This document contains information specific only to the 2020 examinations.

June 2020
The American Board of Foot and Ankle Surgery (ABFAS) strives to protect and improve the health and welfare of the public by advancing the art and science of foot and ankle surgery.

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ABFAS In-training Examination Benefits

ABFAS administers its In-training Examination 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 shows that residents who pass their Board Qualification examinations soon after completing residency are more likely to successfully complete the Board Certification process.
In-training Examination Changes Starting 2020

Full-length Foot Surgery and RRA Surgery Examinations

All residents who take the ABFAS ITEs are administered full-length Foot Surgery and RRA Surgery examinations. The new ITEs give residents an examination experience that more closely reflects the Board Qualification examinations.

Final-year Residents Scoring 500+ on ITE May Seek Board Qualification Exam Credit

Residents, in their final year of residency, who score at least 500 (Part I passing score) on ITE have the option of using that score towards fulfilling their board qualification examination requirements. There is a $300 fee for each final year ITE converted into the board qualification examination.

For more information please visit the Board Qualification Fee section of the Exam Fees page on the ABFAS website.

In-training Examination Dates

Residents who are not yet in their final year take the ITE during a five-day examination window. Final-year residents take their ITEs during a separate two-day window with Foot Surgery examinations on the first day and RRA Surgery examinations on the second day.

If needed, final-year residents may take the Part I Board Qualification examinations over a two-day window in March. After that, they may take Part I examinations only once per year, in the fall. The spring Part I examination is reserved for final-year residents and those who have completed residency before 2021.

<table>
<thead>
<tr>
<th>Postgraduate Year</th>
<th>Examination</th>
<th>Examination Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1, 2 (and PGY 3 in 4-year programs)</td>
<td>In-training, all exams</td>
<td>September 16-21, 2020</td>
</tr>
<tr>
<td>Final PGY</td>
<td>In-training - Foot Surgery</td>
<td>September 25, 2020</td>
</tr>
<tr>
<td></td>
<td>In-training - RRA Surgery</td>
<td>September 26, 2020</td>
</tr>
<tr>
<td></td>
<td>Part I Board Qualification- Foot Surgery</td>
<td>March 5, 2021</td>
</tr>
<tr>
<td></td>
<td>Part I Board Qualification- RRA Surgery</td>
<td>March 6, 2021</td>
</tr>
</tbody>
</table>

Full calendar of 2021 ABFAS exam dates
COVID 19 Impacts on 2020 In-training Examinations

Due to the ongoing COVID-19 health emergency, ABFAS is working to provide more flexibility to accommodate residents who are taking the In-training Examinations in 2020. In addition, our test delivery partner, Pearson VUE, is making accommodations at test centers to ensure that residents will be able to take their examinations in a safe and hygienic space.

During the summer of 2020, Pearson VUE testing centers are operating at reduced capacity to comply COVID-19 distancing restrictions. They expect that more capacity will become available as local restrictions are lifted. Residents may contact Pearson VUE for assistance at 800-511-6951 or they can email ABFAS at scheduling@abfas.org.

Online Proctored Didactic In-training Examination

ABFAS is temporarily offering online proctored administration of the 2020 didactic In-training Examinations for PGY 1&2 (and PGY 3 in 4-year programs). **We strongly encourage first and second year residents to take their didactic ITEs online to make more testing center space available for the CBPS ITEs.** Online proctored In-training Examinations are an optional alternative to taking the examination at a Pearson VUE test center. Residents will be able to take the exam from their homes or other environments that meet the security and technical requirements. Due to the technical nature of how online proctoring works, the CBPS In-training Examination is **not** available as an online proctored examination. Because of the high stakes nature of the ABFAS Final Year ITEs, online proctoring is not an option for those didactic exams.

The Online proctored didactic In-training Examinations are the same as the examinations administered at the Pearson VUE test centers and will be held during the same September 16-21 examination window.

Residents will not be able to schedule online proctored ITE didactic exams until mid-July, 2020. Meanwhile, if they prefer to take the ITE didactic at a Pearson testing center they should schedule it along with their CBPS exams as soon as possible after residency directors have ordered their ABFAS ITEs in PRR.

In-training Examinations May be Scheduled Independently

PGY 1&2 (PGY 3 in 4-year programs) residents may schedule each of their In-training exams in any order on any of the days within the September 16-21 examination window. Final-year residents must take their Foot ITEs on September 25 and their RRA ITEs on September 26. However, they may schedule each examination in any order or time during those days.

Pearson VUE Testing Centers

Pearson VUE’s commitment to the health and safety of exam takers and their employees is shared in their Coronavirus Update page. Please ask your residents to visit this page before going to their test center for updates on face masks and other PPE that may be required to enter the testing center.
The Didactic Examinations

The didactic examinations consist of a 2-hour Foot Surgery examination and a 2-hour RRA Surgery examination. Both examinations are given to all residents in PMSR/RRA and PMSR residencies.

The examinations consist of single best-answer multiple-choice questions that evaluate clinical knowledge and treatment skills acquired during a podiatric surgical residency. 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 9 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 didactic examinations contain 80 multiple-choice items. Of those 80 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.

<table>
<thead>
<tr>
<th>Didactic Examination Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Type</td>
</tr>
<tr>
<td>Time Allotted</td>
</tr>
<tr>
<td># of Questions</td>
</tr>
<tr>
<td>Examinations Administered</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Didactic ITE 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 for the Foot and RRA examinations, so approximately 16 of the 80 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.
### Diagnostic Studies/Medical Imaging

**Definition:**
Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity. RRA subject areas may be tested on the Foot exam.

**Sample Topics:**
- Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies.
- Diagnosis based on a specific imaging study.

<table>
<thead>
<tr>
<th>Foot Exam Weight</th>
<th>RRA Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Surgical Principles

**Definition:**
General principles standard to all surgical disciplines and applicable to podiatric surgery. RRA subject areas may be tested on the Foot exam.

**Sample Topics:**
- Preoperative, intraoperative, or postoperative decision-making or management.
- Not procedure specific.

<table>
<thead>
<tr>
<th>Foot Exam Weight</th>
<th>RRA Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Surgical Procedures/ Techniques

**Definition:**
Intraoperative aspects of specific surgical procedures.

**Sample Topics:**
- Relevant (normal or abnormal) anatomy encountered and surgically altered during the performance of a surgical procedure.
- Anatomy that is encountered and surgically altered.
- Incision placement and dissection technique.
- Orientation of bone cuts.
- Selection and application of fixation devices and bioimplants.
- Placement and fixation of tissue transfers.
- Selection and application of closure materials, drains, and surgical dressings.
- Complications that are assessed and/or managed intraoperatively.

<table>
<thead>
<tr>
<th>Foot Exam Weight</th>
<th>RRA Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Procedural Perioperative Management

**Definition:**
Procedure-specific and preoperative or postoperative in nature (not intraoperative). RRA subject areas may be tested on the Foot exam.

**Sample Topics:**
- Selection of a specific procedure based on findings.
- Diagnosis that requires a surgical management decision.
- Postoperative management of a specific procedure.

<table>
<thead>
<tr>
<th>Foot Exam Weight</th>
<th>RRA Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Complications

**Definition:**
Procedure- or injury-specific postoperative or post-traumatic conditions. RRA subject areas may be tested on the Foot exam.

**Sample Topics:**
- Identification and/or management of lower extremity procedure-specific postoperative complications.
- All-inclusive subject categories dealing with diagnosis and/or treatment.

<table>
<thead>
<tr>
<th>Foot Exam Weight</th>
<th>RRA Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>
General Medicine

Definition:
All general medical diagnostics and treatments exclusive of lower-extremity pathology.

Sample Topics:
- Systemic complications.
- Diagnosis that requires a medical management decision.
- Medical management: diagnosis and treatment of diseases, disorders, and conditions, exclusive of the lower extremity.
- Interpretation of history and physical examination and diagnostic studies relating to non-lower extremity pathology.
- Anesthesia: local, regional, spinal, epidural, IV sedation, and general anesthesia topics, including related peri-anesthesia assessment and pharmacologic management.
- Emergency medicine: diagnosis and treatment of urgent or emergent diseases, disorders and conditions exclusive of lower extremity

Tables 2 and 3 describe 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.

[Table 2] Didactic ITE Subcategories - Foot Surgery

Foot surgery subcategories can apply to any of the Subject Areas in Table 1, with exceptions noted below.

| Deformities | The following subcategories are covered in all Subject Areas except “Surgical Procedures/Techniques”:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired digital deformities.</td>
<td>Metatarsus adductus/skewfoot</td>
</tr>
<tr>
<td>Hallux abductovalgus.</td>
<td>Pes planus</td>
</tr>
<tr>
<td>Hallux limitus.</td>
<td>Pes cavus</td>
</tr>
<tr>
<td>Central metatarsal deformities.</td>
<td>Clubfoot</td>
</tr>
<tr>
<td>Fifth metatarsal deformities.</td>
<td>Tarsal coalition</td>
</tr>
<tr>
<td>Other common forefoot deformities.</td>
<td>Vertical talus</td>
</tr>
<tr>
<td>Complex/combined forefoot deformities.</td>
<td>Calcaneovalgus</td>
</tr>
<tr>
<td>Common rearfoot deformities.</td>
<td>Equinus deformities</td>
</tr>
<tr>
<td>Congenital digital deformities (polydactyly, syndactyly, macrodactyly, overlapping digits).</td>
<td>Complex leg/ankle deformities</td>
</tr>
<tr>
<td>Congenital forefoot deformities (brachymetatarsia, clawfoot, hallux varus).</td>
<td>Metatarsus adductus</td>
</tr>
<tr>
<td>Metatarsus adductus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infections</th>
<th>Systemic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue.</td>
<td></td>
</tr>
<tr>
<td>Bone/joint.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue.</td>
<td></td>
</tr>
<tr>
<td>Bone.</td>
<td></td>
</tr>
</tbody>
</table>
### Other conditions
- Vascular disorders.
- Focal neuropathies (entrapments, neuroma, TTS) and CRPS.
- Neuropathic bone, joint, or soft-tissue derangements.
- Neuromuscular disorders.
- Arthritic disorders.
- Metabolic bone disease.
- Tendinopathies.
- Other soft-tissue disorders (plantar fasciitis).
- Nail and dermatologic disorders.
- Chronic post-traumatic disorders.
- Osteochondroses/AVN.

### Acute trauma
- Digital and sesamoidal fractures/dislocations.
- Metatarsophalangeal joint dislocations.
- Metatarsal fractures.
- Tarsometatarsal fractures/dislocations.
- Acute tendon ruptures/lacerations.
- Acute nerve/vascular injury (including compartment syndrome).
- Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns).
- Pediatric fractures/growth-plate injuries.

The following subcategories are covered in all Subject Areas except “Surgical Procedures/Techniques”:
- Midfoot fractures/dislocations
- Rearfoot fractures/dislocations
- Ankle fractures
- Acute soft-tissue ankle Injuries

### Nonspecific
- Joint implants.
- Fixation devices.
- Bone grafts/bone substitutes/bone healing.
- Suture materials.
- Soft tissue/anchor/skin graft/healing.
- Anatomy.
- Medicine (illnesses/therapeutics).
- Anesthesia.
- Other.

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**[Table 3] Didactic ITE Subcategories - RRA Surgery**

RRA surgery subcategories can apply to any of the Subject Areas in Table 1

#### Deformities
- Metatarsus adductus/skewfoot
- Pes planus
- Pes cavus
- Clubfoot
- Tarsal coalition
- Vertical talus
- Calcaneovalgus
- Equinus deformities
- Complex leg/ankle deformities

#### Infections
- Soft tissue.
- Bone/joint.
- Systemic.

#### Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)
- Soft tissue.
- Bone.

#### Other conditions
- Vascular disorders.
- Focal neuropathies (entrapments, neuroma, TTS) and CRPS.
- Neuropathic bone, joint, or soft-tissue derangements.
- Neuromuscular disorders.
- Arthritic disorders.
- Metabolic bone disease.
- Tendinopathies.
- Other soft-tissue disorders (plantar fasciitis).
- Nail and dermatologic disorders.
- Chronic post-traumatic disorders.
- Osteochondroses/AVN.
The CBPS Examination

The CBPS examinations consist of a 3-hour Foot Surgery examination and a 3-hour RRA Surgery examination. Both examinations are given to all residents in PMSR/RRA and PMSR residencies.

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 Foot Surgery and RRA Surgery CBPS examinations administered to residents in PGY1-2, and PGY 3 in 4-year programs, consist of 8 cases each. Residents are given 15 minutes to complete each case and a total of 2 hours is given to complete each examination. Final-year residents are given CBPS examinations with 12 cases each. They have 15 minutes to complete each case and a total of 3-hours to complete each exam.
CBPS Examination Subject Matter

The format of the CBPS ITEs is the same as the ABFAS Part I CBPS examinations.

The CBPS ITE is classified into Content Areas and Case Management Areas that are the same for Foot Surgery and RRA Surgery. The Content Areas and Case Management 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.

<table>
<thead>
<tr>
<th>CBPS ITE Subject Matter – Foot Surgery &amp; RRA Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content Areas</strong></td>
</tr>
<tr>
<td>• Trauma</td>
</tr>
<tr>
<td>• Deformities/biomechanics</td>
</tr>
<tr>
<td>• Medicine/perioperative management</td>
</tr>
<tr>
<td>(infection/metabolic disease/arthritic disorders/emergency medicine)</td>
</tr>
<tr>
<td>• Complications/revisions</td>
</tr>
<tr>
<td>• Neoplastic disorders</td>
</tr>
<tr>
<td>• Neurovascular disorders</td>
</tr>
<tr>
<td>• Congenital disorders/pediatrics</td>
</tr>
<tr>
<td><strong>Case Management Areas</strong></td>
</tr>
<tr>
<td>• Physical examination</td>
</tr>
<tr>
<td>• Diagnostic procedures/labs/imaging</td>
</tr>
<tr>
<td>• Diagnosis</td>
</tr>
<tr>
<td>• Treatment</td>
</tr>
</tbody>
</table>

The Foot Surgery CBPS ITE covers the diagnosis of general medical problems and surgical management of pathologic foot conditions, deformities, and/or trauma, and related structures that affect the foot and ankle.

The RRA Surgery CBPS ITE covers the diagnosis of general medical problems and surgical management of pathologic foot and ankle conditions, deformities, and/or trauma, and related structures that affect the foot, ankle, and leg.

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. Residents should concentrate on the case-specific information presented to determine if any additional evidence is needed for the diagnosis and treatment of the case. 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.

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 so on.

Past ITE Scores
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.

Encourage Residents to Take 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.
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.

**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 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 any of the Part I Board Qualification examinations is 500.

**Interpreting Individual Score Reports**

Score reports become available in 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 in PRR and there is a downloadable version that can be saved and printed.

**Score Reports for Non-final Year Residents**

Each score report shows sub-scores for the didactic examination Subject Areas and the CBPS examination Case Management Areas with the total score shown at the bottom. The resident’s scores are shown in the Your
Score column. The total score is the most important score to consider because it is the most reliable measure of the resident’s knowledge of all the subject areas.

The sub-scores are a less reliable measure of knowledge or ability level because there are too few items being tested in each area. However, these scores are a useful illustration of relative strengths and weaknesses among the subject and case management areas. Performance in each subject and case management area factors into the total score, but each area is weighted differently. Therefore, the total score is not simply the sum, or average, of all subject area scores.

Mean scores for PGY 1&2 provide a comparison of the resident’s performance relative to each PGY group. The mean scores are limited to In-training Examinations administered in the same examination year.

**Example of score reports for non-final year residents:**

<table>
<thead>
<tr>
<th>ITE Foot Surgery Didactic Examination</th>
<th>Your Score</th>
<th>PGY 1 Mean</th>
<th>PGY 2 Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Studies/Medical Imaging</td>
<td>200</td>
<td>374</td>
<td>386</td>
</tr>
<tr>
<td>Surgical Principles</td>
<td>490</td>
<td>379</td>
<td>398</td>
</tr>
<tr>
<td>Surgical Procedures/Techniques</td>
<td>320</td>
<td>375</td>
<td>395</td>
</tr>
<tr>
<td>Procedural Perioperative Management</td>
<td>620</td>
<td>365</td>
<td>387</td>
</tr>
<tr>
<td>Complications</td>
<td>520</td>
<td>363</td>
<td>389</td>
</tr>
<tr>
<td>General Medical</td>
<td>240</td>
<td>370</td>
<td>381</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>405</strong></td>
<td><strong>371</strong></td>
<td><strong>380</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITE RRA Surgery CBPS Examination</th>
<th>Your Score</th>
<th>PGY 1 Mean</th>
<th>PGY 2 Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>380</td>
<td>450</td>
<td>396</td>
</tr>
<tr>
<td>Diagnostic Procedures/Labs/Imaging</td>
<td>420</td>
<td>410</td>
<td>388</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>415</td>
<td>426</td>
<td>415</td>
</tr>
<tr>
<td>Treatment (application of surgical principles and medical management to determine treatment of patient)</td>
<td>350</td>
<td>400</td>
<td>460</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>425</strong></td>
<td><strong>420</strong></td>
<td><strong>480</strong></td>
</tr>
</tbody>
</table>
Score Reports for Final Year Residents

The purpose of the final-year examinations is to classify residents into two groups: those that scored at least high enough to have passed the equivalent Part I examination (a score of 500), and those who have not. The purpose is not to rank order candidates or provide a measure of candidate ability other than whether the resident achieved the minimum score required to pass the equivalent Part I examination. Therefore, the PRR score reports include only pass/fail information.

Residents that do not score at least 500 on any of the final-year ITEs may download a numeric detailed score report on the ABFAS web site. ABFAS will not share scored results other than pass/fail of less than 500 with residency program directors.

Example of score reports for non-final year residents:

<table>
<thead>
<tr>
<th>ITE Final Year</th>
<th>Subject Area</th>
<th>Your Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Surgery Didactic Examination</td>
<td>Diagnostic Studies/Medical Imaging</td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>Surgical Principles</td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>Surgical Procedures/Techniques</td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>Procedural Perioperative Management</td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>Complications</td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>General Medical</td>
<td>Fail</td>
</tr>
<tr>
<td>Your Overall Results</td>
<td></td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITE Final Year</th>
<th>Case Management Area</th>
<th>Your Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRA Surgery CBPS Examination</td>
<td>Physical Examination</td>
<td>Fail</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Procedures/Labs/Imaging</td>
<td>Fail</td>
</tr>
<tr>
<td></td>
<td>Diagnosis</td>
<td>Fail</td>
</tr>
<tr>
<td></td>
<td>Treatment (application of surgical principles and medical management to determine treatment of patient)</td>
<td>Pass</td>
</tr>
<tr>
<td>Your Overall Results</td>
<td></td>
<td>Fail</td>
</tr>
</tbody>
</table>
Residency Program Report

The Residency Program Report is available to residency directors in PRR. This report shows mean exam scores for the residency program along with mean scores of all other residency programs who participated in the ABFAS ITE during the same year.

Mean scores for final-year residents are reported only for programs that have at least three final-year residents. Also included is the percent of final-year residents that have scored at, or above, the Part I passing level of 500.

Excerpt of Residency Program Report
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 the postgraduate year for each resident. This determines if a resident will take the regular ITE or the final-year ITE.

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.
**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 5-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. Starting mid-July, non-final-year residents may schedule their online proctored didactic examinations.

For PGY 1&2 residents, it is important to schedule the CBPS soon after receiving the ABFAS email notification to schedule. In July, ABFAS will send a 2nd notification regarding the online-proctored didactic examination scheduling. Final year residents should schedule both examinations as soon as possible after receiving the ABFAS email notification to schedule. Each examination requires a separate appointment.

Approximately 4 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.

**Usernames & 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.

**Capacity Limited at Pearson Test Centers Due to COVID-19 Restrictions**

As of June 2020 Pearson VUE testing centers are at half capacity due to COVID-19 distancing restrictions. Pearson expects that more capacity will become available as local restrictions are lifted.

Pearson recommends that residents do not use the Consecutive Appointment feature to schedule examinations back-to-back. Instead, they should schedule their examinations independently.

Contact Pearson VUE for assistance at 800-511-6951 or email us at scheduling@abfas.org.

We’ll do everything we can to get your residents scheduled.
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.

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 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.

<table>
<thead>
<tr>
<th>Need Help? Registration and Scheduling Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registration or Ordering</strong></td>
</tr>
<tr>
<td>PRR</td>
</tr>
<tr>
<td>415-553-7810 or <a href="mailto:support@podiatryrr.net">support@podiatryrr.net</a></td>
</tr>
<tr>
<td>Monday–Friday, 8:00 a.m.–4:00 p.m. Pacific</td>
</tr>
<tr>
<td><strong>Scheduling or Rescheduling</strong></td>
</tr>
<tr>
<td><strong>Running late to an examination</strong></td>
</tr>
<tr>
<td>Pearson VUE Customer Service</td>
</tr>
<tr>
<td>800-511-6951</td>
</tr>
<tr>
<td><a href="http://www.pearsonvue.com/abps/contact/">http://www.pearsonvue.com/abps/contact/</a></td>
</tr>
<tr>
<td>Monday–Friday, 7:00 a.m.–7:00 p.m. Central</td>
</tr>
<tr>
<td><strong>Cancel an examination</strong></td>
</tr>
<tr>
<td>ABFAS Examinations Team</td>
</tr>
<tr>
<td>Email <a href="mailto:Scheduling@ABFAS.org">Scheduling@ABFAS.org</a> with your request</td>
</tr>
<tr>
<td><strong>Help with Pearson VUE exam scheduling system</strong></td>
</tr>
<tr>
<td>ABFAS Exam Scheduling Guide</td>
</tr>
<tr>
<td><a href="https://my.abfas.org/Portals/0/assets/downloads/Exam-Scheduling-Instructions.pdf">https://my.abfas.org/Portals/0/assets/downloads/Exam-Scheduling-Instructions.pdf</a></td>
</tr>
<tr>
<td><strong>COVID-19 updates and information</strong></td>
</tr>
<tr>
<td>ABFAS Updates</td>
</tr>
<tr>
<td><a href="https://www.abfas.org/home/abfas-update-on-covid-19">https://www.abfas.org/home/abfas-update-on-covid-19</a></td>
</tr>
<tr>
<td>Pearson VUE Updates</td>
</tr>
<tr>
<td><a href="https://home.pearsonvue.com/coronavirus-update">https://home.pearsonvue.com/coronavirus-update</a></td>
</tr>
<tr>
<td><strong>General questions about examination scheduling</strong></td>
</tr>
<tr>
<td>ABFAS Examinations Team</td>
</tr>
<tr>
<td><a href="mailto:Scheduling@ABFAS.org">Scheduling@ABFAS.org</a> or 415-553-3146</td>
</tr>
<tr>
<td>Monday–Friday, 7:00 a.m.–5:00 p.m. Pacific</td>
</tr>
</tbody>
</table>
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).

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:

The primary ID must include the following elements:

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

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

The Secondary 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

- CBPS Examination Prep
- CBPS practice examination.
- CBPS practice test instructions.
- CBPS practice examination key and feedback.
- How We Build the CBPS Exam. ABFAS Newsletter, Fall 2017. P. 11.

Pearson VUE

- What to expect at the Pearson VUE test center and online proctored exams.
- COVID-19 updates from Pearson
- Comfort aids allowed at Pearson Professional Centers.
- Pearson VUE Customer Service.

Other ABFAS Resources

- COVID-19 updates from ABFAS Newsletter for Residents.
- 2020 In-training Examination dates
- 2021 ABFAS Examination Dates
- Frequently Asked Questions (FAQs) for Residents

Need Assistance?

As always, you can email ABFAS at 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.