

## Part 1 of 3

### The Collection Period, Selecting your 10 Cases, and Studying for the Exam

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#### Introduction

Part II of the ABOS Examination is a challenging rite-of-passage for all orthopaedic surgeons. The following guide has been prepared specifically to guide the candidate in preparing for and taking the oral examination ABOS Part II exam. This is the first of three guides. This section addresses the board collection period, selection of your 10 cases (i.e. choosing which two cases to exclude), and tips for studying for the exam. Part 2 will address specific aspects of preparing your case material. Part 3 discusses the actual oral examination itself.

The reader should note:

- The author is a practicing Orthopaedic Trauma Surgeon and is board-certified.
- This information is based on the author's own experience and in helping friends and colleagues with their board preparation.
- **Points of particular interest to traumatologists are indicated in BOLD and GREEN.**
- *Specific examples from the author's experience are indicated in italics.*
  
- The reader should review the Rules and Procedures for 2009 which are available at ABOS website: (<https://www.abos.org/documents/2009RPPart2.doc>)
- The reader should read Garret et. al. American Board of Orthopaedic Surgery Practice of the Orthopaedic Surgeon: Part II, Certification *J Bone Joint Surg Am.* 2006 Mar;88(3):660-7.

#### The Collection Period and Case Entry Using the Scribe System

The collection period consists of a 6-month period during which you must document and submit all surgical cases to the ABOS for review. As of 2009, this 6-month collection period is from April to September of the year prior to your exam. Candidates planning to take the exam in subsequent years should review the Rules and Procedures available at [www.abos.org](http://www.abos.org).

Remember to submit your application for the exam in a timely fashion. The deadlines are available at [www.abos.org](http://www.abos.org).

**Traumatologists should strongly consider marking their application as to allow them to test specifically in Trauma. The official instructions from the ABOS indicate that if 50% of your practice or more is in a subspecialty, you can consider taking the exam in that subspecialty. This does not provide you with any sort of special certification, but it means that some or all of your examiners will practice in or be familiar with your subspecialty. For the traumatologist, this generally indicates that most or all of your examiners will be traumatologists and will be familiar with some of the challenges that you face in your practice.**

Planning and preparation during the collection period can help the candidate immensely in the future stages of the process. Each case during the collection period must be entered into the Scribe software on the ABOS website.

Some tips about entering cases:

- Get in the habit of entering your cases into the Scribe system on the same day that you perform the case. This is much easier than waiting until the deadline and trying to enter 6 months worth of cases in one day.

- The case log system requires you to indicate complications and briefly describe them. Often complications may develop later in the care of a patient so you may not have this information available at the initial outset. You can come back and update and modify your case log until the deadline.

- It is best to be very up front about complications. In other words, if you think something might be a complication, it is best to list it and describe it, no matter how minor you think it might be. List both medical and surgical complications.

- The complication should be listed with the index procedure and NOT with subsequent procedures that may be required to treat the initial complication. There is a lot of confusion about this.

For example, suppose that you perform debridement and intramedullary nailing and split thickness skin grafting of a grade IIIB open tibia fracture. Initially, the patient does well, but at 2 weeks the patient develops purulent drainage and requires a return to the operating room for debridement, removal of the nail and placement of an external fixator. In this case, you would return to your entry for the original case (the debridement and intramedullary nailing) and describe the complication. The subsequent case (nail removal, debridement and ex-fix placement) is listed as a separate case, but NOT as a complication.

### **Operating and Documentation During Your Collection Period**

It is obvious that you should be careful of your surgical indications during your collection period. Make sure to carefully document indications, risks, and benefits for every patient as you never know which ones will be chosen. Many candidates will avoid cases with questionable indications and put them off until your collection period is completed.

**As a traumatologist, you do not have the luxury of putting off patients until after your collection period unless it is truly an elective case. Make sure your documentation reflects your decision-making process.**

Along these lines, it is best to dictate your own H&P's and operative reports and try to obtain your own consents during your collection period. As some of this documentation will end up in your case materials when you go to the boards, you will feel a lot more comfortable if you have control over this. More specific points about documentation are covered in **Part 2 Preparation of Case Materials For Part II Examination of the American Board of Orthopaedic Surgery.**

For those of you that work in academic centers, you will need to be much more hands-on in the operating room during the collection period. Remember that if your resident creates a complication during surgery, it is YOUR COMPLICATION. You cannot blame your resident or explain it away to the examiners. This is often frustrating for your residents, but if you take the time to explain to them that you are in your collection period, most of them will be reasonable and understanding about the fact that you are more hands-on during this time period.

It may be in your best interest to collect materials for every patient as you progress during your collection period. Others have recommended saving a copy of every operative report and every consent during the collection period so that you do not have to look for this material for your 10 selected cases later. Depending on the reliability of the institutions at which you work, you may choose to decide what to save during the collection period.

*For example, one of the hospitals at which I worked during my collection period had digital patient records so I did not need to save any chart materials as it was available on the computer. However, one of the hospitals at which I did cases did not have a means for transferring fluoroscopy images to the PACS system. Therefore, I had hard copies of each saved fluoroscopy image printed and I saved these in folders for each and every patient during my collection period.*

Most hospitals have moved to PACS systems now, but if you have hard copies it may be best to save all of these during your collection period as nothing will be more frustrating than a lost x-ray jacket when it comes time to prepare your case materials. I would encourage you to keep all hard copy films from outside institutions during the entire collection period.

Carefully monitoring patient follow-up during your collection period is essential. If you are fortunate enough to have an assistant, you should ensure that they have a list of all of your operative cases during that time and flag any patients that miss follow-up visits.

Use every opportunity to take clinical photographs during and after surgery. This is good practice for documentation, but will also be helpful when preparing your case materials (see **Part 2**).

**Photography of wounds and open fractures is recommended for traumatologists. In addition, intra-operative photos showing exposures or fixation techniques can help the examiners visualize your practice.**

### **Selecting your 10 Cases**

In March, you will receive a letter from the ABOS indicating that your application has been accepted.

**\*\*\* PLEASE READ THIS INSTRUCTION LETTER VERY, VERY CAREFULLY \*\*\***

In order to sit for the exam, you need to pay an additional Exam Fee which is distinct from the original registration fee that you paid. If you do not pay this additional fee, you will NOT receive your examination ticket. Nor will you receive any sort of a prompt or reminder from the ABOS.

*Two of my colleagues initially overlooked this additional exam fee. In May, they were baffled by the fact that their friends had all received their exam dates, but they were still waiting for their own dates. It took multiple calls to the ABOS and several weeks to figure out that they had not paid this additional fee. Fortunately, they were able to pay the fees in time, but overlooking this step could be disastrous.*

In April of the year of your exam, the ABOS will provide you with a list of 12 cases that have been selected from your 6-month collection period. At this point, you will need to decide which 10 cases you wish to keep and which 2 you wish to discard.

As you prepare your cases, it is a good strategy to prepare the materials for all 12 cases before choosing which 2 to discard. You may find that the two cases that you wanted to discard originally are not the two cases that you will ultimately choose not to discuss.

Here are some general tips about selecting which cases to discard:

- Do not discard a case just because there is a complication. If you can demonstrate competent handling of a complication, this will be viewed positively by your examiners. In addition, you will be required to discuss your list of complications anyway, so even though you discard the case, it does not exclude you from discussing the case entirely.

- Some reasons to consider discarding a case are:

- Missed Injuries
- Poor follow-up of a complication
- Cases with poor or questionable surgical indications
- Disastrous technical errors

*For example, I excluded a case of a patient that I treated with ORIF for a distal radius fracture.*



*You can see that I clearly missed the S-L widening on the injury film and the patient subsequently developed a SLAC wrist. Although he had a good functional outcome (which I documented with photography), I chose not to discuss this case because of the missed injury.*

*This case also brings up an important point about complications. I did not realize that I had missed the patient's S-L injury until I had already turned in my case list, therefore it was not listed as a complication. You will most likely have late complications develop after you have finalized your case list. Be aware of these late complications, in case one of them is chosen, as it was for me.*

## **Studying for the Exam**

As you begin to prepare the materials for your cases (see **Part 2**), it is helpful to perform literature searches and review book chapters to help you discuss your indications and choice of surgical treatment.

### **A few points that are helpful when preparing for trauma cases:**

**- Know the most common classification schemes for fractures and injuries. This is a very common question for the examiners to ask you.**

**- Review the chapter regarding the treatment of the fracture or injury in a textbook such as *Skeletal Trauma*.**

**- Perform a literature search for the type of fracture or injury. Pull the most recent and classic articles and be familiar with these, as well as any controversies regarding the treatment.**

*For example, one of my cases was a patient with a subtle Lisfranc injury. The examiners specifically asked me about arthrodesis versus ORIF which was studied by Ly and Coetze in a recent (at that time) article in JBJS.*

**Citing specific articles by name is not necessary, but the examinee should be able to present this information if the examiners were to ask this.**

**- Be familiar with important radiographic lines and findings. You do not need to draw lines on your x-rays, but you should be able to describe the lines or findings if asked by your examiners.**

**- Be able to describe and defend your pre-operative plan, surgical approach and choice of fixation.**

**- Be familiar with the most common complications and the complication rates for the cases that you have performed. For example, know the rates of infection for the different types of open fractures.**

It is essential that you practice the exam with some of your friends or colleagues. Simulating the actual exam with two of your colleagues with your actual examination materials is very helpful. If possible, choose two mock examiners who have passed the boards and who are familiar with the type of cases that you perform. These sessions should be challenging but not stressful. The goals of this practice are:

1. To help you refine your presentations
2. To allow your mock reviewers to examine your case material to find any omissions or errors.
3. To allow your mock reviewers to help you identify any knowledge deficits that you may have.

Some have recommended reviewing your cases with people that are unfamiliar with you or your training as they may ask you different questions than colleagues that you work with on a daily basis.

**For a traumatologist, it is best to review these cases with other traumatologists or at least surgeons that are familiar with fractures and injuries.**

Finally, reviewing your cases with your mentor, fellowship director, or residency program director, if possible, is always helpful. Many of these individuals have been board examiners in the past and can provide you with additional insight from many years of experience.