



## Preparing for Case Review: Documentation

ABFAS' 2020 Case Review registration closes on Friday, December 6, 2019. Here are some helpful hints and resources that help you have a successful case review. Please remember to continue to log all procedures in which you are the surgeon of record until you pass Case Review.

### Case Review Tip #1: Required Documents

ABFAS evaluates and scores procedures based on the materials you provide.

Incomplete documentation is a common error that may result in a lower score. Please make sure that you review ABFAS Certification documents for details regarding documentation. Below are some areas where documentation errors can occur.

All documents must be legible. If Case Reviewers cannot read documents, they may not be able to give credit for documents submitted. Please submit all typed/handwritten materials in PDF format.

#### 1.) Podiatric History and Physical (H&P)/Assessment

This is the record of your initial assessment (not that of another physician) when the patient first presented for the condition leading to the surgical procedure performed. ABFAS is looking for your preoperative assessment of the specific condition requiring/leading to the surgical procedure.

If the records are handwritten, please submit H&P records electronically as both (1) scanned copies of all handwritten material; and (2) typed copies of all your handwritten materials. Please convert typed copies to PDF format. Alternatively, you can submit copies of electronic medical records.

#### 2.) Operative Report (OP Report)

Submit a copy of the typed operative report where you are listed as Surgeon (not Co-surgeon, Assistant Surgeon, or any other designation). Please highlight your name, if possible. **ABFAS will not accept procedures containing more than one surgeon of record.**

**Common error: Another physician listed as surgeon or co-surgeon.**

#### 3.) Progress Notes (Post-op Documentation)

Submit **typed progress notes** from the time of the first presentation **following the procedure** through the final outcome. Include all pertinent supportive medical assessments generated by another physician. If a patient undergoes multiple procedures on separate dates, present all progress notes, including any notes related to complications, prior surgery, or surgical revisions (see complications below).

For procedures involving hospital admissions of greater than 24 hours, include:

- Typed copies of your progress notes from the first three inpatient days
- Copies of all inpatient progress notes (including those of consultants)
- Typed versions of all outpatient follow-up visit progress notes through the final outcome

Submit progress note records electronically converted to PDF format and in chronological order from oldest to most recent.

Please document when patients cancel or do not show up for appointments. You can provide a copy of a screenshot of your appointments screen, which typically shows whether or not a patient showed up to their appointment.

You may also provide your colleagues' progress notes from the perioperative period.

**Note: Preprinted or standardized operative reports with blank spaces filled in or using standardized language from a word processor or computer are NOT acceptable.**

#### 4.) Intraoperative Anesthesia Record/Circulating Nurse's Notes (Intraop Anes/Circ RN Record)

This is the primary record ABFAS uses to document surgeon of record, so please make sure you upload the correct documents. We need copies of the intraoperative anesthesia record or circulating nurse's notes from the facility listing the candidate as the surgeon of record (not the anesthesiology consultation notes).

### Case Review Tip #2: Image Submission Requirements

Images are one of the major areas of concern for your case documentation. If you don't load images correctly or if the images are unreadable, it will impact your success in the case review process.

"Best two views" are usually weight-bearing except for cases of trauma and infection. You may provide up to TEN (10) images for each case you submit. Please review [the image submission requirements](#) in the ABFAS 2020 Board Certification Document for more information.

Here are some tips on how to upload images successfully.

**Format:** Submit all images, regardless of original format, in JPG, JPEG, or PNG format. Please note that ABFAS reserves the right to examine, on-site, images stored on the imaging equipment hard drive to determine that submitted images have not been altered. If it is determined that images have been altered, you will forfeit, at minimum, the right to sit for the examination and all fees paid.

#### Helpful Hints

##### Hard Copy Images:

- Use a lightbox to photograph the image.
- Capture the entire image; do not crop or zoom in.
- Ensure the images are clearly readable.
- Make sure the Case Reviewer will be able to clearly identify all pathology, fixation, and bone healing within the image.
- Use a digital camera or a good mobile phone camera to capture an image. DO NOT SCAN X-RAYS.

##### Digital images:

Download, save in jpg, jpeg, or png format.

**Do not take a picture of the image from a monitor or computer screen.**

Follow the Instructions:

- Label all images with the patient's name and the date.
- Be sure all uploaded images are of the correct patient and procedure.
- Upload into the correct PLS section.
- First ray and RRA cases need to include weight-bearing pre-op and weight-bearing final images.
- Trauma cases do not require weight-bearing pre-op images.

### Case Review Tip #3: Documenting Complications

Generally, ABFAS expects your case submission to document complications directly related to the selected procedure entirely. For instance, in the case of an osteotomy that becomes displaced (for any reason), or does not heal (nonunion), or becomes infected, the documentation should include the treatment of the complication through a resolution to the final outcome.

If the complication is unrelated to the selected procedure or occurred after discharge for the initial procedure (fixation loosening after several months, etc.), then the complication does not need to be included.

If the case selected is the revision itself or the specific treatment of a complication, then the pre-op notes and images should be such that they set the stage for the additional treatment.

Keep in mind that ABFAS recognizes complications are a part of doing surgery and that they may or may not be a direct result of action by the surgeon. ABFAS expects candidates will both recognize and treat complications as part of the care of a patient.

## Case Review Timeline

**December 6, 2019** - Case Review registration closes.

**December 10, 2019** - ABFAS sends candidates instructions for hospital/surgery center audit.

**January 10, 2020** - Deadline for hospital/surgery center audit documentation.

**January 21, 2020** - List of procedures selected for Case Review available on the PLS site.

**March 20, 2020** - Deadline for candidate submission of complete electronic case documentation. Candidates must submit by 11:59 pm Pacific time.

## Preparing for Case Review: Changes for 2020 Case Submission

ABFAS has made two important changes to the 2020 Case Review exam. First, we have deleted the requirement of a minimum of 10 RRA Elective Osseous and minimum 2 RRA Non-elective Osseous in [Appendix B](#). Instead, you will need to log 13 cases from any procedures listed below.

#### RRA Elective Osseous

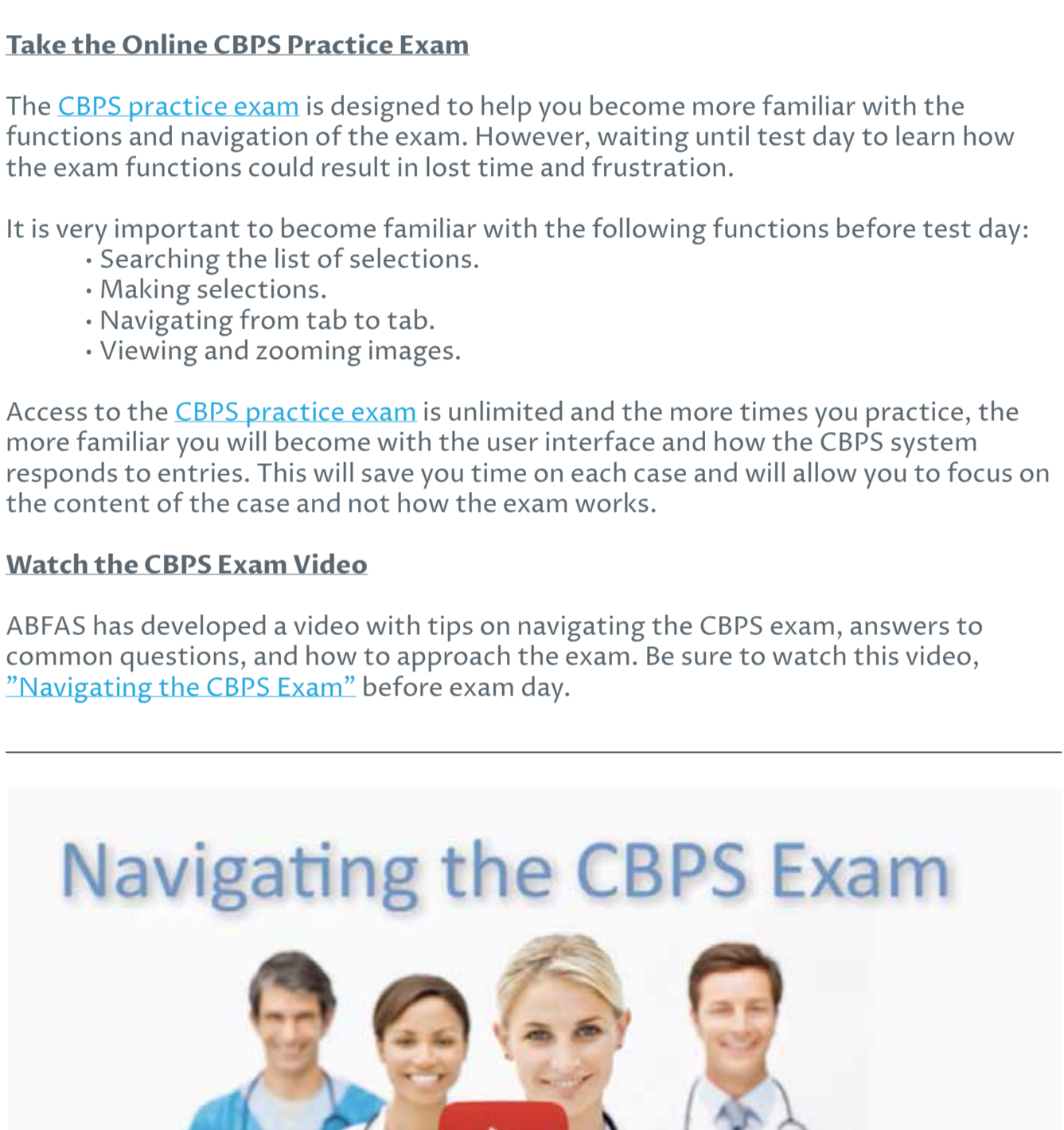
- 5.2.4 midfoot, rearfoot, or ankle fusion
- 5.2.5 midfoot, rearfoot, or tibial osteotomy
- 5.2.9 ankle implant
- 5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia

#### RRA Non-elective Osseous

- 5.4.1 open repair of adult midfoot fracture
- 5.4.2 open repair of adult rearfoot fracture
- 5.4.3 open repair of adult ankle fracture
- 5.4.4 open repair of pediatric rearfoot/ankle fracture or dislocation
- 5.4.5 management of bone tumor/neoplasm (with or without bone graft)

This change should help you qualify for the RRA case review. Please make sure you are logging your cases in PLS.

Second, when you take the exam, you will only need to upload 11 cases, not 13. This will benefit you by not reducing the number of cases remaining in your selection pool in case you need to sit for Case Review again.



## Successful CBPS Exam Preparation

Spring 2020 ABFAS Part II exam registration is open. You can now register for the Part II CBPS Board Certification exams. In order to prepare for this exam, here are a few tools ABFAS provides to candidates.

### Take the Online CBPS Practice Exam

The [CBPS practice exam](#) is designed to help you become more familiar with the functions and navigation of the exam. However, waiting until test day to learn how the exam functions could result in lost time and frustration.

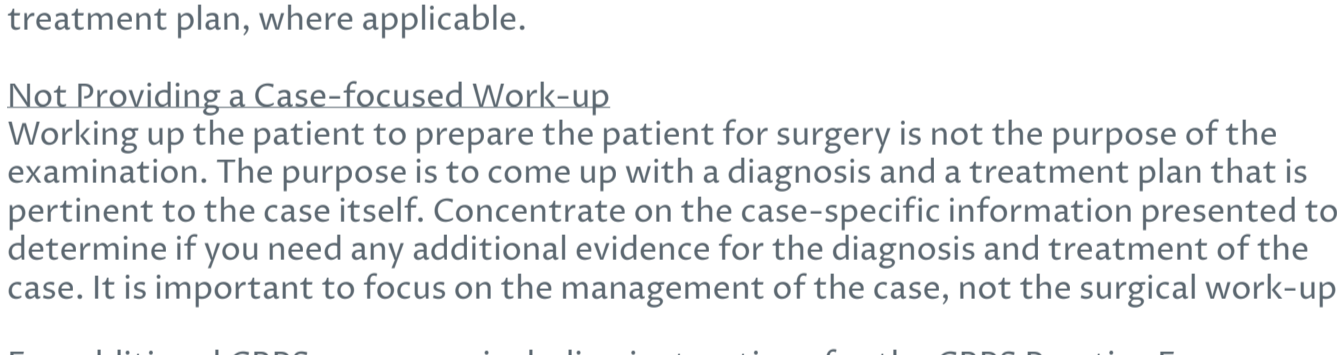
It is important to become familiar with the following functions before test day:

- Searching the list of selections.
- Making selections.
- Navigating from tab to tab.
- Viewing and zooming images.

Access to the [CBPS practice exam](#) is unlimited and the more times you practice, the more familiar you will become with the user interface and how the CBPS system responds to entries. This will save you time on each case and will allow you to focus on the content of the case and not how the exam works.

### Watch the CBPS Exam Video

ABFAS has developed a video with tips on navigating the CBPS exam, answers to common questions, and how to approach the exam. Be sure to watch this video, ["Navigating the CBPS Exam"](#) before exam day.



### When Taking the CBPS Examination

Consider the relevant aspects of patient management such as case history, physical examination, imaging, labs, diagnostic procedures, diagnosis, treatment, and in some cases, follow-up diagnoses and treatments. For example, if you are hesitant about whether a procedure is warranted, you should make the decision based on clinical indications.

Case-focused physical examinations and patient work-ups are as important as diagnosis and treatment. While collecting patient information, you must balance thoroughness with efficiency, as well as balancing quality versus quantity. You should select information that is specific to the problem that is presented in the case. Since there are a limited number of choices, it is important to be very specific to demonstrate that you have the ability and knowledge to manage the case in an appropriate manner.

### Common CBPS Mistakes to Avoid

#### Jumping to a Diagnosis and Treatment

A common mistake made on the CBPS exam is to jump to a diagnosis and move to treatment without providing evidence that the diagnosis and treatment were selected in a thoughtful manner. For example, seeing an image of a patient with a bunion and deciding to take an x-ray and then do a procedure would be a mistake. We need to know that you performed an appropriate case-focused physical examination. This must be demonstrated by selecting the physical examination options that relate specifically to the problem presented and/or support the determination of a diagnosis and treatment plan, where applicable.

#### Not Providing a Case-focused Work-up

Working up the patient to prepare the patient for surgery is not the purpose of the examination. The purpose is to concentrate on the diagnosis and a treatment plan that is pertinent to the case itself. Come up with a case-specific information presented to determine if you need any additional evidence for the diagnosis and treatment of the case. It is important to focus on the management of the case, not the surgical work-up.

For additional CBPS resources, including instructions for the CBPS Practice Exam [click here](#).

## The Value of ABFAS Certification

### Certification is a Frequent Prerequisite

- Many US hospitals mandate surgical qualification and/or certification for surgical privileges and require physicians to obtain surgical board certification (some within five years of residency) in order to continue credentials at their hospital.
- Many insurance companies require that physicians have specialty board certification before they can be on insurance panels.

### It Matters to Patients

- [In a recent survey](#), patients rated board certification the most important criterion for choosing a foot and ankle surgeon.

### It Can Help Further Your Career

- Many large medical groups require recertification to become a shareholder/partner.
- Income is higher for foot and ankle specialists – Median salary\*:
  - Podiatry – General \$244,496
  - Podiatry – Surgical – Foot and Ankle \$261,245
- ABFAS certified doctors are eligible to become fellows of the American College of Foot and Ankle Surgeons (ACFAS).
- Of the 236 residency directors in the United States, 200 of them are ABFAS Board Certified.

\*MGMA WRVU 2014

## Open Registration for the Spring 2020 Part II CBPS Exams

You can now register for the May 13, 2020, Part II CBPS Foot Surgery and RRA Surgery exams.

Register and pay for your exam now. To get started, [log in](#) to the ABFAS website with your ABFAS username and password. If you have forgotten your username or password, please [click here](#).

### Important Dates:

- April 29, 2020** – Registration Closes
- May 6, 2020** – Last Day to Withdraw w/o Penalty
- May 13, 2020** – Exam Date

## ABFAS DPMs are #footfirst

ABFAS would like to see your clinical photos of DPMs studying, performing cases, interacting with feet, or performing on feet.

Send your best photos to [footfirst@abfas.org](mailto:footfirst@abfas.org) so we can share them on social media, in our magazines, AND our new website! We will select a monthly winner with the best photo who will receive a great ABFAS prize and recognition on our [Facebook page](#). Don't forget to share your photos using #footfirstABFAS.

## Join Us!

In 2020, ABFAS will be attending conferences across the country. If you're attending, we welcome you to stop by our booth where you can ask questions about ABFAS exams and the certification process.

ABFAS will also be presenting at many of these conferences. Please follow us on [Facebook](#) and [LinkedIn](#) for more information about these special presentations.

We hope to see you at the following conferences:

### Florida Podiatric Medical Association Science & Management Symposium

January 15 – 18, 2020  
Disney's Coronado Springs Resort  
Lake Buena Vista, Florida

### New York State Podiatric Medical Association/ Foundation for Podiatric Medicine

January 24 – 26, 2020  
New York Marriott Marquis  
New York, New York

### American College of Foot and Ankle Surgeons (ACFAS) Scientific Conference

February 19 – 22, 2020  
Henry B. Gonzalez Convention Center  
San Antonio, TX

### Midwest Podiatry Conference

April 29 – May 2, 2020  
Hyatt Regency Chicago  
Chicago, IL

### The Western Foot and Ankle Conference

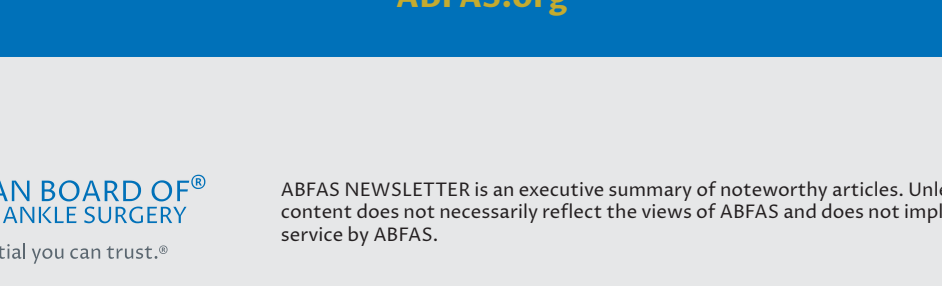
June 25 – 28, 2020  
Disneyland Hotel and Convention Center  
Anaheim, CA

### APMA- The National

July 23 – 25, 2020  
Hynes Veterans Memorial Convention Center  
Boston, MA

### American Society of Podiatric Surgeons (ASPS)

September 25 – 26, 2020  
Chicago, IL



## ABFAS Profile Update

ABFAS reminds you to log into your profile and confirm all contact information, including email address and mailing address is up to date. Please also confirm that all licenses are up to date.

To update your license information, email your license information to [licenses@abfas.org](mailto:licenses@abfas.org) or you can fax your information at 415-553-7801.

## Safe Sender

ABFAS would like all communication to find its way to your inbox. Please add [info@abfas.org](mailto:info@abfas.org), [updates@abfas.org](mailto:updates@abfas.org), and [scheduling@abfas.org](mailto:scheduling@abfas.org) to your safe sender list to ensure that all of our emails arrive in your inbox and not in "spam".

Since 1975, ABFAS' mission is to protect and improve the health and welfare of the public by the advancement of the art and science of foot and ankle surgery.