Disclaimer

The database of the American Board of Orthopaedic Surgery (ABOS) contains information which is voluntarily self-reported by candidates who have applied and been approved for admission to the Part II (oral) Examination. These candidates have completed an accredited residency in Orthopaedic Surgery; passed the Part I (written) Examination, actively practiced Orthopaedic Surgery for 22 months, and undergone peer review. Since 1999, the approved candidates have utilized a web-based program (Scribe) to submit information about all of their operative cases, in all of the facilities for which each candidate has privileges, performed over a defined six-month period. The ABOS requires notarized signatures of the medical records custodian certifying that the lists are complete. The candidates report demographic information on each patient, and diagnosis, procedure, complication and outcome data on each case. Ten cases are selected from the list by the ABOS and form the basis of the oral examination. During the examination, medical records and images of the ten cases are reviewed and investigated by six volunteer Board-certified trained examiners. [A similar process is used by Board certified surgeons who choose to re-certify by an oral examination pathway. Repeat testing is currently required at 10 year intervals.]

Board certification is a voluntary process and each applicant signs a release which allows use of de-identified data in research projects approved by the ABOS. The strengths of this database are that it contains all the cases (>75,000 per year) done over a six month period by a large number of surgeons (>650 per year) across the country. The data submitted is verified by sampling during a high-stakes examination and the data is collected in a standard format under clear, uniform instructions.

The weaknesses are that it is self-reported data, and thus theoretically subject to conscious or unconscious bias. The follow-up periods are relatively short (typically < 1 year), and the outcome measures are not well defined. It should be noted that this data is collected from surgeons who are not yet Board-certified and are quite early in their careers. It may not be representative of practice patterns or outcomes in all orthopaedic surgery practices.