

The PBO Greenbook 2009
(Third Edition)

Residency Training in General Orthopaedics

Procedures for Accreditation and Training

Competency Based Curriculum

DRAFT 04

Prepared by:

Philippine Board of Orthopaedics 2009

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23 part. The Board is also indebted to the efforts of Prof. Nemuel Fajutagana at the National Teacher
24 Training Center for Health Professions of UP Manila for providing direction during the workshops
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26
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34 Issued [date issued]

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About the Philippine Board of Orthopaedics

The Philippine Board of Orthopaedics, Inc. (PBO) is the official accrediting and examining arm of the Philippine Orthopaedic Association (POA), but is administratively independent of the latter.

Duly registered with the Philippine Securities and Exchange Commission, it is tasked with accrediting and providing oversight to residency training programs (graduate medical education) in Orthopaedic Surgery in the Philippines. It is also tasked with administering of the Orthopaedic In-Training (OITE) and Qualifying Examinations to resident physician trainees and Diplomate Examinations to graduates of these training programs.

Mission

The Philippine Board of Orthopaedics (PBO) functions to serve the best interest of the public and of the medical profession by continuously enhancing the standards of Orthopaedic Training and Education in the Philippines.

Vision

The Philippine Board of Orthopaedics is a model of excellence and integrity as a regulatory specialty board with competent and principled members.

Functions of the PBO

GENERAL: The PBO provides oversight to Orthopaedic Residency Training (Advanced Surgical Training) programs in the Philippines.

SPECIFIC:

- Regulates training programs by accreditation and annual inspections.
- Conducts annual In-Training Examination of trainees of accredited institutions.
- Conducts Qualifying Examination of graduating trainees of accredited institutions.
- Conducts Diplomate Examination of graduates of accredited institutions. The title “Diplomate” is a pre-requisite in acquiring “Fellowship” with the POA. This examination is given in three parts: Written, Oral (Viva Voce), and Practical.
- Implements measures to continuously improve the quality of Orthopaedic Residency Training and Education in the Philippines.

Visit us at <http://www.pbortho.org>

Preface to the Third Edition

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3 The PBO Manual of Accreditation and Training, or the *Greenbook*, defines the Policies and
4 Procedures for Accreditation of training institutions and more importantly the conduct of
5 training and curriculum for residency training in the Philippines. The original manual was
6 prepared by the 1994 PBO Board of Trustees to whose credit belongs the initial conception of
7 this important document. The 1998 Board of Trustees revised the original edition primarily
8 to incorporate Board Resolutions and new guidelines pertaining to accreditation and training
9 procedures that have been adopted since the first edition.

10
11 The 2009 PBO Board of Trustees felt it was time for another revision for various reasons.
12 The ever dynamic field of Orthopaedics has seen in the last decade the introduction of new
13 technologies and treatment paradigms. Recent researches have supplanted dogmatic
14 treatment approaches and introduced entirely new treatment concepts due to better
15 understanding of musculoskeletal problems. The changing socio-economic climate in the
16 country has generally changed the landscape of practice in the Philippines. Whereas training
17 programs were primarily based on public tertiary and specialty hospitals, the last 11 years
18 have seen the participation of major private hospitals in the training of future orthopedists. In
19 addition, globalization has seen the admission of International Medical Graduates in public
20 hospital-based training programs.

21
22 In this third edition, it was also deemed necessary to make some changes in keeping with the
23 recent concepts in orthopaedic education. Changes have also been made in the format and
24 presentation of the content. The original principle of providing guidance to accredited
25 training institutions remains the same.

26
27 Finally, we quote from the previous edition:

28
29 “Being a human document, the *Greenbook* cannot lay claim to perfection. But in conceiving
30 this, it was not perfection that was being pursued, but the satisfaction of the purpose for
31 which it was conceived.”

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35 **The 2009 PBO Board of Trustees**
36 *Manila 2009*

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Message from the PBO Chairman

This portion is a new addition to this edition and is under development

*Ricardo C. Liwag, MD, FPOA
Chairman of the Board, 2009*

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Foreword

What do we expect of the Philippine-trained Orthopaedic Surgeon?

This portion is a new addition to this edition and is under development

Dr. Leslie M. Reyes
Committee Chairman, Green Book Revision Project (2009)

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Table of Contents

1		
2	Authors and Editors	ii
3	Acknowledgements.....	ii
4	About the Philippine Board of Orthopaedics.....	iii
5	Preface to the Third Edition.....	iv
6	Message from the PBO Chairman	v
7	Foreword.....	vi
8	Table of Contents.....	vii
9	Overview of Curriculum.....	1
10	1. Accreditation of Training Institutions.....	2
11	A. Procedures for Application	2
12	B. Requirements for Full Accreditation	2
13	C. Accreditation Categories.....	3
14	D. Additional Guidelines for Accreditation of Consortiums, Linkages, Affiliations and	
15	Satellite Training Institutions.....	4
16	E. Status of Program.....	6
17	F. Changes in Number of available Residency Positions	7
18	2. Maintenance of Accreditation of Training Institutions.....	8
19	A. Annual Requirements/Obligations.....	8
20	B. Conduct of Annual Visits.....	8
21	C. Evaluation of Training Program	8
22	D. Sanctions and Censures.....	8
23	E. Appeals	9
24	3. Selection and Recruitment into the Program	10
25	A. New Entrants.....	10
26	B. Lateral Entrants.....	10
27	C. International Medical Graduates.....	10
28	4. Conduct of Training and Learning Opportunities.....	11
29	A. The Program.....	11
30	B. External Courses	11
31	C. Educational Resources.....	11
32	D. The Resident Trainee	11
33	E. Trainers/Faculty	12
34	5. Assessment and Feedback.....	13
35	A. Assessment of Trainees Performance during Clinical Training	13
36	B. Assessment of Surgical Experience during Training.....	13
37	C. Probationary Status for Unsatisfactory or Marginal Performance.....	13
38	D. Instruments of Assessment	14
39	E. PBO-initiated formal tests of knowledge during training.....	15
40	F. Faculty Evaluation	15
41	6. Completion of Training.....	16
42	A. The PBO Diplomate Examination	16
43	7. Management of Quality Assurance of Training.....	18
44	A. PBO Annual Inspection Visits	18
45	B. Formal Tests of Knowledge (Examinations).....	18
46	C. Logbook Monitoring.....	18
47	8. Syllabus.....	20
48	Appendix A: PBO Forms.....	21
49	Master list of Forms	21
50	Appendix B: PBO Accredited Training Institutions	22
51	Questions, Comments, Updates	25

Overview of Curriculum

Orthopaedics is a specialty which encompasses the management of acute injuries and conditions and elective practice covering both congenital and acquired disorders of the bones, joints and their associated soft tissues, including vascular structures, nerves, muscles, tendons and ligaments.

Scope and Purpose

The *Greenbook* outlines the competencies and learning standards by which graduates of Orthopaedic Residency Training Programs in the Philippines would be assessed as having completed their training and at which they might be deemed ready for the award of the certificate of completion of training by their respective institutions. The Curriculum is produced to guide Orthopaedic graduate medical education by providing accessible information for both the trainees and trainers, who are seen as its primary end users. It is also intended to provide guidance for other stake holders such as the general public, patients and the international community.

D R A F T - 0 4

1. Accreditation of Training Institutions

A. Procedures for Application

Institutions desiring to have their Residency Training Program in Orthopaedics accredited must be guided by these procedures.

1. The hospital through the department chairman and with prior approval of the Director/Chief of Hospital must submit a letter of application addressed to the Chairman of the Philippine Board of Orthopaedics.
2. The Philippine Board of Orthopaedics will in turn send an Application for Accreditation Sheet (Form AC-01) and Accreditation Information Sheet (Form AC-02). Alternatively, these forms may be downloaded from the PBO Website (www.pbortho.org).
3. The applicant will submit the accomplished forms and the application fee. The Accreditation Information Sheet shall contain statistics of the full year prior to application.
4. The PBO Committee on Accreditation will evaluate the application information and statistics submitted. Applicants who cannot show evidence of fulfilling the minimum requirements for accreditation will be notified accordingly.
5. Applicants whose data indicate compliance with the minimum requirements will be visited by a team composed of members of the Committee on Accreditation.
6. The Committee on Accreditation will meet, deliberate, evaluate and make reports and recommendations to the Board of Trustees.
7. The Board of Trustees will notify the Applicant about the result of the evaluation.

B. Requirements for Full Accreditation

The following requirements apply to all accreditation categories, but more specifically so for Full Accreditation (see below). All training programs should strive for this category. Additional guidelines for Consortium, Linkage, Affiliation and Satellite institutions are provided in the succeeding section.

Hospital Requirements

1. The program should be in a hospital with at least 100 bed capacity, of which a minimum of five is allocated for the exclusive use of patients.
2. There must be a separate and adequately equipped Orthopaedic Out-patient Clinic.
3. Operating Room facilities must be adequate for performing minor and major Orthopaedic procedures in Trauma, Cold Orthopaedics, Pediatrics, Spine and Hand such as, but not limited to, C-arm, orthopedic table (C-arm compatible) and arthroscope.
4. Rehabilitation facilities and a brace shop must be available within the vicinity of the Hospital.
5. An Orthopaedic library with standard textbooks, journals and other references must be present.
6. There must be a Radiology Department with a board certified Radiologist in attendance. There must be easy access to CT-scan and MRI in the locality.
7. There must be a Pathology Department with a board certified Pathologist capable of doing clinical and anatomic pathology.

1 **Department Requirements**

2 **1. Training Staff**

- 3 a. **Chairman:** Must be a Fellow of the Philippine Orthopaedic Association (POA)
4 and credentialed by the training institution.
5 b. **Training Officer:** Must be a Fellow of the POA and credentialed by the training
6 institution.
7 c. **Consultant Staff:** At least three other Fellows of the POA actively involved in the
8 training with subspecialty training in the following: Trauma, Adult, Pedia, Hand
9 and Spine.

10 All members of the training staff must be bonafide members of the credentialed staff of
11 the respective institutions.

12 **2. Resident Staff**

- 13 a. A selection Board/Committee/Panel prescribed by the Institution must appoint the
14 residents whose numbers shall be in compliance with guidelines set forth by the
15 PBO. This will be determined based on the census of cases
16 b. The residents must fulfill the following requirements:
17 i. Each resident must take the annual Orthopaedics In-Training Examination
18 (OITE) for four years, the last of which shall serve as the Qualifying
19 Examination for the PBO Diplomate Examination.
20 ii. Each resident must keep an up-dated PBO Logbook (logbook of
21 operations) and summary of operations with corresponding codes. These
22 logbook/summary of operations are subject to inspection by the PBO
23 anytime and is to be reviewed and certified by the Training Officer every
24 quarter.
25 iii. Upon completion of residency training, each resident must have performed
26 the minimum number of specific cases as determined by the PBO
27 Committee on Accreditation, and other special operative procedures which
28 are required by the Board.
29 iv. Must have completed at least one research project approved by an
30 institutional review board, be it departmental or for the entire hospital.
31 This must have been published or presented orally or in poster format in
32 national or international fora.

33

34 **C. Accreditation Categories**

35

36 There are several categories a training institution may apply for: *Full Accreditation,*
37 *Consortium, Linkage, and Affiliation and Satellite.*

38

39 1. **Full Accreditation:** An institution capable of providing all the training needs of its
40 trainees independent of other institutions.

41

42 2. **Consortium:** Several hospitals whose training programs cannot individually be
43 accredited, but as a group can establish a residency training program with its pooled
44 resources and with only one administrative body, i.e. one training committee with one
45 department chairman and training officer.

- 1
- 2
- 3 3. **Linkage:** The mutual exchange of residents coming from accredited residency training
- 4 programs whose training programs cannot individually be accredited because of some
- 5 deficiencies and shortcomings in terms of patient population and other needed resources.
- 6 Each institution has its own department chairman and training officer. Each can retain
- 7 their individual accreditation through this scheme.
- 8
- 9 4. **Affiliation:** A residency training program that sends residents to one or more accredited
- 10 residency training programs and not receiving residents in return.
- 11
- 12 5. **Satellite:** A Satellite institution is not by itself a training institution, but is a specialty
- 13 hospital catering to cases that may satisfy the service and training needs of an accredited
- 14 training institution. These institutions must be staffed by Fellows of the POA in order to
- 15 qualify under this category.

16 **D. Additional Guidelines for Accreditation of Consortiums, Linkages, Affiliations**

17 **and Satellite Training Institutions**

18

19 *CONSORTIUM Guidelines*

20

21 1. REQUIREMENTS

22

- 23 a. There must be a Notarized Memorandum of Agreement signed by the responsible
- 24 officers of the institutions desiring to form, sustain and maintain a consortium.
- 25 This will contain the scope of the involvement, functions and responsibilities of the
- 26 member-hospitals. The effectivity of such an agreement should not be less than the
- 27 length of the Residency Training Program. The participating institutions should
- 28 come from a local area where there is no accredited training program.
- 29 b. The Orthopaedic Department of the participating hospitals shall be under the
- 30 supervision and control of one set of Consortium officers, i.e., one Chairman, one
- 31 Training Officer and one set of Training Staff.
- 32 c. There must be only one set of Residents who will rotate among the member-
- 33 hospitals. The number of residents in training will depend upon the capacity of the
- 34 consortium.
- 35 d. There must be only one Residency Training Program to be followed by all
- 36 participating member-hospitals.
- 37 e. The approval of the PBO must be secured before any consortium can be formed.

38

39 2. ACCREDITATION

40

- 41 a. The accreditation of the training program will apply only to the Consortium.
 - 42 b. The initial period of accreditation of the Consortium will be for one year
 - 43 (provisional accreditation) with provisions for regular visits.
- 44

45 3. MONITORING

46

- 47 a. The Consortium must submit an Annual Report to the PBO Committee on
- 48 Accreditation and other reports required by the PBO.

- 1 b. The Committee on Accreditation will conduct a regular evaluation of the
2 Consortium during the period of its Provisional Accreditation and thereafter as
3 mandated by events.
4 c. Members of the Resident Staff of the Consortium must take the Annual PBO In-
5 Training Examination.
6

7 ***LINKAGE Guidelines***

8
9 **1. REQUIREMENTS**

- 10
11 a. There must be a Notarized Memorandum of Agreement signed by the responsible
12 officers of the institutions desiring to form, sustain and maintain a linkage. This
13 will contain the scope of the involvement, functions and responsibilities of the
14 member-hospitals. The effectivity of such an agreement should not be less than
15 the length of the Residency Training Program.
16 b. Each participating institution on its own would not be able to meet the
17 requirements for an independent accreditation. It would need the facilities of the
18 other institution to fully meet the requirements. The same is true with the other
19 participating institution.
20 c. The Orthopaedic Department of each participating institution shall be under the
21 supervision of their own Chairmen and Training Officers. They will have their
22 own roster of residents.
23 d. The residents of all the participating institutions involved in the linkage shall
24 rotate from among the different member-institutions. They shall have regular
25 conferences and common activities among themselves.
26 e. The Orthopaedic Departments of the participating hospitals shall retain their own
27 identity as an accredited training program for as long as they participate in the
28 Linkage. Any change in the status would have to be approved by the PBO Board,
29 and which may result in the loss of the accreditation status.
30 f. The approval of the PBO Board must be secured before any formal Linkage can
31 be formed and started.
32

33 **2. ACCREDITATION**

- 34
35 a. The accreditation of the training program will apply to each member-hospital of
36 the Linkage.
37 b. The initial period of accreditation of the Consortium will be for one year
38 (provisional accreditation) with provisions for regular visits.
39

40 **3. MONITORING**

- 41
42 a. The member-hospitals of the Linkage must individually submit an Annual Report
43 and other reports required by the PBO to the Committee on Accreditation.
44 b. The Committee on Accreditation will conduct a regular evaluation of each
45 member-hospital of the Linkage during the period of its Provisional Accreditation
46 and thereafter as mandated by events.
47 c. Members of the Resident Staff of the member-hospitals of the Linkage must take
48 the Annual PBO In-Training Examination.
49

1 **AFFILIATION Guidelines**

- 2 1. There must be a Notarized Memorandum of Agreement signed by the responsible officers
3 of the institutions agreeing to form, sustain and maintain an Affiliation. This will contain
4 the scope of the involvement, functions and responsibilities of the member-hospitals.
5 2. The receiving hospital's program must be accredited.
6 3. Before any Affiliation can be done, the approval of the Board of Trustees must be
7 obtained upon recommendation of the PBO Committee on Accreditation.
8 4. No rotations will be allowed on the first and last year of the resident's training.
9 5. The rules and regulations of the receiving hospital will govern the affiliating resident.

10
11 **SATELLITE Guidelines**

- 12 1. There must be a Notarized Memorandum of Agreement signed by the responsible officers
13 of the institutions agreeing to form, sustain and maintain a Satellite institution. This will
14 contain the scope of the involvement, functions and responsibilities of the two hospitals
15 involved.
16 2. The receiving hospital must have bonafide fellows of the POA in good standing.
17 3. Before a Satellite Institution can be done, the approval of the Board of Trustees must be
18 obtained upon recommendation of the PBO Committee on Accreditation.
19 4. No rotations will be allowed on the first and last year of the resident's training.
20 5. The rules and regulations of the receiving hospital will govern the affiliating resident.

21
22 **E. Status of Program**

- 23
24 1. **Accredited.** The training program is accredited for four years. This is granted to training
25 programs that have fully satisfied the PBO Requirements.
26
27 2. **Provisional Accreditation.** This is conferred on a new program that was not previously
28 accredited or on a program that is reapplying for accreditation that had been withdrawn,
29 provided that at the time of reapplication the program meets all the requirements of the PBO.
30
31 3. **Conditional Accreditation.** This is given to training programs under the following
32 conditions:
33 a. Warning status,
34 b. Previous suspension and reapplied for accreditation, and
35 c. Facing suspension.
36 This status is effective for a period of one (1) year. The PBO may opt to re-inspect the
37 program 6 months after this status has been given. The program Chairman must notify all
38 current residents and applicants to the program of this status in writing.
39
40 4. **Disapproved.** This applies only to new applicants who have failed to meet the accreditation
41 requirements.
42

1 **F. Changes in Number of available Residency Positions**

2
3 Changes in total number of residents or number of residents in any specific year level must
4 receive prior written approval from the Accreditation Committee of the PBO. This applies to
5 the number of available residency positions. The entry of new residents to existing slots, and
6 the reduction of residents from the program either through completion or termination need no
7 notification of the Board.

8
9 The rationale for such changes must be explicitly stated by the program chairman. If an
10 increase in the number of residents is requested, adequate increase in the service demand of
11 the institution must be demonstrated. In programs that plan to offer fellowships, resident
12 education must not be adversely affected.

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1 **2. Maintenance of Accreditation of Training Institutions**
2

3 **A. Annual Requirements/Obligations**

- 4 1. Annual Requirements/Obligations
5 a. *Annual Report.* Each Training Officer must submit to the Board and Annual Report on or
6 before February 15 of each year. The report should conform to PBO Form AC-04 (see
7 Appendix A: PBO Forms).
8 b. *Annual Accreditation Fee.* All accredited training institutions are subject to payment of
9 an Annual Accreditation Fee as determined by the Board. The current fees are made
10 available on the PBO Website.

11 **B. Conduct of Annual Visits**

12
13 All training institutions are subject to an annual inspection visit.

14 *For inspection during visits*

- 15 1. **Hospital:** All facilities required for accreditation, including Laboratory, Operating
16 Room, Out-patient Clinics and Library.
17 2. **Residents:** PBO Logbook.
18 3. **Case material:** Check number and variety of operations through OR and other hospital
19 records.
20 4. **Records** of minutes of conferences/meetings.

21 *Expectations of the visiting team*

- 22 1. Presence of the following: Chairman, Training Officer and all Residents.
23 2. All relevant records, logbooks and OR records should be available for inspection.

24 *Interview of Residents*

- 25 1. All residents will be interviewed to verify the data in their Logbooks and to discuss other
26 important information regarding their training program.
27 2. The Chairman and/or Training Officer may be interviewed separately.
28

29 **C. Evaluation of Training Program**

30 Evaluation of the training program is based on a scoring sheet (PBO AC-03). This evaluation
31 is conducted during the annual inspection visit,
32

33 **D. Sanctions and Censures**

- 34
35 1. **Warning.** “Accredited” status is downgraded to “Conditional”. This status is kept for a
36 period of 6 months after which the programs is re-inspected. Institutions with this status who
37 fail to show evidence of correction of previously noted deviations will face suspension of
38 their training programs. When deficiencies are corrected and the "Warning" status is lifted,
39 the status “Accredited” is reinstated, but the program will be subject to another evaluation
40 within six months or an appropriate period determined by the Committee on Accreditation.
41

- 1 2. **Suspension.** Suspension of a residency training program shall be for a minimum of six
2 months and shall take effect upon deliberation by the Board and due notification of the
3 involved program. The Board will allow the current residents to continue their training.
4 However, the Board will not recognize new residents. Reapplication for accreditation must
5 be made in writing once the identified deficiencies have been corrected and other
6 requirements fulfilled as determined in a revisit.
7
- 8 3. **Termination.** If a suspended program is unable to comply with the requirements imposed by
9 the PBO after two years, the program will finally be denied accreditation. Termination shall
10 take effect upon decision by the PBO and the program duly notified. The training of
11 residents following the termination will no longer be recognized by the Board. Affected
12 residents may transfer to other accredited programs by lateral entry to carry on with their
13 training.
14

15 **E. Appeals**

16
17 A program chairman may appeal any unfavorable ruling made by the Accreditation
18 Committee. This must be done in writing and addressed to the PBO Chairman. An appeals
19 ad-hoc committee is formed by the PBO Chairman from the members of the Board of
20 Trustees to be headed by the Accreditation Committee Chairman. A hearing is held,
21 following which the appeals committee transmits its decision to the PBO Chairman. Final
22 action is then taken and the program Chairman appealing the decision is notified of this
23 action in writing.

D R A F T

4. Conduct of Training and Learning Opportunities

A. The Program

The Training Officer should produce an outline of rotation for each year level of training to enable residents to acquire the necessary skills and knowledge to fulfill each stage of training. The PBO provides the following schedule as a guide to such rotations, but each training program may revise it in accordance with their institutions situation (i.e. available case load and number of residents in training) or length of the training program (i.e. four or five-year):

<i>ROTATION</i>	<i>DURATION</i>
TRAUMA	Twelve (12) Months
ADULT	Twelve (12) Months
PEDIATRICS	Six (6) Months
HAND	Six (6) Months
SPINE	Six (6) Months
ELECTIVE	Six (6) Months

Note: Subspecialties of Arthroplasty, Ilizarov, Sports Medicine and Methods of Ilizarov shall be covered accordingly under the Adult and Pediatric rotations.

The training program should provide a cohesive core program, which should include opportunities for didactics, clinical presentation, journal discussions and research projects.

B. External Courses

External organization (e.g. the POA, its chapters and subspecialty societies, the AO Group, other training institutions) regularly promote and organize continuing education meetings. The Training Officers must encourage participation to these sessions appropriate to their stage of learning. Participation to these meetings must be documented and reported as required in the PBO Annual Report.

C. Educational Resources

The training programs must provide the residents adequate facilities for their education. This should include a library with books and electronic media. As there is now a wealth of web based instructional materials and medical resources, an internet connection for each training program is highly recommended.

D. The Resident Trainee

Individual residents must take the ultimate responsibility for their own learning. It will be their obligation to ensure that they cover the syllabus (as set out in this Greenbook) and supplement the other aspects of their training with personal study, research and participation in external courses.

As part of the process of the work-based learning of the residency training, a resident would be expected to:

1. Attend the outpatient clinics

- 1 2. Attend supervised elective and emergency surgical cases
- 2 3. Undertake rotations in the Emergency Department for assessment and acute care of
- 3 trauma cases
- 4 4. Undertake the care of patients in the ward environment
- 5 5. Participate in relevant conferences and teaching sessions organized by their respective
- 6 departments
- 7 6. Participate in Journal Clubs
- 8 7. Undertake clinical reviews and research
- 9 8. Attend appropriately organized and instructed external courses, particularly the Annual
- 10 and Mid-year scientific meetings of the Philippine Orthopaedic Association
- 11 9. Produce poster presentations, presentations and publications
- 12 10. Undertake internet-based learning
- 13

14 **E. Trainers/Faculty**

15
16 One of the most valued resources of the PBO-mandated training program is the time
17 commitment and energy devoted by the consultant surgeons of the respective training
18 programs. Although some would be in plantilla-positions in government hospitals, many in
19 effect would be providing their services to the training program pro-bono.

20
21 Consultant surgeons participating in the training program are necessarily Fellows of the POA.
22 Needless to say, they are themselves diplomates of the PBO. Currently, there is no
23 requirement for trainers to have completed formal training in education. It is highly
24 recommended that those participating in training undergo some courses to enhance their role
25 as trainers. Noteworthy are the programs offered by the National Teacher Training Center for
26 Health Professionals in UP Manila. In the meantime, the PBO specifies the following
27 minimum standards that a trainer has to demonstrate:

- 28 1. Currently a Fellow in good standing of the POA
- 29 2. Be familiar with and understand the Curriculum in the PBO Green Book
- 30 3. Commitment to devote time to training of residents and to undertake continuing
- 31 professional development endeavors, although it is acknowledged that the time
- 32 component devoted is unlikely in many cases to be materially compensated
- 33 4. Commitment to maintain their good standing with the POA
- 34

35 The Chairman of each respective program is expected to encourage members of the faculty to
36 undertake subspecialty training, and as already mentioned, to take up formal training in
37 education.

38 ***Responsibilities of the Faculty***

- 39 1. To coordinate the management, education and training of residents.
- 40 2. To conduct performance assessment meetings and complete assessment reports as
- 41 required.
- 42 3. To monitor resident's surgical experience and regularly review the operative
- 43 logbooks.
- 44 4. To identify, document and advised the trainee of any unsatisfactory or marginal
- 45 performance at the earliest possible opportunity.
- 46

5. Assessment and Feedback

A. Assessment of Trainees Performance during Clinical Training

1. Each accredited training institution shall have a Training Officer appointed by the Chairman of the respective department. Training Officers coordinate, and are responsible for, the management, education, training and assessment of resident trainees of their departments.
2. The rest of the consultant staff of the department shall assist the Training Officer with monitoring, guiding and educating residents, as well as appraising and assessing their performance in training.
3. The assessment of a trainee's performance by the Training Officer is fundamental to their continuing satisfactory progression through the residency training program.
4. An assessment report must be completed for each resident:
 - a. At least on a semi-annual basis, or quarterly following the completion of a quarterly rotation through the different subspecialties.
 - b. As soon as practical any time after the identification of unsatisfactory or marginal performance as determined by the Training Officer.
5. The Training Officer, or another designated Consultant (e.g. a designated Consultant of a subspecialty service), must have a performance assessment meeting to discuss the assessment report. Where unsatisfactory or marginal performance is identified the assessment report must be accompanied by a remedial plan.
6. The completed assessment report should be signed and dated by both the trainee and the assessing officer and should reflect the discussions held during the applicable performance assessment meeting. Signing the report confirms the assessment report has been discussed, but does not signify agreement with the assessment.
7. The completed assessment is then filed by the Training Officer in the resident's training portfolio. This shall be subject to review by the Board during the annual visit of accredited training institutions. Residents are required to keep a copy of the assessment report for their personal records.

B. Assessment of Surgical Experience during Training

1. Accurate reporting of the surgical experience by each resident is required. The operative logbook will provide details about the resident's level of supervised and independent surgical operative experience.
2. The logbook must be completed by the resident at regular intervals and will be subject to review by the Board during the annual visit of the training institution.
3. The logbook must be reviewed and signed by the Training Officer, or an appropriate designee, at least on a quarterly basis.
4. Inaccurate or malicious recording of procedures in the operative logbook is considered as serious misconduct by the resident and may form grounds for the Board to recommend dismissal from the training program.

C. Probationary Status for Unsatisfactory or Marginal Performance

1. Where an assessment report identifies unsatisfactory or marginal performance, the Training Officer must notify the trainee. A copy of the notification must be attached to the training portfolio of the resident. Such a notification should include:
 - a. Identification of the areas of unsatisfactory or marginal performance
 - b. Confirmation of the remedial action plan

- c. Identification of the required standard of performance to be achieved
 - d. Notification of the duration of the probationary period
 - e. The time at which re-assessment will be carried out
 - f. Possible implications if the require standard of performance is not achieved
2. The probationary period should be no less than three months and no more than six months.
 3. During the probationary period the resident's performance should be regularly reviewed by the Training Officer and the resident should be offered constructive feedback and support.
 4. If performance has improved to the satisfaction of the training officer at the conclusion of the probationary period the probationary status must be removed.
 5. If performance has not improved to the required standard at the conclusion of the probationary period, the Training Officer may proceed with dismissal in accordance with administrative procedures of the respective training institutions. The Training Officer must notify the Board of such an action.

D. Instruments of Assessment

In general assessment of resident trainees must take place in the workplace where possible, using an agenda based on the syllabus described in this document. Where appropriate, knowledge and its application will be assessed by formal examinations prepared by the training faculty. It is recommended that in a setup where trainees progress from one rotation to another, a post-rotation examination is carried out. The following instruments are highly recommended for implementation by the Training Officers:

1. **Peer Assessment Tool** (see Form AT-01 at Appendix A: PBO Forms). This is a type of 360-degree appraisal strategy which measures many aspects of the performance of a resident. Raters should include consultant staff, co-residents, nurses, anesthetists and allied health professionals as deemed appropriate by the training officer. The aggregate ratings are used to provide feedback on behaviors and skills.
2. **Clinical Evaluation Exercise** (see Form AT-02 at Appendix A: PBO Forms). This is the direct observation of the clinical skills on the ward or in outpatient clinics of the trainee: e.g. history taking, physical examination, discharge work up. Preferably one such assessment is carried out for each rotation throughout a particular year level of training.
3. **Case Based Discussion** (see Form AT-03 at Appendix A: PBO Forms). This is a focused discussion on the resident's recent entries in a patient's clinical record to explore clinical thinking and management.
4. **Direct Observation of Practical Skills** (see Form AT-04 at Appendix A: PBO Forms). The concept of this instrument is simply that commonly performed straight forward procedures will be observed in the operating room and clinic or ward settings. This would include suturing, applying a cast, injecting a joint for example.
5. **Logbook Monitoring**. The logbook allows the residents the opportunity to document all operations which they attend and the extent of their involvement in the operation. It provides external auditors such as the PBO a tangible evidence of the surgical experience of the trainees. The data available in the logbook allows scrutiny not only of an individual trainee's experience, but training patters by trainers at varying stages of their participation in the program. This can be vital in understanding satisfactory and

1 unsatisfactory progress on the part of a trainee or even demonstrating an unsatisfactory
2 training environment and an uncommitted trainer. Further details on proper utilization of
3 the Logbook are discussed under Management of Quality Assurance of Training (page
4 18).

5
6 The evaluation forms indicated above are all available for download from the PBO Website.
7 They are provided for guidance, and may be revised as deemed fit by the accredited training
8 institutions.

9 **E. PBO-initiated formal tests of knowledge during training**

10
11 Two types of examinations are administered by the Board during the period of residency
12 training. Although they are one and the same examination, they are differentiated as follows:

- 13
14 1. Orthopaedic In-training Examination (OITE). The ITE is a formal test of knowledge
15 relevant to the training of the residents conducted by the PBO. This assessment is
16 specifically to test knowledge and to a limited degree application of knowledge. The
17 format is multiple choice questions of not less than three hundred questions long. It is
18 conducted annually for year level 1 to three residents in training.
19
20 2. Qualifying Examination. Each graduating resident of an accredited training program
21 must pass the qualifying examination before he can be qualified to take the PBO
22 Diplomate Examination. The examination taken is similar in format to the OITE.

23
24 The In-Training Examination taken by each resident on his fourth and/or final year of
25 residency serves as the qualifying examination. Each resident on his fourth and/or final year
26 must secure from the Chairman/Training Officer a certification that he is graduating on the
27 year that the qualifying examination will be taken.

28
29 Passing of the Qualifying Examination is a requisite to taking of the Diplomate Examination.
30 Generally, the final score considered is the sum of 30% of the average of the OITE from year
31 levels one to three and 70% of the score of the exam taken at year level four. The Board
32 however reserves the right to revise this formula as it sees fit.

33 **F. Faculty Evaluation**

- 34
35 1. At least annually, the program must evaluate faculty performance as it relates to the
36 educational program.
37
38 2. These evaluations should include a review of the faculty's clinical teaching abilities,
39 commitment to the educational program, clinical knowledge, professionalism, and
40 scholarly activities.
41
42 3. This evaluation must include at least annual written confidential evaluations by the
43 residents.

6. Completion of Training

Training will be deemed complete when the trainee has populated the curriculum knowledge. At this stage, the trainee is should be able to join and lead a multidisciplinary team which would receive, assess and go on to definitively manage the majority of patients who need emergency treatment. He would be able to provide a similar service for a range of common non-urgent conditions.

A. The PBO Diplomate Examination

The PBO Diplomate Examination is the Certifying Examination for Residents in Orthopaedics in lieu of qualifying for Fellowship to the Philippine Orthopaedic Association.

Requirements

1. **Board Eligibility:** The minimum requirements to take the Diplomate Examination are the following:
 - a. A valid physician's license (issued by the Professional Regulation Commission) to practice in the Philippines.
 - b. Completion of residency training in an institution accredited by the PBO.
 - c. The candidate must have passed the Qualifying Examination given by the PBO.
2. **Documentary Requirements**
 - a. A written application to take the examination must be submitted to the Board through the Secretary at least 60 days before the scheduled date of examination. The date of the examination for the current year is set by the PBO at the start of the fiscal year.
 - b. The applicant shall also submit to the Board not later than 30 days prior to the examination the following:
 - i. A properly filled-up PBO Information sheet for Diplomate Examination (PBO Form EC-01).
 - ii. Two passport-size and one ID size pictures, current within the last six months
 - iii. Current Curriculum Vitae
 - iv. List of surgeries done for the past 12 months, inclusive of surgeries done during fellowship if any
 - v. A research paper which the applicant had done during or after his residency training
 - vi. A photocopy of Diploma or Certificate of Completion of Training from the Institution he graduated from
3. Payment of the Application/Examination Fee, the amount of which is to be determined by the Board. The current fee is published in the PBO Website.
4. The Board of Trustees meeting "en banc" shall review the applications and requirements submitted. The Secretary will inform the applicants who are approved and are qualified to take the Certifying Examination. They will also be issued examination permits to enable them to take the examination at the specified time and venue.

Schedule of Examinations

1. The Board through the Examination Committee shall administer and schedule not later than October 31 of each year the Certifying Examination. The specific date and place of the examination as determined by the Board will be announced before the date of the examination.

- 1 2. The Certifying Examination shall be administered in three parts:
 - 2 a. Part 1: Written Examination
 - 3 b. Part 2: Oral Examination (Viva Voce)
 - 4 c. Part 3: Practical Examination
- 5 3. A candidate must take all three parts of the examination. Passing Parts 1 and 2 is a requisite
6 to taking Part 3. In the event that a candidate fails either one of Parts 1 and 2 but not both, he
7 will only need to retake the following year the examination that was not passed.
- 8 4. The Board Eligible candidate is allowed three attempts to pass any part of the examination.
9 Failure to pass after the third attempt will require the candidate to take a six-month Refresher
10 Course in any of the accredited programs designated by the PBO. During the Refresher
11 Course, the candidate shall be an observer in the institution and will attend conferences and
12 rounds as follows:
 - 13 a. Trauma Service: 8 weeks
 - 14 b. Adult Service: 6 weeks
 - 15 c. Spine Service: 4 weeks
 - 16 d. Pediatric Service: 4 weeks
 - 17 e. Hand Services: 2 weeks
- 18 5. A certification of attendance to the Refresher Course by the Program Director will be
19 required before the candidate is allowed to retake the Certifying Examination.
- 20 6. Candidates who have passed Parts 1, 2 and 3 as determined by the Board of Trustees are
21 notified by mail. A certificate/diploma to this effect will be issued with all the rights and
22 privileges thereunto appertaining to the title **Diplomate of the Philippine Board of**
23 **Orthopaedics.**

7. Management of Quality Assurance of Training

A. PBO Annual Inspection Visits

The Board's annual inspection visit of each training institution will carry out a paper review of all the evidence of training and will confirm whether the training of all residents in that institution is progressing well. The review process must ensure transparency, clarity and feedback designed to inform progression wherever possible.

B. Formal Tests of Knowledge (Examinations)

All residents are expected to demonstrate knowledge in the basic surgical sciences, anatomical knowledge of sufficient depth to facilitate training in musculoskeletal surgery and specific patho-physiological and biomechanical knowledge relevant to s. This is achieved through two examinations conducted by the Board within the period of residency training:

1. Orthopaedic In-Training Examination
2. Qualifying Examination

This assessment is designed specifically to test knowledge and to a limited degree application of knowledge. Current evidence strongly supports the use of Multiple Choice Questions type of examination of not less than three to four hours and at least three hundred questions long.

The application of knowledge and its use in judgment by graduates of training programs will be assessed in the Diplomate Examination.

C. Logbook Monitoring

The Residents' Logbook allows the training residents an opportunity to document all operations which they attend and the extent of their involvement in the operation. Cases shall be coded using the following scheme:

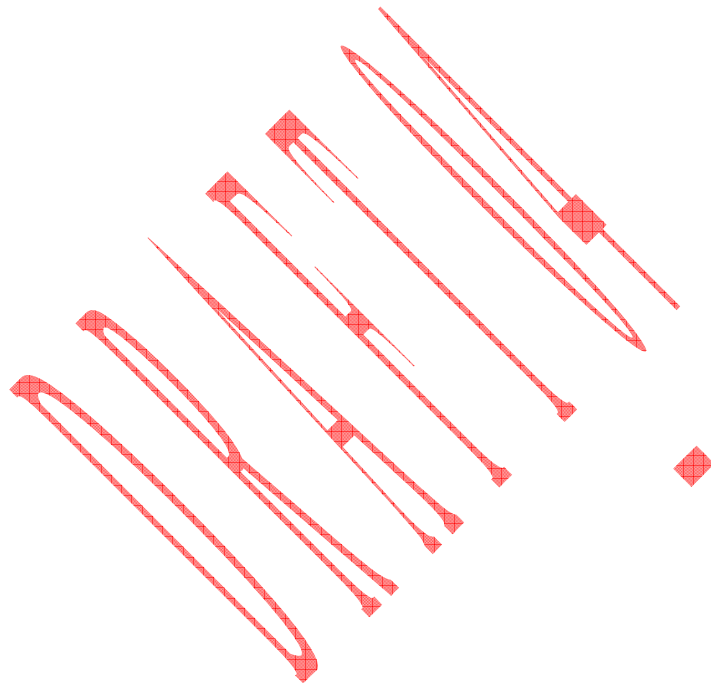
CODE		DETAILS
O	=	Observed
A	=	Assisted at operation
S-CS*	=	Supervised, Consultant Scrubbed
S-CU	=	Supervised, Consultant Unscrubbed
P	=	Performed operation (no supervision)

*must have performed the essential components of the surgery
(As certified by the consultant in charge) to differentiate this code from "A"

Such a scheme allows for a better assessment of the trainees level of experience relative to other trainees and in the future will allow the creation of "normalized" data allowing the Board to create definitive standards for required experience. Comparison of numbers of operations attended, the extent of surgical exposure and the level of supervision can now be made and this can be scientifically analyzed by the Board.

The data that can be harnessed from this system will allow Training Officers of each institution better scrutiny of each resident's experience at varying stages of their training. It will also provide the Board with vital "hard data" in understanding satisfactory and

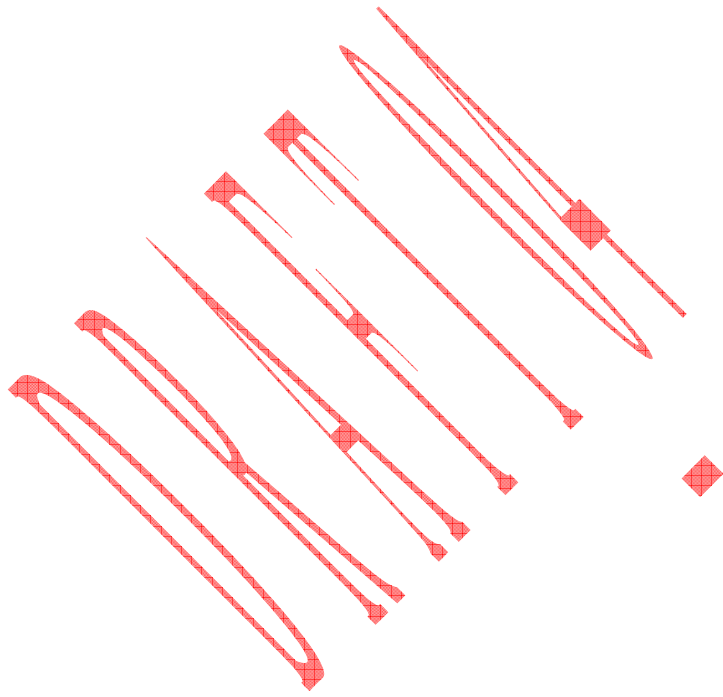
- 1 unsatisfactory progress on the part of the resident or even demonstrating an unsatisfactory
- 2 training environment and an uncommitted trainer.
- 3
- 4 The utilization of the Residents' Logbook will continue to be a valuable quality assurance
- 5 tool as it will allow monitoring of exposure of residents to operative surgery.



1
2

8. Syllabus

This portion is under development and will contain the output of the Baguio Workshop



Appendix A: PBO Forms

Master list of Forms

COMMITTEE	FORM No.	FORM NAME	REMARKS
Accreditation	AC-01	Application for Accreditation	For use by residency training programs applying for a new accreditation.
Accreditation	AC-02	Accreditation Information Sheet	For use by institutions applying for accreditation of a new program.
Accreditation	AC-03	Annual Inspection Evaluation Sheet	For use by the Board of Trustees during annual inspection.
Accreditation	AC-04	Annual Report	For use by accredited training programs in lieu of annual inspections by the PBO.
Accreditation	AT-01	Peer Assessment Tool	Forms recommended by the PBO for use by accredited training programs in assessing the performance of their trainees. These forms may be used as is or modified accordingly by training programs.
Accreditation	AT-02	Clinical Evaluation Exercise	
Accreditation	AT-03	Case-Based Discussion	
Accreditation	AT-04	Surgical DOPS	
Awards	AW-01	CV of Applicants	A brief Curriculum Vitae of applicants for the Outstanding Residents Award.
	AW-02	Criteria for Judging	The evaluation sheet used by the board of judges in assessing candidates for the Outstanding Residents Award.
Examination	EC-01	Information Sheet_ITE	For use by year levels 1 to 4 residents in lieu of taking the OITE and Qualifying Exam.
	EC-02	Information Sheet_Diplomate	For use by graduates of accredited training programs in lieu of taking the three parts of the Diplomate Exam.
	EC-03	Evaluation Sheet_Diplomate Part 2	For use by the Board to evaluate examinees in the Viva Voce (Oral Exam) component of the Diplomate Exam.
	EC-04	Evaluation Sheet_Diplomate Part 3	For use by the Board to evaluate examinees in the Practical component of the Diplomate Exam.

NOTE: The above forms are available for download from the PBO website (www.pbortho.org). Check at the download page.

Appendix B: PBO Accredited Training Institutions

PBO Accredited Training Institutions (2009)

Armed Forces of the Philippines Medical Center

Department Head Maj. Rex D. Prudente, MD, FPOA
Training Officer Victor Gerardo E. Pundavela, MD, FPOA
Address Department of Orthopaedics and Traumatology
 Armed Forces of the Philippines Medical Center
 Victoriano Luna Road, Quezon City
Phone 63 (2) 435 5641
Email orthovatos@skynet.net
Website <http://www.orthovatos.com>

Baguio General Hospital and Medical Center

Department Head Johnson J. Tan Yee, MD, FPOA
Training Officer Antonio N. Tactay, MD, FPOA
Address Kennon Road corner Gov. Pack Road
 Baguio City, Benguet Province
Phone 63 (74) 442 4216; 63 (74) 442 3165; 63 (74) 444 2235
 63 (74) 444 2235; 63 (74) 444 8186
Email orthobghmc@yahoo.com
Website not available

Chong Hua Hospital

Department Head Agustin Miguel G. Morales, MD, FPOA
Training Officer Jose Antonio G. San Juan, MD, FPOA
Address Don Mariano Cui Street corner J. Llorente Street
 Cebu City, Cebu
Phone 63 (32) 255 8000
Email chhorto@yahoo.com
Website not available

Corazon L. Montelibano Memorial Regional Hospital

Department Head Anthony C. Kho, MD, FPOA
Training Officer Jose Maria R. Coruña, MD, FPOA
Address Lacson Street corner Burgos Street
 Bacolod City
Phone 63 (34) 434 5898; 63 (34) 435 1591
Email jungerochi@yahoo.com
Website not available

De la Salle University Medical Center

Department Head Ricardo C. Liwag, MD, FPOA
Training Officer Joaquin C. Pandanan, MD, FPOA
Address University Avenue
 Dasmariñas, Cavite
Phone 63 (46) 416 4225; 63 (46) 416 0226 loc 121
Email ortho@hsc.dlsu.edu.ph
Website not available

1

Davao Medical Center

Department Head Ronald P. Tangente, MD, FPOA
Training Officer Gilbert E. Cauilan, MD, FPOA
Address Jose P. Laurel Street
 Davao City
Phone 63 (82) 227 2731 loc 4137
Email diazllt@pltdtdsl.net
Website not available

2

East Avenue Medical Center

Department Head Mario B. Geronilla, MD, FPOA
Training Officer Venancio P. Garduce, Jr., MD, FPOA
Address East Avenue
 Diliman, Quezon City
Phone 63 (2) 426 4412
Email dr_geronilla@yahoo.com
Website not available

3

Ilocos Training and Regional Medical Center

Department Head Gualberto T. Basco, MD, FPOA
Training Officer Juan Antonio Maximiano R. Escaño, MD, FPOA
Address National Highway
 Parian City of San Fernando, La Union
Phone 63 (72) 242 1143; 63 (72) 242 5543 loc 110
Email itrmc@digitelone.com
Website not available

4

Jose R. Reyes Memorial Medical Center

Department Head Enrico A. de Jesus, MD, FPOA
Training Officer Melito Antonio P. Ramos, MD, FPOA
Address Rizal Avenue
 Sta. Cruz, Manila
Phone 63 (2) 743 1088; 63 (2) 711 9491
Email orthodoxjr@yahoo.com
Website not available

5

Makati Medical Center

Department Head Liberato Antonio A. Leagogo, MD, FPOA
Training Officer Orson V. Odulio, MD, FPOA
Address 2 Amorsolo Street
 Makati City
Phone 63 (2) 840 5906
Email makatimed_ortho@yahoo.com
Website not available

6

The Medical City

Department Head Rafael S. Claudio, MD, FPOA
Training Officer Albert Jerome C. Quintos, MD, FPOA
Address Ortigas Avenue
 Pasig City

Phone 63 (2) 635 6789 loc 517
Email not available
Website not available

1

Northern Mindanao Medical Center

Department Head Jovito C. Lao, MD, FPOA
Training Officer Peter S. Quiaot, MD, FPOA
Address Capitol Compound, Corrales Avenue
 Cagayan de Oro City
Phone (08822) 725 735
Email jacpim@yahoo.com
Website not available

2

Philippine Orthopaedic Center

Department Head Teodoro R. Castro, MD, FPOA
Training Officer Camilo V. Te, MD, FPOA
Address Maria Clara Street corner Banawe Avenue
 Quezon City
Phone 63 (2) 711 4276
Email pocmetra@philcom.com.ph
Website not available

3

St. Luke's Medical Center

Department Head Antonio M. Tanchuling, MD, FPOA
Training Officer Richard S. Rotor, MD, FPOA
Address 279 E. Rodriguez Sr. Boulevard
 Quezon City
Phone 63 (2) 723 0101
Email ortho@stluke.com
Website not available

4

Philippine General Hospital, University of the Philippines

Department Head Cirilo R. Tacata, Jr., MD, FPOA
Training Officer Jose Maria D. Bautista, MD, FPOA
Address Taft Avenue
 Ermita, Manila
Phone 63 (2) 524 2203
Email orthopedics_pgh@yahoo.com
Website <http://www.pgh.gov.ph/orthopedics/index.htm>

5

University of Santo Tomas Hospital

Department Head Antonio B. Sison, MD, FPOA
Training Officer Alberto Maria V. Molano, MD, FPOA
Address España Avenue corner Forbes Avenue
 Sampaloc, Manila
Phone 63 (2) 731 3001 loc 2403
Email ustortho@yahoo.com
Website not available

6

Veterans Memorial Medical Center

Department Head Ruben B. Cardenas, MD, FPOA

Training Officer

Address North Avenue
Diliman, Quezon City

Phone 63 (2) 927 6426 loc 211

Email not available

Website not available

1

Vicente Sotto Memorial Medical Center

Department Head Fidencio M. Pañares, MD, FPOA

Training Officer Mario L. Chan, MD, FPOA

Address B. Rodriguez Street
Cebu City

Phone 63 (32) 253 9891

Email drpanares@yahoo.com

Website not available

2

Western Visayas Medical Center

Department Head Ronnie B. Payba, MD, FPOA

Training Officer Margarito M. Morano, MD, FPOA

Address Q. Abeto Street
Mandurriao, Iloilo City

Phone 63 (33) 321 2841 loc 141

Email not available

Website not available

3

West Visayas State University Hospital

Department Head Benjamin D. Legada, Jr., MD, FPOA

Training Officer Mylo N. Soriaso, MD, FPOA

Address E. Lopez Street
Jaro, Iloilo City

Phone 63 (33) 320 1410

Email wsubone@mozcom.com

Website not available

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9 **Questions, Comments, Updates**

10 Questions and feedback are most welcome. They can be addressed to the PBO Secretariat at
11 info@pbortho.org.