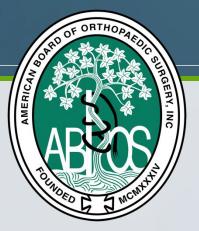
ABOS Knowledge, Skills, and Behavior Program

ABOS KSB Program

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American Board of Orthopaedic Surgery

Establishing Education & Performance Standards for Orthopaedic Surgeons

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



ABOS KSB Requirement

- Beginning academic year 2025/26: **July 1, 2025**
- Participation is required, not specific levels of achievement





ABOS KSB Participation Requirements

ABOS KSB participation requirements that will be effective July 1, 2025, for those residents who wish to take the ABOS Part I Examination starting in 2026:

- Knowledge
 - o 3 OITE examinations completed during PGY 1-5
- Surgical Skills
 - o PGY 2-5
 - 80 completed assessments per year of residency education
 - o PGY 1
 - 12 completed assessments
- Professional Behavior
 - o PGY 2-5
 - 6 completed end-of-rotation professional behavior assessments per year
 - o PGY 1
 - 3 completed end-of-rotation professional behavior assessments



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)



Faculty "Housekeeping" Notes

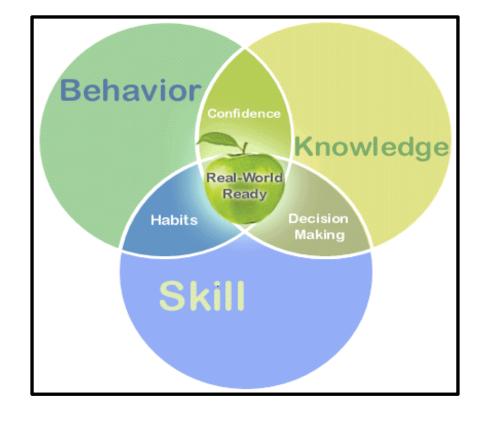
- Be sure your Program Coordinator knows your contact preference (Email or Text)
 - "Quiet hours" option, where text message requests from 7pm to 6am will go straight to your email inbox.
 - Share your preference with your Program Coordinator.
- All text messages come from (331)305-6696; All emails come from ksb@abos.org.
 - Be sure not to block!
- Faculty do not have a username/password or portal. Simply respond to the requests via the links sent via text or email.



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



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.



Surgical Skills Resident Requirement

- Surgical Skills
 - 80 completed assessments for PGY 2-5/Year
 - 12 completed assessments for PGY 1/Year

Residents have 48 hours from procedure date to request assessment

Faculty will have 72 hours from request



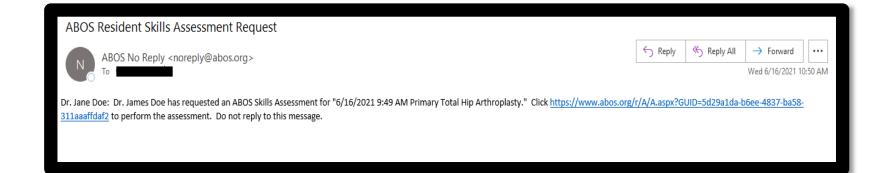
Professional Behavior Resident Requirement

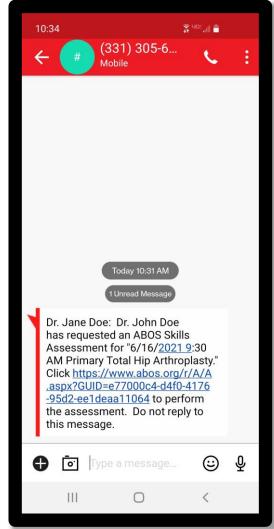
- Professional Behavior
 - 6 End-of-Rotation Assessments for PGY 2-5/Year
 - 3 completed assessments for PGY 1/Year
- ABOS KSB 360
 - Program Facilitates
 - Once per year in October

Faculty will have 2 weeks from request



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

O1: I had to do.

02: I had to talk them through.

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

O4: I needed to be in the room just in case.

O5: 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

O2. Somewhat Disagree

3. Neutral

04. Somewhat Agree

Strongly Agree

Previous

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)



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.

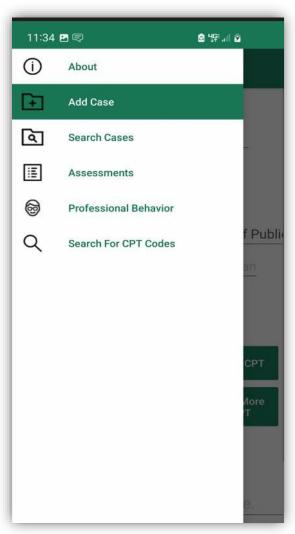
FACT

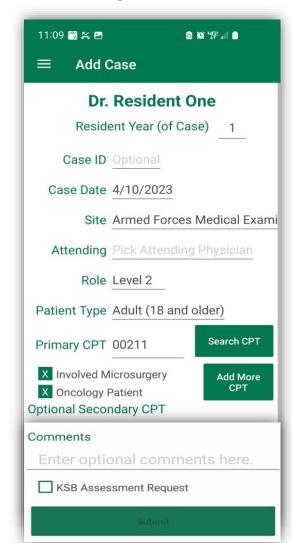
- Program Director has ultimate discretion
- Participation will be a requirement to sit for ABOS Part I.

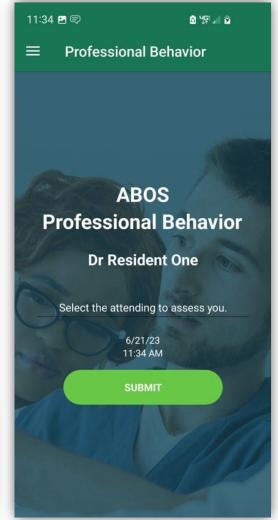


ABOS KSB+ App/Web Portal for Residents











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. Residents will receive notice once the app is updated.
- Updates will start end of summer 2023-spanning until January 1, 2025.

