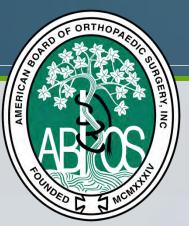
ABOS Knowledge, Skills, and Behavior Program

ABOS KSB Program

David F. Martin, MD, ABOS Executive Director Mona Saniei, MPH, ABOS Graduate and Professional Education Specialist



American Board of Orthopaedic Surgery

Establishing Education & Performance Standards for Orthopaedic Surgeons

ABOS KSB Requirement

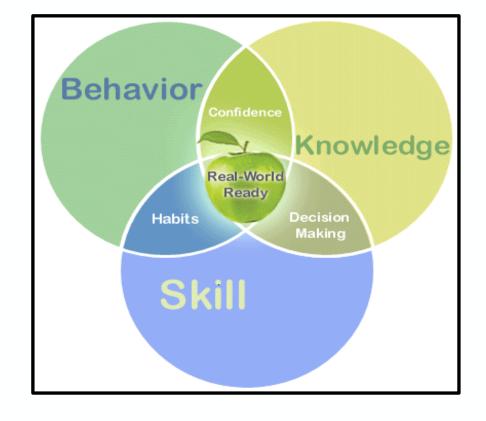
- Beginning academic year 2025/26- July 1, 2025
- Graduating Residents taking Part I Certifying Exam 2026
- Participation
 - Surgical Skills and Professional Behavior Assessments
 - Resident driven



ABOS Knowledge, Skills, and Behavior Program

- Surgical Education Shift
 - Time-Based → Competency-Based
 - Goal: Time + Competency
- Deficiencies exists in:
 - Documentation
 - Measurement
 - Teaching

Competence



- ABOS Goal: provide assessment tools for the measurement of:
 - Knowledge, Surgical Skills, and Professional Behavior



ABOS KSB Program

- Knowledge
 - Measured by the Orthopaedic In-Training Examination.
- Surgical Skills
 - Measured by O-P Surgical Skills Assessment.
- Professional Behavior
 - Measured by <u>ABOS Behavior Tool</u> (ABOSBT).
 - 2 Types: End-of-Rotation & 360



How It Works-Surgical Skills



Completed *Surgical Skills* assessments are sent back to the resident in <u>real-time</u>.



How it Works-Professional Behavior



Professional Behavior feedback goes directly to Program Director/Program Coordinator and/or APD.



What Residents Need to Do

- Surgical Skills
 - PGY-2 PGY-5: 2 Surgical Skills Assessments per week or 8 a month
 - PGY-1 residents-Surgical Skills may not be appropriate, program dependent
 - Professional Behavior for PGY 1 is encouraged

Residents have 48 hours from procedure date to request assessment



What Residents Need to Do

- Professional Behavior
 - PGY 1-5 Request End-of-Rotation Professional Behavior Assessments
 - Goal of 6-8 a year



Faculty Expectations

- Respond to resident Surgical Skills Assessment requests in a timely fashion (Completion within 72 hours)
- Respond to resident Professional Behavior Assessment requests in a timely fashion (Completion within 2 weeks)
- Respond to annual ABOS KSB 360 Resident Professional Behavior Assessment requests in a timely fashion (Completion within 2 weeks)



Surgical Procedures for Assessment

4. Discectomy

5. Sugar Tongs/Halo Application

BOS/CORD KSB Surgical Procedures - March 16, 2021

Tier 1: CORE Procedures

Orthopaedic

| Subspecialty | 199393333 | 100,000 | | | | | |
|----------------------|--|--|--|--|---|---|--|
| Adult Reconstruction | Primary Total Hip Arthroplasty Primary Total Knee Arthroplasty | Revision Total Hi Revision Total Kr | The court of the c | | s – March 16, 2021 | | |
| Foot and Ankle | Tibial Shaft Fx Unimalleolar/Bimalleolar (Syndesmosis) Fx | Great Toe Fusior 3. Ankle/Foot Ligar 4. Bunion Correction 5. Tibial Pilon Fx 6. Hindfoot Fx | Midfoot/Metatarsal Phalai n ment/Tendon Repair/Reco on | | Tier 1: CORE Procedures /Distal Tibia Fx | Tier 2: SUBSPECIALTY Procedures Epiphysiodesis Pelvic/Femoral Osteotomy Hip Arthrotomy/Drainage | |
| Hand | Carpal Tunnel Release | Midfoot Fx/Dislocation Fx Nonunion/Malunion Wrist/Hand Bone Procedure (e.g., Fusion, Excision) | | | | Hip/Knee/Ankle Tendon Lengthening Slipped Capital Femoral Epiphysis Supracondylar Humerus Fx | |
| | Trigger Finger Release Radius/Ulna Shaft Fx Distal Radius Fx Carpal/Metacarpal/Phalangeal Fx/Dislocation | | 2 Shoulder Arthroscopy (e.g., Debridement, romial Decompression) Humerus Fx / Elbow Dislocation | Rotator Cuff Repair Advanced Shoulder Arthroscopy (e.g., Capsulorrhaphy, Labral Repair) Total/Reverse/Hemi Shoulder Arthroplasty Distal Biceps Tendon Repair UCL Repair/Reconstruction Ulnar Nerve Decompression | | | |
| Oncology | | | | | | i/Ulna Shaft Fx | |
| | | | | | | 7. Clavicle Fx 8. Proximal Humerus Fx 9. Humeral Shaft Fx 10. Proximal Radius/Ulna Fx | |
| | | | Spine | 1. Spin | e Exposure | Single-Level Spine Fusion Multi-Level Spine Fusion Spinal Decompression/Laminectomy | |

Tier 2: SUBSPECIALTY Procedures

D KSB Surgical Procedures - March 16, 2021

| pecialty | Tier 1: CORE Procedures | Tier 2: SUBSPECIALTY Procedures |
|----------|--|--------------------------------------|
| Medicine | Quadriceps/Patellar/Achilles Tendon Repair | Rotator Cuff Repair |
| | 2. Arthroscopic Meniscectomy | 2. UCL Repair/Reconstruction |
| | 3. Meniscal Repair | 3. Hip Arthroscopy |
| | 4. ACL Reconstruction | 4. LCL/MCL/PCL Repair/Reconstruction |
| auma | Distal Humerus Fx / Elbow Dislocation | Clavicle Fx |
| Jpper | 2. Radius/Ulna Shaft Fx | 2. Proximal Humerus Fx |
| | 3. Distal Radius Fx | 3. Humeral Shaft Fx |
| | 4. Carpal/Metacarpal/Phalangeal Fx/Dislocation | 4. Proximal Radius/Ulna Fx |
| ower | 5. Femoral Neck Fx | 5. Pelvis Fx/Dislocation |
| | 6. Intertrochanteric Fx | 6. Acetabular Fx |
| | 7. Femoral Shaft Fx | 7. Patella Fx |
| | 8. Distal Femoral Fx | 8. Tibial Pilon Fx |
| | 9. Tibial Plateau Fx | 9. Hindfoot Fx |
| | 10. Tibial Shaft Fx | 10. Midfoot Fx/Dislocation |
| | 11. Unimalleolar/Bimalleolar (Syndesmosis) Fx | 11. Fx Nonunion/Malunion |
| eneral | 12. Fasciotomy | |
| | 13. Unilateral External Fixation | |
| | 14. Debridement of Open Fx | |
| | 15. Hardware Removal | |

35 Core

53 Subspeciality



Tier 1, Tier 2 & Other

Tier 1: Graduating residents to be expected to be at a competent level in performing.

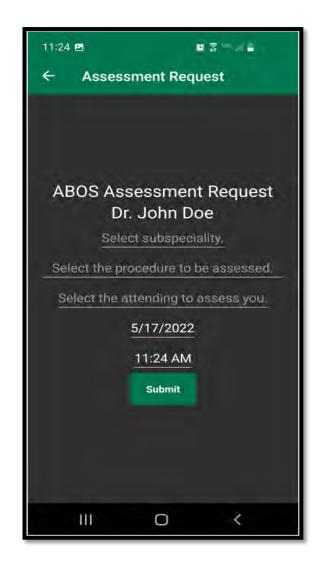
Tier 2: Important enough for a resident to be expected to have been exposed to at some level.

Other: Can be utilized to measure surgical skills, but do not rise to the importance of Tier 1 or Tier 2.



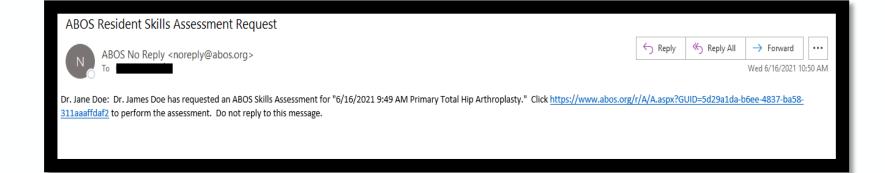
Current App & Resident Interface

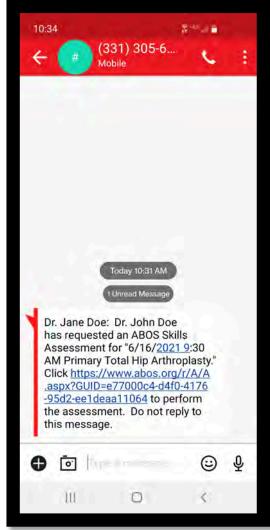






Email/Text to Faculty







Surgical Skills Assessment

Dr. Jane Doe ABOS Skills Assessment (OP-Score) of Dr. James Doe for 6/16/2021 9:49 AM Primary Total Hip Arthroplasty

4 (of 11) Knowledge of Specific Procedural Steps: Understands steps of procedure, potential risks, and means to avoid/overcome them

○1: I had to do.

○2: I had to talk them through.

○3: I had to prompt them from time to time.

○4: I needed to be in the room just in case.

○5: I did not need to be there.

Previous

Definitions

- 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.



8 Facets of Surgical Procedure

- 1. <u>Pre-procedure plan</u>: Gathers/assesses required information to reach diagnosis and determine correct procedure required.
- 2. <u>Case preparation</u>: Patient correctly prepared and positioned, describes approach and lists required instruments, prepared to deal with probable complications.
- 3. <u>Knowledge of specific procedural steps</u>: Can sequence steps of procedure, articulates potential risks, and means to avoid/overcome them.
- 4. <u>Technical performance</u>: Efficiently performs steps, avoiding pitfalls and respecting soft tissues.
- 5. <u>Visuospatial skills</u>: 3D spatial orientation and able to position instruments/hardware where intended.
- 6. <u>Post-procedure plan</u>: Appropriate complete post procedure plan.
- 7. <u>Efficiency and flow</u>: Obvious planned course of procedure with economy of movement and flow.
- 8. <u>Communication</u>: Professional and effective communication/utilization of staff.



Professional Behavior Assessment

Dr. Jane Doe ABOS Professional Behavior Assessment of Dr. James Doe for 6/16/2021 10:14 AM

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)

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



Next

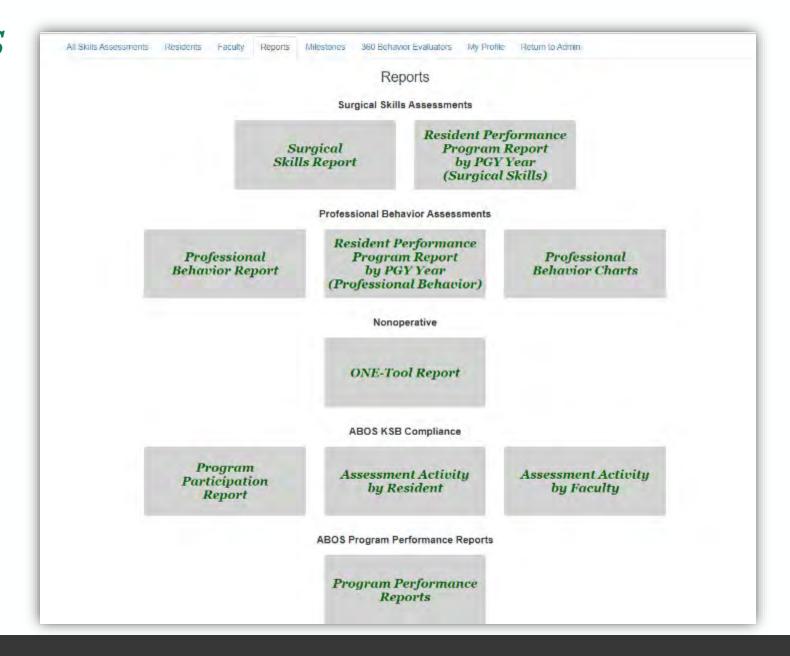
Shows Compassion/Empathy (ie. Collaborates with patient, enhances the relationship)

Demonstrates Communication and Listening skills (ie. Attentive, shows patience, respect patient autonomy and empower them to make informed decisions, manages communication challenges with patients and families)

Shows Respect for Patient needs (ie. Respects patients' viewpoints and considers his/her opinions when determining healthcare decisions, regards the patient as a unique individual, treats the patient in the context of his/her family and social environment, takes time to educate the patient and their family)



Reports





| A | В | C | D | E | F | G | Н | 1 | J. | K | L | М | N | 0 | Р | 1 |
|-------|----------------|-----------------------------------|--------------|-------------|---|--|--------------------|--------------------|------------------|---------------------------------------|-----------------------|---------------------|---------------------|---------------------|---------------|----------|
| 1 PGY | Resident Name | Procedure | Evaluation | Evaluator C | | Global Evaluation | Global Eval Number | Pre-Procedure Plan | Case Preparation | Knowledge of Specific Procedure Steps | Technical Performance | Visuospatial Skills | Post-Procedure Plan | Efficiency and Flow | Communication | |
| 2 3 | Caba, Kristin | Carpal Tunnel Release | 05/04/2022 | Doe, Jane | 1 | I Novice (functions at expected PGY 1-2) IV Competent - requires only supervision | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | |
| 3 | Caba, Kristin | Primary Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 1 | (functions as expected of a program | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | |
| 3 | | | | | | graduate) | | | | | | , | | _ | | |
| | 6.1 | all the second | 05/04/2022 | D. L. | | III High Intermediate (functions at expected | | | | | | , | | | | |
| 4 3 | Caba, Kristin | Primary Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 2 | PGY 3-4) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | |
| | Caba Valetia | Pavisian Tatal His Authornham | 05/04/2022 | Doe loss | 2 | IV Competent - requires only supervision | | , | , | | | * | | | | |
| 5 | Caba, Kristin | Revision Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 2 | (functions as expected of a program | 4 | | 3 | 4 | 4 | . 4 | 4 | 4 | 4 | |
| | 6 to W | 2 11 7 18 18 18 | 05/04/2022 | Box Box | - | IV Competent - requires only supervision | | | | | 1 | | | | 4 | |
| 6 | Caba, Kristin | Revision Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 2 | (functions as expected of a program graduate) | 4 | 3 | 4. | 4 | 4 | 4 | 4 | 4 | 4 | |
| | | | | , | | | | • | , | | * | * | , | • | | |
| 3 | Caba, Kristin | Trigger Finger Release | 05/04/2022 | Doe, Jane | 2 | III High Intermediate (functions at expected PGY 3-4) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| 7 | | | | | | | • | | | • | , | , | * | , | , | _ |
| 3 | Caba, Kristin | Wrist/Hand Bone-Fusion,Excision, | 05/04/2022 | Doe, Jane | 1 | I Novice (functions at expected PGY 1-2) | 1 | 2 | 2 | | 1 | 1 | 1 | 1 | 2 | |
| 8 | | | 204740100 | - Control | | , | | | | | | | | | 1 | |
| 9 3 | Grover, Kim | Carpal Tunnel Release | 05/04/2022 | Doe, Jane | 1 | IV Competent - requires only supervision | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | |
| 10 3 | Grover, Kim | Primary Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 3 | IV Competent - requires only supervision (functions as expected of a program | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 5 | |
| 10 | | | | | | III High Intermediate (functions at expected | r | | 70 | | | * | · . | | _ | |
| 11 3 | Grover, Kim | Primary Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 3 | PGY 3-4) | 3 | 4 | 4 | 2 | 4 | 4 | 3 | 4 | 3 | |
| 3 | Grover, Kim | Revision Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 3 | III High Intermediate (functions at expected | 3 | 4 | 4 | 3 | 3 | 3 | 4 | 3 | 3 | |
| 12 | | | | | | PGY 3-4) IV Competent - requires only supervision | | | * | | | | • | | | |
| 13 3 | Grover, Kim | Revision Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 3 | (functions as expected of a program | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | |
| 3 | Grover, Kim | Trigger Finger Release | 05/04/2022 | Doe, Jane | 2 | IV Competent - requires only supervision | 4 | 4 | 4 | 4 | 4 | 3 | 5 | | 5 | |
| 14 | Grover, min | Trigger Finger Release | 55/5 1/2522 | poe, same | - | (functions as expected of a program | | | | | | , | | | | |
| 15 3 | Grover, Kim | Wrist/Hand Bone-Fusion,Excision, | 05/04/2022 | Doe, Jane | 3 | IV Competent - requires only supervision (functions as expected of a program | 4 | 3 | 3 | 4 | 4 | 3 | 3 | 3 | 4 | |
| 16 3 | Harrast, John | Carpal Tunnel Release | 05/04/2022 | Doe, Jane | 2 | IV Competent - requires only supervision | 4 | 4 | 4. | 4 | 4 | 4 | 4 | 4 | 4 | |
| | | | | | | and the second second | • | | | | * | * | | | | |
| 17 | Harrast, John | Primary Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 1 | I Novice (functions at expected PGY 1-2) | 1 | 2 | 1 | 2 | 2 | 2 | 1 | | 1 | |
| 1/ | annes son | Landard Control Control Control | No are house | | | II Low Intermediate (functions at expected | | • | | | • | , | | | | |
| 18 3 | Harrast, John | Primary Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 3 | PGY 2-3) | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | - |
| 3 | Harrast, John | Revision Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 2 | II Low Intermediate (functions at expected | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | |
| 19 | | | | | | PGY 2-3) | , | , | | | , | r . | | | | |
| 20 3 | Harrast, John | Revision Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 3 | I Novice (functions at expected PGY 1-2) | | | | | | 2 | 1 | 2 | 2 | |
| 3 | Harrast, John | Trigger Finger Release | 05/04/2022 | Doe, Jane | 2 | IV Competent - requires only supervision | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 4 | |
| 21 | Turiust, som | Tribber Filliger Neleuse | 03/04/2022 | poe, same | - | (functions as expected of a program | | | | | · | | | | | <u> </u> |
| 3 | Harrast, John | Wrist/Hand Bone-Fusion, Excision, | 05/04/2022 | Doe, Jane | 2 | III High Intermediate (functions at expected | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 4 | |
| 22 | 11001004-01111 | , | | - | | PGY 3-4) | | | | | | | | | | |
| | | | 742.271 | | | III High Intermediate (functions at expected | | | | | | | | - | | |
| 23 | Martin, David | Carpal Tunnel Release | 05/04/2022 | Doe, Jane | 2 | PGY 3-4) | 3 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | |
| 24 3 | Martin, David | Primary Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 2 | III High Intermediate (functions at expected | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | |
| 3 | Martin, David | Primary Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 2 | III High Intermediate (functions at expected | 3 | 3 | 3 | 3 | 7 | 3 | 2 | 3 | 3 | |
| 25 | and dil, David | Taniary Total Mice Artificiplesty | 03/04/2022 | Doe, Jane | | PGY 3-4) | , | , | , | , | , | , | , | , | | |
| 26 3 | Martin, David | Revision Total Hip Arthroplasty | 05/04/2022 | Doe, Jane | 3 | III High Intermediate (functions at expected PGY 3-4) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| - | Martin David | Devision Total Very Automatical | 05/04/2022 | Doe land | 2 | III High Intermediate (functions at expected | | | * | , | * | * | * | | | |
| 27 3 | Martin, David | Revision Total Knee Arthroplasty | 05/04/2022 | Doe, Jane | 2 | PGY 3-4) | 3 | 3 | . 3 | 3 | 3 | 3 | 3 | 4 | 3 | |
| 30 3 | Martin, David | Trigger Finger Release | 05/04/2022 | Doe, Jane | 3 | III High Intermediate (functions at expected | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| 26 | | | 20.40.04 | | | PGY 3-4) III High Intermediate (functions at expected | | r . | F | K | * | * | * | | - | |
| 20 3 | Martin, David | Wrist/Hand Bone-Fusion,Excision, | 05/04/2022 | Doe, Jane | 2 | DCA 3 V) | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 { * | 151 |
| | | | | | | | | | | | | | | | | <u> </u> |

ABOS KSB Milestones Report

| Milestones | | | | | | |
|--|-------|--|--|--|--|--|
| Milestone | Level | | | | | |
| Patient Care 1: Operative Management of Fractures and Dislocations | 4 | | | | | |
| Patient Care 2: Operative Management of Soft Tissue Pathology | 3.5 | | | | | |
| Patient Care 3: Operative Management of Degenerative, Infectious, and Neoplastic Conditions | 3 | | | | | |
| Patient Care 4: Operative Management of Arthroscopically Treated Conditions | 2.5 | | | | | |
| Patient Care 5: Operative Management of Pediatric Conditions | 3.5 | | | | | |
| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | 5 | | | | | |
| Professionalism 1: Professional Behavior and Ethical Principles | 5 | | | | | |
| Professionalism 2: Accountability/Conscientiousness | 5 | | | | | |
| Professionalism 3: Well-Being | 5 | | | | | |
| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | 5 | | | | | |
| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | 5 | | | | | |
| Interpersonal and Communication Skills 3: Communication within Health Care Systems | 5 | | | | | |



ABOS KSB Milestones Report

| | Level | | | | | | |
|--|--|---------------|--------------|-------|--|--|--|
| Patient Care 1: Operative Man | Patient Care 1: Operative Management of Fractures and Dislocations 4 | | | | | | |
| Patient Care 2: Operative M | anagement of Soft Tissue Pathology | 3.5 | | | | | |
| Patient Care 3: Operative Management of | Patient Care 1: Operative Management of Fr | actures and [| Dislocations | | | | |
| Patient Care 4: Operative Manag | Procedure | # of A | ssessments | Level | | | |
| Patient Care 5: Operative | General: Fasciotomy | | 2 | 4 | | | |
| Practice-Based Learning and Improvement 2: | General: Hardware Removal | | 5 | 5 | | | |
| Professionalism 1: Profes: | General: Unilateral External Fixation | | 2 | 4 | | | |
| Professionalism 2: A | Lower: Femoral Neck Fx | | 5 | 5 | | | |
| Professio | Lower: Femoral Shaft Fx | | 2 | 3 | | | |
| Interpersonal and Communication Skill | Lower: Intertrochanteric Fx | | 6 | 4 | | | |
| Interpersonal and Communication Ski | Lower: Tibial Shaft Fx | | 2 | 4 | | | |
| Interpersonal and Communication Ski | Lower:Uni/Bi-malleo (Syndesmo.) Fx | | 3 | 4 | | | |
| interpersonal and communication Ski | Pediatric: Supracondylar Humerus Fx | | 3 | 4 | | | |
| | Upper: Carpal Fx and/or Dislocation | | 1 | 3 | | | |
| | Upper: Distal Humerus Fx | | 2 | 4 | | | |
| | Upper: Distal Radius Fx | | 5 | 4 | | | |
| | Upper: Humeral Shaft Fx | | 1 | 3 | | | |
| | Upper: Proximal Radius/Ulna Fx | | 3 | 4 | | | |
| | Upper:Metacarp/Phalan Fx/Disloc | | 5 | 4 | | | |



ABOS KSB Milestones Report

| | Milestones | | | | | | |
|---|--|-----------------|--|------------------------|--|--|--|
| Mi | ilestone | | Level | | | | |
| Patient Care 1: Operative Mana | gement of Fractures and Dislocati | ons | 4 | | | | |
| Patient Care 2: Operative Ma | nagement of Soft Tissue Patholog | У | 3.5 | | | | |
| Patient Care 3: Operative Management of | ative Management | of Fractures an | nd Disloca | ations | | | |
| Patient Care 4: Operative Manag Patient Care 5: Operative | Procedure | Procedure | | # of Assessments Level | | | |
| Practice-Based Learning and Improvement 2: | General: Fasciotomy General: Hardware Removal | | 5 | | 5 | | |
| Professionalism 1: Profess | General: Unilateral Extern | | | 2 | 4 | | |
| Professionalism 2: A | Lower: Femoral Nec | | Patient Care 1: Operative Management of Fractures and Dislocations | | | | |
| Professio | Lower: Femoral Sha | | Lower: Femoral Neck Fx | | | | |
| Interpersonal and Communication Skill Interpersonal and Communication Ski Interpersonal and Communication Ski | Lower: Intertrochante Lower: Tibial Shaft Lower:Uni/Bi-malleo (Sync | Faculty | Date 11/06/2021 06/29/2021 | Rating 5 | Feedback Great job not only on the case but teaching it to the intern as well. | | |
| interpersonal and communication on | Pediatric: Supracondylar H Upper: Carpal Fx and/or E Upper: Distal Humeri Upper: Distal Radiu: Upper: Humeral Sha Upper: Proximal Radius Upper:Metacarp/Phalan | | 06/24/2021 | 3 | Very nice job on the approach and room set up. You know the steps of the approach and handled them well. You will gain the independence needed to perform the more complex aspects (choosing final reaming/broach size, stem height, management of calcar bone loss) with additional repetitions of this procedure. Very good case management for this first week of PGY4 year. I appreciated you talking through your steps - it shows what you know and are anticipating in the case. Good work! Fully expect you will gain independence of such a case this year. | | |
| | | | 06/20/2021 | 3 | Dr. did a nice job with the technical execution of this operation. I would encourage him to more consciously direct the procedure at this level. For example, ask for the bed height to be raised, realize that drilling two of the holes but not all three is a wasted step, etc. | | |
| | | | 05/31/2021 | 4 | Great job with wire navigation and screw placement for femoral neck fracture | | |



Benefits

Resident

- Identify procedures you should be competent/exposed to before graduating
- Steer assessments towards what you need and where you want to be
- Residents want more real-time feedback
- Formative & Summative
- Documentation

Program Director

- Immediate documentation
- Surgical Skills and Professional Behavior Tool maps to Milestones
- Future: Reduce administrative burden on residents
- Reports to help you identify competency of resident before signing off they are ready to sit for Part I exam

Faculty

- Text Message/Email requests
- No Portal/Login
- "Quiet Hours"-No texts at night.
- Opportunity to improve teaching/communication



MYTH VS. FACT

MYTH

- Data will be used for hiring or credentialing
 - ABOS will not share this data
- Data will follow to Fellowship
 - Data is not validated nor intended for Fellowship apps or recruitment.

FACT

- Program Director has ultimate discretion
- Participation will be a requirement to sit for ABOS Part I.



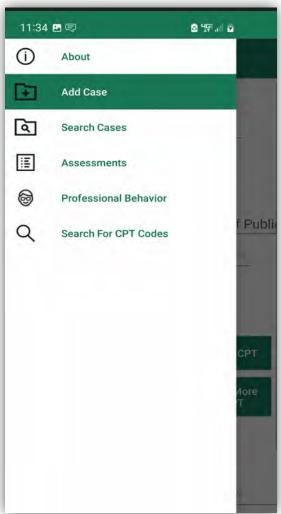
Integrated ABOS KSB App/Web Portal

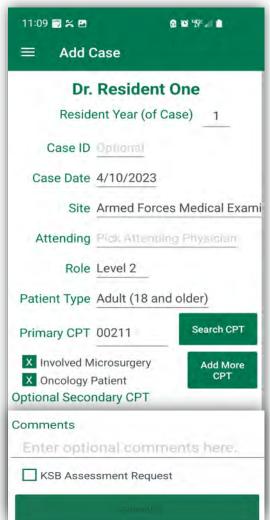
- ACGME Case Logs/ABOS KSB Platform
 - Residents submit case log for ACGME and request ABOS KSB assessment in the same place.
- **ABOS staff will contact** your residency program when the integrated platform is available. You will receive notice once your app is updated.
- Updates will start end of summer 2023-spanning several months.



Coming to a Program near you!











Administrative Notes

- Be sure your Program Coordinator knows your contact preference (Email or Text)
 - In future, you will have "quiet hours" option, where text message requests from 7pm to 6am will go straight to your email inbox.
 - Share your preference with your PC.
- All text messages come from (331)305-6696
 - Be sure not to block!

