American Board of Orthopaedic Surgery Examination Preparation

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ABOS

- Part I
 - July after residency graduation
 - Prometric testing centers
 - ~250 multiple choice questions
- Part II
 - Board collection period
 - April 1st-October 1st
 - Oral boards Chicago July after Board Collection
 - 12 cases
 - 1 hour, 55 minutes examination time
 - Four, 25 minute sessions with two examiners
 - www.abos.org

Is There an Association Between Study Materials and Scores on the American Board of Orthopaedic Surgeons Part 1 Examination?

- 118 of the 221 (53%) survey recipients completed the survey
- Six (5%) of the respondents failed ABOS Part 1
- Orthobullets and the AAOS self-assessment examinations
- No significant association between study source and passing ABOS Part 1 or scoring in a certain percentile on ABOS Part 1
- No associations between attending a review course and either passing or scoring in a certain percentile for ABOS Part 1
- Half of the respondents who failed ABOS Part 1 attended multiple review courses
- Krueger CA and Aden J. J of Surg Ed 2014 May-Jun;71(3):375-84.

Utility of AAOS OITE scores in predicting ABOS Part I outcomes: AAOS exhibit selection.

- Substantial increases in the mean OITE score were observed as residents progressed through training
- Stronger correlations were observed between OITE and ABOS performance during later years in training
- OITE score below the 10th percentile were much more likely to fail Part I compared with those with an OITE score above the 50th percentile.
 - Swanson et al.J Bone Joint Surg Am.2013 Jun 19;95(12):e4

Studying Tips

- Review Course
 - AAOS
 - Maine Review
 - Miller Review
- Questions
 - Orthobullets
 - AAOS review questions
 - Board review questions
- Flashcards
 - OKU
 - Home made

- Basic Science
 - Materials
 - Young's Modulus
 - Arthritis on a molecular level
- Tumor
 - Histology—recognizing patterns
 - 3rd level questions
- Sports
 - Treatment options
 - Read shoulder MRIs

- Shoulder/Elbow
 - Know physical exam tests
 - Err on conservative management
 - TEA does well in rheumatoid patients
- Hand
 - Study basic hand functions/anatomy
 - Nerve palsies/compression neuropathies
 - Non-displaced scaphoid waist fractures can be managed in a cast

Pediatrics

- Memorize genetic abnormalities
- Conservative treatment in children

Trauma

- Polytrauma = fixation of fractures that in isolation may be managed non-operatively
- Know indications behind damage control vs. early total care
- Reaming causes fat emboli to the heart...make sure patient is well-resuscitated pre-op
- Safest place for a patient is in the OR

- Arthroplasty
 - Infection parameters
 - Multi-stage approach to infection
- Foot and Ankle
 - Stages of flatfoot deformity
 - Achilles management
 - Bunion parameters
 - Column restoration
 - Gait
- Spine
 - Trauma management
 - Rote memorization...know nerve root levels

General Tips

- Err on the side of conservative management whenever reasonable
- Most questions are based on literature from 3-5 years prior to the exam
- Take time to read the question stem
 - Usually 2 acceptable answers and a subtle nuance determines which is "correct"
- Know anatomy!
- Draw the brachial plexus immediately before the exam

ABOS Part II

- Have a partner(s) honestly review your cases once selected
- Document well
- Complications are expected: management is important
- Create an excel spreadsheet cataloging your cases, indications, outcomes, relevant literature
- Maintain follow-up with your patients

ABOS Part II

- Scoring Rubric
 - On ABOS website
 - Scored on a scale of 0-3
 - Case evaluations
 - Data gathering
 - Diagnosis and Interpretive skills
 - Treatment plan
 - Technical Skill
 - Outcomes
 - Applied Knowledge
 - Global evaluations
 - Surgical Indications
 - Surgical complications
 - Ethics and Professionalism

Questions?

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