

ABOS KNOWLEDGE, SKILLS, & BEHAVIOR PROGRAM

Onboarding Handbook

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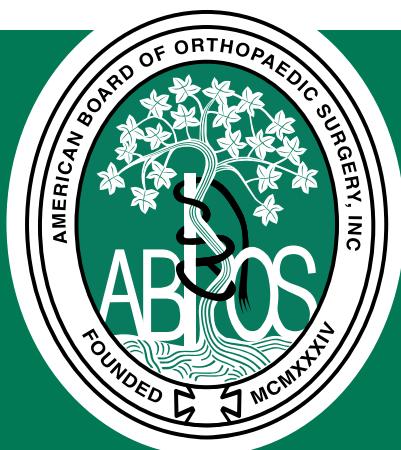


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Section 1: Welcome to the ABOS KSB Program

The American Board of Orthopaedic Surgery's (ABOS) mission is to protect the public by setting standards for competence and education through each stage of an Orthopaedic Surgeon's career, beginning with residency training. The ABOS has launched the ABOS Knowledge, Skills, and Behavior (ABOS KSB) Program to assist Orthopaedic Resident Education Programs in supporting this mission.

Graduate medical education is transitioning from time-based programs for the acquisition of knowledge and skills to promoting competency-based curricula. Validated tools to measure competency are critical to this transition. The ABOS KSB Program provides a system for measuring the acquisition of skills and the effectiveness of residency education by assessing competency and providing feedback to Orthopaedic Residents and Program Directors in real-time. This program has been developed in collaboration with the American Orthopaedic Association (AOA), the Accreditation Council for Graduate Medical Education (ACGME), the American Academy of Orthopaedic Surgeons (AAOS), and Orthopaedic Residency Programs across the country. This program benefits residents, programs, and ultimately, patients.

Within this handbook, you will find information that will help you utilize each aspect of the ABOS KSB Program, broken out by your role in the residency program.

Thank you for participating in the ABOS KSB Program. Should you have any further questions, we invite you to reach out to us at ksb@abos.org or (919) 929-7103. You may also visit www.abos.org/abosksb for more information and materials.

Section 2: About the ABOS KSB Program

The ABOS has been establishing education and performance standards for Orthopaedic Surgeons since 1934—dedicated to protecting the public and our patients with relevant and innovative programs. By assessing an Orthopaedic Surgeon's knowledge, skills, and professionalism during residency education and throughout their career, ABOS Board Certification provides an important service to patients and the public, allowing them to make intelligent and informed decisions regarding their health care providers.

The ABOS KSB Program sets the highest standards for education by providing tools and methods to measure progress in residency education and assess competency through Knowledge, Surgical Skills, and Professional Behavior evaluations.

The ABOS KSB Program gives residents the opportunity to take greater responsibility for their own educational progress toward becoming eligible for ABOS Board Certification by giving them the ability to request real-time surgical skill documentation and feedback on specific cases and professional behavior feedback after each rotation. The ABOS' online platform allows Orthopaedic Residents and their Program Directors to track their development throughout residency education.

Ultimately, the ABOS KSB Program helps residents become better Orthopaedic Surgeons, which will benefit patients.

Measuring Knowledge, Skills, & Behavior Competencies

KNOWLEDGE

In the ABOS KSB Program, Orthopaedic Knowledge acquisition is measured yearly through the administration of the AAOS Orthopaedic In-Training Examination (OITE). The ABOS and the AAOS are working together to make the AAOS OITE an even better assessment and align its content with the ABOS Part I Examination Blueprint to ensure that the content on both examinations encompasses similar orthopedic knowledge areas.

The organizations have worked collaboratively to identify the score on the AAOS OITE that approximately corresponds to the minimum passing performance level on the ABOS Part I Certifying Examination. This approximation is based on a relatively small sample of shared items and is not a guarantee of or predictive of future performance on the ABOS Part I Examination, but it does allow residents to measure their acquisition of knowledge using a valuable standard.

SURGICAL SKILLS

Instead of relying on measuring the time spent on a particular rotation, Orthopaedic Residents—and their Program Directors—can analyze their proficiency in dozens of different surgical procedures, providing valuable, timely feedback that will help residents improve their surgical skills over time.

The ABOS has developed and validated the O-P Surgical Skills Assessment Tool to assess residents' surgical skills. The surgical skills assessment tool is a web-based, real-time, workplace-based assessment that allows residents to easily request evaluations. The O-P tool is a combined instrument validated by research, from modifications of the Ottawa Surgical Competency Operating Room Evaluation (O-Score) and a Procedure Assessment Tool (P-Score).

Either right before or shortly after participating in a surgery, a resident can use their smartphone or computer to request an attending surgeon's evaluation of their performance. Residents have 48 hours from the date of procedure to submit a request, ensuring a real-time snapshot of their performance.

The Faculty Member will immediately receive a text or email, based on their preference, to complete the evaluation. Residents can then review areas of strength and improvement for each specific procedure.

The ABOS has developed two lists of orthopaedic surgical procedures. Tier 1 Procedures (Core Competency) are considered critical to an Orthopaedic Surgeon's education. Residents are expected to attain competence in that group of procedures. Tier 2 Procedures (Subspeciality Exposure) are those procedures that an Orthopaedic Surgeon should

be exposed to during their residency education. The Tier 1 and Tier 2 Procedure lists are included in this handbook in Appendix A &B. These procedures will fit nicely into the ACGME Milestones 2.0 Program.

Residents are expected to request a minimum of two Surgical Skills Assessments per week if possible based on the list of Tier 1 Core Orthopaedic Procedures and Tier 2 Subspecialty Orthopaedic Procedures.

Professional Behavior

There are two types of ABOS Professional Behavior Assessments:

- A Professional Behavior Assessment that is requested at the end of every rotation from each Faculty Member with whom the Orthopaedic Resident worked
- A 360-Evaluation consisting of multiple Professional Behavior Assessments for each Orthopaedic Resident once a year.

Both are required to fulfill the Behavior Skills portion of the ABOS KSB Program.

The ABOS has developed a Professional Behavior tool that allows Program Directors and Faculty Members the opportunity to evaluate the professional behavior of Orthopaedic Residents in five domains: ethical behavior, communication, interaction, reliability, and self-assessment. Residents are expected to request an assessment from each Faculty Member with whom they worked at the end of each rotation. For confidentiality reasons, the results of the behavior assessments are collated and distributed to Orthopaedic Residents by Program Directors at regular intervals, generally at the end of each academic year.

The 360-Evaluation is conducted once a year and offers multiple healthcare professionals in multiple environments the opportunity to evaluate resident performance. Individuals who have had adequate exposure to the resident are chosen, including fellow residents.

Participating in the ABOS KSB Program

This handbook provides instructions for Orthopaedic Residents, Faculty Members, Program Coordinators, and Program Directors to participate in ABOS Knowledge, Skills, and Behavior Assessments. Read on for detailed information on how to request and complete evaluations and track resident progress over time.

ABOS KSB PROGRAM MAPS TO MILESTONES 2.0

From a Program Director perspective, the ABOS KSB Program can provide useful data in completion of the ACGME Milestones 2.0 Program. We will continue our initiative to reduce duplication of effort for programs, through continued collaboration between the ABOS and ACGME. As improvements are made, updates will be made to the ABOS KSB Program. Currently, the *Surgical Skills* assessment results from ABOS KSB can provide data for completing some of the Patient Care: Operative Management Milestones and the *Professional Behavior* assessment ABOS KSB data can help to complete some of the Practice-Based Learning and Improvement, Professionalism, and Interpersonal and Communication Skills Milestones.

Section 3: Instructions for Program Directors, Program Coordinators, & Residency Program Staff

Getting Started

Below are steps to walk you through the setup process for the ABOS Surgical Skills and Professional Behavior Assessment Systems.

STEP ONE

Collect the preferred email address and cell phone information for all Orthopaedic Residents and Faculty Members in your program.

For each Faculty Member, include their contact preference (email or text) for receiving assessment requests from residents. For each Orthopaedic Resident, include their contact preference (email or text) for receiving assessment results from Faculty Members.

STEP TWO

There is a Program Director's account to help manage Orthopaedic Residents and Faculty Members as they participate in the ABOS KSB Program, and to view the status of Surgical Skills and Professional Behavior Assessments across the Residency Program. Program Directors and Program Coordinators can log in at <https://www.abos.org/r> with the username and password that the ABOS has provided to you. Program Directors and Program Coordinators use the same login.

*Please note the "/r". This takes you to a specific login page for this program that is different from the Board's standard login page.

The screenshot shows a web browser window with the URL <https://www.abos.org/r/> in the address bar. The main content area is titled "ABOS Resident Surgical Skills and Professional Behavior Assessment". Below the title are two input fields: "Username" and "Password", each with a corresponding text input box. At the bottom of the form is a "Login" button.

STEP THREE

In order to complete the process of setting up your program in the system, the Program Coordinator must enter each Faculty Member and Orthopaedic Resident directly into the account on the site via the *Faculty* and *Residents* tabs.

The screenshot shows a web-based application interface for managing faculty members. At the top, there is a navigation bar with links: "All Skills Assessments", "Residents", "Faculty" (which is highlighted in blue), "Reports", "My Profile", and "Log Out". Below the navigation bar, the title "Faculty/Attending" is displayed, along with the text "Program Name: Test Program". There is a link "+ Add Faculty Member" below the title. A table lists the following faculty members:

Faculty	Profile	Status
Charles, Mark	Profile	Active
Davis, Brian	Profile	Active
Dodds, Anthony	Profile	Active
Doe, Jane	Profile	Active
Doe, Jennie	Profile	Active
Doe, Jordan	Profile	Active
Evers, David	Profile	Inactive
Jones, Avery	Profile	Active

All Skills Assessments Residents Faculty Reports My Profile Log Out [Download Resident List](#)

Residents

Program Name: Test Program

[+ Add Resident](#)

PGY	Resident	Profile	Assessments	Status
5	Doe, Janie	Profile	Assessments	Active
4	Doe, Jeffrey	Profile	Assessments	Active
4	Elliot, Anderson	Profile	Assessments	Active
3	Doe, Jackson	Profile	Assessments	Active
3	Doe, James	Profile	Assessments	Active
3	Doe, Jerome	Profile	Assessments	Active
2	Doe, Jack	Profile	Assessments	Active
2	Doe, John	Profile	Assessments	Active
2	Doe, Jordan	Profile	Assessments	Active
1	Doe, Jessica	Profile	Assessments	Active

To do this, click on the *Add Resident* or *Add Faculty Member* link towards the top. Please complete all fields. For residents, you will need to create a username and password for them. The resident will later be able to change the password.

STEP FOUR

Once a resident has been successfully added into the system, each will automatically be sent an email with instructions for requesting Surgical Skills and Professional Behavior Assessments. These emails will automatically be sent daily at 7:00 AM ET for any new residents added in the previous 24 hours.

HELPFUL NOTES

New residents or faculty can be added to the system at any time. Your faculty are not assigned login information as they will not be logging into the system. When an Orthopaedic Resident requests an assessment from a specific Faculty Member, that Faculty Member will receive an email or text with a link to complete the assessment form. Once residents begin requesting Surgical Skills or Professional Behavior Assessments, you will be able to review reports on the *Reports* tab of your Program Director account.

Navigating the ABOS Knowledge, Skills, & Behavior Portal

The ABOS KSB portal is where resident progress is monitored throughout the program.

To access the portal, visit <https://www.abos.org/r>.

* Please note the "/r". This takes you to a specific login page for this program that is different from the Board's standard login page.

VIEW SKILLS ASSESSMENTS

Go to the *All Skills Assessments* tab to track your residents' requested and completed skills assessments.

All Skills Assessments Residents Faculty Reports My Profile Log Out

All Skills Assessments

Program Name: Test Program

[Tier 1 Core and Tier 2 Subspecialty Procedures](#)

Surgical Skills Assessments

1	2	3	4	Resident	Procedure	Faculty	Request Date	Completion Date
				Elliot, Anderson	Primary Total Knee Arthroplasty	Jones, Tony	8/11/2021 4:33 PM	8/11/2021 4:34 PM
				Elliot, Anderson	Primary Total Hip Arthroplasty	Jones, Tony	8/11/2021 4:32 PM	8/11/2021 4:32 PM
				Doe, John	Ankle Fusion	Doe, Jane	8/9/2021 1:07 PM	
				Doe, John	Carpal Tunnel Release	Doe, Jane	7/26/2021 8:48 AM	
				Doe, John	Ankle Arthroscopy	Doe, Jane	7/26/2021 8:47 AM	
				Elliot, Anderson	Primary Total Hip Arthroplasty	Taylor, John	7/24/2021 8:31 AM	
				Doe, John	Pediatric: Epiphysiodesis	Doe, Jane	7/22/2021 1:30 PM	
				Doe, John	Primary Total Hip Arthroplasty	Doe, Jane	7/22/2021 1:29 PM	7/22/2021 1:30 PM
				Doe, John	Subtalar Fusion	Doe, Jordan	7/22/2021 1:28 PM	7/22/2021 1:29 PM

By default, skills assessments are sorted by residents' program year and alphabetically by last name.

When an Orthopaedic Resident requests a skills assessment, it will appear here. Faculty Members will receive an email request, an example of which is shown on page 16 of this handbook.

A Faculty Member's assessment completion will be noted in the right-hand column. You will be able to review assessment results by clicking on the individual skills assessment or using the *Reports* tab to view Assessment Activity by Resident, Assessment Activity by Faculty, Professional Behavior Report, Professional Behavior Charts, or Professional Behavior Feedback.

Residents will receive an email sharing their Surgical Skills Assessment results, an example of which is shown on page 16 of this handbook.

VIEW AND MANAGE YOUR ROSTER OF RESIDENTS

Click on the Residents tab to view, update, and add to your roster of residents. You can update your roster of residents at any time. By default, residents are sorted by their program year.

The screenshot shows a web-based application interface for managing resident rosters. At the top, there is a navigation bar with links: All Skills Assessments, Residents (which is the active tab), Faculty, Reports, My Profile, and Log Out. Below the navigation bar is a button labeled "Download Resident List". The main content area is titled "Residents" and displays a table with the following columns: PGY, Resident, Profile, Assessments, and Status. A dropdown menu above the table is set to "Active". The table contains the following data:

PGY	Resident	Profile	Assessments	Status
5	Doe, Janie	Profile	Assessments	Active
4	Doe, Jeffrey	Profile	Assessments	Active
3	Doe, Jackson	Profile	Assessments	Active
3	Doe, James	Profile	Assessments	Active
3	Doe, Jerome	Profile	Assessments	Active
2	Doe, Jack	Profile	Assessments	Active
2	Doe, John	Profile	Assessments	Active
2	Doe, Jordan	Profile	Assessments	Active
1	Doe, Jessica	Profile	Assessments	Active

Below the table, there is a link labeled "+ Add Resident".

To add a resident to your roster, click the *Add Resident* button above the table of residents. Fill out all empty fields and press submit.

To download a resident list, click the *Download Resident List* button above the table of residents.

To view or update a resident, click on the *Profile* button next to their name.

Please remember to mark a resident as inactive if they are no longer a resident.

VIEW AND MANAGE YOUR ROSTER OF FACULTY

Click on the Faculty tab to view, update, and add to your roster of faculty or attending surgeons. You can update your faculty roster at any time. By default, faculty are sorted alphabetically by last name.

To add a Faculty Member to your roster, click the *Add Faculty Member* button above the faculty table.

To view or update a faculty member, click on the *Profile* button next to their name.

Please remember to mark them as inactive if they are no longer faculty.

[All Skills Assessments](#) [Residents](#) [Faculty](#) [Reports](#) [My Profile](#) [Log Out](#)

Faculty Profile

First Name	Jane
Last Name	Doe
Email	janedoe@email.org
Cell Phone	123-456-7890
Program Name	Test Program

Contact Preference Email Text
Status Active Inactive

[Add Faculty Member](#)[Return to Faculty](#)

VIEW AND MANAGE YOUR PROFILE

Click on the *My Profile* tab to view and update your profile. You can update your contact information at any time.

If your Program Director changes, please contact the ABOS at ksb@abos.org or (919) 929-7103 to have them change the Program Director's name in the ABOS KSB portal.

[All Skills Assessments](#) [Residents](#) [Faculty](#) [Reports](#) [My Profile](#) [Log Out](#)

My Profile

Username	PDdoe
Password	PDdoepassword
First Name	David
Last Name	
Email	test@abos.org
Cell Phone	888-888-8888
Program Name	Test Program

Contact Preference Email Text

[Save](#)

VIEW REPORTS

[All Skills Assessments](#) [Residents](#) [Faculty](#) [Reports](#) [My Profile](#) [Log Out](#)

Reports

[Milestones Report](#)[Assessment Activity by Resident](#)[Assessment Activity by Faculty](#)[Professional Behavior Report](#)

Click on the *Reports* tab to view Residents' Surgical Skill Assessment Activity and Professional Behavior Reports.

Monitoring Resident Progress

The ABOS KSB Program allows Program Directors to monitor Orthopaedic Resident progress throughout the course of their training. This allows for earlier intervention to support residents who are struggling or to address problematic behavior.

Program Directors are notified daily, via email, of any resident with a low score in any of the five domains of the Professional Behavior evaluations in the ABOS KSB Program. Programs can then determine how they would like to address any deficiencies.

From: noreply@abos.org
To: [John Doe](mailto:John.Doe)
Subject: ABOS/CORD PROFESSIONAL BEHAVIOR Assessment Project - RED FLAG ALERT
Date: Tuesday, July 27, 2021 6:45:12 AM

Dr. Doe:

You are receiving this email to alert you to one or more low ratings (1s and 2s) for one of your residents on an ABOS/CORD Professional Behavior assessment. Per current policy the name of the evaluator who completed the assessment has been redacted. Please note that the results of ABOS/CORD Professional Behavior assessments are provided to you as the program director and are NOT provided directly to residents.

Dr. John Doe's ABOS/CORD Professional Behavior Assessment completed by REDACTED is below.

1. The resident adheres to ethical principles (Demonstrates Honesty and Integrity, Exhibits Ethical Behavior in Professional Code of Conduct)

Rating: 5. Strongly Agree

2. The resident effectively communicates with patients and with people who are important to those patients (Shows Compassion/Empathy, Demonstrates Communication and Listening skills, Shows Respect for Patient needs)

Rating: 4. Somewhat Agree

3. The resident effectively interacts with other people working within the health system (Shows Ability to work with faculty, peers, and medical students, Students' Level of Composure, Students' Identity Formation)

Rating: 1. Strongly Disagree

4. The resident is reliable (Work ethic, Punctuality, Level of Responsibility/Accountability)

Rating: 1. Strongly Disagree

5. The resident is committed to autonomous maintenance and continuous improvement of competence in self, others, systems (Students' Ability to self-assess, Students' Receptiveness to critique)

Rating: 1. Strongly Disagree

6. Feedback to Resident: Ok but needs work

Program Directors and Program Coordinators can also see which of the residents have requested assessments on the *All Skills Assessments* tab. The ABOS recommends that programs designate an individual, likely the Program Coordinator, to log into the system at least once per month to monitor requests and completions of assessments.

Frequently Asked Questions

Is participation of the program mandatory?

At this time, participation is voluntary. Widespread participation is encouraged to provide useful documentation to Orthopaedic Surgery Residency Programs and Orthopaedic Residents regarding progress towards competency. It is specifically designed to decrease current administrative burdens on Program Directors and Coordinators, transfer ownership of individual resident education to the learner, coordinate with the ABOS and other learning curricula and provide data useful in completion of ACGME milestones.

Is resident participation mandatory?

ABOS Board Certification is a voluntary process that serves to protect the public. While resident participation is not mandatory at this time, it is strongly encouraged. As we continue to augment traditional time-based learning with the additional data generated by meeting agreed upon, transparent, and objective milestones, the resident's participation in this process is invaluable. Additionally, it is anticipated that most residents would benefit from the value of the real-time, valuable, concise feedback that is provided.

What is the cost of the ABOS KSB program?

The cost of the program (assessment tool development, electronic registration and data analysis and feedback) is borne by the ABOS. There is no cost to programs or residents other than time spent in registration and assessment.

Is this just another unfunded mandate imposed on Program Directors and Coordinators?

This program is not mandated by the ABOS at this time. There is no cost to the program or resident aside from time spent in registration and assessment.

What are the benefits of participation?

The individual Orthopaedic Resident and Program Director will receive a scorecard documenting resident progress towards competency in essential orthopaedic knowledge, skills, and professional behaviors. This information will provide useful data for the resident's self-directed learning and for the program's Core Competency Committee's documentation of resident progress. In addition, it will identify specific areas of strength and those requiring improvement throughout all years of education. It also provides a roadmap to the program and learner in defining skills, behaviors, and knowledge that would be considered essential for the independent practice of orthopaedic surgery. This will likely result in a more focused and efficient educational experience and assist the Program Director in making useful resident assignments.

What are the challenges of participation?

As with all new innovations, there are challenges related to the adoption of new processes of resident evaluation that are felt by both Orthopaedic Residents and Faculty Members. The expectations that surround the implementation of this program must be set by the Program Director. Participation is based upon a request for evaluation generated by the Orthopaedic Resident. Remembering to request an evaluation from the faculty and identifying the case to be evaluated prior to performance will be new responsibilities for the resident. Use of smartphone technology and learning to use the dictation feature are new responsibilities for an attending surgeon that will have varying degrees of comfort with technology. The time burden for a request or completion has been documented to be minimal.

Doesn't this just duplicate current commercially available or individual program specific resident evaluation systems?

The ABOS has designed, studied, and provided this comprehensive evaluation system. The ABOS believes that this integration is uniquely capable of more thoroughly evaluating residents' progress towards competency. The ABOS KSB program will provide reliable and useful data but is not specifically designed to replace current systems that the program may find of value.

Why is the ABOS investing in this program?

Core to the mission of the ABOS is to protect the public by establishing high standards of resident education and postgraduate physician performance. In working with partners in the AAOS, ACGME, and ARCOS, the ABOS KSB program is designed to provide valid standards in essential knowledge, skills, and behavior. Current requirements for initial certification include certain time-based resident rotation requirements, an attestation by the Program Director of competency at the completion of residency, and a single high stakes multiple choice examination following residency. Participation in a validated program collecting multiple formative and summative assessments throughout residency will provide better information for Orthopaedic Residents, Program Directors, Coordinators, and the ABOS.

Will this program replace the ACGME operative logs?

Not at this time. There are ongoing discussions between the ACGME and the ABOS regarding data sharing agreements: however, at this time, separate data entry is required by Orthopaedic Residents. It is the goal of the ABOS to have Orthopaedic Residents complete two surgical skills evaluations per week. They must log all cases to the ACGME site. The ABOS understands based on our studies that this is a negative feature of the program for Orthopaedic Residents, and it is hoped that at some point they could enter a case just once, designating those cases for which they would like an evaluation.

Why haven't Program Directors been involved in the design and implementation of this program?

Program Directors and Chairs have been intimately associated with the development and assessments included in the ABOS KSB program. AOA/CORD representation and several volunteers have provided important input. The ABOS GME Committee is largely made up of current and former Program Directors and Chairs. The program has been specifically modified to decrease the administrative burden on Program Coordinators and Program Directors. The goal has been to provide valid and useful documentation that should decrease current burdens and transfer ownership of resident education to the learner as has shown to be valuable in most adult learning.

Is this information discoverable?

Given the lack of consistency in state law related to this issue, it should be assumed that this data, like any grade or rating, would be discoverable. The majority of anticipated litigation would be related to adverse decisions regarding promotion or completion of the program. This level of documentation may be more helpful in supporting Program Director decisions than currently available assessments.

Regarding standard of care related to a specific case, it is unclear that resident evaluations would be of use to either party in establishing whether a standard of care was met.

There may be concern about faculty not wanting to be critical about resident performance based on the fear about complaints of bias. Depending on the circumstances, it is felt that having multiple assessments documenting trends in performance by multiple assessors will mitigate any concern regarding bias.

Who makes the decision on the duration of a resident's program?

Consistent with ACGME guidelines, the Program Chair and Program Director retain full discretion on the content, evaluation, and length of an individual resident's education.

What do Program Directors do with the resident who has repeatedly demonstrated poor performance in any or all of the domains being assessed?

The Program Director and Chair will retain ultimate decision making regarding resident performance and the length of training.

Can the data be used for fellowship applications or recruitment?

The data is not validated nor intended for this purpose. The ABOS would strongly advise against the use of this data for any such purpose.

At what point will this be required for initial certification?

Summative standards utilized as a component of initial certification may be defined by the ABOS only after sufficient data is obtained to assure validity of the assessment tools and the results obtained. In other words, the ABOS may at some point in the future require that a candidate for initial ABOS Board Certification attain yet to be defined levels of achievement in the areas of procedural skills, medical knowledge, and behavior skills using validated assessment tools.

Who owns the data?

The data is owned by the ABOS. It will be de-identified upon successful initial Board Certification of the candidate. De-identified data will be securely stored by the ABOS.

Can this data be used in hiring and credentialing?

This data is not to be used for physician hiring nor credentialing. It will not be shared by the ABOS with credentialing organizations.

Will assessors receive feedback on their performance?

Data will likely be made available to Program Directors regarding participation of their program's attending physicians when sufficient data is available to draw some comparative conclusions. This data may include comparisons between assessors and between given time points and residents with respect to the same assessor. This data may ultimately assist in faculty evaluation but will be used at the sole discretion of the Program Director.

What happens when a procedure under evaluation is associated with a significant complication?

It is not recommended that particularly challenging or complex procedures be chosen for evaluation. In the case of significant complication, evaluation of resident performance should be made at the discretion of the Faculty Member.

Section 4: Instructions for Faculty

Getting Started

Program Coordinators will reach out to all Orthopaedic Teaching Faculty to ascertain their preferred method of communication: text or email.

Faculty will not need login information to complete assessments, as they will not be logging into the ABOS KSB program's online platform. When an Orthopaedic Resident requests an assessment from a specific Faculty Member, that Faculty Member will receive an email or text with a link to complete the assessment form.

Surgical Skills Assessment

An Orthopaedic Resident can use their smartphone or computer to request a Faculty Member's evaluation of their performance on a surgical case. The ABOS highly recommends that residents submit requests right before procedures. **Residents must submit assessment requests no later than 48 hours after the procedure.**

The Faculty Member immediately receives a text or email and can complete the evaluation to provide immediate feedback, allowing residents to review areas of strength and areas for improvement. If a requested assessment is not completed, reminders are automatically sent to Faculty Members at 24-48 hours and then again at 48-72 hours after the procedure.

Scoring Surgical Skills Assessments

Faculty Members will use the O-P Surgical Skills Assessment Tool in performing surgical skills assessments:

5 POINT OTTAWA SURGICAL COMPETENCY OPERATING ROOM EVALUATION (O-SCORE)

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 unaware of risks and 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

FORMATIVE EVALUATION USING O-SCORE FOR 8 STEPS OF SURGICAL PROCEDURE

1. **Pre-procedure plan:** Gathers/assesses required information to reach diagnosis and determine correct procedure required
2. **Case preparation:** Patient correctly prepared and positioned, describes approach and lists required instruments, prepared to deal with probable complications
3. **Knowledge of specific procedural steps:** Can sequence steps of procedure, articulates potential risks, and means to avoid/overcome them
4. **Technical performance:** Efficiently performs steps, avoiding pitfalls and respecting soft tissues
5. **Visuospatial skills:** 3D spatial orientation and able to position instruments/hardware where intended

6. **Post-procedure plan:** Appropriate complete post procedure plan
7. **Efficiency and flow:** Obvious planned course of procedure with economy of movement and flow
8. **Communication:** Professional and effective communication/utilization of staff
9. Resident is able to safely perform this procedure independently: Yes or No

5 POINT SUMMATIVE P-TOOL (PROCEDURE ASSESSMENT TOOL)

Comments Field: Feedback to residents including targeted areas for improvement:

1. **Novice:** Attending surgeon provides maximum assistance, Demonstrates knowledge of anatomy, Demonstrates basic operative skills (eg. incision, excision, wound closure), Positions patient, First assists and observes.
2. **Advanced Beginner:** Attending surgeon provides significant assistance and direction, Performs approach with minimal assistance, Identify anatomical landmarks, Identifies most of the critical steps, Demonstrates 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.
3. **High Intermediate:** Attending provides modest assistance and direction, Capable of performing the approach, Familiar with anatomic landmarks, Identifies and is capable of performing almost all of the critical steps, Demonstrates advanced skills, Attending assistance required for the most challenging portions of the procedure.
4. **Supervision Only Competent (functions as expected of a program graduate):** 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 operative team, Capable of performing the procedure in practice independently.
5. **Advanced Expertise-Proficient:** Performance matches that of advanced surgeon, Capable of performing complex procedures independently, Capable of independent management of intraoperative complications.

Completing Surgical Skills Evaluations

When an Orthopaedic Resident requests an assessment from a specific Faculty Member, that Faculty Member will receive an email or text with a link to complete the assessment form. These communications are sent via email from noreply@abos.org or via text from (331) 305-6696.

From: [ABOS No Reply](#)
To: [Jane Doe](#)
Subject: ABOS Resident Skills Assessment Request
Date: Tuesday, August 17, 2021 8:40:51 AM

Dr. Jane Doe: Dr. John Doe has requested an ABOS Skills Assessment for “8/17/2021 7:40 AM Primary Total Hip Arthroplasty.” Click <https://www.abos.org/r/A/A.aspx?GUID=52737470-0b73-4b9c-a2f8-960b6c6505c5> to perform the assessment. Do not reply to this message.

Click the link in the text or email to complete the assessment.

Click the bubble next to answer you want for each survey question and press next. There will be room at the end of the assessment to type or dictate remarks.

Dr. Jane Doe ABOS Skills Assessment (OP-Score) of Dr. John Doe for 8/17/2021 7:40 AM Primary Total Hip Arthroplasty

11 (of 11) [Feedback to Resident \(600 character limit\)](#)

[Previous](#)

[Submit](#)

Press Submit.

You will receive a confirmation of the assessment being sent to the resident. The Orthopaedic Resident will immediately receive feedback.

Dr. Jane Doe:
Your ABOS Skills Assessment for
Revision Total Hip Arthroplasty
has been sent to
Dr. John Doe
via email to
ksb@abos.org

Professional Behavior Assessments

At the end of each rotation, Orthopaedic Residents request a Professional Behavior Assessment from each Faculty Member with whom they worked. For confidentiality reasons, the results of the behavior assessments are collated and distributed to Orthopaedic Residents by Program Directors at the end of each academic year.

The 360-Evaluation is conducted once a year and offers multiple healthcare professionals in multiple environments the opportunity to evaluate Orthopaedic Resident performance. Individuals who have had adequate exposure to the resident are chosen; if evaluations are received by those unfamiliar with a particular resident, they can easily opt out.

Scoring Professional Behavior Assessments

The ABOS Professional Behavior Evaluation consists of a 5-question survey that asks about ethics, communication, ability to work with others, reliability, and continual improvement. There is one additional, open-ended question that provides faculty the opportunity to provide additional comments by typing or dictating.

Completing Professional Behavior Assessment Requests

When an Orthopaedic Resident requests an assessment from a specific Faculty Member, that Faculty Member will receive an email or text with a link to complete the assessment form. These communications are sent from noreply@abos.org or via text from (331) 305-6696.

Click the link to complete a very brief Assessment for Professional Behavior for the resident with whom you feel you are sufficiently familiar to evaluate. If you are unable to evaluate the professional behavior skills of a specific resident because you have not worked with that resident, please do NOT complete an evaluation for that resident.

From: [ABOS No Reply](#)
To: [Jane Doe](#)
Subject: ABOS Resident Skills Assessment Request
Date: Tuesday, August 17, 2021 8:40:51 AM

Dr. Jane Doe: Dr. John Doe has requested an ABOS Skills Assessment for “Professional Behavior.” Click <https://www.abos.org/r/A/A.aspx?GUID=afa93d71-51fc-4976-84f0-1522f287dbc1> to perform the assessment. Do not reply to this message.

Click the bubble next to answer you want for each survey question and press next. There will be room at the end of the assessment to type or dictate remarks.

Dr. Jane Doe ABOS Professional Behavior Assessment of Dr. John Doe for 8/17/2021 7:46 AM

1. The resident adheres to ethical principles (Demonstrates Honesty and Integrity, Exhibits Ethical Behavior in Professional Code of Conduct)

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Neutral
- 4. Somewhat Agree
- 5. Strongly Agree

Demonstrates Honesty and Integrity (ie. Worthy of the trust bestowed upon us by the patients and the public's good faith, faith, reports and analyzes medical errors, maintain confidentiality, understands their scope of practice with appropriate use of knowledge and skills, trustworthy)

Exhibits Ethical Behavior in Professional Code of Conduct (ie. Student recognizes that being an orthopaedic surgeon is a "way of life" that serves the patient and community, advocates in the best interest of the patient, goes "above and beyond", they "do the right thing", respects diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation)

Press *Submit* to enter evaluation into the system.

The Program Director is able to review an aggregate report with each Orthopaedic Resident at the completion of each academic year.

The assessments will not be sent to the resident until the end of each year, when the aggregate report will be distributed by Program Director.

Section 5: Instructions for Residents

The ABOS provides two password-protected, secure portals to help residents track their progress toward becoming ABOS Board Eligible:

- The ABOS Resident Dashboard allows residents to track their professional development and competency level for specific procedures and professional behavior throughout their five-year residency program. In addition, they can view their progress towards knowledge acquisition.
- The ABOS Resident Surgical Skills and Professional Behavior Assessment Portal allows residents to request assessments for specific procedures and professional behavior.

ABOS Resident Dashboard

The ABOS Resident Dashboard allows Orthopaedic Residents to track their professional development throughout their five-year Residency Education Program.

Getting Started

Below are steps to walk you through the setup process for the ABOS Resident Dashboard.

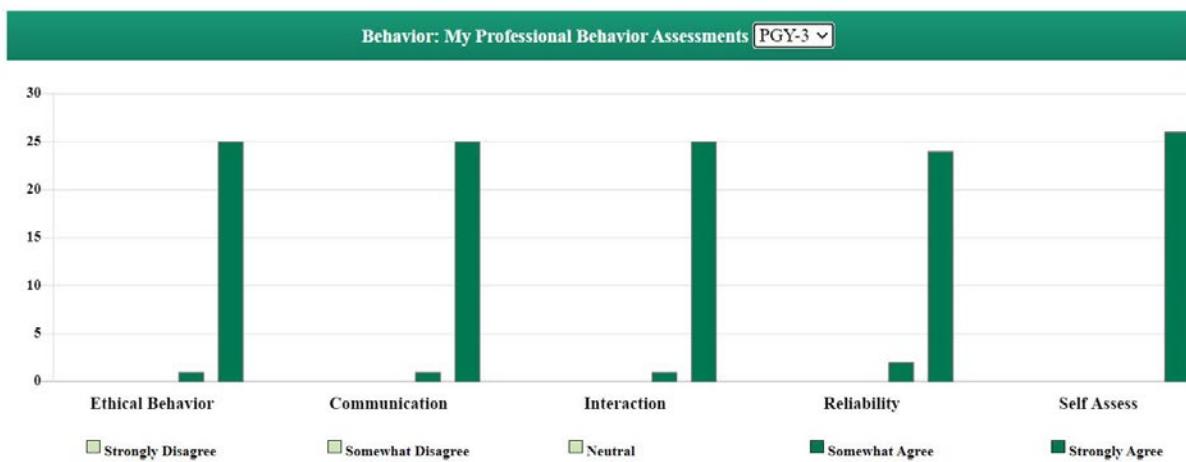
You will receive a welcome email from noreply@abos.org. Please make sure to save this email, as it will contain a username and password to log in to our online portal, which you will use to review your progress toward becoming eligible to ABOS Board Certification.

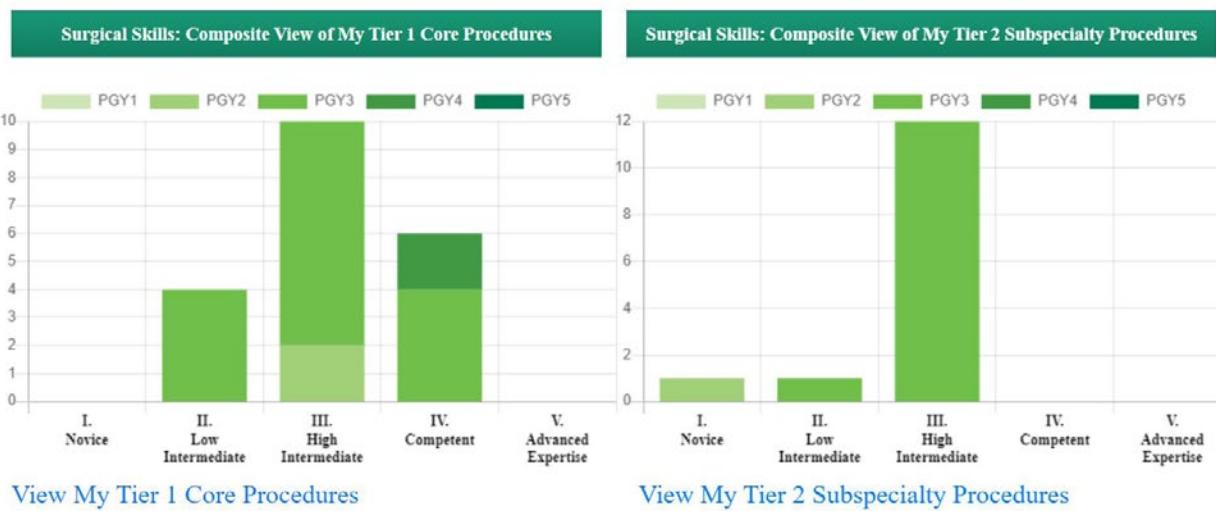
Residents can access the portal at <https://www.abos.org/portal/moddefault.aspx> with the username and password the ABOS has provided in your welcome email. Alternatively, go to www.abos.org and click Login. You can update your password in the portal after your initial login.

Navigating the ABOS Resident Dashboard

Residents can track their progress and performance on five competency measures in the ABOS Resident Dashboard:

1. Knowledge: My OITE Scores
2. Time: My Orthopaedic Surgery Rotations PGY 1-5
3. Surgical Skills: Composite View of Tier 1 Core Procedures
4. Surgical Skills: Composite View of Tier 2 Core Procedures
5. Behavior: Professional Behavior Assessments





YOUR INFORMATION

Resident Dashboard

Welcome to your ABOS Dashboard,
Dr. John Doe

ABOS Knowledge, Skills, and Behavior

Dr. John Doe [\[Update\]](#)

Profile
john.doe@program.edu

Inbox →
Rules and Procedures →

ABOS Knowledge, Skills, and Behavior Program Overview and Information

[Go to Your ABOS Resident Portal ➔](#)

Click the *Inbox* button to review official ABOS email communications. These are copies of communications that are sent to your email address on file with the ABOS.

To update your contact information, click on the *Update Profile* link in the orange box on the left-hand side of the dashboard.

ABOS Resident Surgical Skills and Behavior Assessment Portal

GETTING STARTED

Below are steps to walk you through the setup process for the ABOS Surgical Skills and Professional Behavior Assessment Systems.

You will receive a welcome email from noreply@abos.org. Please make sure to save this email, as it will contain a username and password to log in to our online portal, which you will use to request and review Skills Assessments and Professional Behavior Assessments. Once you login, it is highly suggested that you change your login and password.

Residents can access the portal at <https://www.abos.org/r> with the username and password the ABOS has provided in your welcome email. You can update your password in the portal after your initial login.

* Please note the “/r”. This takes you to a specific login page for this program that is different from the Board’s standard login page.

Navigating the ABOS Resident Surgical Skills and Behavior Assessment Portal

The ABOS Resident Portal is your home base for monitoring your progress through the program. To access the portal, visit <https://www.abos.org/r> and log in with your username and password.

*Please note the "/r". This takes you to a specific login page for this program that is different from the Board's standard login page.

VIEW AND MANAGE YOUR PROFILE

Click on the *My Profile* tab to view and update your profile. You can update your contact information and preferences at any time.

Surgical Skills Assessments

Either right before or after participating in a surgery, an Orthopaedic Resident can use their smartphone to request the Faculty Member's evaluation of their performance on that surgical case. Ideally, residents should request assessment right before a procedure and at the latest right after the procedure. **You will have 48 hours from the time of the procedure to request an assessment.**

The Faculty Member receives a text or email and can complete the evaluation to provide immediate feedback. This allows residents to review areas of strength and areas for improvement for each specific procedure.

The expectation is that PGY2-PGY5 residents will each request at least two Skills Assessments per week, but we realize that individual circumstances may vary. PGY1 residents are also allowed to request assessments.

REQUESTING SKILLS ASSESSMENTS

Residents must submit a request no later than 48 hours after the date of the procedure.

Go to the Assessment Request tab of the ABOS Resident Surgical Skills and Behavior Assessment Portal. Select the subspecialty and procedure to be assessed, the specific procedure, the attending faculty present, and the date and time of surgery. Click *Submit* to send a text message or email to the faculty member evaluating your performance.

The screenshot shows the 'ABOS Assessment Request' interface. At the top, there are navigation links: Assessment Request, My Assessments, 360 Behavior Evaluators, My Profile, and Log Out. Below the links, the user's name 'John Doe' is displayed. The main form area has the following fields:

- Select the subspecialty of the procedure to be assessed: (dropdown menu)
- Select the procedure to be assessed: (dropdown menu)
- Select the attending to assess you: (dropdown menu)
- Select the date of procedure: (calendar)
 - August 2021
 - Previous < Next >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
- Select the time of procedure: (text input field containing '07:46 AM')

Faculty Member text message and email preference is collected before the start of the ABOS KSB program by the Program Coordinator. If a Faculty Member does not complete a requested assessment, a reminder is automatically sent at 24-48 hours and then again at 48-72 hours.

Dr. John Doe:
 Your ABOS Skills Assessment Request for
Revision Total Hip Arthroplasty
 has been sent to
Dr. Jane Doe
 via email to
ksb@abos.org.

The completed assessment will be sent to you via email to
ksb@abos.org.

[View My Assessments](#)

VIEWING YOUR RESULTS

Once the assessment has been completed, you will receive a text message or email with your results.

From: [ABOS No Reply](#)
To: [John Doe](#)
Subject: ABOS Resident Skills Assessment
Date: Tuesday, August 17, 2021 9:09:06 AM

Dr. John Doe: Your ABOS Skills Assessment (OP-Score) for 8/17/2021 8:07 AM Revision Total Hip Arthroplasty completed by Dr. Jane Doe is below.

1. Case Complexity: High
2. Pre-Procedure Plan (Gathers/assesses required information to reach diagnosis and determine correct procedure required)
 Rating: 3 - Attending had to prompt me from time to time - i.e., I demonstrated some independence, but required intermittent direction.
3. Case Preparation (Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications)
 Rating: 4 - Attending needed to be in the room just in case - i.e., I demonstrated independence, but was still required supervision for safe practice.
4. Knowledge of Specific Procedural Steps (Understands steps of procedure, potential risks, and means to avoid/overcome them)
 Rating: 3 - Attending had to prompt me from time to time - i.e., I demonstrated some independence, but required intermittent direction.
5. Technical Performance (Efficiently performs steps, avoiding pitfalls and respecting soft tissues)
 Rating: 3 - Attending had to prompt me from time to time - i.e., I demonstrated some independence, but required intermittent direction.
6. Visuospatial Skills (3D spatial orientation and able to position instruments/hardware where intended)
 Rating: 2 - Attending had to talk me through - i.e., I was able to perform tasks, but required constant direction.
7. Post-Procedure Plan (Appropriate complete post-procedure plan)
 Rating: 4 - Attending needed to be in the room just in case - i.e., I demonstrated independence, but was still required supervision for safe practice.
8. Efficiency and Flow (Obvious planned course of procedure with economy of movement and flow)
 Rating: 4 - Attending needed to be in the room just in case - i.e., I demonstrated independence, but was still required supervision for safe practice.
9. Communication (Professional and effective communication/utilization of staff)
 Rating: 4 - Attending needed to be in the room just in case - i.e., I demonstrated independence, but was still required supervision for safe practice.
10. Global Evaluation: 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.
11. Feedback: Great work and clearly prepared.

To review all requested/completed surgical skills assessments, click on the *My Assessments* tab of the ABOS Resident Surgical Skills and Professional Behavior Assessment Portal.

Behavior Skills Assessment

At the end of each rotation, residents request an assessment from each Faculty Member with whom they worked. For confidentiality reasons, the results of the behavior assessments will be collated and distributed by Program Directors at the end of each academic year.

The 360-Evaluation will be conducted once a year and offers multiple healthcare professionals in multiple environments the opportunity to evaluate Orthopaedic Resident performance. Individuals who have had adequate exposure to the resident are chosen, including fellow residents.

REQUESTING PROFESSIONAL BEHAVIOR ASSESSMENTS

At the end of each rotation, generate one assessment per attending Faculty Member with whom you worked.

Go to www.abos.org/r and log in with your username and password. Choose *Professional Behavior* from the subspecialty of procedure drop down box. Select the attending to assess you. Clicking *Submit* will automatically send a text message or email to the Faculty Member evaluating your performance. Faculty Member text message and email preference is collected before the start of the ABOS KSB program by the Program Coordinator.

Repeat this process for each Faculty Member with whom you trained on that rotation.

Assessment Request My Assessments 360 Behavior Evaluators My Profile Log Out

John Doe

ABOS Assessment Request

Select the subspecialty of the procedure to be assessed:

Professional Behavior ▾

Select the procedure to be assessed:

Professional Behavior ▾

Select the attending to assess you:

Doe, Jane ▾

Submit

VIEWING YOUR RESULTS

Results of the behavior assessments are collated and distributed by Program Director or Program Coordinator at the end of each academic year. You are able to see them in your *My Skills Assessments* tab.

360 BEHAVIOR EVALUATORS

360 Behavior Evaluations are completed annually. Evaluators are entered by Program Coordinators and will include up to 200 evaluators. In addition to this list, Orthopaedic Residents will have an opportunity to add up to ten other evaluators, up to two in each of these fields: advance practice provider, orthopaedic operating room nursing staff, orthopaedic inpatient nursing staff, orthopedic outpatient clinic staff, or Emergency Department faculty. Residents can do this by going to the *360 Behavior Evaluator* tab in their own ABOS KSB Assessment Portal.

Assessment Request My Assessments 360 Behavior Evaluators My Profile Log Out

360 Behavior Evaluators

Program Name: Test Program
Resident Name: Doe, John PGY: 2

Mid-level orthopaedic provider

Role	Orthopaedic Fellow
First Name	joe
Last Name	joe
Email	joejoe@abos.org

Role

First Name
Last Name
Email

Orthopaedic operating room nursing staff

First Name
Last Name
Email

Section 6: Contacting the ABOS with Questions

Thank you for participating the in ABOS Knowledge, Skills, and Behavior Program.
We invite you to reach out to our team with questions.

Mona Saniei
ABOS KSB Program Specialist
ksb@abos.org
The American Board of Orthopaedic Surgery

400 Silver Cedar Court
Chapel Hill, North Carolina 27514
(919) 929-7103
<https://www.abos.org>

Appendix A: Tier 1 Procedures – Core Procedures

Primary Total Hip Arthroplasty
Primary Total Knee Arthroplasty
Carpal Tunnel Release
Trigger Finger Release
Prophylactic Fixation of impending pathologic Femur Fx
Below Knee Amputation
Pediatric: Ankle/Distal Tibia Fx
Shoulder: Simple Shoulder Arthroscopy (e.g., Debridement, Subacromial Decompression)
Spine Exposure
Knee: Quadriceps Tendon Repair
Knee: Arthroscopic Meniscectomy
Knee: Meniscal Repair
Knee: ACL Reconstruction
Knee: Patellar Tendon Repair
Ankle: Achilles Tendon Repair
Upper: Distal Humerus Fx
Upper: Elbow Dislocation
Upper: Radius/Ulna Shaft Fx
Upper: Distal Radius Fx
Upper: Carpal Fx and/or Dislocation
Upper: Metacarpal/Phalangeal Fx and/or Dislocation
Lower: Femoral Neck Fx
Lower: Intertrochanteric Fx
Lower: Femoral Shaft Fx
Lower: Distal Femoral Fx
Lower: Tibial Plateau Fx
Lower: Tibial Shaft Fx
Lower: Unimalleolar/Bimalleolar (Syndesmosis) Fx
General: Fasciotomy
General: Unilateral External Fixation
General: Debridement of Open Fx
General: Hardware Removal

Version 1, updated March 2021

Appendix B: Tier 2 Procedures – Subspecialty Procedures

Revision Total Hip Arthroplasty
Revision Total Knee Arthroplasty
Ankle Arthroscopy
Ankle Fusion
Subtalar Fusion
Midfoot Fusion
Metatarsal Phalangeal Fusion, Great Toe
Ankle/Foot Ligament Repair/Reconstruction
Ankle/Foot Tendon Repair
Bunion Correction
Wrist/Hand Bone Procedure (e.g., Fusion, Excision)
Wrist/Hand Soft Tissue Repair/Reconstruction
Biopsy of Bone Lesion
Biopsy of Soft Tissue Lesion
Benign Bone Tumor Curettage and Grafting
Benign Soft Tissue Resection
Pediatric: Epiphysiodesis
Pediatric: Pelvic Osteotomy
Pediatric: Hip Arthrotomy/Drainage
Pediatric: Hip Tendon Lengthening
Pediatric: Slipped Capital Femoral Epiphysis
Pediatric: Femoral Osteotomy
Pediatric: Knee Tendon Lengthening
Pediatric: Ankle Tendon Lengthening
Pediatric: Suprcondylar Humerus Fx
Shoulder: Rotator Cuff Repair
Shoulder: Advanced Shoulder Arthroscopy (e.g., Capsulorrhaphy, Labral Repair)
Shoulder: Total Shoulder Arthroplasty
Shoulder: Reverse Shoulder Arthroplasty
Shoulder: Shoulder Hemiarthroplasty
Elbow: Distal Biceps Tendon Repair
Elbow: UCL Repair/Reconstruction
Elbow: Ulnar Nerve Decompression
Single-Level Spine Fusion

Multi-Level Spine Fusion
Spinal Decompression
Discectomy
Laminectomy
Sugar Tongs/Halo Application
Hip: Hip Arthroscopy
Knee: LCL/MCL/PCL Repair/Reconstruction
Upper: Clavicle Fx
Upper: Proximal Humerus Fx
Upper: Humeral Shaft Fx
Upper: Proximal Radius/Ulna Fx
Lower: Pelvis Fx
Lower: Pelvis Dislocation
Lower: Acetabular Fx
Lower: Patella Fx
Lower: Tibial Pilon Fx
Lower: Hindfoot Fx
Lower: Midfoot Fx
Lower: Midfoot Dislocation
Lower: Fx Nonunion/Malunion

Version 1, updated March 2021

American Board of Orthopaedic Surgery

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