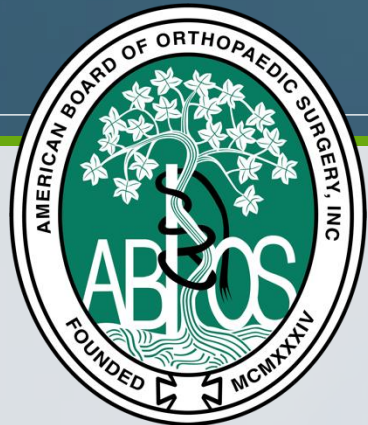


ABOS Knowledge, Skills, and Behavior Program

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 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



ABOS KSB Requirement

- Beginning academic year 2025/26: **July 1, 2025**
- Participation is required, not specific levels of achievement
- Resident must meet ABOS participation requirements

REQUIRED

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:

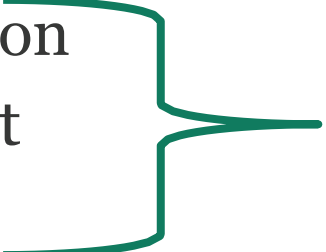
- Knowledge
 - 3 OITE examinations completed during PGY 1-5
- Surgical Skills
 - PGY 2-5
 - 80 completed assessments per year of residency education
 - PGY 1
 - 12 completed assessments
- Professional Behavior
 - PGY 2-5
 - 6 completed end-of-rotation professional behavior assessments per year
 - PGY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

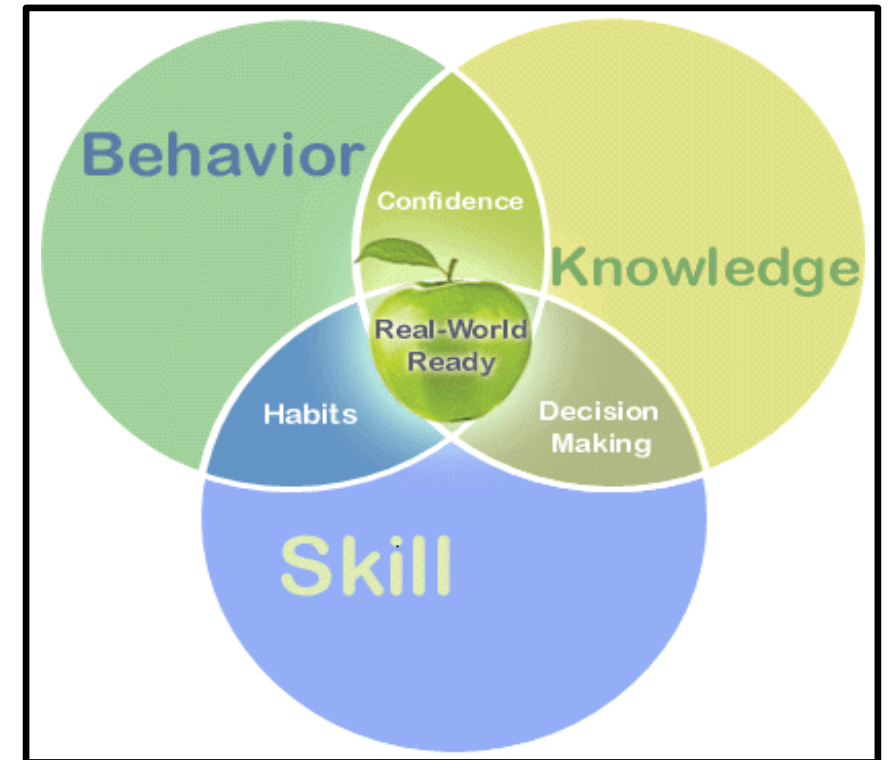


ABOS Knowledge, Skills, and Behavior Program

- 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

Surgical Skills

1 Resident Requests Assessment



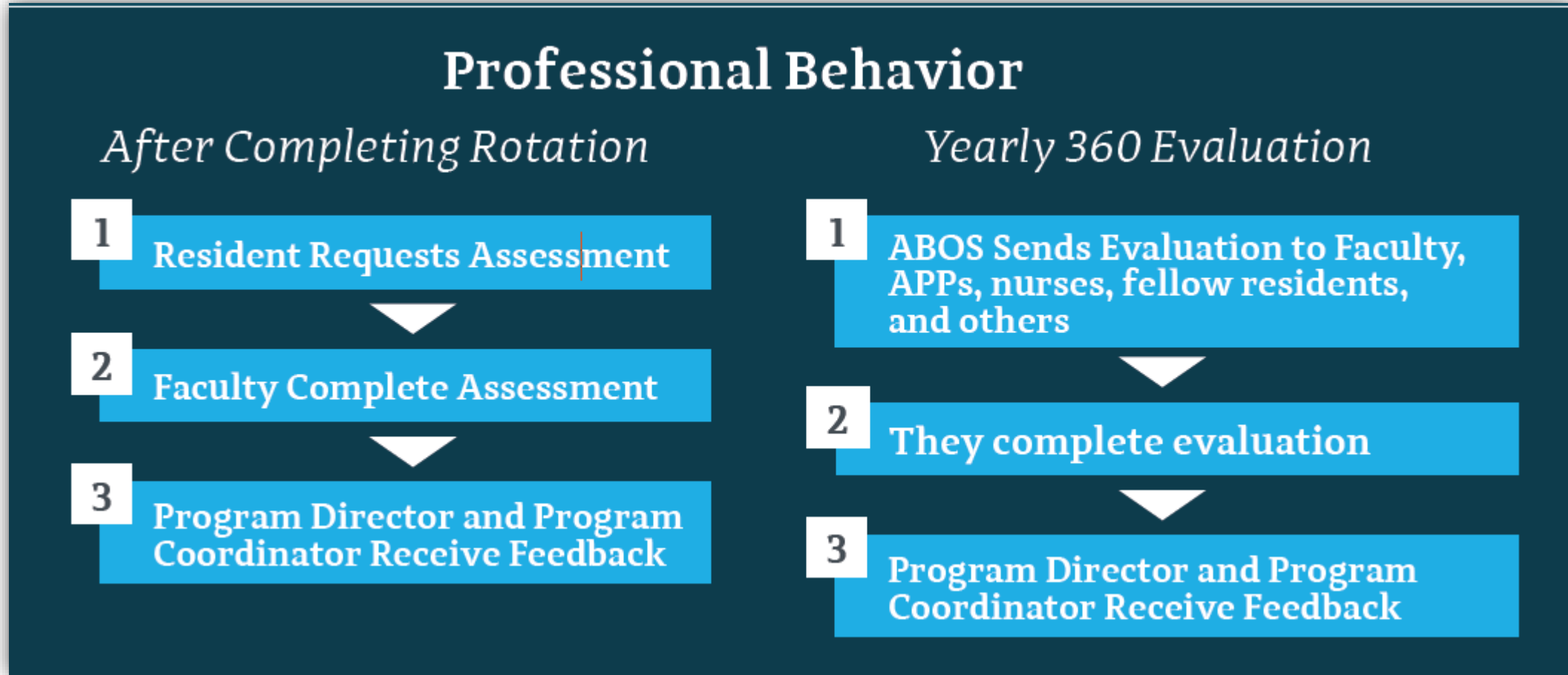
2 Attending Completes Assessment



3 Resident Receives Feedback

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

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



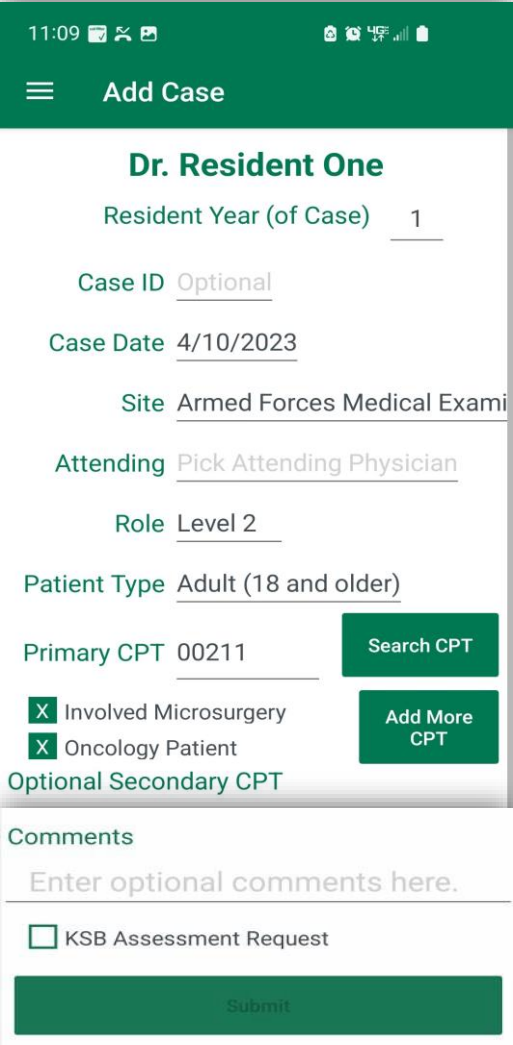
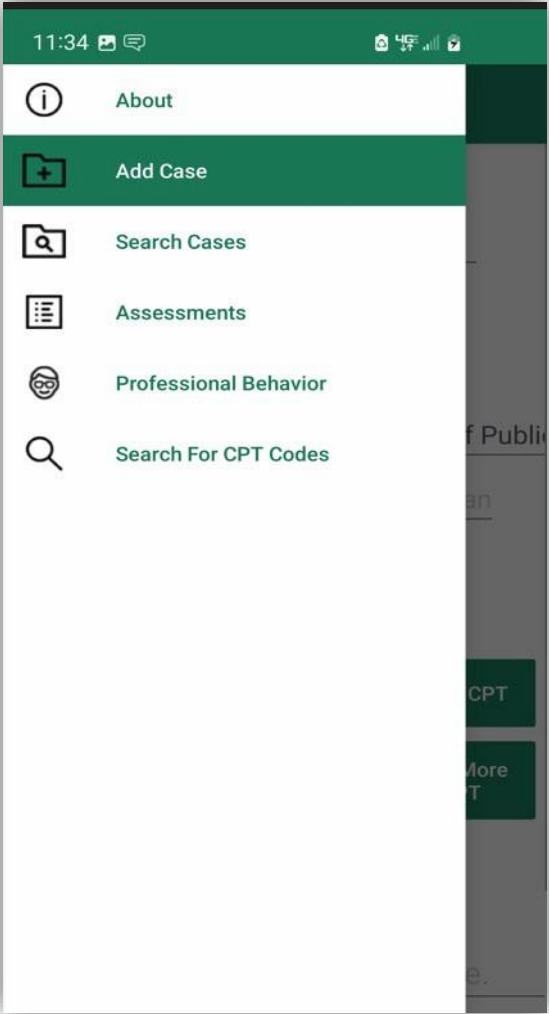
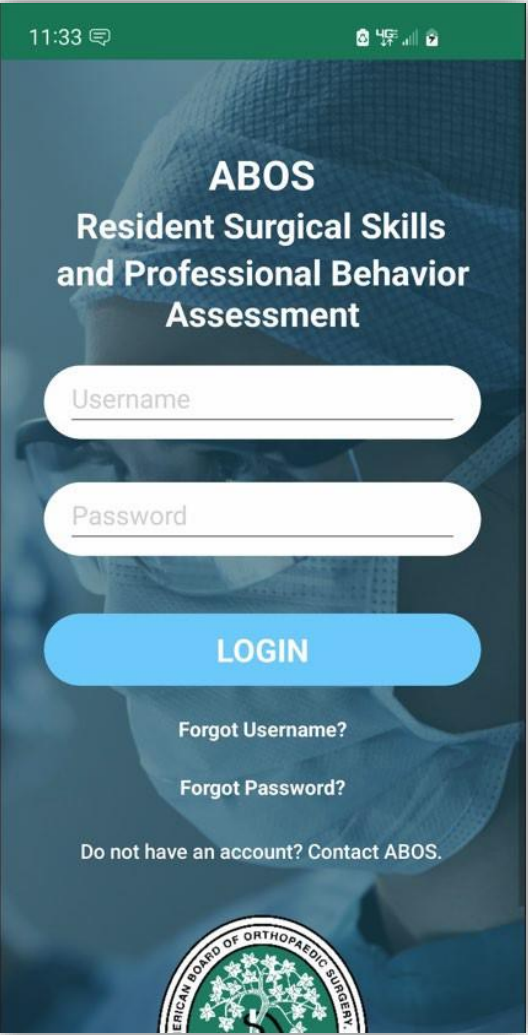
Professional Behavior Resident Requirement

- 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



ABOS KSB+ App/Web Portal (www.abos.org/ksb) for Residents

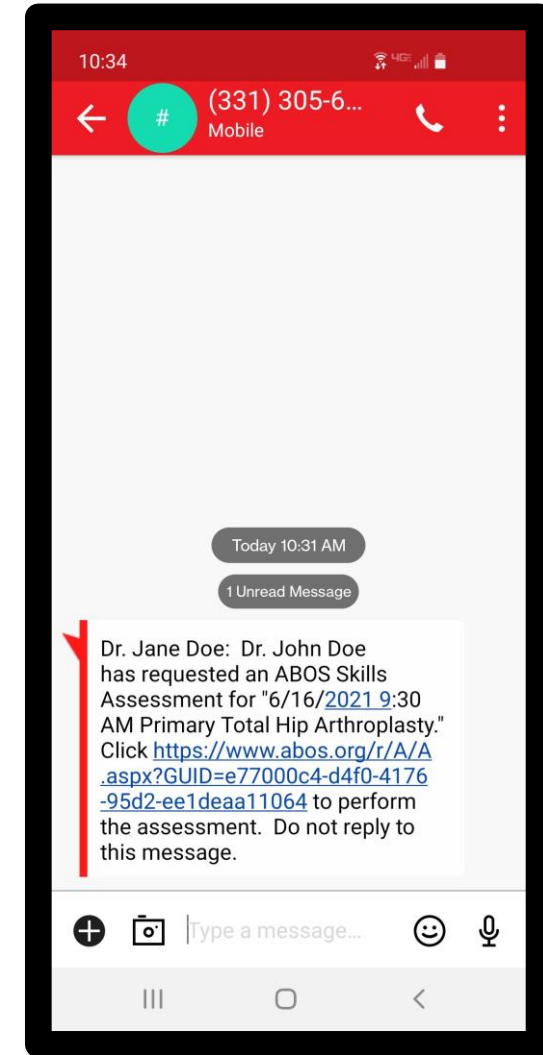
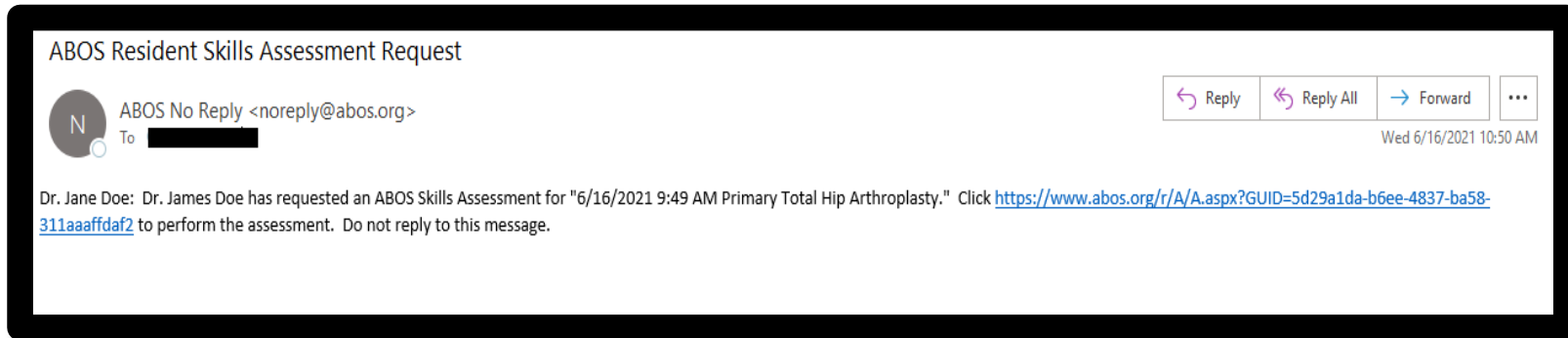


Integrated ABOS KSB App/Web Portal

- 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.



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. 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

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.



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.
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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

Dr. John Doe Update

Profile

msaniec@abos.org
919-929-7103

Inbox →

Resident Activities Portal →

ABOS KSB Information →

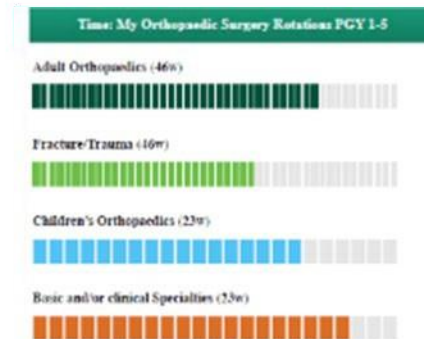
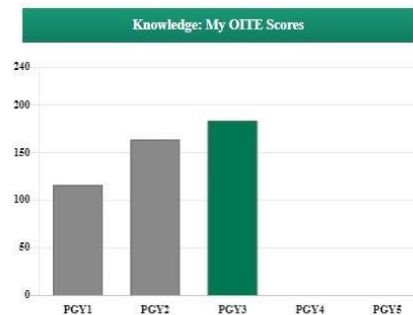
Part I Application →

Part I Blueprint →

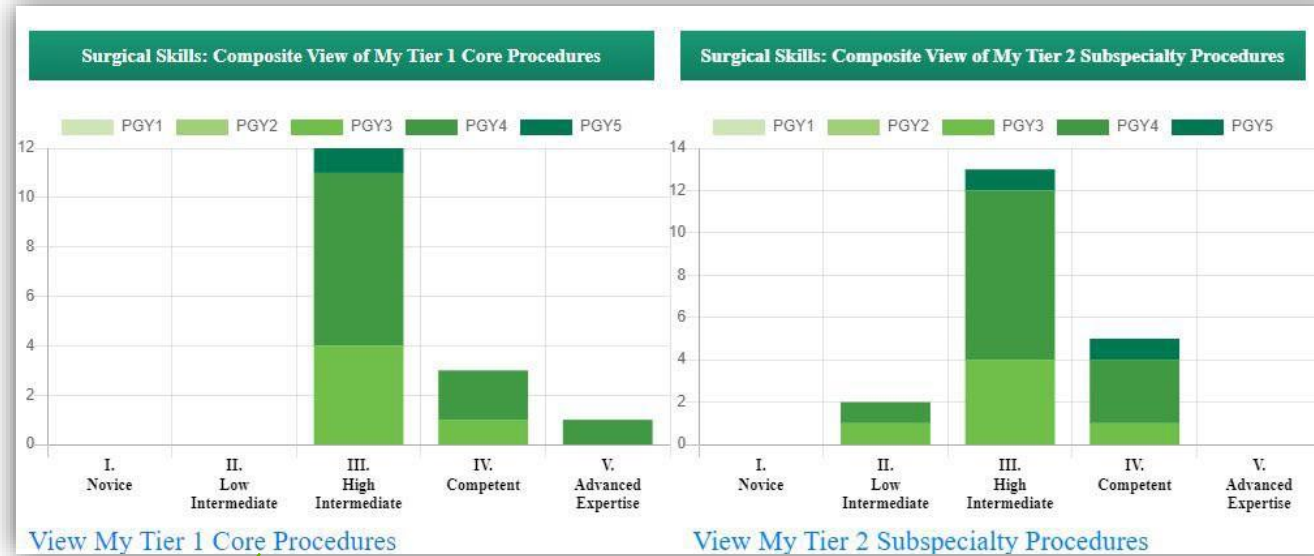
Part I Rules and Procedures →

ABOS Knowledge, Skills, and Behavior

My Progress



ABOS Resident Dashboard Visuals



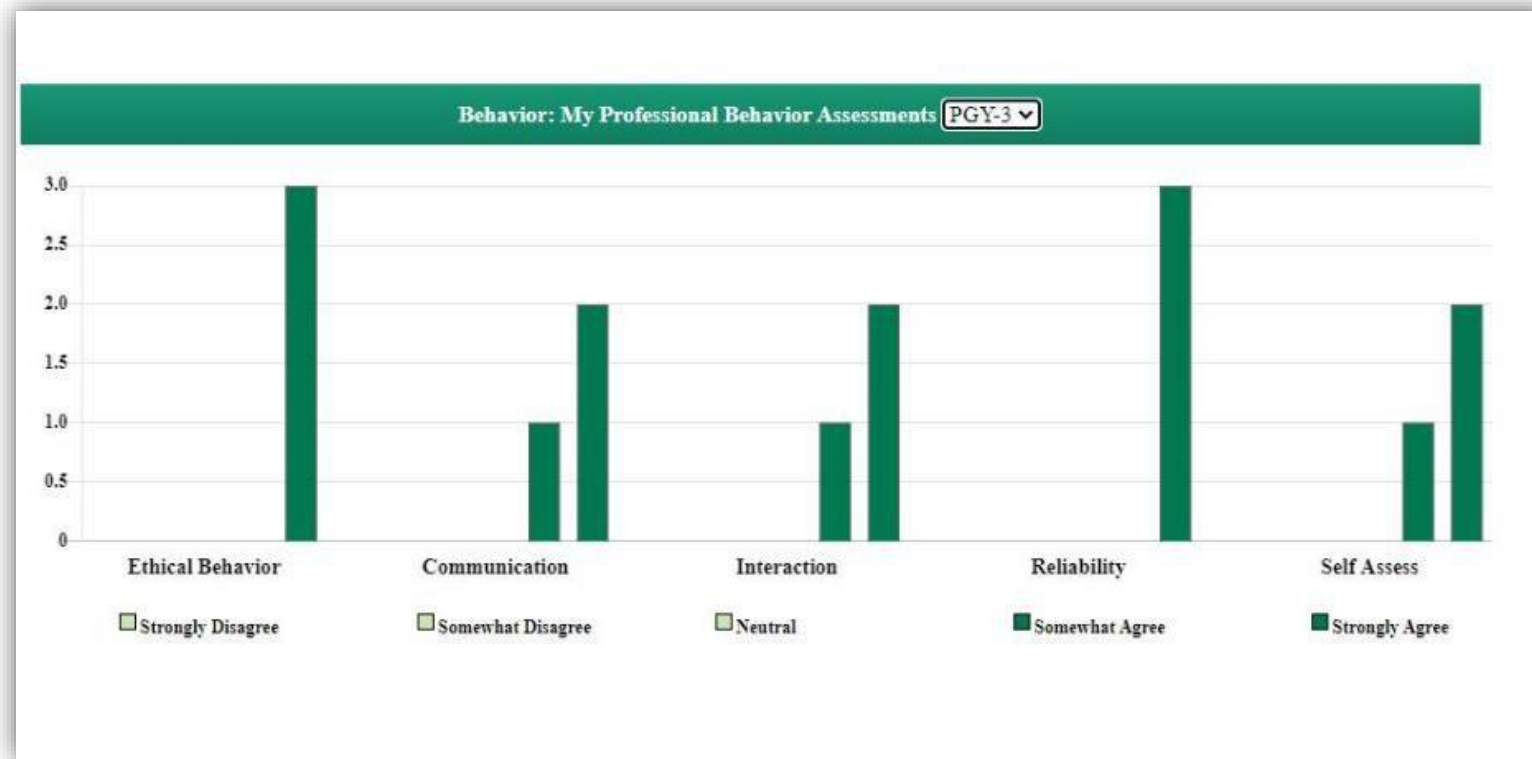
My Tier 1 Core Procedures

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

My Tier 2 Subspecialty Procedures

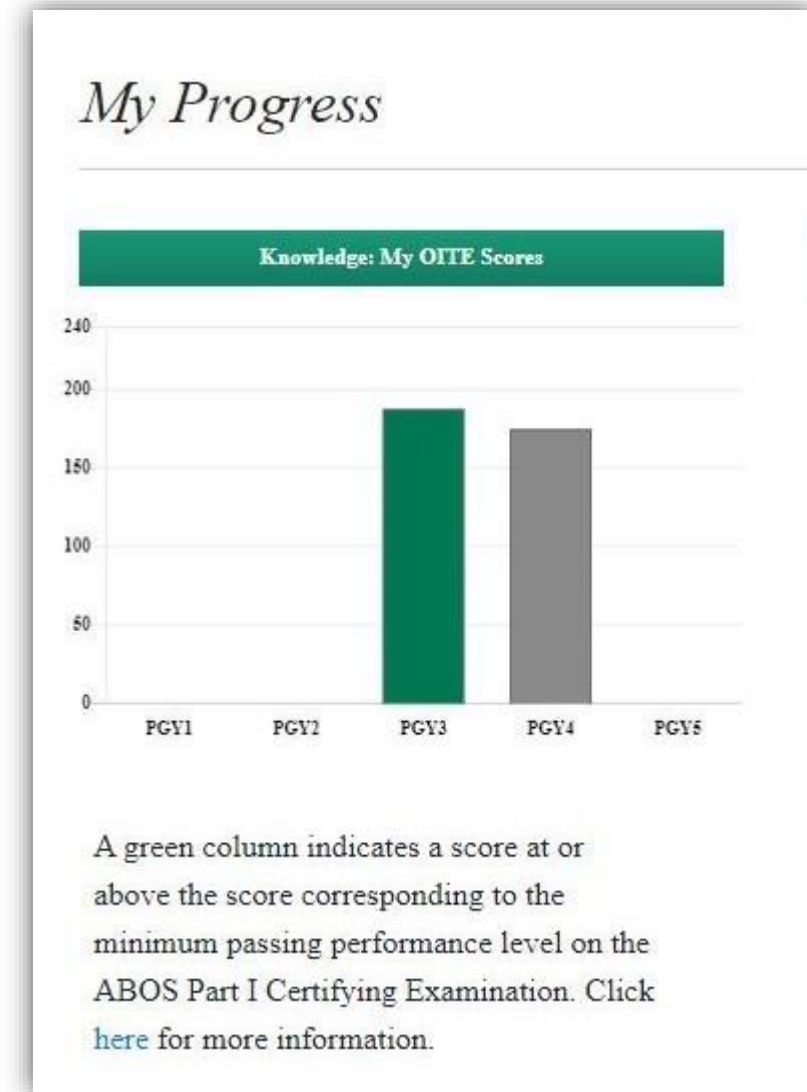
Procedure	No of Evaluations	Level Of Competence Achieved
Ankle Arthroscopy	3	4
Elbow: Distal Biceps Tendon Repair	1	3
Pediatric: SCFE	1	3
Revision Total Hip Arthroplasty	1	3
Biopsy of Bone Lesion	1	2
Subtalar Fusion	2	1
Shoulder: Rotator Cuff Repair	1	1

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 Examination Blueprint

ABOS Part I Certification Examination Blueprint

Table of Contents

General Principles	10-21%
Biostatistics/Epidemiology	0.5-1.5%
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%
Medical Aspects of Sports Medicine	0.5-1.5%
Perioperative Management	1-3%
Adult Spine	6.75-12.25%
Cervical	2.5-5.5%
Thoracic	0.25-0.75%
Lumbar	3-4%
Nonspecific site	1-2%
Upper Extremities	12.75-35.25%
Scapula/Clavicle/Acromioclavicular/Sternoclavicular	0.5-1.5%
Shoulder joint	3.75-10.25%
Humerus	0.25-0.75%
Elbow joint	2.25-5.75%
Forearm	0.5-1.5%
Wrist	3-8%
Hand	2.5-7.5%
Lower Extremities	17.75-46.25%
Pelvis	1-2%
Hip	3.25-7.75%
Femur	1.25-2.75%
Knee	5.25-14.75%
Tibia/fibula	2-4%
Ankle/Leg	3-9%
Foot	2-6%
Pediatrics	7.75-16.25%
Upper Extremity	1.25-2.75%
Lower Extremity	3-6%
Spine	1-2%
Sports	1-2%
General	1-2%
Neuromuscular	0.5-1.5%

ABOS Part I Certification Examination Blueprint

General Principles	10-21%
Biostatistics/Epidemiology	0.5-1.5%
Interpretation of epidemiologic information [disease prevalence and incidence, disease outcomes (eg, fatality rates), associations (eg, risk factors), health impact (eg, risk differences and ratios), sensitivity, specificity, predictive values]	
Study design and interpretation [types of experimental studies (eg, clinical trials), types of observational studies (eg, cohort, case-control), sampling and sample size, subject selection and exposure allocation (eg, randomization)]	
Hypothesis testing and statistical interference [confidence intervals, statistical significance and type I error, statistical power and type II error]	
Legal/Ethical/Systems-based Practice	0.5-1.5%
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	
Basic Science Principles	3-5%
Biology (fracture healing, biologics, pharmacology), biomechanics (including gait), inflammatory cascades and coagulation	
Anatomy and Surgical Approaches	3-5%
Anatomy, surgical approaches, and soft-tissue coverage	
Multiple Trauma	1-2%
Acute respiratory distress syndrome, systemic inflammatory response syndrome, fat embolism syndrome, orthopaedic management of polytrauma patient, initial assessment (ABCs, head, spine), open fractures, bone grafts/bone graft substitutes, mangled extremity, host risk factors, shock, hemopneumothorax	
Metabolic Bone Disease	0.5-1.5%
Osteoporosis, vitamin D, diabetes, Paget's disease, hyperparathyroidism	



How to Get Started

Two separate systems=passwords are independent of one another!

1. Download the ABOS KSB+ App ([Android](#) or [Apple](#)) or use the ABOS KSB+ Web Portal (www.abos.org/ksb).
 - a. Username created for you and communicated via Welcome Email
 - i. [Create password](#)
 - ii. [Forgot Username](#)
2. Set up Access to your ABOS Resident Dashboard (www.abos.org)
 - a. Click Login
 - b. Username same as ABOS KSB+ App/Web Portal
 - c. [Create Password](#)

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

