

FEBRUARY 9-12

The Simple Rules for Achieving **Board Certification**

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Proven leaders. Lifelong learners. Changing lives.

Presenter Disclosures

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Consultant: Acumed, Zimmer Biomet President: National Board of Podiatric Medical Examiners (NBPME)





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Founded in 1975, ABFAS strives to protect and improve the health and welfare of the public by advancing the art and science of foot and ankle surgery.











- Only Foot and Ankle Surgery Certification Board recognized by the Council on Podiatric Medical Education (CPME) through the Specialty Boards Recognition Committee (SBRC).
- Develops policies and examinations for foot and ankle surgery Board Qualification and Certification.
- More than 10,000 highly skilled foot and ankle surgeons have earned ABFAS Board Certification, with more joining their ranks each year.





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Why ABFAS Board Certification

- Communicates you have made the effort to be a better surgeon.
- Prerequisite for surgical privileges at many hospitals and for some insurance companies.
- Required by many larger medical groups to become a shareholder or partner.

- You can trust your credential is **portable** across state lines or to new employers.
- ABFAS continually adapts the Board Certification process to make it the best it can be to **protect public health and** safety.





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Trust Your Mentors

- 82 percent of residency program directors are ABFAS Board Certified.
- **87 percent** of residency program directors are ABFAS Board Qualified or Certified.









And maybe....

Your name in lights?

- Sara Haller, DPM, D.ABFAS Board Certified in Foot Surgery and RRA Surgery
- Bradley Schaeffer, DPM, D.ABFAS
 Board Certified in Foot Surgery









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B simple rules

FOR ABFAS BOARD CERTIFICATION







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Your Final - year ITEs can count towards Board Qualification.









ABFAS In-training Examinations (ITEs)

- Make sure your residency program offers the ABFAS In training Exams (ITEs).
- The PGY 1&2 ITEs help you assess strengths and weaknesses, identify areas that require more study, and prepare you for ABFAS Board Qualification and Board Certification.
- You will also gain experience with ABFAS exams, including the Computer based Patient Simulation (CBPS) exam.









Board Qualification Requirements as of September 2020

- Pass two separate Part I Examinations: Didactic and NEW CBPS. *More on this in a moment.*
- Complete residency training, then submit proof of licensure and residency completion certificate.
- Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA Surgery.





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Board Qualification Requirements

In - training Exams	 PGY 1 & 2 (and PGY 3 in four - year programs) take same exams. Foot Surgery Didactic: 80 Items Foot Surgery CBPS: 8 Cases RRA Surgery Didactic: 80 Items RRA Surgery CBPS: 8 Cases Didactic exams have online proctored option. Final - year Residents take new Board Qualification Examination Series (same as Part I)
Part I Exams	 Foot Surgery Didactic: 80 Items NEW Foot Surgery CBPS: 12 Cases RRA Surgery Didactic: 80 Items NEW RRA Surgery CBPS: 12 Cases <i>Candidates can use passed Final - year ITEs for Qualification purposes upon fee payment.</i>





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Board Qualification Requirements



of the 2022 residency class benefited from counting their Fall 2021 Final - year ITEs toward Board Qualification









You can also take the Part I exams in Spring and Fall of your residency completion year.









Board Qualification Requirements

Becoming Board Qualified:

- Complete Residency and hold active State License
- Pass Final-year In training Exams or Part I Board Qualification Exams

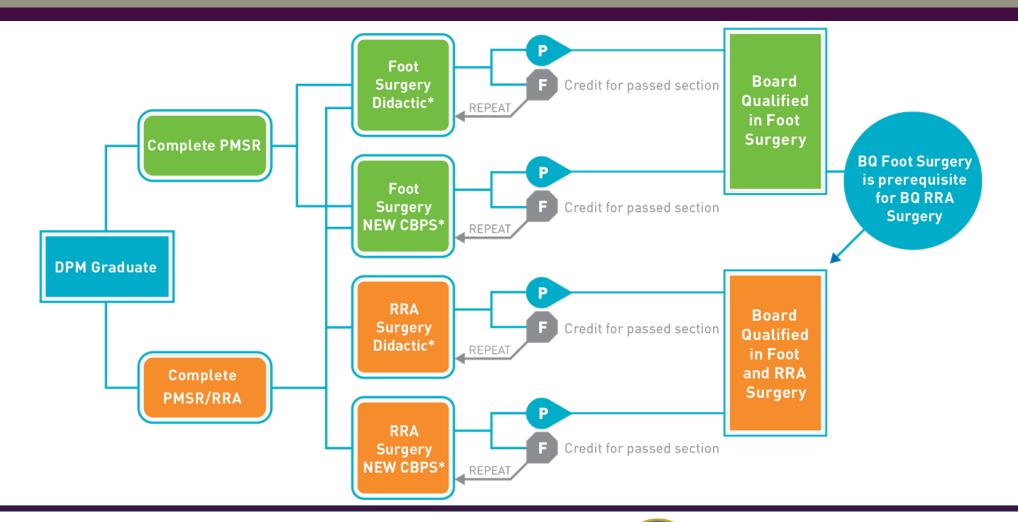








Board Qualification Requirements







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What is it? - A simulated case that describes a patient's condition and may include medical history, images and other pertinent information.

What do Ido?-Select case-relevant physical exam tasks, imaging, lab test and or diagnostic procedures.

How does ABFAS score it? – You earn score points for each aspect of case management, not just diagnosis and treatment.





Common Mistakes to Avoid

- Jumping to a diagnosis and treatment
- Providing a surgical workup
 - Focus on the management of the case, not the surgical workup
 - Purpose is to provide a diagnosis and treatment plan
- The "shotgun" approach
 - Making additional selections because you are uncertain or want to maximize score points may result in a selection that can harm a patient resulting in losing points







- Start logging your cases into PLS immediately after you complete residency
- No need to be Board Qualified to log
- Don't wait!









PLS-Easy to Use

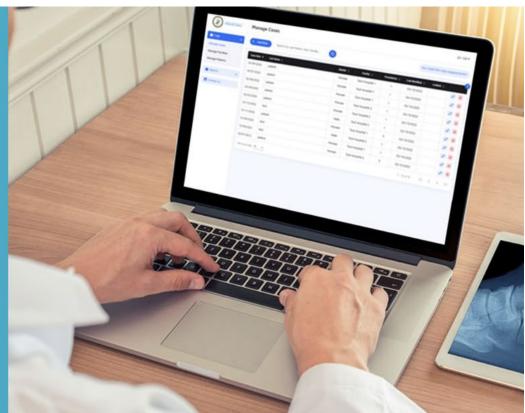
podiatricsurgery.net/home

Welcome to the Podiatry Logging Service

The <u>American Board of Foot and Ankle Surgery</u> (ABFAS) created the Podiatry Logging Service (PLS) for candidates seeking Board Certification to track the surgical cases for which they are listed as surgeon of record. ABFAS evaluates the cases candidates log as part of the annual <u>Case Review examination</u>—the final step toward becoming ABFAS Board Certified.

The PLS system will inform you when you have met the quantity and diversity requirements to be eligible for Case Review. Enter all post-residency procedures for which you are the surgeon of record into PLS and continue to enter cases until you pass Case Review. You do not have to be ABFAS Board Qualified to start entering your cases.

After meeting ABFAS requirements and applying for Case Review, you can find the cases ABFAS has selected for full case documentation by logging into PLS and selecting "Case Documentation" from the menu bar.







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Board Certification Requirements

Do fellowship cases count?

 Must be listed as the surgeon of record on the intraoperative anesthesia record (without co - surgeon) and have documented involvement in the preoperative and postoperative care of the patient









How Do You Know When You Can Register for Case Review?

Case Requirements

*

ABFAS has analyzed your cases according to the standards and requirements currently in effect. You will find the current version of the ABFAS Board Certification requirements here: Board Certification Document.

The case requirements represent the **minimum** number of cases you need before you can register for case review. Please note, upon completion of your residency you should log all surgical cases where you are surgeon of record.

You meet the 2023 case requirements for Foot Surgery

You do not meet the 2023 case requirements for Reconstructive Rearfoot/Ankle Surgery

You do not have enough cases with Reconstructive Rearfoot/Ankle Surgery procedures required by ABFAS

Foot Category Minimum Count Total Cases 65 117 Total Foot Category Cases 30 67 Procedures Limit Count 2.1.3 bunionectomy with phalangeal osteotomy. 2 1 2.1.4 bunionectomy with distal first metatarsal osteotomy 15 7 3 2.1.5 bunionectomy with first metatarsal base or shaft osteotomy. 15 2.1.6 bunionectomy with first metatarsocuneiform fusion 15 1 2.1.7 MPJ fusion. 15 2 2.1.8 MPJ implant. 2 2 2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement). 2 1 2.2.3 joint salvage with distal metatarsal osteotomy. 15 4 2.2.4 joint salvage with first metatarsal shaft or base osteotomy. 15 3 15 2.2.5 joint salvage with first metatarsocuneiform fusion. 1 1 - 10 of 36 I< < > >I Items per page: 10 🔹

Reconstructive Rearfoot/Ankle Category	Minimum	Count
Total Cases	30	32
Total RRA Category cases	13	12

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What is Case Review?

Outcome - based practice analysis in which Diplomates review your cases.







ABFAS randomly selects 11 Foot Surgery and/or 11 RRA Surgery cases from PLS logs.

Upload all case documentation for the 11 cases

- H&P/assessment
- Images
- Laboratory and pathology reports
- Operative report
- Progress notes
- Any consultations
- Intraoperative anesthesia record/circulating nurse's notes.











- Foot Surgery and/or Foot and RRA Surgery Diplomates review Foot Surgery cases.
- Only RRA Surgery Diplomates review RRA Surgery cases.
- Diplomates with specific experience review special cases: TAR, limb salvage, multiplanar ex-fix, etc.









What Are Reviewers Looking for?

- Demonstrated cognitive knowledge and skills of foot (and ankle) surgery
- Diagnosis of general medical problems and surgical management of pathologic foot (and ankle):
 - Conditions
 - Deformities
 - Trauma related structures that affect the foot, ankle, and leg









Document correctly.

- Clinical findings
- Diagnostic modalities
 - Procedures supported by synthesis of patient information
- Accurate diagnosis and treatment plan





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Perform correct imaging studies show pathology.









Provide safe, effective, compassionate patient care.









Case Review Challenges

Case Review Documentation Challenges

- Absence of pre operative work up or documentation.
- Lack of documentation of indication for surgery/selected procedure.
- Poor patient selection.
- Inadequate imaging studies: Failing to show pathology.











Case Review Documentation Challenges

- Treatment below the standard of care: premature WB, inadequate fixation, failure to correct deformity, etc.
- Failure to identify poor outcome: lack of documentation or improper reading of images.
- Improper technique or fixation.

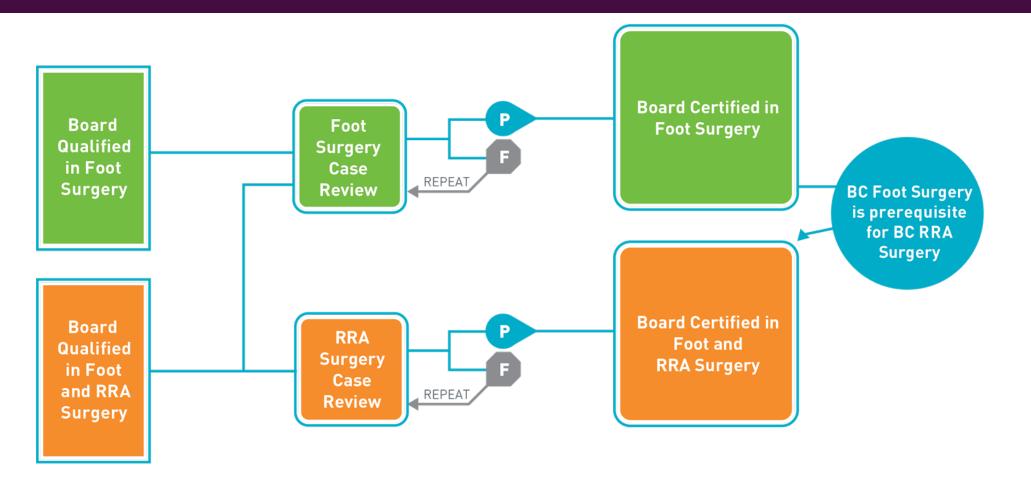








Board Certification







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Continue logging until you have passed Case Review.











- On average, 79% of podiatrists who attempt ABFAS Board Certification for Foot Surgery are successful, comparable to many other medical specialty boards.
- Becoming ABFAS Board Qualified enables you to obtain initial hospital privileges and get on insurance panels, immediately after your residency completion.
- Board Qualified candidates have 7 years to log cases and complete their Part II Case Review requirement for Board Certification.









We want YOU ALL to succeed. Reach out to us.

- Instagram: @abfasorg
- Facebook: American Board of Foot and Ankle Surgery
- LinkedIn: American Board of Foot and Ankle Surgery
- Email: info@abfas.org







