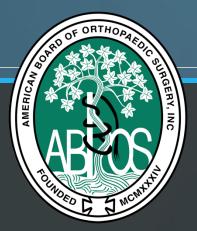
American Board of Orthopaedic Surgery Knowledge, Skills, and Behavior Program (ABOS KSB)

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Surgical Skills Assessment Questions



American Board of Orthopaedic Surgery

Establishing Education & Performance Standards for Orthopaedic Surgeons

Dr. Jennie Doe ABOS Skills Assessment (OP-Score) of Dr. John Doe for 7/20/2021 1:03 PM Primary Total Hip Arthroplasty

1 (of 11) Case Complexity

 \bigcirc Low

OMedium

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Dr. Jennie Doe ABOS Skills Assessment (OP-Score) of Dr. John Doe for 7/20/2021 1:03 PM Primary Total Hip Arthroplasty

2 (of 11) Pre-Procedure Plan: Gathers/assesses required information to reach diagnosis and determine correct procedure required

- \bigcirc 1: I had to do.
- O2: I had to talk them through.
- O3: I had to prompt them from time to time.
- \bigcirc 4: I needed to be in the room just in case.
- \bigcirc 5: I did not need to be there.

Previous

- 1: I had to do i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do.
- 2: I had to talk them through i.e., able to perform tasks, but requires constant direction.
- 3: I had to prompt them from time to time i.e., demonstrates some independence, but requires intermittent direction.
- 4: I needed to be in the room just in case i.e., independence, but still requires supervision for safe practice.
- 5: I did not need to be there i.e., complete independence, understands risks and performs safely, practice ready.



Dr. Jennie Doe ABOS Skills Assessment (OP-Score) of Dr. John Doe for 7/20/2021 1:03 PM Primary Total Hip Arthroplasty

3 (of 11) <u>Case Preparation</u>: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

- O1: I had to do.
- O2: I had to talk them through.
- ○3: I had to prompt them from time to time.
- O4: I needed to be in the room just in case.
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4 (of 11) Knowledge of Specific Procedural Steps: Understands steps of procedure, potential risks, and means to avoid/overcome them

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5 (of 11) <u>Technical Performance</u>: Efficiently performs steps, avoiding pitfalls and respecting soft tissues

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6 (of 11) Visuospatial Skills: 3D spatial orientation and able to position instruments/hardware where intended

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7 (of 11) Post-Procedure Plan: Appropriate complete post-procedure plan

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8 (of 11) Efficiency and Flow: Obvious planned course of procedure with economy of movement and flow

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9 (of 11) Communication: Professional and effective communication/utilization of staff

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10 (of 11) Global Evaluation
⊖Novice
⊖Low Intermediate
⊖High Intermediate
⊖Competent - requires only supervision
⊖Advanced Expertise

Next

Novice

Attending surgeon provides maximum assistance. Demonstrates knowledge of anatomy. Demonstrates basic operative skills (e.g., incision, excision, wound closure). Positions patient. First assists and observes.

Previous

Low Intermediate

Attending surgeon provides significant assistance and direction. Performs approach with minimal assistance. Identifies anatomical landmarks. Identifies most of the critical steps. Demonstrates proficiency with the component technical skills. Demonstrates an increasing ability to perform different key parts of the operation with attending assistance. Demonstrates room set up and equipment management.

High Intermediate

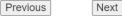
Attending provides modest assistance and direction. Capable of performing the approach. Familiar with anatomical landmarks. Identifies and is capable of performing almost all of the critical steps. Demonstrates proficiency with the component technical skills. Attending assistance required for the most challenging portions of the procedure.

Competent-requires only supervision

Attending Surgeon not required to provide active assistance. Knows steps and transitions easily. Able to direct and assist a more junior resident. Aware of environment and can manage patient safety and coordinate the operation team. Capable of performing the procedure in practice independently.

Advanced Expertise

Performance matches that of advanced surgeon. Capable of performing complex procedures independently. Capable of independent management of intraoperative complications.





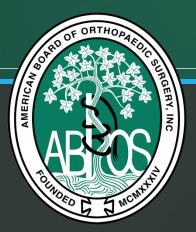


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11 (of 11) Feedback to Resident (600 character limit)			
	Previous	Submit	



Contact

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Establishing Education & Performance Standards for Orthopaedic Surgeons