ORAL EXAMINATION
NOVEMBER 10, 11, 12, 2016

Admissibility Policy effective April 2012

Candidates must successfully complete both the Written and Oral Examinations required to achieve certification within eight years after completion of plastic surgery residency training. Reapplication requirements are required at the end of the first five years of admissibility.

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the certification examinations. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after five years of admissibility or the more rigorous requirements for the RE-ENTRY Application for Admissibility after eight years is exhausted in the examination process. Refer to the Admissibility policy available on the Board's website under Policies.

INFORMATION LETTER

- Candidates admissible to the Oral Examination and those taking the 2015 Written Examination will be mailed 2016 Oral Examination Information materials on or about July 1st.
- Candidates should contact the Board Office, preferably by email to oral@abplsurg.org, if an Information Letter and Program Instructions have not been received by the end of July 2015. This information is also posted in the Oral Exam Tab of the Board's website.

DEADLINE DATE ALERT

DEADLINE TO SUBMIT: CASE LIST, REVIEW FEE, ADVERTISING DOCUMENTS & VERIFICATION OF HOSPITAL PRIVILEGES

The Board must receive the following items in the Board Office on or before the close of the business day on **April 18, 2016** for prospective candidates to be considered for admission to the November 2016 Oral Examination:

1. **A nine month case list, July 1, 2015 to March 31, 2016, including statistics sheets and signed & notarized affidavits.**
2. **One exact photocopy of the case list, statistics sheets and notarized affidavits.**
3. **Case List Review Fee (non-refundable) paid by credit card upon finalization of the clinical case log.**
4. **ALL advertising and marketing documents from the last 12 months (two copies). Including selected web pages.**
5. **Letter from one medical staff office dated 2016 verifying active inpatient admitting hospital privileges in plastic surgery corresponding to the start of clinical surgical practice with expiration of privileges listed.**

- NOTE: The late penalty fee is charged automatically by credit card payment for case lists finalized from **April 19th up to and including April 22nd**. However, if a case list is finalized by the deadline but received in the Board Office during the late penalty period from April 19th to April 22nd, a check for the Late Penalty Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late fee deadline date.

Case lists that are incomplete or incorrectly submitted will be subject to a Missing Items Penalty Fee or an Administrative Penalty Fee as listed on the Fee Schedule. This fee is required when additional work is necessary to process or organize submissions. Help the Board avoid charging this fee!

CASE COLLECTION INSTRUCTIONS

REQUIREMENTS AND INFORMATION FOR ADMISSIBILITY TO THE NOVEMBER 2016 ORAL EXAMINATION

These guidelines are provided to help standardize the case collection and case report materials for an equitable examination. The Board expects candidates to use professional

judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to dictate every component of the content.

Prior to becoming admissible to the Oral Examination, candidates must have passed the Written Examination.

Admissibility to the Oral Examination

Candidates admissible to the Oral Examination will be sent an Information Letter annually, including instructions to log in to the Board's website for access to the Clinical Case Log and requirements for case list compilation. The case list compilation program is a web-based application hosted by Web Data Solutions at secure.dataharborsolutions.com/clinicalcaselog. The Clinical Case Log data collection program used by the Board provides a standardized case list format that facilitates the Board's review. The data submitted to the Board is strictly confidential and will not be shared with the Society (ASPS). These standardized data collection fields will be familiar to candidates in the future when presenting data to ASPS for TOPS for research, for quality assurance activities, or for membership application to the American College of Surgeons (ACS).

Candidates must have internet access to complete the case list compilation. It is strongly recommended that candidates dedicate at least 30 minutes to thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

It is recommended that candidates use a PC with Adobe Reader for printing the case list, affidavits and statistics sheets for submission. **Refer to the Clinical Case Log Manual for sample screen captures**. A Portable Document Format (PDF) will be available to assist with compatibility. Adobe reader must be downloaded on the computer from which the case list and affidavits will be printed. Adobe reader can be downloaded at www.adobe.com/products/acrobat/readermain.html, without charge, to view and print the PDF files.

PRACTICE REQUIREMENTS FOR THE ORAL EXAMINATION

1. Candidates must be actively engaged primarily in the practice of plastic surgery before, during and after the case collection period and throughout the examination process.

2. Candidates must hold medical staff hospital privileges (active inpatient admitting privileges) in plastic surgery in the United States, Canada, or internationally where the candidate practices plastic surgery throughout the case collection and examination process.

- Candidates must obtain **privileges in at least one hospital at the start of clinical surgical practice.** Candidates must have inpatient admitting privileges at an accredited hospital that will allow the candidate to admit and care for operative patients for procedures performed in an outpatient facility. This can be in the U.S., Canada or international location where the candidate practices plastic surgery.
- **Privileges held exclusively in outpatient facilities are not acceptable.** Candidates must have the privileges to admit patients to the plastic surgery service at a hospital during the case collection period and throughout the examination process.
- At least **one** medical staff office, **dated in 2016,** must provide verification of hospital privileges in **plastic surgery** with the Case List Submission and the date of the start of privileges must correspond to the start of the candidate's surgical practice.
- The Board requires verification of plastic surgery privileges from **all hospitals with the Reply Form submission**. Each letter must list the start and end dates of staff privileges.
- Candidates may hold hospital privileges solely at a Veterans Affairs (VA) hospital only if the candidate does not perform surgical cases also at a free-standing surgical center for non-VA patients. **Inpatient admitting privileges are required at a hospital other than a VA hospital if the candidate operates in a free-standing center for patients who are not veterans**.

3. Accreditation certificates (e.g. 1. AAAASF; 2. AAAHC; 3. Medicare Certification; 4. State Licensure; 5. Other) or currently dated letters from the accrediting body documenting certification of ALL non-hospital surgical facilities, including Office Surgery Centers, where the candidate operates (if applicable). **Cases performed in non-accredited surgical facilities must be included in the case list**. The Board requires that cases performed under conscious sedation are done in accredited facilities.

4. Candidates must have a current, valid, full and unrestricted medical license to practice medicine in the state or country where they practice plastic surgery. Candidates must report any restrictions or sanctions to any medical license within 60 days of the restriction. **Details of license restrictions are listed earlier in this booklet under Restrictions to State Medical Licensure.** Restrictions will delay the candidate's progress through the examination process.

5. **Case collection may not occur during fellowship training.** A fellowship, approved or not approved by the ACGME, is not considered independent practice. This includes any and all cases performed during the dates encompassing the fellowship, whether in the institution of the fellowship or outside the institution.

The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other issues. The candidate is urged to refer to the Advertising Requirements and the Board's Code of Ethics located on the Board's website under *Policies*.

CASE LIST COMPILATION

- Candidates for the November 2016 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the nine-month period beginning **July 1, 2015 and ending March 31, 2016.**

- Surgical practice submissions **of less than nine months are acceptable** if they meet the criteria of sufficient quality, complexity and variety of cases to allow for an equitable case report examination.

- A candidate must perform a **minimum of 50 operative cases** during the collection period in order to finalize the list. Candidates must enter all cases performed, as outlined. That is, not just 50 cases.

- Candidates must also perform **at least one case in four of the six category classifications** and **three of the five anatomy classifications in order to finalize the list**. Refer to the section titled, Data Entry on the Clinical Case Log, number 12.

Refer to the deadlines listed in the **Deadline Alert Box** and the **Deadline List on the inside Booklet Cover.**

Address Changes

Update address changes on your physician profile (My Profile tab) on the Board's website, www.abplsurg.org.

Components of the Case List

The finalized case list will print in chronological order for each institution (hospital, office-based surgery, etc.). The case list includes: patient's initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including adverse events), site of operation (i.e. inpatient vs. outpatient facility) and duration of procedure in hours and minutes. For non-operative cases, enter the average time for a bedside visit or just "0" minutes.

Affidavits

Affidavits for each institution automatically print out as the last page of each institution's list of cases once the list is finalized. The Candidate Affidavit, printed as a separate document from the print cases screen, attests that the case list contains **all** cases

performed during the nine-month period. The Candidate Affidavit also attests that the CPT codes listed are an exact representation of those submitted, or would have been submitted (e.g. CPT codes listed for cosmetic cases, Veterans, Military, Kaiser Permanente or international practice environments), for billing purposes. The case list can be finalized ONLY if all required fields are completed. Refer to program instructions for reviewing the case list available on the menu in the Clinical Case Log program.

Deadline for Submission

Data entry, proofing, editing and notarizations must be completed, in most cases, by Friday, **April 15, 2016** in order to meet the submission deadline of Monday, **April 18, 2016** using a service that guarantees delivery date. The Clinical Case Log program will not allow changes in the case list data after finalization. If you discover an error after finalization, please contact the Board Office. In some instances, soon after the deadline date, the case list can be unfinalized without an additional Case List Review Fee. The Board may require a letter of explanation to provide to the examiners with the case list.

INSTRUCTIONS FOR DATA COMPILATION
Clinical Case Log Website

The Board recommends that candidates **compile the case list on a weekly or monthly basis**, rather than waiting until the last month of the case list collection period to begin data compilation on the Clinical Case Log application. The case log screen (cases viewed as a list) will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen including case number, patient name, medical record number, facility, date of surgery, edit date and status. Candidates can search by clicking the Search Cases at the top of that page. The Add Case Screen highlights all required fields with an asterisk and outlines incomplete required fields with a red box. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. **To comply with HIPAA regulations, the Board and candidates must agree to a Business Associate Agreement (BAA). This BAA will only appear after initial log in to the Clinical Case Log. A sample of this BAA is included in the instruction packet mailed in July and posted on the Board's website in the Oral Exam Tab. The sample form does not require a signature and should not be returned to the Board Office.**

GENERAL GUIDELINES

THE CASE LIST MUST INCLUDE:

- All operative procedures whether inpatient, outpatient, or office-based surgery.
- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed non-operatively.
- All emergency room patients who required an operation and therefore an operative note.

- Multiple operative procedures performed on the same patient within the case collection period. This inclusion allows automatic cross-referencing by the computer program. However, **hospital numbers or other identifying numbers and patient initials must be consistent for the patient with multiple procedures** (e.g. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). **Do not use** the full social security number (SSN) as an identifier in order to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to verify and identify the cases with the patient initials.
- **Co-Surgeon cases** only in which the candidate is the surgeon of record providing preoperative assessment and postoperative care to the patient.
- **Cases performed by a resident with the candidate as responsible attending surgeon** and listed on the operative record as such.
- Procedures for patients participating in research protocols should be entered and coded appropriately. Documentation must be available for proper protections for human-subject research, including Institutional Review Board (IRB) approval and patient consent to participation.

DO NOT INCLUDE:

- Office-based surgery of a minor nature (e.g. small benign lesion excisions, removal of lipomas, cysts, warts, keloids and minor laceration repairs).
- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure.
- Assistant cases, namely cases billed by the candidate as an assistant surgeon.
- **Co-Surgeon cases in which the candidate is not the surgeon of record, and where the candidate did not provide a continuum of care from preoperative planning to postoperative patient care.**
- Procedures for injectables and fillers such as Botox, Restylane, Sculptra, Radiesse or other dermafillers.

Data Entry on the Clinical Case Log

Required fields are noted with an asterisk and are outlined with a red box (incomplete) until data is entered.

1. **Enter patient name, first and last.** Only patient initials (first, middle-if available, last) will be displayed to the Board and on the case list. **At least two initials must be entered. For added confidentiality, use only patient initials.**

2. **Enter a patient number in the medical record # field**. **Use the same patient number for all procedures for the same patient during the case collection period regardless of the**

location (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do **not** use full social security numbers in order to protect patient confidentiality. Follow institutional, state and HIPAA requirements to protect patient confidentiality.

3. **Enter patient date of birth as mm/dd/yyyy.** This DOB is not displayed on the finalized case list. Only age in years (*years/months/days*) will be displayed on the printed list. Spaces in the DOB fields may cause errors with the age on the printed case list.

4. **Enter patient gender.** Male or female is reported on the printed case list.

5. **Enter hospital facility name.** Click on the yellow asterisk/pencil to add/edit the name of a facility. Candidates can enter facilities during initial setup or any time during the case collection period. An outpatient designation here will create a default entry in the admission status field during data entry. Facilities with no cases can be deleted.

6. **Enter the admission status** as inpatient or outpatient. An inpatient admission is defined as an overnight stay of one or more nights. An outpatient admission is defined as 23 hours or less.

7. **Enter date of procedure.** Enter multiple procedures on the same patient, on the same date during the same OR session, as one case. Use the date of admission for non-operative inpatient cases.

8. **Enter duration of procedure**. Duration is defined as skin to skin excluding anesthesia time. Enter approximate duration of the surgical procedure in hours and minutes. For non-operative cases, list the average time for a bedside visit or "0" minutes.

9. **Enter the diagnosis description in the free text box. Providing complete diagnosis information is essential**. From the operative notes, give an accurate written description of the diagnosis. Comments about follow-up procedures or other notes should be entered here. **For non-operative cases, include a discharge summary diagnosis.** Be concise and use professional judgment on the details/comments listed in the free text field.

10. **Enter the procedure description in the free text box.** Providing complete procedure information is **essential.** From the operative notes, give an accurate written description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. The Board does not require ICD-9 Codes. **Enter comments or explanations about Adverse Events or death of a patient in this section. A text box is also provided in the outcomes section, titled "Describe All Adverse Events**." For non-operative cases, enter a description of wound care or dressing changes, for example, with an Evaluation and Monitoring CPT code. Be concise and use professional judgment on the details/comments listed in the free text field.

11. **Include all CPT codes plus modifiers used for insurance billing purposes**. CPT codes must be assigned as well for all cases that were **not** billed to insurance (e.g. cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc.) **are not required**. For non-surgical admissions 99 CPT codes can be used. **Bilateral procedures should be entered using only one CPT code with a .50 modifier. E.g., bilateral breast reduction should be entered as 19318.50.**

    To provide an equitable examination for all candidates, **no candidate will be exempt from CPT coding.** Candidates practicing in Managed Care Relationships, Military, Veterans Affairs, Kaiser Permanente, Shriners Hospitals, Canada and international countries must also include CPT codes for all cases.

    The automatic CPT code descriptors, which appear when a CPT code is entered, are the copyright of the American Medical Association (AMA). A CPT code frequency field (# of times) is included so that a CPT code may be entered once with the number of times the procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures) in the same location.

12. **Case classification fields** are two-part items in order to reduce the category overlap. The **Category Classification** relates to the nature or origin of the defect. The **Anatomy Classification** relates to the anatomical location of the procedure. In the Clinical Case Log screen, these fields become available when the *Add CPT Code* option is clicked. Pick one option in each column for every CPT code listed. **In cases where multiple procedures are performed, each procedure can satisfy the minimum requirements. That is, the requirement of one case in four of the six category classifications and three of the five anatomy classifications. The options include:**

CLASSIFICATION	
CATEGORY	**ANATOMY**
1. Congenital	1. Breast
2. Cosmetic	2. Hand/Upper Extremity
3. General Reconstructive	3. Head & Neck
4. Hand*	4. Lower Extremity
5. Skin (including skin cancer)	5. Trunk/Genitalia
6. Trauma	

    ***Hand Subcategories** of Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microvascular Surgery; Congenital; Nerve; Skin & Wound; Tumor and Non-Operative will appear for the Hand Category Classification and may be used for the Hand Surgery Examination (HSE) case collection.

    A "Non-Operative/Other" Category will be listed but may not be used to complete the four of six mandatory category requirements and the three of five anatomy classification requirements.

PLEASE NOTE: The Board Office Staff cannot advise candidates on how to classify a case. Candidates should make the most reasonable selection for each case. Candidates should use their professional judgment when more than one category applies to a case. If the case involves microsurgery, be sure to indicate this in the procedure description. A few examples are:

Case	Category	Anatomy
Abdominoplasty	Cosmetic	Trunk
Abdominoplasty & Abd. Hernia Repair	Cosmetic; Gen Reconstructive	Trunk
Flexor Tendon Repair	Gen Reconstructive	Hand
Carpal Tunnel Repair	Hand	Hand
Trigger Finger	Hand	Hand
Reduction Mammaplasty	Gen Reconstructive Or Cosmetic	Breast
Breast Reconstruction	Gen Reconstructive	Breast
Cellulitis/in patient	Skin	Lower Extremity

13. **Providing "outcome" information is required.** A complications menu appears when number three "adverse events" is selected. There is no expectation that all cases "heal without complications." Examples of complications that candidates should include and not dismiss are: "necrosis of tip of flap" or "normal sensation returned, but index finger stiff after tendon repair."

    Adverse Events are displayed on the case list only as a Minor, Moderate or Major Adverse Event. Refer to the Board's Web Manual available on the Clinical Case Log menu under *Instructions* as well as the case list instruction mailing for the category break down. Narrative statements to clarify the outcome can be included in the other adverse event text box and will display on the printed case list. The outcome categories are as follows:

    #1 - No Adverse Events: No complication or complication so trivial that no intervention is required.
    #2 - Outcome Unknown: This includes patients lost to follow-up and is displayed that way on the case list.
    #3 - Adverse Events: Check all that apply including delayed healing, infection, unplanned consultation with another specialist, adverse event such as DVT, MI, PE, or Flap loss or unplanned re-operation. **Concisely describe all adverse events in the text field provided.**

14. Complete the **"Mortality within 30 days of procedure"** box. This is treated as a required field. However, the mortality data will not be displayed in the printed case list.

15. **Notarized Signature by Medical Records or Administrator.** The finalized lists must be signed by the medical record librarian/ administrator of each institution (hospital, ambulatory surgery center, etc.) and properly signed and notarized as a complete list of the candidate's operative experience. The signed and notarized affidavit attests that the cases listed for the institution represent all cases performed by the candidate at the facility.

    Operations done by the candidate in the office, exclusive of those of a minor nature listed above, under General Guidelines, must be listed and signed **as well as notarized** by the appropriate office personnel who can attest to the completeness of the cases listed. Each institution's affidavit sheet prints out in sequence as the last page of each institution's case list.

16. The Board recommends that the candidates **contact the medical records department well in advance of the case list submission date** to schedule the review and notarized signature process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

17. **Two copies of the Candidate Case Statistics Summary Report** must be submitted. **This is a two to three page report and should be printed using the "printer friendly" option on the screen.** This report facilitates the Board's review. The Clinical Case Log application generates the form directly by menu selection after the case list has been finalized. Candidates can find a sample in the Clinical Case Log Manual provided in July with the Case List Announcement mailing and in the Clinical Case Log website menu, under *Instructions*.

PREPARATION FOR SUBMISSION OF DATA

1. The Finalize Case List action, noted with a key icon, is used to allow printing of the final nine-month case list, Candidate Case Statistics Summary Report and Affidavit Sheets. This is the only copy that is accepted. Use the Clinical Case Log screen to view the case lists by institution. Carefully proofread for accuracy. **Handwritten information is not accepted.** Once the case list is finalized it is not possible to add, delete or modify any data. If an error is discovered after finalization, please contact the Board Office to discuss the ability to edit the data. **Printing and Affidavit notarization must be completed in advance to meet the April 18, 2016 deadline. The Case List Review Fee credit card payment, as listed in the Fee Schedule, is required at the time of finalization.**

    NOTE: The Clinical Case Log program displays a prompt to complete missing data elements before allowing you to proceed with the Finalize Case List action.

2. Obtain notarized affidavits from the medical record librarian/ administrator of **each institution** (see Instructions for Data Compilation above). Only the affidavits generated by the "Finalize Case List" step may be used to obtain the notarized

affidavits. Submit the version of the case list to the Board Office that was verified by medical records. The finalized dates on each facility in the case list must correspond to the finalized date on the notarized affidavit page. **The medical records administrator's signature attests that all cases are listed as compared to the facility records; the notary's signature verifies the identity of the signee. Both signatures must be dated on the same day.**

3. It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order and properly collated. Candidates should then copy the entire case list including notarized affidavits. The Candidate Affidavit should be the first page and the two or three page Candidate Case Statistics Summary Report should be the last pages.

   Candidates often use this list for application to the American College of Surgeons (ACS). Therefore, candidates should retain an additional photocopy of the case list. The Board Office does not supply copies. Candidates should save an electronic copy from the Clinical Case Log for reference purposes. The case list is available under the "print cases" option on the left hand menu after finalization and in each candidate's Oral Exam tab.

4. **Staple the "Candidate Affidavit" to the top left-hand corner of the first institution's case list.** Follow the same procedure for the copy. The Candidate Affidavit prints as a separate sheet. It reads, **"The patients listed on the attached pages are ALL of my cases during the period 7/1/15 through 3/31/16 and the CPT codes listed are an exact representation of those submitted for billing purposes."** Candidates can view a sample candidate affidavit provided in the Clinical Case Log Manual sent in July with the Case List Announcement mailing as well as in the Clinical Case Log website menu, under *Instructions*.

5. Arrange the **original** nine-month case list, including the signed and notarized affidavits as described here. **Follow these instructions carefully:**

   First: Candidate Affidavit stapled to first institution.

   Second: Facility #1 (with Candidate Affidavit as first page) with the pages in numerical order and **stapled together at the top left-hand corner**. **The end of each facility's case list is noted by the Medical Records Administration Affidavit**, which includes the candidate name, the six-digit Board ID number, finalized date, hospital name, number of pages and the notarized affidavit signed by the appropriate hospital or outpatient center official.

   Third: Facility #2. As above, for Facility #1, in numerical order with the last page as the notarized Medical Records Administration Affidavit. Do NOT include the Candidate Affidavit with the remaining facility case lists. Only one Candidate Affidavit is required as the top page of facility #1.

Fourth: Facility #3 as above.

After last Facility: 2-3 page Statistics Summary Report stapled together.

Last: Candidate Advertising and Marketing Material from the last 12 months.
Candidates are required to submit **two copies** of **all** advertising and marketing materials. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) listings, other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Also submit **selected** website content (for example, the candidate's and the practice's homepage, the candidate profile or "About the Doctor" page, qualifications and credentials and any references to Board Certification for the practice in the practice profile. Do NOT include multiple procedure information pages with photographs.) **Audiovisual ads are not required to be submitted.** Please refer to the **Advertising Requirements** in the Advertising and Marketing section of the Booklet. **The submission should be two identical packets of advertising material.**

Perform a web-based search to identify any instances of internet advertising before submission of materials to the Board. The candidate is responsible for all instances of advertising.

6. **Prepare a full copy of all submission documents.** Arrange an exact copy of the case list in the same manner as outlined above.

7. **Hospital Privileges**. A letter from one medical staff office dated 2016, verifying active inpatient admitting hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice. The privilege expiration date or reappointment dates must be listed.

   Include a copy of only one current hospital privilege letter. Note that ALL hospital privilege letters are required at the time of the Reply Form.

   Improperly assembled case lists delay processing and review of the submissions and may result in a Missing Items Penalty Fee or an Administrative Penalty Fee, as listed on the Fee Schedule. This is required when over an hour of additional work is required to process or organize submissions. Help the Board avoid charging this fee by carefully following the instructions above.

   Do not place this material in binders, folders, notebooks or sheet protectors. Use rubber bands or binder clips to separate the original from the copy.

SUBMITTING MATERIAL TO THE BOARD OFFICE

The deadline date for submission of case list materials for the November 2016 Examination is the close of the business day on **April 18, 2016. No additions, deletions or modifications can be made after the late deadline date of April 22, 2016.**

The Board strongly recommends that candidates send materials **by a service that guarantees a delivery date**, included but not limited to Fed Ex, DHL or UPS, thus providing assurance and receipt of delivery. **The Board cannot confirm receipt of case lists due to volume. Use of a guaranteed delivery service, which often can confirm receipt of delivery within 30 minutes is recommended.** Certified mail service from the U.S. Postal Service **does not** provide a guaranteed delivery date.

Reminder: Candidates who do not provide the required items in the manner outlined will not be considered for admission to the Oral Examination.

DOCUMENT CHECKLIST ALERT

Credit card payment, as listed on the Fee Schedule, is required when the case list is finalized.

Candidates are required to submit the following items to the Board Office:

1. **Two copies of the case list. This includes the signed and notarized affidavits for each institution. The top page, the Candidate Affidavit Sheet, should be stapled on top of the first institution's list. Each institution should be stapled separately with the affidavit for that institution as the last page.**

2. **Two copies of the Statistical Summary Report. Staple this 2 to 3 page Report and attach as the last section of the case list submission.**

3. **Two copies of ALL required advertising materials as listed previously.**

4. **Letter from one medical staff office dated 2016 verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice. The privilege expiration or reappointment date must be listed. Candidates must have active inpatient admitting privileges in plastic surgery.**

Submit all material to the Board Office:
1635 Market Street, Suite 400, Philadelphia, PA 19103

The late penalty fee is charged automatically by credit card payment for Case Lists finalized from **April 19th up to and including April 22nd**. However, if a case list is finalized prior to the late penalty

period but is received in the Board Office from April 19th to April 22nd, a check for the Late Penalty Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late fee deadline date.

PHOTOGRAPHIC DOCUMENTATION

Particular emphasis should be placed on the necessity of photographic documentation. Preoperative and postoperative photographs are **mandatory** for all cases selected for case reports, and intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the five selected patient cases presented for the Oral Examination. The Board provides this form in the case report preparation packet sent after the Reply Form is reviewed and approved. Digital photographs are acceptable. Cropping photographs without impinging upon or changing the patient image is permissible. The Board accepts the addition of anatomic labels that do not distort the patient image.

The Board advises candidates who have not acquired the habit of routine photographic documentation of **all** patients to do so immediately. **Any** cases from the collection period may be selected and all must have photographic documentation, including all hand cases (i.e. carpal tunnel cases, etc.). Transparencies are **not** acceptable.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA requirements and state law as appropriate. **For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by The American Board of Plastic Surgery, Inc.** An example of wording for the consent a candidate must provide to the patient would be:

> "I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc."
>
> _____Patient Signature
> _____Witness Signature
> _____Date

BOARD REVIEW AND SELECTION PROCESS

The Board reviews the candidate's nine-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification. In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the 2016 Oral Examination. This **will not** count as an unsatisfactory performance.

The candidate must submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

The Board selects five cases from the candidate's case list and the candidate is required to prepare five case reports for these selected cases. The selected case reports will be prepared in the same format and with similar requirements as in past years.

ANNOUNCEMENT INFORMATION FOR ADMISSION TO THE ORAL EXAMINATION

NOTIFICATION DATE FOR SELECTED CASES

An email will be sent no later than **July 18, 2016**. The email will include notification that the Reply Form, Announcement Letter, Travel Information and the five Board-selected cases for preparation of Case Reports are available by logging in to the Board's website with the secure username and password. Candidates whose case lists are denied will also receive an email.

INSUFFICIENT CASE SUPPORT DATA

The Board advises candidates to:

- Review case files for the five selected cases for photographs, patient signatures and required documentation as soon as possible after the notification is posted on the Board's website.

- Carefully read the instructions on case preparation detailed later in this booklet. Failure to submit the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site.

- Direct questions regarding insufficient case support data, especially photographs by email to oral@abplsurg.org **before the close of the business day on August 12, 2016**, Eastern Time. **This is a firm deadline for candidates to identify to the Board any deficiencies in the documentation needed for complete case book preparation for the examination once the five selected cases are identified to candidates by July 18th.**

- Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site.

ATTENDING THE ORAL EXAMINATION

Candidates must signify their intent to take the examination by completing and finalizing the Reply Form with Examination Fee by credit card payment **and all required materials uploaded as PDF files** to the Board's website by **August 12, 2016 to be scheduled for the 2016 Oral Examination. Refer to fees as listed on the Fee Schedule.**

DEADLINE ALERT

ORAL EXAM REPLY FORM & EXAMINATION FEE

The Reply Form deadline for the Oral Examination is the close of the business day on **August 12, 2016**. Candidates must complete and upload all required items listed below in order to be scheduled for the Oral Examination.

1. The finalized Reply Form.
2. The Examination Fee, as listed on the Fee Schedule, by credit card payment via the website only.

Uploaded PDF files of the following:

3. All state medical licenses bearing expiration date valid at the time of the examination.
4. **All** medical staff hospital appointment/reappointment letters dated within the last three months verifying active inpatient admitting privileges in **plastic surgery** from **all** hospitals held during the examination process. Hospitals may be in the U.S., Canada or country where the candidate practices plastic surgery. The start and end dates of staff privileges must be listed and valid at the time of the examination, e.g. "7/1/2015-7/1/2017". **This must include an updated letter from the facility sent in April with the Clinical Case Log submission.**
5. **Accreditation certificates** (e.g. 1. AAAASF; 2. AAAHC; 3. Medicare Certification; 4. State Licensure; 5. Other) or currently dated letters from the accrediting body documenting certification of ALL non-hospital surgical facilities, including Office Surgery Centers, where the candidate operates (if applicable). The name of the facility listed on the Reply Form must match the certificate or letter. Hospital-based surgical centers accredited by The Joint Commission do not require documentation but the name of the affiliated hospital should be entered in the text box on the Reply Form. Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Reply Form (e.g. only local procedures performed without conscious sedation at the location).

- **Reply Forms that are incomplete or incorrectly submitted will be subject to a Missing Items Penalty Fee.**

- **NOTE: The Board automatically applies an additional Late Penalty Fee if the Reply Form is finalized between August 13th and August 17th. Help the Board avoid charging this fee!**

  Refer to the Fee Schedule on the back cover of this booklet for all examinations fees.

- **Candidates cannot finalize the Reply Form after August 17, 2016.** The form will **not** be accepted for admission to the Oral Examination.

The Reply Form and required uploaded documents **must** be complete. Candidates will not be scheduled for examination without a complete listing and verification of current hospital privileges in **plastic surgery** from **all** medical staff offices. Privileges must be active inpatient admitting privileges in plastic surgery. Incomplete or incorrect required materials will be subject to a **Missing Items Penalty Fee** or an **Administrative Penalty Fee,** if additional administrative effort is required to organize or obtain missing submissions as per the outlined requirements.

Candidates are responsible for their own travel, hotel accommodations, and expenses.

ADMISSION TO THE ORAL EXAMINATION

Once the Reply Form and required materials are finalized and approved, the candidate will be scheduled, and a case report preparation packet will be mailed from the Board Office. This includes materials for assembling and binding the selected case reports. These materials include folders, tab indices, a Photographic Affidavit Sheet and Progress Note Section Dividers. Avery Labels or another appropriate white label approximately 1.3" to 2" x 4" should be purchased for front covers and are not included with this packet. Requests for duplicate packets must be sent in writing with a check for $40.00 to the Board Office.

Candidates will also be provided with an Admission Form, available by logging in to the Board's website, approximately four weeks before the examination. An email will be sent when the form is available. The **Admission Form** lists the candidate's name, current address, Board ID number, date and location of the examination, and the examination schedule.

The Board reserves the right **to independently corroborate medical records in case report submissions** for the five Board-selected cases and to review issues related to informed consent.

WITHDRAWAL FROM THE EXAMINATION

Candidates wishing to **withdraw** from the examination must provide written notification to the Board Office **at least 30 calendar days** before the date of the examination. Candidates will be refunded the Examination Fee less a processing charge as listed on the Fee Schedule. Candidates who withdraw from the examination after this date or who fail to appear for the examination will **forfeit** the entire Examination Fee. Written documentation of the request for withdraw is final upon receipt in the Board Office. No rescheduling will be considered.

CASE REPORT PREPARATION, PRESENTATION AND REQUIREMENTS

The following materials, collated in the order below, must be present in each of the submitted case reports. Candidates are required to use folders, tab indices, the one Candidate Photographic Affidavit Sheet and Progress Note Section Dividers provided by the Board to assemble each of the five case reports. This will facilitate review of the case reports by the Examiners.

Note: Patient names should be blanked out, with the exception of the initials, in all materials submitted as listed below to protect patient confidentiality. Sample: T[redacted] L. C[redacted]

It is essential that candidates indicate the six-digit Board ID number on each label to be affixed to the cover of each case report (Avery Label or another appropriate white label approximately 1.3" to 2" x 4"), along with the other required information on the sample label below (also noted on Guidelines for Case Report Preparation mailed with the blue folders):

Candidate Name
Board ID # (six digits): 123456
Case Number 3
Patient's Hospital (or other identifying) number: 45678

If the medical record is in a language other than English, an English translation must be included next to the original language.

A check list of required materials should include:

Before the First Tab:

1. One Selected Case List Summary Sheet
   (before the first tab of case report #1 only)
2. One Candidate Photographic Affidavit Sheet
   (before the first tab of case report #1 only - this sheet provided by the Board)
3. Candidate Attestation for Electronic Medical Records (before the 1st tab of case report #1 only - this sheet provided by the Board)
4. Title Page for each case report
   (before the first tab of each case report)

Tabs:

1. **Narrative Summary**
2. **Initial Consultation**
3. **Photographs and Patient Photographic Consent Forms:** Forms from the candidate's office should be included in this section of the case report folder. Patient names should be blanked out as noted previously.
4. **Operative Reports**: Photocopies of the operative notes, operative consent.

5. **Anesthetic Report:** Photocopies of the anesthesia records
6. **Laboratory Data:** Photocopies of pertinent laboratory data
7. **Pathology:** Photocopies of pertinent pathology reports
8. **Radiology:** Photographs of the pertinent radiographs
9. **Progress Notes: The Discharge Summary should be the first page**. Copies of hospital progress notes and/or office/clinic notes (separate office/clinic from hospital notes with divider sheet provided).
10. **Billing:** Photocopies of bills, including CPT codes and procedures, with notarized statements
11. **Other:** if needed (e.g. information from patient case before or after the nine-month case collection period)

Candidates must use the eleven tab indices, provided by the Board, to divide the material compiled when assembling case reports for the required sections above.

See the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully. Incomplete, improper or incorrectly organized presentation of this material is sufficient cause to disqualify a candidate from continued examination.

In the event that more than one procedure is performed on the patient during the nine-month case list collection period, all procedures and hospitalization(s) that fall within the nine-month collection period must be included. Candidates are not required to document procedures that fall prior to or after the nine-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the nine-month case collection period does not have to be complete – the candidate may be selective.

EXPLANATION OF REQUIREMENTS

The Board provides the following guidelines, based in part on suggestions from previous candidates, as assistance for current candidates to produce uniform and consistent case report submissions for an equitable examination.

Before the First Tab:

1. **Selected Case List Summary Sheet**
   (Before the first tab of case report #1 only)
   Candidates must provide one Selected Case List Summary Sheet, typed on standard letter-sized (8 ½" X 11") white paper. If necessary, copy multiple pages as a double-sided list. Insert the summary sheet(s) before Tab 1, at the beginning of the folder for case report #1. The list must be identified with the candidate name and six-digit Board ID number. **Refer to sample #1. This is a separate page from the title page for case #1.**

#1 - Sample Case List Summary Sheet

(PLACED BEFORE THE FIRST TAB OF THE FIRST CASE REPORT FOLDER, ONE PAGE ONLY)

2016 ORAL EXAMINATION

John L. Candidate, M.D.
Candidate Board ID #: 123456 (six digits)
List one anatomy & one category for each CPT code

Board Case Number:	1
Category:	Congenital; Head and Neck **(List ALL per CPT Codes)**
Patient Number:	1001111
Primary Diagnosis:	Unilateral left cleft lip
Procedure:	Primary repair of unilateral cleft lip
Board Case Number:	2
Category:	Trauma; Head and Neck
Patient Number:	2227772
Primary Diagnosis:	Pan facial fracture and complex facial lacerations
Procedure:	Debridement of frontal sinus and frontal bone fracture, ORIF frontal bone, obliteration of frontal sinus, complication: enophthalmos
Board Case Number:	3
Category:	General Reconstructive; Breast
Patient Number:	1572340
Primary Diagnosis:	Absence of right breast following mastectomy Left mammary hypertrophy & Basal cell CA forehead 0.6 cm.
Procedure:	Right breast reconstruction with TRAM Flap Left Reduction Mammaplasty Excision malignant lesion of forehead 0.5 – 1.0 cm.
Board Case Number:	4
Category:	Trauma; Hand/Upper Extremity
Patient Number:	123456
Primary Diagnosis:	Multiple tendon lacerations of the left wrist
Procedure:	Exploration and repair complete transection of flexor digitorum superficialis of ring and small finger and partial transection of flexor carpi ulnaris to the left wrist
Board Case Number:	5
Category: OR	General Reconstructive; Breast Cosmetic; Breast
Patient Number:	234567
Primary Diagnosis:	Mammary hypertrophy & back pain
Procedure:	Bilateral breast reduction

2. **Candidate Photographic Affidavit Sheet**
(Before the first tab of case report #1 only: one sheet, provided by the Board)
One Affidavit Sheet, provided by the Board, must be signed, notarized, and placed immediately behind the Selected Case List Summary Sheet prior to the first Tab in case report #1. **Refer to sample #2.**

#2 - Sample Candidate Photographic Affidavit - Provided by the Board with Case Report Preparation Mailing

(PLACED BEFORE THE FIRST TAB OF THE FIRST CASE REPORT FOLDER, ONE PAGE ONLY)

THE AMERICAN BOARD OF PLASTIC SURGERY, INC.

CANDIDATE PHOTOGRAPHIC AFFIDAVIT

ATTEST: The photographs included in my Case Reports contain original and unaltered documentation of the patient cases presented for The American Board of Plastic Surgery, Inc. Oral Examination.

I understand that cropping the photograph without impinging upon or changing the patient image and/or adding anatomic labels is permissible. I understand that descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

Candidate Signature: _____

Print Name: _____

Date: _____

WITNESS: As witness to the above signature I hereunto set my hand and affix my seal.

Notary Signature: _____

Notary commission expires: _____

3. **Candidate Attestation for Electronic Medical Records (Before the first tab of case report #1 only: one sheet, provided by the Board)**
   This form is included in the Case Report Preparation mailing from the Board Office after receipt of the Reply Form. **The Board may request to review the revision history of any notes in the casebooks. Refer to sample #3.**

#3. Sample Attestation for Electronic Medical Records

(PLACE BEFORE THE FIRST TAB OF CASE REPORT: one double sided sheet, provided by the Board)

Electronic Medical Records Attestation

I am aware of my pledge of Ethical Behavior signed at the time of application for Examination and Certification by The American Board of Plastic Surgery.

I now attest that, subsequent to the date I was notified of the cases selected for my Case Report examination, I have edited or appended notes in these medical records (circle one): YES - or - NO

I further attest that all alterations to the medical records in my Case Report Books that were made subsequent to notification of my selected cases are accurately reported below. I understand that the Board may request to review the revision history of any notes in my casebooks.

Candidate Signature _____

(2nd page includes chart)
List all edits to medical records below.

4. **Title Page**
   (Before the first tab of each case report)
   Each report must be typed or reproduced on standard, letter-sized (8½" X 11") white paper with the candidate's full name, six-digit Board ID number, the Board case number **(i.e. #1, 2, 3, 4, & 5 – not the assigned number from the case list compilation. Assignment of three additional cases due to missing documentation should be numbered 6, 7, & 8 if applicable),** the hospital or other identifying number e.g. office-assigned patient number (do not use the patient's full social security number); the principal diagnosis; and the primary operation listed on the title page. **Categorize cases exactly as was done on the nine-month case list compilation. Refer to sample #4.**

#4 - Sample Title Page For Each Case #1, 2, 3, 4 & 5

(PLACED BEFORE THE FIRST TAB OF EACH CASE REPORT FOLDER, SUBMIT A TOTAL OF FIVE)

For each case, include the following title page information in front of the first tab:

John L. Candidate, M.D.
Candidate Board ID #123456 (six digits)

I. **Board Case Number (1, 2, 3, 4 or 5)**

II.

CATEGORY*	**ANATOMY***
Congenital	Breast
Cosmetic	Hand/Upper Extr.
General Reconstructive	Head & Neck
Hand	Lower Extremity
Skin (including skin cancer)	Trunk/Genitalia
Trauma	

*Select only one Category & Anatomy per CPT code from each column as listed in your case list (e.g. Cosmetic; Breast.)

Patient Number (hospital or other identifying number from the case list, do not use full SSNs to protect patient confidentiality.)

III. Diagnosis – include all

IV. Procedure(s) performed by the candidate

If more than one operation was performed for the selected patient, each operation can be listed under IV. Candidates may elect to add a second title page to list each procedure and each case. Candidates should use their professional judgement about how best to clearly present the Title Page.

EXPLANATION OF TAB REQUIREMENTS

These guidelines are provided to help standardize the case report materials.

- **The Board expects candidates to use professional judgment in executing these requirements.**
- **Prepare each case report in a clear and concise manner to illustrate the case.**
- **Detail is provided here to answer the most common questions received rather than to proscribe every component of the content.**

NOTE: If the medical record is in a language other than English, an accurate, complete and concurrent English translation must be included next to the original language.

1. Narrative Summary (First Tab)

A brief (one page) narrative summary of the preoperative, operative, and postoperative course of the patient is required. A final separate paragraph entitled "outcome" must be included. The outcome of the treatment and the final condition of the patient must be indicated. If more than one operation

was performed on the selected patient, this information can be included in the narrative, or on the following page, or in column format on one page. **Refer to sample #5.**

#5 - Sample Narrative Summary for Each Case, 1, 2, 3, 4 & 5

(PLACE IN THE NARRATIVE SUMMARY SECTION OF EACH CASE REPORT FOLDER, SUBMIT A TOTAL OF FIVE)

John L. Candidate, M.D.
Candidate's Board ID #: 123456 (six digits)

Patient: BMJ
Board Case Number: #5 (or #1, 2, 3, 4)
Case List Number: #152

Summary

BMJ presented for delayed reconstruction of the right breast following mastectomy, chemotherapy and radiotherapy.

A left unipedicle TRAM flap was used for reconstruction. There was, in the postoperative period, fat necrosis which required debridement and advancement flaps of the adjacent skin.

NOTE: Additional operative procedures performed on this patient within the nine-month case collection period should be mentioned here as well.

Outcome

The outcome was a symmetrical satisfactory breast reconstruction.

2. Initial Consultation

Copies of the chart notes and all correspondence from the initial preoperative patient consultation must be included.

3. Photographs

Preoperative and postoperative photographs, **approximately** 4" X 6" prints should be provided on standard letter-sized (8 ½" X 11") white paper. Digital photos may be printed on 8 ½" X 11" paper. The Board strongly recommends intraoperative photographs when they provide clarifying information. Organize photos chronologically. Multiple photos per page are acceptable. Label photos with date and clinical information (preop, intra-op, post-op) below photos or to the side. Anatomic labels may be placed for clarification. Photos may be cropped and scaled but otherwise not altered.

Note the one Candidate Photographic Affidavit Sheet (provided by the Board and placed behind the Selected Case List Summary Sheet) applies to all submitted photographs. The Photographic Affidavit must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination. Cropping and scaling the photograph without impinging upon or changing the patient image and/or anatomic labels is permissible. Diagrams or simple drawings may be substituted for **intraoperative** photographs **only**. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

The five Patient Consent (Release) Forms for use of patient photographs and records must be included in **each** casebook. Patient Consent or Release Forms must include each patient's permission for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by the Board. Patient names must be blanked out, with the exception of the initials, on the consent form and on all materials to protect patient confidentiality. The signature on the patient consent must be blanked out except for first and last name initials. Candidates retain the original. Refer to HIPAA Guidelines at www.hipaa-101.com.

4. **Operative Report**
   The operative consent form must precede each Operative Report. It is expected that statements supporting a review of risks, benefits and patient education should be documented in the progress notes.

   Copies of **all operative reports of procedures performed by the candidate on this specific patient during the nine-month collection period are required**. This includes operative reports of minor procedures performed by the candidate in the office during the nine-month collection period. Place reports in chronological order, with relevant operative consent preceding each report.

   Candidates may include copies of the operative reports of procedures performed outside the nine-month collection period or that another surgeon performed if they clarify the patient's course. **These may be placed in the "Other" Tab.**

5. **Anesthetic Report**
   Copies of the anesthetic records are required. This should include all anesthetic records for procedures performed by the candidate during the nine-month collection period arranged in chronological order.

   Candidates may include copies of the anesthetic reports of procedures performed outside the nine-month collection period or that another surgeon performed if they clarify the patient's course. **These may be placed in the "Other" Tab.**

6. **Laboratory Data**
   Copies of pertinent laboratory data are required. These should also be grouped together in chronological order. Candidates are encouraged to use their judgment when including this material.

7. **Pathology**
   Copies of any pertinent pathology reports are required. All pathology reports should be organized in chronological order.

8. **Radiology**
   Reproductions of pertinent x-rays or scans are required. Actual x-rays are unacceptable. Each x-ray or scan must be dated in a manner that is easily visible. Include in this section

photocopies of corresponding reports from the radiologist for each x-ray. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the radiograph. Mammography reports without films are sufficient.

9. **Progress Notes - Hospital Progress Records and Office/ Clinic Notes**
   Place the Discharge Summary as the first page of the Progress Note tab. Copies of the original progress notes including the patient's history and physical examination, discharge summaries, and all post-operative and post-discharge progress notes, both in the hospital and from the office/clinic records. If legibility is a problem, a typewritten copy may be added. Photocopies of physician orders, vital signs, and nursing notes are not necessary, and may be included only if they are needed to clarify the patient's course. Separate Hospital notes from office/clinic progress notes with the divider sheets provided by the Board. Organize all notes in chronological order.

   When excessively long hospitalizations result in progress note sections of such thickness that they cannot be bound in one case folder, this section may be edited of non-essential notes, bound separately, and brought to the examination. The candidate retains the notes and does **not** submit these pages with the case reports. A notation regarding the editing must appear at the beginning of the progress note section. The candidate will produce this extra material only upon the examiners' request.

10. **Billing - including CPT Codes**
    - Each case must include a copy of all bills generated for the procedure(s) **with the dollar amount deleted**. Office visit billing need not be included.

    - All CPT codes as listed on the case list must be included. A separate sheet may be used.

    - The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent or that the bill was not submitted to a patient or third party payors. The notary public verifies the identity of the person providing the signature.

    - If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included on the affidavit or separate page.

    - **These bills include, but are not limited to:**
      a. Health Insurance Claim Forms (HICFA)
      b. Electronically generated bills

c. Bills to patients not submitted to third party payors
d. Cosmetic procedures when no bill was sent
e. Procedures performed gratis or for charity
f. A computer generated replacement copy for a missing bill

- **To facilitate review by examiners, procedures or CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.**

- **CPT codes for Veterans Administration patients, as well as candidates practicing in Canada, Shriners Hospitals, Kaiser Permanente, other self-insured health systems and services performed gratis should be coded exactly as any other case.**

11. Other (Eleventh Tab)
Any additional material such as procedures performed on the patient before or after the case collection period may be added here. Edited material from long hospitalizations should not be included in this tab.

DISQUALIFICATION OF CASE REPORTS

If a candidate is disqualified for continuation in the examination process because the Case Reports are judged unacceptable (for whatever reason) it will not be recorded as a failure. However, because the Board has incurred expenses to provide a candidate with an examination, a partial refund, the Examination Fee less the processing charge, will be sent to the candidate.

PRESENTATION OF CASE REPORTS

During the **45-minute** examination session, the candidate must be prepared to do the following:

1) Defend his/her treatment planning, choice of and execution of the operation.
2) Present alternate treatment plans considered.
3) Discuss ethical or economic issues related to the case.

Hospital and office records must clearly identify the candidate as the attending physician and surgeon. However, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. **Cases performed by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.**

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgery procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized submission of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate from continued examination.

EXAMINATION SCHEDULE

The Oral Examination will occupy two and one half days. A detailed schedule is included in the Announcement Letter available in July. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination. **The Board recommends utilization of the reserved room block at the examination hotel.**

INSTRUCTIONS AND PROCEDURES

Candidates receive specific instructions for the examination including an examination schedule for the Registration and Orientation Sessions at the examination site. Candidates also receive a schedule indicating the time and the rooms for the Case Report Session and the two Theory and Practice Sessions of the examination. The Examiner team names are listed on the candidate schedule. **Failure to appear on time for any session of the examination will lead to a grade of *FAIL* on that section. The Board recommends using the selected hotel site to avoid transportation delays.** Candidates should be outside the examination room ten minutes before the scheduled time for the Theory and Practice Sessions and five minutes before the Case Report Session. It is not necessary for candidates to announce their presence. However, if a candidate has not been invited into the examination room by the examiners by ten minutes after the scheduled time, candidates should notify the temporary Board Office at the hotel immediately.

The Board makes every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. Candidates have the opportunity to identify any examiner conflicts with the Reply Form and during registration and must notify the Board Staff immediately of such. Conflicts may include an examiner who played a role in the candidate's training, is a friend or relative, is a professional associate, interviewed the candidate for a faculty position or has examined the candidate previously. Unless conflicts are identified in advance of the actual examination, the conduct and grades of that session cannot be contested based on prior contact or knowledge.

DESCRIPTION OF THE EXAMINATION

Each examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. During each session, the examiners are given guidelines to follow. This approach facilitates uniformity of examination technique and limits duplication. Each of the examiners will pose problems and questions to candidates.

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is **45 minutes** in duration.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the strength of their **combined** performance on all three sessions of the Oral Examination.

The guidelines below are offered to candidates regarding the conduct of the Oral Examination:

1. Repeat candidates are not identified to examiners.
2. Responses should reflect the approach to the problem presented, not what the candidate thinks examiners would do.
3. Answer questions thoughtfully, demonstrating safety.
4. Prepare to defend your position and choice of procedure with a back-up, if necessary.
5. Demonstrate mastery of problems without wasting time on questions that you cannot answer.
6. Demonstrate competence, safety, and ethics.
7. Examiners are interested in the plastic surgery aspects of cases, not necessarily irrelevant lab data, extensive testing, etc.
8. Examiners take notes and may move to a new topic in the interest of time constraints.
9. Examiners will not lead, clue, or reinforce answers.

Performance Evaluation

The following criteria are provided to the examiners as guidelines. The candidate is rated on the following:

1. Diagnosis/Planning: identifies general problem(s), notes key problem(s) and evaluates patient.
2. Management/Treatment: surgical indications, operative procedure, and anesthesia.
3. Complications/Outcome: unexpected problems, alternative plans and approaches.
4. Clinical Judgment/Limitations: reasoning ability, problem solving, risks and benefits. **This scoring item only applies to Theory & Practice Sessions.**

In the Case Report Sessions, the clinical judgment scoring item will be addressed by separate grades in:

- Safety: practices within acceptable standards; avoids excessive risks.
- Ethics: honest, ethical and professional in the practice and business of plastic surgery.
- Case Report Preparation: clarity, completion, detail, and honesty/integrity.

Ratings for each of the skills are provided using the following criteria:

1. Unsatisfactory (Incapable): demonstrates minimal understanding, undeveloped or inappropriate application of process or analytic skills and limited ability to evaluate information.
2. Marginal (Some capability): demonstrates basic understanding, some deficiencies in application of process or analytic skills, some ability to evaluate information.