

SpineCare Arizona

Disorders of the Spine

James H. Maxwell, M.D., F.A.C.S.
Medical Director

American Academy of Orthopaedic Surgeons
American Board of Orthopaedic Surgery
American College of Surgeons
North American Spine Society

August 27, 2022

Medical Investigator
Arizona Medical Board
1740 West Adams Street, Suite 4000
Phoenix, AZ 85007-2664

In the case of Duane Pitt, M.D.

Dear Sir/Madam,

I respectfully request the Arizona Medical Board consider this letter in conjunction with its deliberations regarding complaint generated in the case of [REDACTED] versus Pitt. I offer my input on two fronts: Formal clinical review of the operative care in question, and my personal knowledge of Dr. Pitt's capabilities and character.

As a long-time spine surgeon in Arizona, I have been particularly honored to be an Examiner for the American Board of Orthopedic Surgeons. As such, I am charged with formally examining new candidate spine surgeons for board certification. For example, I have just returned from Chicago, where, as part of that oral certification process, I personally interviewed 64 candidates. The candidates presented their operative caseloads to me in detail, defending their decision-making, technical aspects, complication-handling and outcomes, among other things. Failure at this stage of certification would have rendered the candidate, "not board certified."

The scoring rubric for the Examiners' use is attached. It is broad and detailed.

I carefully studied the Dr. Pitt's workup of this operative case that the Arizona Medical Board is considering. I reviewed radiographic images. I read most of the trial testimony.

Using this very rubric we use for board certification purposes, I would have graded Dr. Pitt as 2 (expected level) or 3 (above expected level) on all 9 measures. I am happy to present this in detail to the Arizona Medical Board if required, but there is no question that he met this very high standard. Taking, for example, the complication: He recognized it, sought professional advice, executed correction, and appropriately aborted surgical instrumentation at that juncture. Many of my colleagues would agree that he actually performed "above expected level" for this unusual, but recognized, complication in revision cervical spine surgery.

As to my personal knowledge of Dr. Pitt, I cannot say enough. He has excellent communication and analytic skills, empathy, and first rate technique. We have shared call for one another for 20 years, and operated jointly on occasion. He is a first-tier surgeon and trusted colleague.

2929 E. Camelback Road, Suite 118
Phoenix, AZ 85016
Tel: 602-258-2200 Fax: 602-258-2202

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I certainly hope the above is of some value to the Board in its deliberation.

Sincerely,

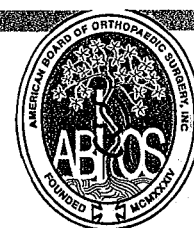
A handwritten signature in black ink, appearing to read 'JH Maxwell', with a long horizontal flourish extending to the right.

James H. Maxwell, M.D.
Spine Surgeon

JHM/pi

ABOS Oral Examinations

Scoring Rubric



	3 <i>Above Expected Level</i>	2 <i>Expected Level</i>	1 <i>Below Expected Level</i>	0 <i>Unacceptable</i>
Data Gathering	Records all pertinent history Records a complete physical examination Uses and interprets basic and advanced imaging and other diagnostic studies appropriately Records are complete and unique to the patient treated	Records adequate history Records an adequate physical examination Adequate use and interpretation of basic and advanced imaging and other diagnostic studies Records are adequate and unique to the patient treated	Records cursory history Records an insufficient physical examination Insufficient use and interpretation of basic and advanced imaging and other diagnostic studies Records are incomplete	Records insufficient history Records an inaccurate and/or insufficient physical examination Unacceptable use and interpretation of basic and advanced imaging and other diagnostic studies Records are inaccurate and/or grossly deficient
Diagnosis and Interpretive Skills	Synthesis of information gathered is complete Formation of comprehensive differential diagnosis Accurate integration of information to form the correct diagnosis	Synthesis of information gathered is adequate Formation of adequate differential diagnosis Adequate integration of information to form the correct diagnosis	Synthesis of information gathered is sometimes insufficient Formation of differential diagnosis is incomplete but not incorrect Inadequate integration to form the correct and complete diagnosis	Synthesis of information gathered is unacceptable Formation of inaccurate differential diagnosis Poor integration of information and/or formation of incorrect diagnosis
Treatment Plan	Patient is thoroughly informed of the plan for treatment The planned treatment is above the expected level and includes informed consent The planned follow-up of the treatment is complete and above the expected level	Patient is informed of a treatment plan The planned treatment is at the expected level and includes informed consent The planned follow-up is at the expected level and includes the effect on the outcome	The patient is incompletely informed and the treatment plan is below the expected level The planned treatment is incomplete and below the expected level The planned follow-up of the treatment is below the expected level	The planned treatment plan is unacceptable The planned treatment is unacceptable although it may include an informed consent There is no planned follow-up or evidence of an attempt to follow-up
Surgical Indications	Non-surgical treatment is above the expected level and has not relieved the patient's symptoms The history, physical examination, and radiographs or other studies are above the expected level and optimally support the surgery performed The surgery performed is optimal, indicated, and well supported	Non-surgical treatment is at the expected level The history, physical examination, and radiographs are at the expected level and support the surgery performed The surgery performed is indicated and supported	Non-surgical treatment is insufficient and below the expected level The history, physical examination, and radiographs are below the expected level or incompletely support the surgery performed The surgery performed is incompletely indicated or incompletely supported	Non-surgical treatment is unacceptable The history, physical examination, and radiographs are unacceptable or do not support the surgery performed The surgery performed is not indicated or not supported
Technical Skill	Pre-operative planning is above the expected level and comprehensive Execution of the procedure is thorough, above the expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is at the expected level Execution of the procedure is at the expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is incomplete or below the expected level Adequate execution of the procedure is below the expected level as evident from the examination, radiographs, or other studies	Pre-operative planning is unacceptable Unacceptable execution of the procedure as evident from the examination, radiographs, or other studies
Surgical Complications	Appropriate measures to avoid complications Identification of complication(s) occurs promptly Complication(s) described are frequently expected for the procedure(s) Appropriate management of complication(s)	Adequate measures to avoid complications Identification of complication(s) in adequate time Complication(s) described are generally expected for the procedure(s) Adequate management of complication(s)	Insufficient measures to avoid complications Identification time of complication(s) is inadequate Complication(s) described are unexpected, but minor, for the procedure(s) Sub-optimal management of complication(s)	Inappropriate measures to avoid complications Identification of complication(s) is overlooked Complication(s) described are unexpected and severe for the procedure(s) Inappropriate management of complication(s)
Outcomes	Records patient satisfaction with care above the expected level Objective measures of patient recovery at follow-up are above expected levels An attempt for continuity of care is above the expected level	Records patient satisfaction with care at the expected level Objective measures of patient recovery at follow-up are at expected levels An attempt for continuity of care is at the expected level	Records patient satisfaction below the expected level Objective measures of patient recovery at follow-up are below expected levels An attempt for continuity of care is below the expected level	Records patient satisfaction with care at an unacceptable level or not documented Objective measures of patient recovery at follow-up are at unacceptable levels or not documented Does not attempt to maintain continuity of care
Ethics and Professionalism	Provided safe, ethical, compassionate, confidential, and professional care at an appropriate level	Provided safe, ethical, compassionate, confidential, and professional care at an adequate level	Provided safe, ethical, compassionate, confidential, and professional care at a sub-optimal level	Did not provide safe, ethical, compassionate, confidential, and professional care
Applied Knowledge	The candidate has appropriate knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes	The candidate has generally adequate knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes	The candidate has incomplete knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes	The candidate has an unacceptable lack of knowledge of best practices from evidence-based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes

