

Part 3 of 3

Taking Part II Examination of the American Board of Orthopaedic Surgery

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Introduction

Taking the oral examination is an intimidating process. But your careful preparation up to this point will help you pass.

The format of the exam will be described in the final instruction letter that you receive from the ABOS:

EXAMINATION PERIODS

There are three examination periods. Each of the examination periods will be 35 minutes long. There is a 5 minute break between the end of each examination period and the beginning of the next one. You will have two examiners during each period. Each period will begin with a bell and end with a bell. During these breaks, your examiners will leave, and two different examiners will enter the booth. There may be an additional person in the booth to observe the examiners and the examination process. At the end of the third period, after the bell sounds, your examination is over. Please collect all the material you brought and proceed immediately following your examination to the debriefing session in **State Ballroom on the 4th floor**.

The following guide has been prepared specifically to guide the candidate in preparing for the oral examination ABOS Part II exam.

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.

Travel Tips

As soon as you receive notification of your exam date, make sure you book your flight and hotel room immediately.

- Plan to arrive at least one day before the examination.
- The two airports in Chicago are O'Hare International Airport and Chicago Midway. Of these two, Midway is considerably closer to the Palmer House Hilton, but fewer airlines flight to Midway from different cities. Travel time to and from O'Hare can be 2 hours or longer depending on traffic, so plan to take this into account when booking your return flight.

- Lost luggage could be disastrous, so plan to take your case information and x-rays as carry-ons. You might also consider wearing your suit on the flight.

- The rooms at Palmer House vary in size, quality, and noise level. There is a portion of the hotel called the Tower. This section has very nice rooms and is quiet. You may be able to request a room in this section. If you are a member of Hilton Honors, your check-in will be faster.

Examination Day

When you receive your examination ticket in the mail, you will be given the time of your exam and a check-in time which is 45 min before the start of your exam. Candidates will check-in in the Red Lacquer Room on the 4th Floor of the Palmer House Hilton. In this initial room, you will check-in and receive information regarding the exam procedures and process. You will be given information regarding the examiners on your examination panel. If you know any of the examiners in your panel, you are given an opportunity to identify this so that your exam panel can be changed.

After this session, you will walk to the booth where your actual exam will be administered. The booth consists of a curtained area with a table. You sit on one side of the table. Your two examiners will sit opposite you on the other side of the table. The x-ray light boxes will be at the end of the table on your right. You will remain in this booth for all three of your testing sessions.

You will have a few minutes to sit down and get prepared:

- Place two copies of your case materials in front of the two examiner's chairs.
- Have your x-ray jackets available on the table in order so you can reach them easily.
- Take a deep breath and relax.

The first group of examiners will arrive once the session starts. They will briefly identify themselves and delve into the first case.

Understanding the Evaluation Process

Prior to taking the exam you will receive a booklet explaining the process that the examiners' use to evaluate you. Take some time to read this. You are evaluated in the following areas:

- Data gathering and interpretative skills
- Diagnosis
- Treatment
- Technical Skills
- Outcomes
- Applied Knowledge

Taking the Exam

Your examiners may give you the opportunity to choose the first case that you would like to discuss. Be prepared for this and choose the case of which you are the most confident. First impressions make a huge difference, so in all three sessions make sure you start strong. Once the examiners recognize that you are a competent, safe surgeon, they will be more relaxed and consequently, you will be more relaxed.

In general, it is best to begin with putting up the first images on the light box and giving a 30 second summary of the history and physical. Your examiners will interrupt you from time to time, but it is best not to delay or leave large awkward gaps of silence. Continue with your presentation at a moderate pace.

One strategy during the examination is to keep the examiner's interest and eyes on you, your oral presentation, and your x-rays. By providing them with a moderately paced summary and images that they can see on the light box, you can prevent them from focusing all their attention on your charts.

This point above is a key point for the traumatologist. Although you will have made a good effort to ensure that you have excellent documentation and well-organized charts from your collection period, sometimes circumstances may prevent this.

One of my colleagues referred to this technique as the "Snake Charmer." The goal during the examination should be to subtly control the flow of the presentation and always focus the examiner's eyes on what you want them to see. As orthopaedic surgeons, we are all very visual creatures. So any time the you see the examiners looking a little too critically at your documentation, you draw their attention away by pulling out another x-ray and putting it on the lightbox or by drawing their attention to an intra-operative photo or a follow-up clinical photo.

A few other tips during the examination:

- Remember to discuss your process for obtaining informed consent for each case. It is important to mention that you discussed both non-operative and operative treatment and why you recommended operative treatment.
- A few of your 10 chosen cases will likely have complications. Be honest about complications. Explain your best understanding of why the complication occurred, how you addressed it, and what you plan to do to avoid it in the future. Be sure to take responsibility for your complications.

As a traumatologist, you have undoubtedly been faced with less than ideal conditions during your collection period. Many of your patients may be smokers, non-compliant with post-operative instructions, have underlying medical disorders, or other factors that affected your outcomes. The examiners are smart, experienced and have seen it all before. Most of them understand that particularly as a traumatologist you rarely have the luxury of picking and choosing which patients to treat. However, what they are looking for is that you identified these risks, discussed them with the patient, documented them, and then dealt appropriately with any complications.

*When I was a PGY2, my residency program chairman once asked me if I knew about the ABC's of orthopaedics. He told me that the ABC's of orthopaedic surgery are to **Assign Blame and Complain**. DO NOT DO THIS DURING THE EXAM! Do not blame residents, your colleagues, transferring physicians, or the patient. Take full responsibility for each patient's care.*

- Avoid confrontation with your examiners. Remember to be humble, modest and pleasant during the exam. The examiners may try to push you to assess your knowledge and your confidence; be polite but confident in your work.

One of my cases was a patient with a fracture dislocation of the proximal humerus. I performed an ORIF with a satisfactory reduction. Unfortunately, the post-operative film in the PACU was a full-length humerus film that was not centered on the shoulder and it looked terrible (see below). One examiner immediately told me that I had already lost reduction in the recovery room and I must not have fixed it very well. As surgeons, none of us like to be criticized and I distinctly remember that my first instinct was to get very defensive, but I tried to calmly point out the fact that the x-ray was not centered and I was able to show later follow-up x-rays and clinical photos showing the patient's ultimate outcome.



Poor quality post-operative films like this one are another reason for the traumatologist to save and include his or her fluoroscopy images.

- Answer questions accurately and succinctly. It is important to avoid expounding on answers in an effort to show off your knowledge as this may lead the examiners to ask you more difficult questions.

Some and possibly all of your examiners will be prominent orthopaedic surgeons that have literally 'written the book' on the types of cases that you are presenting. For example, the first case I discussed in the first session was a both column acetabular fracture and one of my examiners was one of the editors of one of the most well-respected textbooks on pelvic and acetabular surgery. This can be incredible intimidating, and although the examiners are fair, remember that they are likely to know more about the subject than you do.

- It is in your interest to get through as many of the 10 cases as possible as it provides the examiners with more material on which they can evaluate you. This is why it is important to be organized and maintain a good pace to your presentation.

- Usually, the last group of examiners will also ask you discuss your list of complications. While this may vary depending on the examiner, in general they will ask you to give a bullet presentation on each case, the complication, and how you handled the complication.

- When the bell rings, the session is over. Take a few minutes to re-organize yourself. Once you have finished a session, you can remove the discussed x-rays from your stack (*I placed them on the floor*). If you used the **Individual Chart Method**, you can also remove the charts discussed cases. This will leave fewer things on the table for your subsequent sessions. The subsequent groups of examiners will not rediscuss cases already discussed..

Congratulations!

After your third group of examiners you are finished! After breathing a huge sigh of relief, you will pack up your items and gather in a room for a post-exam debriefing. You can use this opportunity to perform your own ABC's and assign blame and complain about the exam. In truth, look at this as an opportunity to help future generations of examiners.

Several people in my out-briefing section complained about the fact that their institutions used PACS systems and no longer printed films and it was very expensive to have their films printed. The following year examinees were allowed to start printing images on photo paper. So your comments in this debriefing can help people in the future.

If you truly feel that your exam was unfair in some fashion, this is also the time to bring it up quietly. The final instruction letter that you receive before going to the exam states the following:

REQUESTS FOR RE-EXAMINATIONS

If for any reason you believe that the oral examination was administered in an unfair or inaccurate manner, a repeat of the entire examination may be requested. You should approach the Chairman of the Oral Examination Committee **immediately** after your examination in the debriefing session. If deemed necessary, another oral examination with another panel of examiners will be arranged. The grade awarded for the oral examination will be that of the second oral examination even if the candidate passed the original examination. **THIS IS THE ONLY APPEAL MECHANISM FOR THE ORAL EXAMINATION.**

I do not personally know of anyone who has chosen to do this. Many people finish the exam with a horrible feeling and feel like they failed, but are surprised to learn that they passed. Therefore, I would strongly recommend against this unless you have a really, really good reason to suspect unfairness on the part of one or more of your examiners.

It is time to go home and wait for your results!