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# AMERICAN BOARD OF FOOT AND ANKLE SURGERY

## In-training Examination Guide for Residency Directors



**American Board of Foot and Ankle Surgery®**

445 Fillmore Street

San Francisco, CA 94117

(415) 553-7800

[www.abfas.org](http://www.abfas.org)

**This document contains information specific only to the 2018 examinations.**

October 2018

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## ABFAS In-training Examination Benefits

ABFAS administers its In-training Examination early in [September](#) to assess the progress of training and education at podiatric surgical residency programs approved by the Council on Podiatric Medical Education (CPME). The In-training Examination assesses residents' strengths and weaknesses and identifies subject areas that may require more study.

Residents taking the ABFAS In-training Examination gain experience with the multiple-choice didactic computer adaptive test (CAT) examination and the computer-based patient simulation (CBPS). Residents should see increasingly higher scores as they progress through their residency program. The experience and knowledge gained through the In-training Examination are invaluable as residents prepare for ABFAS Board Qualification and Board Certification examinations.

Although the In-training Examination is not part of the certification process, residency directors and residents should consider the examinations to be as important as the Board certification examination. This is the best way to assure that the full value of the examinations is realized and that residents who decide to take the ABFAS Board Qualification examinations are well prepared for success. Data show that residents who pass their Board Qualification examinations soon after competing residency are more likely to successfully complete the Board Certification process.



## The Didactic Examination

The didactic examination component of the In-training Examination consists of single best-answer multiple-choice questions that evaluate clinical knowledge and treatment skills acquired during a podiatric surgical residency. The didactic examination is an adaptive test where the computer dynamically presents multiple-choice questions that adjust in item difficulty based on the examinee's demonstrated ability level. As each question is answered, the computer assesses the response and selects the next question based on whether the previous answer was answered correctly. The questions become progressively more or less difficult as the software assesses and establishes the ability level of the examinee.

The ABFAS Cognitive Examinations Committee develops the examination items (questions). Each committee member is ABFAS Board Certified and trained and assessed in examination item development. The items run through a process of multiple reviews and edits by at least 14 committee members. After the Committee reviews and approves the items they go through a process of field testing on actual examinations. Only after items have demonstrated statistical quality through field testing, are they approved for scoring on the examinations. The entire process to develop a test item takes about two years and is conducted under the guidance of a psychometrician with expertise in certification examination development.

### Didactic Examination Structure

The examination contains 90 multiple-choice items. Of those 90 items, some may be in the process of field testing and will not count toward the reported score. Examinees are given 120 minutes to complete the examination.

Didactic Examination Structure	
Examination Type	Computer Adaptive (CAT)
Time Allotted	120 minutes
Item Type	Didactic/Multiple-Choice
# of Questions	90

### Didactic Subject Areas

**Table 1 *Didactic Subject Areas*** shows the broad topics for the didactic examination, as applied to the practice of podiatric surgery. The *Definition* and *Sample Topics* help to describe the topics covered in each *Subject Area*. The Exam Weight is the percent of total items that are expected to appear on the examination. For example, the subject area *Surgical principles* is weighted at 20% of the examination, so approximately 18 of the 90 items on the examination will be in that subject area. The precise number in each subject area may vary slightly. The didactic examination subject areas are based on a practice analysis which is a systematic collection of data describing the knowledge, skills, and competencies required to practice as a foot and ankle surgeon.

<b>Table 1. In-training Examination Didactic Subject Areas</b>	
<b>Diagnostic studies/ medical imaging</b> <span style="float: right;"><b>Exam Weight = 10%</b></span>	
<b>Definition:</b> Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity. RRA subject areas may be tested.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies.</li> <li>▪ Diagnosis based on a specific imaging study.</li> </ul>
<b>Surgical principles</b> <span style="float: right;"><b>Exam Weight = 20%</b></span>	
<b>Definition:</b> General principles standard to all surgical disciplines and applicable to podiatric surgery. RRA subject areas may be tested.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Preoperative, intraoperative, or postoperative decision-making or management.</li> <li>▪ Not procedure-specific.</li> </ul>
<b>Surgical procedures/ techniques</b> <span style="float: right;"><b>Exam Weight = 20%</b></span>	
<b>Definition:</b> Intraoperative aspects of specific surgical procedures.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Relevant (normal or abnormal) anatomy encountered and surgically altered during the performance of a surgical procedure.</li> <li>▪ Anatomy that is encountered and surgically altered.</li> <li>▪ Incision placement and dissection technique.</li> <li>▪ Orientation of bone cuts.</li> <li>▪ Selection and application of fixation devices and bioimplants.</li> <li>▪ Placement and fixation of tissue transfers.</li> <li>▪ Selection and application of closure materials, drains, and surgical dressings.</li> <li>▪ Complications that are assessed and/or managed intraoperatively.</li> </ul>
<b>Procedural perioperative management</b> <span style="float: right;"><b>Exam Weight = 20%</b></span>	
<b>Definition:</b> Procedure-specific and preoperative or postoperative in nature (not intraoperative). RRA subject areas may be tested.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Selection of a specific procedure based on findings.</li> <li>▪ Diagnosis that requires a surgical management decision.</li> <li>▪ Postoperative management of a specific procedure.</li> </ul>
<b>Complications</b> <span style="float: right;"><b>Exam Weight = 20%</b></span>	
<b>Definition:</b> Procedure- or injury-specific postoperative or post-traumatic conditions. RRA subject areas may be tested.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Identification and/or management of lower extremity procedure-specific postoperative complications.</li> <li>▪ All-inclusive subject categories dealing with diagnosis and/or treatment.</li> </ul>
<b>General Medicine</b> <span style="float: right;"><b>Exam Weight = 10%</b></span>	
<b>Definition:</b> All general medical diagnostics and treatments exclusive of lower-extremity pathology.	<b>Sample Topics:</b> <ul style="list-style-type: none"> <li>▪ Systemic complications.</li> <li>▪ Diagnosis that requires a medical management decision.</li> <li>▪ Medical management: diagnosis and treatment of diseases, disorders, and conditions, exclusive of the lower extremity.</li> <li>▪ Interpretation of history and physical examination and diagnostic studies relating to non-lower extremity pathology.</li> <li>▪ Anesthesia: local, regional, spinal, epidural, IV sedation, and general anesthesia topics, including related peri-anesthesia assessment and pharmacologic management.</li> <li>▪ Emergency medicine: diagnosis and treatment of urgent or emergent diseases, disorders and conditions exclusive of lower extremity</li> </ul>

**Table 2 Didactic Subcategories** describes the various conditions that may be tested under one or more *Subject Areas*. Each examination question is tied to a specific *Subject Area* and *Subcategory*. For example, a question could be within the Surgical Principles subject area and specifically about the acquired digital deformities subcategory. There is no specific weighting for the subcategories.

<b>Table 2. In-training Examination Didactic Subcategories</b>	
Subcategories can apply to any of the Subject Areas in Table 1, with exceptions noted below.	
<b>Deformities</b>	
<ul style="list-style-type: none"> <li>▪ Acquired digital deformities.</li> <li>▪ Hallux abductovalgus.</li> <li>▪ Hallux limitus.</li> <li>▪ Central metatarsal deformities.</li> <li>▪ Fifth metatarsal deformities.</li> <li>▪ Other common forefoot deformities.</li> <li>▪ Complex/combined forefoot deformities.</li> <li>▪ Common rearfoot deformities.</li> <li>▪ Congenital digital deformities (polydactyly, syndactyly, macrodactyly, overlapping digits).</li> <li>▪ Congenital forefoot deformities (brachymetatarsia, clawfoot, hallux varus).</li> <li>▪ Metatarsus adductus</li> </ul>	<p>The following subcategories are covered in all Subject Areas <b>except</b> "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> <li>▪ Metatarsus adductus/skewfoot</li> <li>▪ Pes planus</li> <li>▪ Pes cavus</li> <li>▪ Clubfoot</li> <li>▪ Tarsal coalition</li> <li>▪ Vertical talus</li> <li>▪ Calcaneovalgus</li> <li>▪ Equinus deformities</li> <li>▪ Complex leg/ankle deformities</li> </ul>
<b>Infections</b>	
<ul style="list-style-type: none"> <li>▪ Soft tissue.</li> <li>▪ Bone/joint.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Systemic.</li> </ul>
<b>Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)</b>	
<ul style="list-style-type: none"> <li>▪ Soft tissue.</li> <li>▪ Bone.</li> </ul>	
<b>Other conditions</b>	
<ul style="list-style-type: none"> <li>▪ Vascular disorders.</li> <li>▪ Focal neuropathies (entrapments, neuroma, TTS) and RSD.</li> <li>▪ Neuropathic bone, joint, or soft-tissue derangements.</li> <li>▪ Neuromuscular disorders.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Arthritic disorders.</li> <li>▪ Metabolic bone disease. Tendinopathies.</li> <li>▪ Other soft-tissue disorders (plantar fasciitis).</li> <li>▪ Nail and dermatologic disorders.</li> <li>▪ Chronic post-traumatic disorders.</li> <li>▪ Osteochondroses/AVN.</li> </ul>
<b>Acute trauma</b>	
<ul style="list-style-type: none"> <li>▪ Digital and sesamoidal fractures/dislocations.</li> <li>▪ Metatarsophalangeal joint dislocations.</li> <li>▪ Metatarsal fractures.</li> <li>▪ Tarsometatarsal fractures/dislocations.</li> <li>▪ Acute tendon ruptures/lacerations.</li> <li>▪ Acute nerve/vascular injury (including compartment syndrome).</li> <li>▪ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns).</li> <li>▪ Pediatric fractures/growth-plate injuries.</li> </ul>	<p>The following subcategories are covered in all Subject Areas <b>except</b> "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> <li>▪ Midfoot fractures/dislocations</li> <li>▪ Rearfoot fractures/dislocations</li> <li>▪ Ankle fractures</li> <li>▪ Acute soft-tissue ankle Injuries</li> </ul>
<b>Nonspecific</b>	
<ul style="list-style-type: none"> <li>▪ Joint implants.</li> <li>▪ Fixation devices.</li> <li>▪ Bone grafts/bone substitutes/bone healing.</li> <li>▪ Suture materials.</li> <li>▪ Soft tissue/anchor/skin graft/healing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anatomy.</li> <li>▪ Medicine (illnesses/therapeutics).</li> <li>▪ Anesthesia.</li> <li>▪ Other.</li> </ul>

## The CBPS Examination

CBPS assesses case management skills in a simulated clinical environment. The examination requires residents to demonstrate their accumulated knowledge and experience by analyzing information presented in a case and arriving at a diagnosis and treatment plan in a simulated clinical situation. The initial case information is presented as a brief written passage that describes the patient's current condition and may include medical history, images, and/or other pertinent information. The resident then gathers additional information by selecting options from dropdown lists that relate to physical exam tasks, imaging, laboratory tests, and/or diagnostic procedures. As the options are selected, more information may be displayed that could be helpful in arriving at a diagnosis and treatment plan. Next, the resident arrives at a diagnosis after which options to develop a treatment plan are selected. Follow-ups and/or an additional diagnosis may appear in the case.

## How CBPS Cases are Developed

A committee of Board Certified foot and ankle surgeons trained and assessed in case development write the CBPS cases. The cases are actual cases from real patients that allow residents to exercise and demonstrate critical thinking and analytical skills. Cases are scored on exams only after they have demonstrated statistical quality through field testing. The entire process to develop a CBPS case takes about two years and is conducted under the guidance of a psychometrician with expertise in certification examination development.

## CBPS Examination Structure

The CBPS component uses eight case scenarios to evaluate clinical reasoning skills, content knowledge, problem-solving ability, and clinical decision-making, i.e., ability to reason logically and arrive at a diagnosis or treatment plan for a specific patient presentation. Residents in RRA programs are presented four foot surgery cases and four RRA surgery cases in PGY (postgraduate year) 3 and PGY 4 (if applicable). All other residents receive eight foot surgery cases.

<b>CBPS Examination Structure</b>	
<b>Examination Type</b>	Computer-based Patient Simulation
<b>Time Allotted</b>	15 minutes per case 120 minutes total
<b>Item Type</b>	Case-specific Multiple Response
<b># of Cases</b>	8

## CBPS Examination Subject Areas

The broad topics for the CBPS examination, as applied to the practice of podiatric surgery, are shown in the **Table 3 CBPS Subject Areas**. The Exam Weight is the target proportion of the examination points in each subject area tested on the examination. The precise number in each subject area varies for each case, as well as for the overall examination and is subject to change.

The format of the examination is the same as the ABFAS Part I CBPS examinations. The CBPS examination subject areas are based on a practice analysis which is a systematic collection of data describing the knowledge, skills, and competencies required to practice as a foot and ankle surgeon.

<b>Table 3 CBPS Subject Areas – Foot Surgery &amp; RRA Surgery</b>		
<b>Subject Area</b>	<b>CBPS Content Percent</b>	
	<b>Foot Surgery</b>	<b>RRA Surgery*</b>
A. Physical examination	20%-40%	30%-50%
B. Diagnostic procedures/labs/imaging	10%-30%	10%-30%
C. Diagnosis	10%-30%	10%-30%
D. Treatment (application of surgical principles and medical management to determine treatment of patient)	30%-50%	20%-40%
<p><b>Cases in each Subject Area may cover any of the following:</b></p> <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Deformities/biomechanics</li> <li>• Medicine/perioperative management (infection/metabolic disease/arthritis disorders/emergency medicine)</li> <li>• Complications/revisions</li> <li>• Neoplastic disorders</li> <li>• Neurovascular disorders</li> <li>• Congenital disorders/pediatrics</li> </ul> <p><i>*Only for residents in RRA programs during PGY 3 and PGY4 (if applicable). Four foot surgery cases and four RRA surgery cases are presented.</i></p>		

### **Recommended Approach to the CBPS Examination**

Residents should complete the CBPS to the best of their abilities by considering the relevant aspects of patient management such as case history, physical examination, imaging, labs, diagnostic procedures, diagnosis, treatment, and in some cases, follow-up diagnoses and treatments. For example, if a resident is hesitant about whether a procedure is warranted, they should make the decision based on clinical indications.

Physical examination and patient work-ups are as important as diagnosis and treatment. While collecting patient information, the resident must balance thoroughness with efficiency, as well as balancing quality versus quantity. Only information that is specific to the problem that is presented in the case should be selected. Since there are a limited number of choices, it is important for residents to be very specific in order to demonstrate to the Board that they have the ability and knowledge to manage the case in an appropriate manner.

### **Time Management**

Residents will need to pace themselves and be careful to not take too much time on any one point or decision during the 15 minutes allotted per case. Field testing has demonstrated that users who have practiced the CBPS will have ample time to complete each case.

## **Earning Score Points**

Score points are earned on the examination based on the selections made. To earn score points, a selection must be specifically relevant to the management of the case. For example, routine preoperative evaluations, that are not specific to the case, would not typically earn score points.

Scored responses are based on the relevancy of the processes or actions performed. There is no penalty for a selection that is not pertinent or does not turn out to be specifically helpful. For example, there is no penalty for requesting an MRI if the MRI option is listed as “not available”. However, there may be a penalty for a selection that is harmful or unsafe to the patient such as an unnecessary invasive procedure.

## **Common CBPS Pitfalls**

### ***Jumping to a diagnosis and treatment.***

One of the most common mistakes made on the CBPS is to jump to a diagnosis and move to treatment without providing evidence that the diagnosis and treatment were selected in a thoughtful manner. For example, seeing an image of a patient with a bunion and saying “I’m going to take an x-ray and then do this procedure” would be a mistake. ABFAS cannot assume an appropriate problem-focused physical examination has been performed. This must be demonstrated by selecting the physical examination options that relate specifically to the problem presented and/or support the determination of a diagnosis and treatment plan, where applicable.

### ***Providing a Surgical Work-up.***

Working up the patient to prepare the patient for surgery is not the purpose of the examination. The purpose is to come up with a diagnosis and a treatment plan that is pertinent to the case itself. As case-related evidence is gathered, residents should use it to determine any other evidence that may be needed for the diagnosis and treatment of the case. There are only 10 selections each for physical examination, imaging, and diagnostic procedures, so it is important to focus on the management of the case, not the surgical work-up.



## Preparing for the In-training Examination

### Self-Assessment and Study

The In-training Examination is designed to assess progress in training, so studying all the subject areas on the examinations might not be useful. However, residents should understand the subject areas that are covered on the examination by familiarizing themselves with the didactic and CBPS examination subject areas. It is important for residents to honestly assess themselves against the examination content areas to determine where they possess in-depth knowledge and areas where they need to expand their knowledge. Residents should study subject areas where they feel they need to expand their knowledge based on their self-assessment.

In addition to self-assessment, actual In-training Examination scores are helpful in determining relative strengths and weaknesses. Residents who have already taken the In-training Examination and are planning on taking future In-training Examinations can use their score reports to inform the development of their study plan.

### CBPS practice examination.

ABFAS offers a practice CBPS exam that functions exactly like the real CBPS examination. It is important that residents practice CBPS examinations during the weeks prior to the actual examination. They should become familiar with the computer screens and functionality of the simulations so that they can efficiently move through the actual examination.

Residents may access the practice examinations as many times as they wish. Obviously, the more times a resident practices, the more familiar they will become with the user interface and how the CBPS system responds to entries. It is very important to become familiar with searching the list of selections, making selections, navigating from tab to tab, and viewing and zooming images. With practice, they can be better prepared to take the actual CBPS examination and will be able to focus their attention on demonstrating case management skills during the examination rather than figuring out the CBPS interface.

#### *Try the Practice Exams*

*ABFAS Board Certified Diplomates have access to the didactic and CBPS practice exams through their ABFAS online profile. Residency directors are encouraged to take the practice exams to gain familiarity with the format of the exams.*

### Didactic Practice Examination

Residents should take the online practice didactic examinations to become familiar with the types of questions that will be presented on the examination and to practice multiple-choice test-taking skills. There is no practice examination specific to the In-training Examination, so residents should take the Part I Board Qualification in Foot Surgery and Part I Board Qualification in RRA Surgery practice examinations.

The practice exam is not a computer adaptive examination, like the actual In-training didactic exam. However, the topics and format are very similar to the In-training Examinations. After the practice exam is completed, the correct answers are given along with a report that shows how each item was answered.

## Other Resources Available

In addition to the practice examinations, there are many other resources available online that will help residents understand what to expect on the In-training Examinations. For a list of these resources, please see the last section of this document, ABFAS In-training Examination Resources.

## Interpreting the ABFAS In-training Examination Scores

The In-training Examinations score reports are designed to help residents and directors understand how examination performance changes over the course of their residency training. The reports also provide a comparison to others in the same group of examinees.

### Scaled Scores

The didactic and CBPS In-training Examination scores are reported as scaled scores rather than raw scores or percent correct. Scores are transformed into scaled scores so that they remain comparable across different versions of the examination and as the examinations change over time. The didactic and CBPS In-training Examinations scores are both reported on a scale of 200-800.

There is no pass/fail for the In-training Exams, so there is no minimum score required to pass. For comparison, the minimum score required to pass the Part I Foot didactic examination is 405, and the minimum score required to pass the Part I RRA didactic examination is 450.

### Didactic Examination Score Report

Residents receive a printed preliminary didactic examination score report at the test site upon completion of the examination. This report shows the weighting and scaled scores for each skill area, and a total scaled score. The preliminary report is not available to residency directors.

*Example of scores shown on preliminary score report:*

Surgical In-training Examination Didactic Results	
Skill Area	Your Score
<b>Diagnostic Studies/Medical Imaging   Exam Weight = 10%</b> <i>Interpretation of specific studies limited to the diseases, disorders, and conditions of the lower extremity. May include laboratory studies, imaging, or other diagnostic studies that will lead to a diagnosis or differential, including diagnosis from a specific imaging study</i>	410
<b>Surgical Principals   Exam Weight = 20%</b> <i>General principles applied to surgery. May apply to preoperative, intraoperative, or postoperative decision-making or management, but not as related to a specific procedure. These principles are standard to all surgical disciplines and applicable to podiatric surgery.</i>	569
<b>Surgical Procedures/Techniques   Exam Weight = 20%</b> <i>Intraoperative aspects of specific surgical procedures.</i>	360
<b>Procedural Perioperative Management   Exam Weight = 20%</b> <i>Procedure-specific and preoperative or postoperative in nature (not intraoperative).</i>	453
<b>Complications   Exam Weight = 20%</b> <i>Limited to postoperative or post-traumatic conditions and must be procedure or injury specific.</i>	490
<b>General Medical   Exam Weight = 10%</b> <i>All general medical diagnostics and treatments exclusive of lower extremity pathology.</i>	329
<b>Your Total Score</b>	<b>441</b>

Didactic score reports become available on PRR about 6 weeks after the examination window has closed. Residency directors have access to the same reports as individual residents in their program. Reports can be viewed directly on PRR and there is a downloadable version that can be saved and printed.

*Example section of the downloaded score report showing the didactic scores and comparative means by PGY:*



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Exam Year : \_\_\_\_\_

### Score Report

Didactic Subject Area	Your Score	PGY 1 Mean	PGY 2 Mean	PGY 3 Mean
Diagnostic Studies/Medical Imaging score	410	400	410	431
Surgical Principles	569	393	405	443
Surgical Procedures Techniques	360	392	408	439
Procedural Perioperative Management	453	370	407	451
Complications	490	379	416	456
General Medical	329	399	405	428
Total	441	371	394	438

Each didactic examination score report shows the resident's scaled scores for the six foot surgery subject areas along with the total scaled score in the "Your Score" column. The total score is the most important score to consider because it reliably measures the resident's knowledge of all the subject areas. Individual scaled scores for each subject area are also reported, but they are not a reliable measure of knowledge or ability level in each of the subject area because there are too few items being tested in each subject area. However, these subject category scores are a useful illustration of relative strengths and weaknesses among the subject areas. Although performance in each subject area is a factor of the total score, because each subject area is weighted differently, the total score is not simply the sum, or average, of all subject area scores.

Mean Subject Area scores by PGY show the relative performance of these groups among the subject areas. When compared to the mean total scores for each PGY, the resident's overall performance relative to each PGY group can be seen. The mean scores are limited to In-training Examinations administered in the same examination year.

### CBPS Examination Score Report

CBPS score reports are available only on PRR about 6 weeks after the examination window has closed (there is no preliminary report for CBPS handed out at the testing center). There are two versions of the report available on PRR: one that can be viewed directly on PRR and a downloadable version. Both versions include report templates for Foot and RRA cases. However, RRA scores are reported only for PGY 3 and PGY 4 (if applicable) residents who are in RRA programs because they are the only group that receives RRA cases on the examination.

*Example section of the downloaded score report showing the CBPS scores:*

Computer-Based Patient Simulation (Foot)	Your Score
Physical Examination	Above Average
Diagnostic Procedures/Labs/Imaging	Average
Diagnosis	Average
Treatment	Average
<b>Total</b>	<b>485</b>

Only shown for PGY 3 and 4 residents in RRA programs

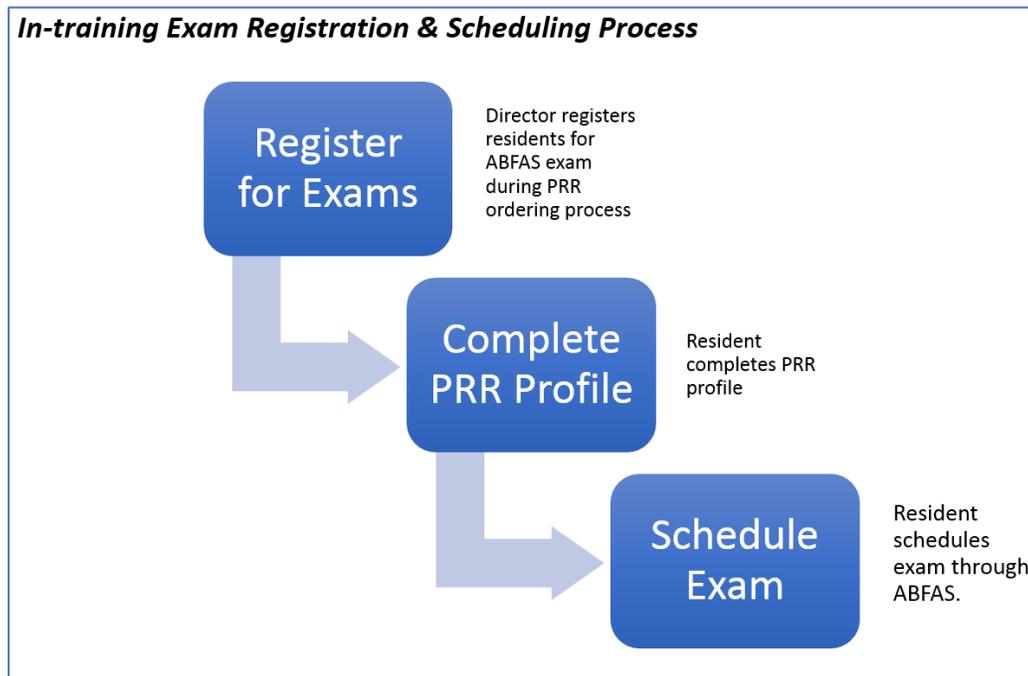
Computer-Based Patient Simulation (RRA)	Your Score
Physical Examination	Average
Diagnostic Procedures/Labs/Imaging	Above Average
Diagnosis	Average
Treatment	Above Average
<b>Total</b>	<b>510</b>

As with the didactic examination results, the CBPS total score is a reliable measure of the knowledge and interpretive skills deemed appropriate for a podiatric surgical resident. Mean total scores of each PGY group are shown for a relative comparison with the resident’s total score (this is not shown on the downloadable version of the score report).

Mean scores for each CBPS subject area are not given because of the small number of items given for each case. Instead, the CBPS examination score report shows how the resident performed relative to the average of all others who have taken the CBPS examination during the same examination year. This is reported in each subject area as either “above”, “below”, or at the “average” of all other examinees in the same PGY group. Comparative subject area data are not available by other PGY groups.

## Registration and Scheduling

Residency directors register residents for the ABFAS In-training Examination through the PRR ordering process. Then, residents complete their PRR profile and schedule themselves for the examinations.



### Registration

Registration for the ABFAS In-training Examination is part of the PRR ordering process that typically starts early to mid-June of each year. Residency directors register residents for the ABFAS In-training Examination while renewing or adding PRR access for their residents. The full name and email address of each resident registered for the In-training Examination must be provided during the PRR ordering process.

While ordering, residency directors are to indicate whether a resident is participating in RRA training by checking the +RRA box. This is how ABFAS determines if a resident will have RRA content in their examinations.

After ordering is complete, PRR sends an email notification to first year (PGY-1) residents that includes their initial PRR and ABFAS sign-in credentials. The sign-in notification is not emailed to continuing residents because they should already have sign-in information in their first year.

### ***Username & Passwords***

*The initial sign-in credentials are the same for ABFAS and PRR. The username cannot be changed. However, residents can change the password for either sign-in. Both ABFAS and PRR have password recovery systems on the sign in page.*

*Please note that for any residents initially enrolled in PRR prior to 2017, the user name is the first initial and last name of the resident.*

## PRR User Profiles

When the PRR order is complete, PRR will email a notice to residents with incomplete profiles requesting that they complete their PRR profiles. ABFAS requires the resident's full name, address, phone number, and email address in order to register for the ABFAS examinations. The full name in the PRR profile must match the resident's name as it appears on their identification to be admitted to the test center.

## Scheduling

After completing registration for the ABFAS In-training Examination, residents are responsible for scheduling their ABFAS In-training Examinations at a Pearson VUE Professional Center.

ABFAS emails residents a notification stating they can schedule. This email is sent about one business day after residents complete their PRR user profile.

Residents taking the ABFAS In-training Examination schedule their CBPS and didactic examinations separately on a single examination day during the 6-day In-training Examination window. Residents have the flexibility to schedule a break between examinations and take the didactic and CBPS examinations in any order. However, the examinations must be taken on the same day.

It is important to schedule soon after receiving the ABFAS email notification to schedule. Each examination requires a separate appointment.

Approximately 6 weeks before the examination window opens, residents who have not scheduled will be automatically scheduled at the closest available test center to the address shown in the resident's PRR profile. ABFAS encourages residents to not wait for automatic scheduling because they may not be scheduled for a date or test center convenient to them.

## Rescheduling an Examination

Rescheduling examinations is permitted but is subject to availability of examination seats at Pearson VUE Professional Centers. Typically, examination seats fill quickly and rescheduling becomes difficult about 30 days before examination day. Examinations can be rescheduled within the examination window any time up to 24 hours before examination day. The process to reschedule is the same as scheduling. Residents sign-in to the ABFAS web site and click on the "Schedule/View Examination With Pearson VUE" button to begin the process. There is no fee to reschedule.

### **Common Scheduling Roadblocks**

*Once the PRR ordering process is complete, residents are responsible for ensuring their PRR profile is complete and to schedule their own In-training Examinations. However, every year many residents delay completing their profiles or scheduling their exams. These delays often result in difficulty finding an open space at the testing center of choice. Residency directors can help residents by reminding them to complete their PRR profiles and schedule as soon as they get their notice to schedule from ABFAS.*

## Canceling a Scheduled Examination

Residents may request to cancel an examination that has been scheduled by sending the request via email to [scheduling@abfas.org](mailto:scheduling@abfas.org) at least **24 hours before the examination appointment**. Residents should only request a cancellation when an emergency or illness prevents the resident from taking the examination. ABFAS does not refund examination cancellations.

## ADA Accommodations

Residents with a disability covered under the Americans with Disabilities Act (ADA) who requires test accommodations must notify ABFAS in writing for each ABFAS examination where accommodations are requested. To request an accommodation, residents should use the ABFAS [Test Accommodation form](#) available on ABFAS.org.

The ADA forms for ABFAS In-training Examinations must be reviewed and approved at least 30 days prior to taking the examination(s).

<b>Need Help? Registration and Scheduling Contacts</b>	
Registration or Ordering	<b>PRR</b> 415-553-7810 or <a href="mailto:aluna@podiatryrr.net">aluna@podiatryrr.net</a> Monday–Friday, 8:00 a.m.–4:00 p.m. Pacific
Scheduling or Rescheduling Running late to an examination	<b>Pearson VUE Customer Service</b> 800-511-6951 <a href="http://www.pearsonvue.com/abps/contact/">http://www.pearsonvue.com/abps/contact/</a> Monday–Friday, 7:00 a.m.–7:00 p.m. Central
Cancel an examination	<b>ABFAS Examinations Team</b> Email <a href="mailto:Scheduling@ABFAS.org">Scheduling@ABFAS.org</a> with your request
ABFAS.org Sign-in Help	<b>ABFAS Web Site</b> Use the Sign-In Help page <a href="https://www.abfas.org/ForgotPassword.aspx">https://www.abfas.org/ForgotPassword.aspx</a>
General questions about examination scheduling	<b>ABFAS Examinations Team</b> <a href="mailto:Scheduling@ABFAS.org">Scheduling@ABFAS.org</a> or 415-553-3146 Monday–Friday, 7:00 a.m.–5:00 p.m. Pacific

## What Residents Can Expect on Examination Day

### Security at Test Center

Each examinee must sign-in on a digital pad, have their photo taken, and have their palm vein image scanned. Eyeglasses and clothing may be inspected. Personal items must be stored in the test center lockers. This includes all bags, books, notes, electronic devices, watches and wallets.



### Identification Requirements

Two (2) forms of identification are required to be admitted to the test center:

#### *Primary ID*

The primary ID must include the following elements:

- |   |  |
|---|--|
| (1) Government issued.                                      | (4) Signature.                                 |
| (2) Recent recognizable photograph.                         | (5) Original (no photo copies or digital IDs). |
| (3) First and last name (must match name used to register). | (6) Valid (unexpired).                         |

Examples: passport, driver's license, military ID, state ID, green card.

#### *Secondary ID*

The second form of ID must at least meet Primary ID requirements 3-6. Examples: IDs issued by schools, employers, banks, insurance companies. professional licenses.

### Candidate Rules and Nondisclosure Agreement

Residents will need to review and sign the [Pearson VUE Candidate Rules Agreement](#) before entering the testing area. [The ABFAS Nondisclosure Agreement \(NDA\)](#) will appear on the screen before each examination and must be accepted before the examination will start.

### Breaks During Examination

There are no breaks scheduled during the didactic or CBPS examinations. The examination timer cannot be paused at any time for any reason. However, if a break must be taken during an examination, residents may raise their hand at the testing station to be checked-out by the Pearson VUE test administrator. Breaks can be taken between examinations.

### Emergency on Test Day or Late for Appointment

If an emergency prevents a resident from taking the examination, they should call ABFAS immediately at 415-553-7800. Residents expecting to arrive late to an appointment should contact Pearson VUE at 800-511-6951 as soon as possible. Residents arriving more than 15 minutes after the start of the scheduled appointment may not be admitted to the test center.

## ABFAS In-training Examination Resources

### Didactic Examination

- [How to Navigate the Didactic Examination.](#)
- [ABFAS Online Study Guide & Didactic Practice Examinations.](#)
- [How We Build a Didactic Examination.](#) ABFAS Newsletter, Fall 2016. P. 7

### CBPS Examination

- [How to Successfully Navigate the CBPS Examination.](#)
- [CBPS practice examination.](#)
- [CBPS practice test instructions.](#)
- [CBPS practice examination key and feedback.](#)
- [CBPS tips for success video.](#)
- [How We Build the CBPS Exam.](#) ABFAS Newsletter, Fall 2017. P. 11.
- [Resources to Prepare for the CBPS.](#)

### Pearson VUE

- [What to expect at the Pearson VUE test center.](#)
- [Comfort aids allowed at Pearson Professional Centers.](#)
- [Pearson VUE Customer Service.](#)

### Other ABFAS Resources

- [Document Library.](#) Includes policies for ABFAS Board Qualification and Certification.
- [Newsletter for Residents.](#)
- [Examination dates.](#)
- [Frequently Asked Questions \(FAQs\).](#)

### Need Assistance?

As always, you can email ABFAS at [info@ABFAS.org](mailto:info@ABFAS.org) or call us at (415) 553-7800. We are here to help you Monday - Friday, 7:00 am - 5:00 pm Pacific Time.

