



# Guide to Writing Oral Protocols

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## ■ STRUCTURE AND PURPOSE OF THE ORAL EXAMINATION

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The ABFPRS oral examination consists of 12 patient cases or protocols, which are administered to examinees during three 50-minute sessions. Each session consists of four protocols.

The objective of the oral examination is to test the examinee's ability to diagnose, treat, and manage a particular problem in general, as well as in the specific patient case presented. The oral examination tests an examinee's ability to apply knowledge, not merely to recall it.

## ■ WHEN PLANNING A PROTOCOL

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Please remember that:

- protocols should adhere as closely as possible to the format recommended in this guide, to ensure that examiners administer a standardized examination.
- the ideal protocol takes 10-12 minutes to administer.
- the time allotted allows for no more than 8-10 questions.
- every question should be followed by the answers you would expect a knowledgeable examinee to give.
- questions and answers should not be centered around your personal technique, but rather be broad-based so that reasonable alternative approaches would be acceptable.
- the line of questioning should proceed from broad issues to more narrow management of the specific patient case illustrated.

- questions should test examinees' interpretive and problem-solving abilities, not their ability to recall facts.
- questions should explore examinees' diagnostic ability and ability to manage the patient problem through appropriate preoperative testing, acceptable treatment options, various intraoperative findings, and potential complications.
- only those cases for which you can provide high quality photographs and other art that clearly show the problems covered in your line of questioning should be considered.
- focus is important. Follow one patient case or compare and contrast two cases.

**IMPORTANT:** exam content must remain secure. If you use a patient case for an ABFPRS oral protocol, it is best NOT to use it for a presentation at an educational course or as the basis for a published article.

## ■ SELECTING PHOTOS, ILLUSTRATIONS, AND OTHER ART

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- Choose a case for which you can provide high quality photographs.
- Provide color photos, if possible.
- Provide digital art (150 dpi), slides, or high quality prints (not Polaroids).
- Provide every view standard for the procedure.

*See Table 1: Standard Views for Major Facial Plastic Surgery Procedures.*

- Select views that lend themselves to sketching treatment plan (art is laminated for exam administration).
- Provide any CT scans, X-rays, other diagnostic information related to your line of questioning.
- Provide a signed patient release (see page 7).

**TABLE 1**

## Standard Views for Major Facial Plastic Surgery Procedures

NOTE: Before and after photographs should highlight the surgical difference by keeping all other elements the same—background, clothes, hair style and makeup, distance of subject from camera, positioning of head, and light source. Two-point light is preferable to ring flash. For lateral views, position the Frankfort horizontal plane parallel to the floor.

PROCEDURE	STANDARD VIEWS
<b>Blepharoplasty</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Front close-up, neutral gaze</li> <li>3. Front close-up, upward gaze</li> <li>4. Oblique or lateral close-up, neutral gaze</li> <li>5. Oblique or lateral close-up, upward gaze</li> </ol>
<b>Browlift and Forehead Lift</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Oblique close-up, from forehead with hairline to nasal tip</li> <li>3. Front close-up, from forehead with hairline to nasal tip</li> </ol>
<b>Chemical Peel</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Right and left oblique</li> <li>3. Close-up of regional area</li> </ol>
<b>Facelift</b>	<ol style="list-style-type: none"> <li>1. Full-face front, neutral gaze</li> <li>2. Full-face front, smiling</li> <li>3. Lateral, neutral gaze</li> <li>4. Lateral, smiling</li> <li>5. Oblique</li> </ol>
<b>Fracture Repairs</b>	Same as facelift, plus x-rays (MRIs, CT scans, Panorex, etc.)
<b>Hair Replacement</b>	Same as browlift, plus crown view
<b>Lip Augmentation</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Close-up front, including both lips and nasal tip</li> <li>3. Close-up lateral, including both lips and nasal tip</li> </ol>
<b>Mentoplasty</b>	<ol style="list-style-type: none"> <li>1. Full-face front, neutral gaze</li> <li>2. Full-face, smiling</li> <li>3. Right and left laterals, in the Frankfort horizontal plane</li> </ol>
<b>Otoplasty</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Right and left lateral close-ups</li> <li>3. Right and left oblique close-ups</li> <li>4. Posterior (optional)</li> </ol>
<b>Rhinoplasty and Septorhinoplasty</b>	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Right and left laterals, in the Frankfort horizontal plane</li> <li>3. Base of nose</li> <li>4. Oblique</li> <li>5. Lateral, smiling</li> </ol>
<b>Soft Tissue Repair</b> (Flaps, Hemangioma, Trauma Repair, Scar Revision, Mohs' Surgery, etc.)	<ol style="list-style-type: none"> <li>1. Full-face front</li> <li>2. Oblique on side of defect</li> <li>3. Close-up of defect</li> </ol>

## ■ RECOMMENDED FORMAT FOR TEXT

*See Sample Protocol: Revision Rhinoplasty - Next page*

- Begin by stating three objectives that specify what the examiner should test during administration of the protocol.
- Briefly note the patient history and describe the problem that the patient wanted corrected (include only relevant information—include race, sex, age, etc., only if pertinent to the problem or the treatment).
- Develop your line of questioning (8-10 questions, maximum).
- Key your photos to specific questions, whenever applicable.
- Ask examinee to draw surgical plan on one of your photographs, if applicable. (All art is laminated.)
- Proceed from general questions to questions about the patient in your specific case, along these lines:
  - Describe defects shown in photo(s) and list possible causes of such defects.
  - List possible corrective approaches and give advantages and disadvantages of each approach.
  - Which approach is best for this patient? (Or alternatively, is this patient a good surgical candidate?)
  - Assume approach “A” is taken and during surgery you find that “X” is a problem; what do you do?
  - Assume approach “B” is taken and during surgery you find that “Y” is a problem; what do you do?
  - During surgery, patient develops complications (spikes a fever, etc.). What is happening? How do you manage it?
  - What are the postoperative instructions for this patient?
  - So many months/years after surgery, a condition persists, a deformity reappears, etc.; what’s going on and what do you do?
  - Include, as applicable, one question on medical ethics and one on medical management.
- Submit protocol on disk, via e-mail (protocol@abfprs.org), or typed (double-space, please). Digital art should be saved at 150 dpi resolution.

## ■ PROVIDE A REFERENCE

Testing industry standards require that examinations be linked to a general body of knowledge, so that the examining organization can verify answers and examinees can be provided with study materials. Please provide a reference from the literature that substantiates your line of questioning. Note the following information in your citation. If possible, enclose a copy of the article or chapter.

Author and/or editor \_\_\_\_\_

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Title of chapter or article \_\_\_\_\_

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Book or periodical \_\_\_\_\_

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Publication date \_\_\_\_\_

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## **Sample Oral Protocol: Revision Rhinoplasty**

### **OBJECTIVES**

The knowledgeable examinee presented with this protocol should be able to:

1. Demonstrate the ability to assess aesthetic deformities of the nose;
2. Discuss appropriate treatment options; and
3. Respond appropriately to intraoperative findings.

### **EXAMINEE INFORMATION**

Two years ago, this 37-year-old woman underwent a functional septorhinoplasty and would like the appearance of her nose improved. Examination reveals an asymptomatic 1.5-cm septal perforation in the vomer ethmoid region.

### **PROPOSED LINE OF QUESTIONING**

*FIGURES:* This protocol has four figures, all of which should be given to the examinee with Question 1.

#### **1. Describe the external defects shown in the preoperative photographs.**

These include:

- overprojection of the tip
- excess columellar show
- “boxiness” of the tip
- pinching of the nasal dorsum
- unevenness of osteotomies.

#### **2. An external approach is being considered. What are the purported advantages of this approach?**

The advantages are:

- better exposure
- ability to use both hands
- more precise suturing and/or placement of grafts.

#### **3. How would you deproject the tip?**

Options include:

- full transfixion incision
- excision of a portion of the lateral crus with reapproximation
- excision of a portion of the medial crus with reapproximation.

#### **4. During tip deprojection, the nostrils begin to look “flared.” How would you correct this problem?**

Surgery on the alar base would be effective. Usually, some type of alar resection is needed.

*Continued, page 6*

5. **During elevation of the dorsal skin, you find that the “pinched” dorsum is actually composed of two layers of approximated skin. There is a severe saddle nose deformity. What would you use for dorsal augmentation?**

Appropriate materials include:

- autogenous cartilage from the septum or ear
- autogenous bone graft from the hip, rib, or cranium
- irradiated cartilage
- alloplastic materials such as Mersilene or Gore-tex.

6. **What treatment would you suggest for the asymptomatic septal perforation?**

Since it is asymptomatic, there is no need for any repair or treatment.

7. **What treatment would you suggest for the unevenness of the osteotomies?**

Double or multiple osteotomies would be most effective.

8. **How would you correct the excess columellar show?**

The membranous septum should be trimmed, as should the caudal septum if it is contributing to the problem.



## ■ PATIENT PHOTO RELEASE FORM

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Any photographs provided for use on the ABFPRS examination must be accompanied by a patient photo release form. This guide contains two models, both of which comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The first allows the patient to select the uses for which he/she provides permission. The second authorizes general release of photos for myriad purposes. These model releases are provided as a service, and the ABFPRS recognizes that your own release may adequately cover use of photos in exam materials. It is recommended that you have your attorney review the release you submit with photos for the ABFPRS examination to assure your compliance with HIPAA.

### SAMPLE 1: Authorization for Release and Use of Photographs for Peer Review

The undersigned, \_\_\_\_\_, is a patient of \_\_\_\_\_, M.D., (“the treating physician”) and has been or will be photographed during the course of treatment. (By the term “photographs,” this form also includes digital images.) Those photographs will become part of the medical record. Under the Health Insurance Portability and Accounting Act of 1996 (HIPAA), those photographs may be supplied as part of the medical records to medical specialty boards and hospital medical staffs reviewing the treating physician’s credentials under a “Business Associate Contract” prescribed by HIPAA. In addition, the undersigned grants to the treating physician the on-going and unrestricted right to use those photographs (but not the patient’s name) in the following way (check all applicable):

- \_\_\_\_\_ Use by medical specialty board in formulating its examination of applicant physicians
- \_\_\_\_\_ Medical research, education, or science
- \_\_\_\_\_ Professional medical journals, videos, or books
- \_\_\_\_\_ Patient education purposes, including the treating physician’s procedural and general information brochures and photo book for prospective patient viewing
- \_\_\_\_\_ Slides, computer images, website and televisions media providing information about physician’s practice to the interested public (including public relations)

The undersigned acknowledges that the persons to whom the photographs may be disclosed for above stated purposes include other practicing physicians, medical students, health care providers, credentialing organizations (such as the American Board of Facial Plastic and Reconstructive Surgery), and their staffs. Prospective patients and the public may, under some of the above alternatives, also view the photographs. Under HIPAA, if the organization or person authorized to receive the photographs is not a health plan or health care provider, the released information may not be covered by HIPAA’s protections from further disclosures or use by federal privacy regulations.

This authorization may only be revoked in writing, signed by the undersigned and delivered to the physician at treating physician’s address below. Such revocation shall thereafter be effective as to any further use not already committed to by the physician. Unless earlier revoked, this authorization will expire on the end of the treating physician’s practice of facial and reconstructive surgery, except there will be no expiration for the purpose of medical or scientific research or use in specialty-board examinations. Revocation will not affect uses and disclosures made before receipt of the revocation. This authorization is in consideration of services performed and consultations conducted or to be performed or conducted by the physician, and there have been no representations or inducements concerning this authorization except as set forth herein. The treating physician will not condition treatment on whether the individual signs this authorization. The undersigned may see and copy any photographs described on this form upon request and may receive a photocopy of this Authorization form upon request.

Signed:

Dated:

\_\_\_\_\_  
Patient

Witnessed: \_\_\_\_\_

## Authorization by Parent or Guardian

I am the parent or guardian of \_\_\_\_\_, a minor. I am authorized to sign this authorization on his/her behalf, and I agree on my own behalf and his/her behalf to the terms of the foregoing authorization.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Treating physician's address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SAMPLE 2: Authorization for Release and Use of Photographs

The undersigned, (please print) \_\_\_\_\_, is a patient of (please print) \_\_\_\_\_, M.D., ("the treating physician") and has been or will be photographed during the course of treatment. The undersigned grants to the treating physician and to the American Academy of Facial Plastic and Reconstructive Surgery and to the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery the on-going and unrestricted right to use those photographs for general information, education, scientific, medical and public relations purposes and to permit others to use them for those purposes.

The undersigned further acknowledges that he/she relinquishes all right, title, and interest in these photographs, or any right to profit or gain directly or indirectly realized through the use of the photographs. The persons to whom disclosure may be made include physicians, medical students, patients and prospective patients, examining boards, medical and other periodicals, medical editors, insurers (if any), outside firms, the staff of the Academy and the Foundation, readers of medical literature and the general public.

This authorization may only be revoked in writing, signed by the undersigned and delivered to the physician and to the American Academy of Facial Plastic and Reconstructive Surgery at its office in Alexandria, Virginia. Such revocation shall thereafter be effective as to any further use not already committed to by the physician or the Academy or the Educational and Research Foundation. Unless earlier revoked, this authorization will expire on the end of the treating physician's practice of facial and reconstructive surgery, except there will be no expiration for the purpose of medical or scientific research. Revocation will not affect uses and disclosures made before receipt of the revocation. If the photographs are disclosed, there is obviously potential for redisclosure some of which would not be subject to this authorization. This authorization is in consideration of services performed and consultations conducted or to be performed or conducted by the physician, and there have been no representations or inducements concerning this authorization except as set forth herein. The treating physician will not condition treatment on whether the individual signs this authorization, but, if any portion of the treating physician's services is to be covered under any insurance or third-party-payment plan, the signing individual will be responsible for authorizing release as required by that insurance or third-party-payment plan.

\_\_\_\_\_  
Signed

(Patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed

## ■ READY TO SUBMIT YOUR PROTOCOL?

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*Did you remember to enclose . . .*

*Enclosed*

Photographs and other art? (Digital art preferred - 150 dpi is best)

Text? (Electronic file is best - Word is preferred program)

Reference(s)?

Patient photo release?

Submit protocols to T. Susan Hill, Executive Director  
ABFPRS, 115C South St. Asaph Street, Alexandria, VA 22314  
telephone (703) 549-3223; fax (703) 549-3357; e-mail tshill@abfprs.org.