

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.