomate" by Marybeth Ezaki, chair of the MOC Committee.

Of considerable interest is the effort to develop Subspecialty Certification in Sports Medicine similar to that in Hand Surgery headed by Chris Harner, Secretary of the ABOS. Question Writing and Field Test Task Forces have been formed with a goal to administer the first examination in the fall of 2007.

Our two Directors completing their 10 year terms this year are Gordon Aamoht from Minnesota and William Garrett from North Carolina. Each has served the Board in many meaningful ways, most recently Dr. Aamoht as President and Dr. Garrett as Chairman

of our Research Committee. The ABOS is pleased to welcome our two new members. Shepard Hurwitz from Charlottesville, Virginia will fill an important void as our only Director with foot and ankle expertise and David Martin from Winston-Salem, North Carolina whose subspecialty is sports medicine will be of assistance in the development of Sports Medicine Subspecialty Certification.

The history and evolution of the ABOS since its founding 72 years ago has been one of constant effort to improve the processes by which we meet our mission to serve the public and the medical profession. This effort is dependent on many volunteers from the orthopaedic community who serve on the examination committees and as oral examiners who give up a week of their summer to give the exams in Chicago. Our ABOS Directors serve a 10 year term averaging over one month commitment each year without compensation. We are indeed fortunate to have an outstanding staff headed by our executive director Paul DeRosa who endeavors to keep us on track and in line. Not an easy task.

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(Oral Examination Report Continued from page 8)

communication/interpersonal skills, professionalism, ethics, patient care, knowledge, systems-based practice, and practice-based learning and improvement.

Last year the Board voted to provide to the residency programs and candidates the rating definitions for the various categories by which candidates will be evaluated and graded. These will be made available to the candidates who are taking the examination and have been given to all program and residency directors. These can be obtained from your residency or program director or from the Board office.

## **ABOS Directory Goes Online**

Many of you regularly purchased the American Board of Orthopaedic Surgery's *Directory of Diplomates*, our annual publication listing orthopaedic surgeons currently certified by the American Board of Orthopaedic Surgery. While we have discontinued the Directory as a publication, the information is now available on-line at no charge. You can search for physicians by name or location. Just go to our website, [www.abos.org](http://www.abos.org) and click on the Directory tab.



Hand (80% or more of practice). More than 80% of those taking the exam spend more than 40 hours in preparation and nearly half took a review course.

#### **SPORTS MEDICINE SUBSPECIALTY CERTIFICATION:**

In the spring of 2003, the American Board of Medical Specialties approved the application from the ABOS to develop an Orthopaedic Sports Medicine examination.

Under the direction of Christopher D. Harner, MD, a task force of 18 orthopaedic surgeons with content expertise in sports medicine was assembled in Quebec City in June 2004. A workshop under the auspices of the National Board of Medical Examiners was conducted to educate the task force members on how to write high quality questions. Item content for the exam was based off the Orthopaedic Sports Medicine fellowship curriculum. In February 2005, the question writers met at the National Board of Medical Examiners in Philadelphia to edit the questions and draft an examination. Two-hundred and fifty questions were approved. In February 2006 an ABOS question writing task force will refine the questions and in the Fall 2006 a Field Test Task Force consisting of orthopaedists distinct from those who submitted examination questions will 'trial' the exam. In February 2007, the ABOS Written Exam Committee will compile 200 question exam and in the fall of 2007 the exam will be administered.

#### **Content allocation:**

- General Principle (5%) (research, study design, statistics, ethics, professionalism)

- Medical aspects of Sports Medicine (20%)
- Musculoskeletal (75%)
  - upper extremity (30%)
  - lower extremity (40%)
  - spine (5%)

Requirement to sit for the exam:

1. Practice Requirements:
  - 125 sports cases/1 year (75 arthroscopic)
  - Sports Medicine practice
2. Educational Requirements:
  - Certified by the ABOS
  - Five year grandfather clause (2007-2011)

It is the intent of the ABOS that Subspecialty Certification in Sports Medicine will serve as an educational standard and not a practice standard. It is anticipated that Subspecialty certification will raise the bar for sports medicine fellowships because beginning in 2012, completion of a one year ACGME accredited fellowship will be required to sit for the exam.

#### **2006 SPORTS MEDICINE EXAMINATION SCHEDULE**

APPLICATION: Available online June 2006

EXAMINATION:  
*Prometric Technology Centers, Fall 2007*

### **The American Board of Orthopaedic Surgery has revoked the following Certificates:**

<b>Former Diplomate</b>	<b>Last Known City/State</b>	<b>Year Revoked</b>
William S. Bambrick, III	Erie, Pennsylvania	2003
David Miles Baroff	Girard, Ohio	2003
Nicholas A. Cappello	Goucester, Massachusetts	2002
Craig B. Dumond	Baybrook, New York	2003
Syed M.A. Ehtisham	Bath, New York	2004
Charles Thompson Ellis	Riyadh, Saudia Arabia	2002
Harold Franklin Goodman	Quincy, Massachusetts	2001
Lazaro Guerra	Hialeah, Florida	2003
Rober Butler Kimmel	San Antonio, Texas	2002
Kenneth Karl Koch	Camarillo, California	2004
John Francis Lilly, II	Portsmouth, Ohio	2001
Bret Leon Lusskin	Hallandale, Florida	2002
Michael Stuart Margoles	San Jose, California	2004
Gerald James McCann	Whittier, California	2002
George Francis Medich	Aliquippa, Pennsylvania	2003
Leslie Joy Mintz	Portola Valley, California	2003
Sabir Hussain Moghul	Somers, Connecticut	2002
Robert Joseph Nicholson, Jr.	Baton Rouge, Louisiana	2002
John Timothy Propsom	Milwaukee, Wisconsin	2001
Lawrence Allen Schneider	Scottsdale, Arizona	2002
Darshan Singh Sidhu	Salinas, California	2002
William Stratford	New York, New York	2001
Arthur Herbert White	Daly City, California	2004
Gilbert Gomer Whitmer	Rocky Mount, North Carolina	2005

## IMPORTANT REMINDERS!!!

### If your ABOS Certificate expires between 2007 and 2009

**THOSE DIPLOMATES WHOSE CERTIFICATE WILL EXPIRE BETWEEN 2007 AND 2009 AND WHO WISH TO TAKE ONE OF THE RECERTIFICATION EXAMINATIONS IN 2006 MUST APPLY ONLINE AT WWW.ABOS.ORG BETWEEN JANUARY 1, 2006 AND MAY 1, 2006.**

Once an application for recertification is approved, it is valid for four years. (However, it does not extend the expiration date on your certificate.)

The four examination pathways for recertification are:

1. Computer Administered General Clinical Examination which emphasizes general clinical orthopaedic knowledge.
2. Computer Administered Practice-Profiled Examinations which include Adult Reconstruction, Sports Medicine, and Surgery of the Spine.
3. Practice Based Oral Examination which is based on the candidate's practice using his/her case lists.
4. Combined-Hand Examination which is available as a recertification pathway to diplomates who have a CAQ in Hand Surgery. Candidates who wish to use this pathway must first apply for recertification as with the other pathways. More information is available online at [www.abos.org](http://www.abos.org).

**Peer review and documented relevant continuing medical education are part of the application process.**

Diplomates may obtain an application for the 2007 recertification examinations by going to the ABOS website at [www.abos.org](http://www.abos.org).

### CME NOTIFICATION !!!

The ABOS has recognized the importance of continuing medical education by requiring it as a part of all pathways leading to recertification.

Applicants for recertification must have received 120 hours of Category I continuing medical education credit during the *three-year period prior to the date of filing an application* for the examination. These hours must be documented by the issuing body or agency.

Applicants for the 2007 recertification ex-

### LETTERHEADS AND YELLOW PAGES

G PAUL DeROSA, M.D., EXECUTIVE DIRECTOR



You may think it odd that I am writing a piece on a topic such as "letterheads and yellow pages" advertisements, but these two areas cause the Board and its Credentials Committee major concerns each year.

Many years ago no self-respecting doctor would advertise his/her practice in the yellow pages. This was something done by other professions, but not medical practitioners. However, the Federal Trade Commission changed its guidelines and allowed individuals to advertise as long as what was published was true and accurate. Herein lies the problem. Many groups of orthopaedic surgeons, or for that matter any physicians group, have individuals who are board certified, individuals who are in the process of becoming certified, and individuals who are not certified. If a group's yellow pages advertisement is constructed such that it appears that all the individuals in the practice are certified, it is misleading to the public and may be construed as false advertising. There have been numerous occasions each year where individuals applying to take the certifying exam are delayed because of such misrepresentation. The Board

urges each and every orthopaedic group to carefully review its advertisements to be certain that the public is not being misled.

The same is true when advertising "fellowship" education. The American public believes that when a subspecialty fellowship is advertised, the necessary education to achieve it has been obtained. The required subspecialty training taken during residency is not considered fellowship training by the Board or the Accreditation Council for Graduate Medical Education (ACGME) and should not be advertised as such. Only education obtained after residency to gain special knowledge in an area of orthopaedics recognized as a subspecialty is considered to be post-residency education.

Office stationery often presents a problem similar to yellow pages advertisements when there are some individuals within a practice who are certified, but others who are not. It should be clearly stated on office stationery who in the practice is Board certified, or a member of the Academy, etc., otherwise the public may misinterpret a practitioner's credentials and believe someone to be Board certified when he/she is not.

Please remember that the purpose of the American Board of Orthopaedic Surgery is to serve the best interests of the public by establishing educational standards and by evaluating the qualifications and competence of orthopaedic surgeons.