ABOS Knowledge, Skills, and Behavior Program

ABOS KSB Program

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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 \rightarrow Competency-Based
    • Goal: Time + Competency

• Deficiencies exists in:
  – Documentation
  – Measurement
  – Teaching

• 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 [ABOS Behavior Tool](#) (ABOSBT).
    • 2 Types: End-of-Rotation & 360
How It Works - Surgical Skills

1. Resident Requests Assessment
2. Attending Completes Assessment
3. Resident Receives Feedback

Completed *Surgical Skills* assessments are sent back to the resident in real-time.
Professional Behavior feedback goes directly to Program Director/Program Coordinator and/or APD.

**How it Works - Professional Behavior**

**Professional Behavior**

**After Completing Rotation**

1. Resident Requests Assessment
2. Faculty Complete Assessment
3. Program Director and Program Coordinator Receive Feedback

**Yearly 360 Evaluation**

1. ABOS Sends Evaluation to Faculty, APPs, nurses, fellow residents, and others
2. They complete evaluation
3. Program Director and Program Coordinator Receive Feedback
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

**35 Core**

**53 Subspeciality**

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<tr>
<th>Orthopedic Specialty</th>
<th>Tier 1: CORE Procedures</th>
<th>Tier 2: SUBSPECIALITY Procedures</th>
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<td>Adult Reconstruction</td>
<td>1. Primary Total Hip Arthroplasty</td>
<td>1. Revision Total Hip Arthroplasty</td>
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<td>2. Primary Total Knee Arthroplasty</td>
<td>2. Revision Total Knee Arthroplasty</td>
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<td>Foot and Ankle</td>
<td>1. Tibial Shaft Frx</td>
<td>1. Ankle Arthroscopy</td>
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<td>2. Lisfranc/Navicular Dislocation</td>
<td>2. Ankle/Subtalar/Midfoot/Metatarsal Frx/Fracture Dislocation</td>
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<td>3. Ankle/Foot Abnormalities/Tendon Repair/Reconstruction</td>
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<td>4. Talar Neck Frx</td>
<td>4. Ankle/Foot Edema/Tendon Repair/Ligamentoplasty</td>
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<td>5. Medial Foot Dislocation</td>
<td>5. Medial Knee Edema</td>
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<td>6. Exostosis/Medial Foot Edema</td>
<td>6. Debridement of Open Frx</td>
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<td>Hand</td>
<td>1. Carpal Tunnel Release</td>
<td>1. Epiphyseodesis</td>
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<td>2. Trigger Finger Release</td>
<td>2. Palmar/Flexor Osteotomy</td>
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<td>5. Carpometacarpal Frx/Phalangeal Frx/Dislocation</td>
<td>5. Hip Arthroscopy/Fracture Dislocation</td>
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### Oncology

1. Prophylactic Excision of impending pathologic Femur Frx
2. Below Knee Amputation
3. Bipsy of Bone Lesion
4. Bipsy of Soft Tissue Lesion
5. Biopsy of Soft Tissue and Tumor Marging and Grafting
6. Biopsy of Soft Tissue and Tumor Marging and Grafting

### Spine

1. Spine Exposure
2. Single-Level Spine Fusion
3. Multi-Level Spine Fusion
4. Spinal Decompression/Laminectomy
5. Discectomy
6. Image-Guided Spine Lesion

### Specific Procedures

#### Lower
1. Distal Femoral Frx/Dislocation
2. Distal Radius Frx/Dislocation
3. Distal Frx/Dislocation
4. Tarsal/Metatarsal/Phalangeal Frx/Fracture Dislocation

#### Upper
1. Glenohumeral Frx/Dislocation
2. Radial/Ulnar Frx/Dislocation
3. Ulnar Frx/Dislocation
4. Humerus Frx/Dislocation
5. Medial Foot Dislocation

#### General
1. Arthroscopy
2. Unilateral External Fixation
3. Debridement of Open Frx
4. Hardware Removal
**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
ABOS Resident Skills Assessment Request

Dr. Jane Doe: Dr. James Doe has requested an ABOS Skills Assessment for "6/16/2021 9:49 AM Primary Total Hip Arthroplasty." Click [https://www.abos.org/r/A/A.aspx?GUID=5d99a1da-66ee-4817-9a18-3116af646f6f] to perform the assessment. Do not reply to this message.

Dr. Jane Doe: Dr. John Doe has requested an ABOS Skills Assessment for "6/16/2021 9:30 AM Primary Total Hip Arthroplasty." Click [https://www.abos.org/r/A/A.aspx?GUID=e770004d-6176-5956-e1dea8110e64] to perform the assessment. Do not reply to this message.
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.

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. **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.
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

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)
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!
ABOS Resident Dashboard
ABOS Dashboard (www.abos.org)

- Longitudinal Progress
  - Multi-Purpose
    - Rules and Procedures
    - Link to Resident Assessment Request Portal
    - Surgical Skills Assessment Ratings
    - Professional Behavior Assessment Ratings
    - OITE Performance
    - Part I Examination Application
ABOS Resident Dashboard Visuals

**Surgical Skills: Composite View of My Tier 1 Core Procedures**

- Procedure: Primary Total Hip Arthroplasty, No of Evaluations: 12, Level Of Competence Achieved: 5
- Procedure: Spine Exposure, No of Evaluations: 3, Level Of Competence Achieved: 5
- Procedure: Trigger Finger Release, No of Evaluations: 1, Level Of Competence Achieved: 5
- Procedure: Below Knee Amputation, No of Evaluations: 2, Level Of Competence Achieved: 4

**Surgical Skills: Composite View of My Tier 2 Subspecialty Procedures**

- Procedure: Ankle Arthroscopy, No of Evaluations: 3, Level Of Competence Achieved: 4
- Procedure: Elbow: Dural Biceps Tendon Repair, No of Evaluations: 1, Level Of Competence Achieved: 3
- Procedure: Patellar: SCFE, No of Evaluations: 1, Level Of Competence Achieved: 3
- Procedure: Revision Total Hip Arthroplasty, No of Evaluations: 1, Level Of Competence Achieved: 3
- Procedure: Biopsy of Bone Lesion, No of Evaluations: 1, Level Of Competence Achieved: 2
- Procedure: Shoulder: Rotator Cuff Repair, No of Evaluations: 1, Level Of Competence Achieved: 1

View My Tier 1 Core Procedures
View My Tier 2 Subspecialty Procedures
ABOS Resident Dashboard Visuals
Orthopaedic Knowledge

• Scaled Orthopaedic In-Training Examination (OITE) scores
• Common set of questions on ABOS Part I Examination and AAOS OITE
• Identify a minimum OITE score that roughly corresponds to a passing score on Part I Examination
# ABOS Part I Certification Examination Blueprint

## Table of Contents

### General Principles
- Biostatistics/Epidemiology
- Legal/Ethical/Systems-based Practice
- Basic Science Principles
- Anatomy and Surgical Approaches
- Multiple Trauma
- Metabolic Bone Disease
- Medical Aspects of Sports Medicine
- Perioperative Management

### Adult Spine
- Cervical
- Thoracic
- Lumbar
- Nonspecific site

### Upper Extremities
- Scapula/Cervical/Acronioclavicular/Scrotoxclavicular
- Shoulder joint
- Humerus
- Elbow joint
- Forearm
- Wrist
- Hand

### Lower Extremities
- Pelvis
- Hip
- Femur
- Knee
- Tibia/Fibula
- Ankle/Leg
- Foot

### Pediatrics
- Upper Extremity
- Lower Extremity
- Spine
- Sports
- General
- Neuromuscular

### ABOS Part I Certification Examination Blueprint

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<th>Section</th>
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<tr>
<td>Legal/Ethical/Systems-based Practice</td>
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**Interpretation of epidemiologic information**
- Disease prevalence and incidence, disease outcomes (e.g., fatality rates), associations (e.g., risk factors), health impact (e.g., risk differences and ratios), sensitivity, specificity, predictive values
- Study design and interpretation (e.g., clinical trials), types of observational studies (e.g., cohort, case-control), sampling and sample size, subject selection and exposure allocation (e.g., randomization)
- Hypothesis testing and statistical inference (confidence intervals, statistical significance and type I error, statistical power and type II error)
- Consent and informed consent to treatment, physician-patient relationship, death and dying, research issues, interactions with other health professionals, cultural competence, physician wellness/burnout, safety, quality, teamwork, cost, value-based care, diversity

**Legal/Ethical/Systems-based Practice**
- 0.5-1.5%

**Basic Science Principles**
- 3-5%

**Anatomy and Surgical Approaches**
- 3-5%

**Multiple Trauma**
- 1-2%

**Metabolic Bone Disease**
- 0.5-1.5%

**Osteoporosis, vitamin D, diabetes, Paget’s disease, hyperparathyroidism**
How to Get Started

• Logins
  – Once your program activates you:
    • ABOS Welcome to ABOS KSB Program Email
      – Username and create password
• ABOS Resident Dashboard
  – www.abos.org
• ABOS Surgical Skills/Professional Behavior Request Portal
  – www.abos.org/r

When in doubt: Use the Forgot Username/Forgot Password buttons on either page or contact ksb@abos.org