
AMERICAN BOARD OF FOOT AND ANKLE SURGERY

In-training Examination Guide for Residency Directors



American Board of Foot and Ankle Surgery®

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This document contains information specific only to the 2024 examinations.

June 2024



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FOOT AND ANKLE SURGERY

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ABFAS In-training Examination Benefits

ABFAS administers its In-training Examinations (ITE) in the [Fall of each year](#) 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. During their final year, if a resident scores 500 or more on an ITE, it can be used to meet the board qualification examination requirements.

Residents taking the ABFAS ITE gain experience with the multiple-choice didactic 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 ITE are invaluable as residents prepare for ABFAS board qualification and board certification examinations. Residency directors can monitor progress of their residents through PRR where they can access their residents' score reports and a report that compares their program's ITE performance to other residency programs.

Residency directors and residents should consider each year of the ITEs to be as important as the board qualification examination. This is the best way to ensure that the full value of the ITEs is realized and that residents are prepared for success on their final-year ITEs and board qualification examinations.



ITE Overview

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 ITEs give residents an examination experience that 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 an ITE can use that score towards fulfilling their ABFAS 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 web site](#).

ITE Dates

Residents who are not yet in their final year take the ITE during a six-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.

Final-year residents who did not score at least 500 on any one of their ITEs may take the equivalent Part I board qualification examination(s) 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 window is reserved for final-year residents and those who have completed residency before 2021.

ABFAS Examination Dates for Residents		
Postgraduate Year	Examination	Examination Dates
PGY 1,2 (and PGY 3 in 4-year programs)	In-training, all exams	September 16-21, 2024
Final PGY	In-training - Foot Surgery	September 27, 2024
	In-training - RRA Surgery	September 30, 2024
	Part I Board Qualification- Foot Surgery	March 18, 2025
	Part I Board Qualification- RRA Surgery	March 19, 2025

The Didactic Examinations

The didactic examinations contain 80 multiple-choice items that evaluate clinical knowledge and treatment skills acquired during a podiatric surgical residency. 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. Both examinations are given to all residents in PMSR/RRA and PMSR residencies.

Online Proctored Didactic ITE

ABFAS offers [online proctored didactic ITEs](#) for PGY 1&2 (and PGY 3 in 4-year programs). Online proctored ITEs 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 ITE 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 ITEs are the same as the examinations administered at the Pearson VUE test centers and will take place during the same September 16-21 examination window.

Appointments for online proctored didactic examinations are limited. Residents should schedule their online proctored didactic ITEs along with their CBPS exams as soon as possible after residency directors have ordered their ABFAS ITEs in PRR.

How Didactic Items Are Developed

The ABFAS Didactic Examinations Committee (DEC) 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 members of the DEC Didactic Review Group. 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 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*. Table 1 also shows the target percentage of test questions given in each 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.

[Table 1] Part I Didactic Examination Topics (Foot & RRA)	
Diagnostic Studies/Medical Imaging	
12%-22% of Questions on Foot Surgery Exam 10%-20% of Questions on RRA Surgery Exam	
<p>Definition: Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity. RRA topics may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies. ▪ Diagnosis based on a specific imaging study.
[Table 1] Part I Didactic Examination Topics (Foot & RRA)	
Surgical Principles	
15%-25% of Questions on Foot Surgery Exam 15%-25% of Questions on RRA Surgery Exam	
<p>Definition: General principles standard to all surgical disciplines and applicable to podiatric surgery. RRA topics may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Preoperative, intraoperative, or postoperative decision-making or management. ▪ Not procedure specific.
Surgical Procedures/ Techniques	
17%-27% of Questions on Foot Surgery Exam 20%-30% of Questions on RRA Surgery Exam	
<p>Definition: Intraoperative aspects of specific surgical procedures.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ 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.
Procedural Perioperative Management	
10%-20% of Questions on Foot Surgery Exam 15%-25% of Questions on RRA Surgery Exam	
<p>Definition: Procedure-specific and preoperative or postoperative in nature (not intraoperative). RRA topics may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Selection of a specific procedure based on findings. ▪ Diagnosis that requires a surgical management decision. ▪ Postoperative management of a specific procedure.
Complications	
8%-18% of Questions on Foot Surgery Exam 15%-25% of Questions on RRA Surgery Exam	
<p>Definition: Procedure- or injury-specific postoperative or post-traumatic conditions. RRA topics may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Identification and/or management of lower extremity procedure-specific postoperative complications. ▪ All-inclusive topics dealing with diagnosis and/or treatment.

[Table 1 - Continued] Part I Didactic Examination Topics (Foot & RRA)	
General Medicine	
8%-18% of Questions on Foot Surgery Exam 0% of Questions on RRA Surgery Exam	
<p>Definition: All general medical diagnostics and treatments exclusive of lower-extremity pathology.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ 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

Table 2 describes the various conditions that may be tested under one or more Topics. Each examination question is tied to a specific Topic and Subtopic. For example, a question could be within the Surgical Principles topic and specifically about the acquired digital deformities subtopic. There is no specific weighting for the subtopics. The Foot Surgery didactic examination covers RRA topics but does not cover RRA Surgical Procedures/Techniques.

[Table 2] Part I Didactic Examination Subtopics		Foot Surgery Exam		RRA Surgery Exam
Subtopics can apply to any of the Topics in Table 1.		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics EXCEPT Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
1 Deformities				
1.1 Acquired digital deformities	1.1.a Biomechanical	●		
	1.1.b Post-traumatic	●		
1.2 Congenital digital deformities (e.g., polydactyly, syndactyly, macrodactyly, overlapping digits)	-	●		
1.3 First ray deformities	1.3.a Hallux abductovalgus (pediatric)	●		
	1.3.b Hallux abductovalgus (adult)	●		
	1.3.c Hallux limitus/ rigidus/ degenerative joint disease	●		

[Table 2] Part I Didactic Examination Subtopics Subtopics can apply to any of the Topics in Table 1.		Foot Surgery Exam		RRA Surgery Exam
		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics EXCEPT Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
	1.3.d Hallux Varus	●		
	1.3.e Plantarflexed first ray	●		
1.4 Lesser metatarsal deformities	1.4.a Metatarsus adductus	●		
	1.4.b Plantar plate/ biomechanical pathology	●		
	1.4.c Brachymetatarsia	●		
	1.4.d Fifth metatarsal deformities	●		
1.5 Complex/ combined forefoot deformities	-	●		
1.6 Acquired rearfoot/ midfoot deformity	1.6.a Biomechanical		●	●
	1.6.b Post-traumatic		●	●
	1.6.c Adult (flexible vs rigid) including vertical talus, coalition		●	●
	1.6.d Pediatric (flexible vs rigid) including vertical talus, calcaneal valgus, coalition		●	●
1.7 Complex/combined midfoot/rearfoot deformities	-		●	●
1.8 Pes cavus	-		●	●
1.9 Clubfoot	-		●	●
1.10 Equinus deformities	-		●	●
1.11 Rearfoot/ midfoot degenerative joint disease	-		●	●

[Table 2] Part I Didactic Examination Subtopics Subtopics can apply to any of the Topics in Table 1.		Foot Surgery Exam		RRA Surgery Exam
		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics EXCEPT Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
1.12 Complex/combined leg/ankle deformities	-		●	●
2 Infections (Subacute, Chronic, Acute)				
2.1 Soft tissue	2.1.a Localized abscess	●		
	2.1.b Ulceration/Wound	●		●
	2.1.c Necrotizing fasciitis	●		●
	2.1.d Cellulitis	●		
	2.1.e Gas gangrene	●		●
2.2 Bone/joint	2.2.a Septic arthritis	●		●
	2.2.b Osteomyelitis	●		●
	2.2.c Pediatric osteomyelitis			
	2.2.d Osteitis	●		
2.3 Systemic	2.3.a Bacteremic	●		●
	2.3.b Septicemia	●		●
	2.3.c Systemic organ			
3 Neoplasms/Tumors/Masses (Primary Benign, Primary Malignant, Metastatic)				
3.1 Soft tissue	3.1.a Muscle/tendon	●		●
	3.1.b Ligament	●		●
	3.1.c Skin/ nails	●		
3.2 Bone/joint	3.2.a Pediatric	●		●
	3.2.b Adult	●		●
3.3 Neurovascular	-	●		●
3.4 Metastatic	-		●	
4 Trauma				

[Table 2] Part I Didactic Examination Subtopics Subtopics can apply to any of the Topics in Table 1.		Foot Surgery Exam		RRA Surgery Exam
		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics <i>EXCEPT</i> Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
4.1 Acute nerve/vascular injury (including compartment syndrome)	-	●		●
4.2 Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, thermal injury, chemical injury)	-	●		●
4.3 Pediatric fractures/ growth-plate injuries	-	●		●
4.4 Foot (including Lisfranc)	4.4.a Fractures	●		●
	4.4.b Dislocations	●		●
4.5 Rearfoot/ midfoot fractures/ dislocations (proximal to Lisfranc joint)	-		●	●
4.6 Ankle fractures	-		●	●
4.7 Acute soft-tissue ankle injuries	4.7.a Capsule/ tendon/ ligament injuries	●		●
	4.7.b Ankle sprain/ instability	●		●
	4.7.c Tendon tear/ rupture/ subluxation	●		●
4.8 Intra-articular injuries	-	●		●
5 Neurovascular Disorders				
5.1 Venous insufficiency/ (lymph)edema/ venous stasis ulcers	-		●	
5.2 Peripheral arterial disease/ disorders	-		●	

[Table 2] Part I Didactic Examination Subtopics Subtopics can apply to any of the Topics in Table 1.		Foot Surgery Exam		RRA Surgery Exam
		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics <i>EXCEPT</i> Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
5.3 Hyper/hypocoagulable states	-		●	
5.4 Neuroma/neuritis	-	●		
5.5 Peripheral neuropathy	-		●	
5.6 Complex regional pain syndrome	-		●	
5.7 Nerve compression (central and peripheral)	-	●		
5.8 Neuromuscular disorders	-		●	
5.9 Avascular Necrosis	-	●		●
6 Metabolic/Rheumatologic/Inflammatory Disorders				
6.1 Gout/pseudogout	-		●	
6.2 Rheumatoid arthritis	-		●	
6.3 Seronegative arthritis	-		●	
6.4 Overuse syndrome (i.e.: plantar fasciitis, shin splint)	-		●	
6.5 Tendonitis/tendinosis	-		●	
6.6 Fibromyalgia	-			
7 Complications and Revisions				
7.1 Delayed/ malunion/ nonunion	-	●		●
7.2 Postoperative wounds/ infections	-	●		●
7.3 Neurovascular injuries	-	●		●
7.4 Iatrogenic	-	●		●
8 Medical/Surgical Concepts, Techniques				

[Table 2] Part I Didactic Examination Subtopics Subtopics can apply to any of the Topics in Table 1.		Foot Surgery Exam		RRA Surgery Exam
		●=Eligible to appear in ALL Topics	●=Eligible to appear in ALL Topics EXCEPT Surgical Procedures/ Techniques	●=Eligible to appear in ALL Topics
8.1 Joint Implants		●		●
8.2 Fixation principles/devices		●		●
8.3 Bone grafts/bone substitutes/bone healing		●		●
8.4 Suture materials/anchors		●		●
8.5 Miscellaneous		●		●
8.6 Soft tissue/skin grafts/wound healing		●		●
8.7 Anatomy		●		●
8.8 Medicine (illness/therapeutics)		●		●
8.9 Anaesthesia		●		●

The CBPS Examination

The CBPS ITEs consist of a 2-hour Foot Surgery examination and a 2-hour RRA Surgery examination (8 cases each). Final-year residents take a 3-hour Foot Surgery examination and a 3-hour RRA Surgery CBPS examination (12 cases each). Both Foot and RRA surgery 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 2 hours to complete each examination. Final-year residents are given CBPS examinations with 12 cases each. They have 15 minutes to complete each case and 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, a systematic data collection describing the knowledge, skills, and competencies required to practice as a foot and ankle surgeon.

CBPS Examination Content – Foot Surgery & RRA Surgery	
CBPS Case Management Areas	
A. Physical examination	
B. Diagnostic procedures/labs/imaging	
C. Diagnosis	
D. Treatment (application of surgical principles and medical management to determine treatment of patient)	
CBPS Content Areas	
Cases in each Subject Area may cover any of the following:	
<ul style="list-style-type: none">• Complications/Revision• Congenital disorders (pediatrics)• Congenital disorders (adult)• Deformities• Perioperative management	<ul style="list-style-type: none">• Neoplastic disorders• Neurovascular disorders• Trauma• Wound/Infection• Metabolic, rheumatologic, and inflammatory disorders

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 workups 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 specific to the problem presented in the case should be selected. Since there are a limited number of choices, it is important for residents to be very specific 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 not to 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 CBPS will have ample time to complete each case.

Earning Score Points

Residents earn CBPS score points based on the selection they make. To earn score points, a selection must be specifically relevant to the management of the case. For example, routine preoperative evaluations not specific to the case would not 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 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

The Shotgun Approach

Some candidates use a “shotgun” approach where they make additional selections beyond what may be prudent for the case because they are uncertain or want to maximize score points. This approach is a serious mistake because it may result in a selection that can cause harm to the patient resulting in a penalty where candidates will lose points.

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. Residents demonstrate this 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 produce 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 ITE

Self-Assessment and Study

The ITE 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 topics and CBPS content areas. It is important for residents to honestly assess themselves against the examination subject 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](#) to give residents an opportunity to learn exactly how the CBPS exam works. It is important that residents practice CBPS examinations during the weeks prior to the actual examination to become familiar with the computer screens and functionality of the simulations so that they can efficiently move through the actual examination. Although the CBPS practice exam presents example cases, it is not intended to instruct residents on case management skills.

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.

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 ITE, so residents should take the Part I Board Qualification in Foot Surgery and Part I Board Qualification in RRA Surgery practice examinations.

Past ITE Scores

ITE scores are helpful in determining relative strengths and weaknesses. Residents who have already taken the ITE and are planning on taking future ITEs 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. Residents are encouraged to take the practice exams to gain familiarity with the format of the exams.

The practice exam topics and format are very similar to the ITEs. 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, ABFAS provides many online resources -to help residents understand what to expect on the ITEs. For a list of these resources, please see the last section of this document, ABFAS ITE Resources.

Interpreting the ABFAS ITE Scores

The ITE 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 ITE 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 ITEs 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. Residency Directors can view reports directly in PRR and have the option to save and/or print a downloadable version.

Score Reports for Non-final Year Residents

Each score report shows subscores 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 subscores 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 (subscores).

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 ITEs administered in the same examination year.

Example of score reports for non-final year residents:

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

ITE RRA Surgery CBPS Examination			
Case Management Area	Your Score	PGY 1 Mean	PGY 2 Mean
Physical Examination	380	450	396
Diagnostic Procedures/Labs/Imaging	420	410	388
Diagnosis	415	426	415
Treatment (application of surgical principles and medical management to determine treatment of patient)	350	400	460
Total	425	420	480

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 final year residents:


ITE Final Year Foot Surgery Didactic Examination	
Subject Area	Your Results
Diagnostic Studies/Medical Imaging	Pass
Surgical Principles	Pass
Surgical Procedures/Techniques	Pass
Procedural Perioperative Management	Pass
Complications	Pass
General Medical	Fail
Your Overall Results	Pass

ITE Final Year RRA Surgery CBPS Examination	
Case Management Area	Your Results
Physical Examination	Fail
Diagnostic Procedures/Labs/Imaging	Fail
Diagnosis	Fail
Treatment (application of surgical principles and medical management to determine treatment of patient)	Pass
Your Overall Results	Fail

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.

Excerpt of Residency Program Report

 <p>AMERICAN BOARD OF FOOT AND ANKLE SURGERY A credential you can trust.®</p>	Program Name:					
	Exam Year:					
	Residency Program Report					
Foot Surgery Didactic In-training Examination						
Subject Area	PGY 1 Mean		PGY 2 Mean		Final Year Mean (PGY 3 & 4)	
	Your Program	All Programs	Your Program	All Programs	Your Program	All Programs
Diagnostic Studies/Medical Imaging	515	458	420	469	Fail	487
Surgical Principles	455	473	440	469	Fail	483
Surgical Procedures/Techniques	660	483	385	503	Fail	484
Procedural Perioperative Management	405	466	485	487	Fail	490
Complications	580	449	505	464	Fail	486
General Medicine	400	475	475	465	Pass	492
Total Exam Score	495	462	440	470	Fail	478
Percent of residents performing at, or above, the passing level after completing two years of residency training (or three years of training in four-year programs)					0%	43%
RRA Surgery Didactic In-training Examination						
Subject Area	PGY 1 Mean		PGY 2 Mean		Final Year Mean (PGY 3 & 4)	
	Your Program	All Programs	Your Program	All Programs	Your Program	All Programs
Diagnostic Studies/Medical Imaging	450	410	400	423	Fail	454
Surgical Principles	500	426	395	438	Fail	455
Surgical Procedures/Techniques	485	408	380	427	Fail	453
Procedural Perioperative Management	405	418	325	438	Fail	456
Complications	405	417	290	433	Fail	455
Total Exam Score	460	408	350	424	Fail	447
Percent of residents performing at, or above, the passing level after completing two years of residency training (or three years of training in four-year programs)					0%	30%
Foot Surgery CBPS In-training Examination						
Case Management Area	PGY 1 Mean		PGY 2 Mean		Final Year Mean (PGY 3 & 4)	
	Your Program	All Programs	Your Program	All Programs	Your Program	All Programs
Physical Examination	510	442	380	469	Fail	556
Diagnostic Procedures/Labs/Imaging	430	438	555	497	Pass	564
Diagnosis	395	425	440	466	Pass	552
Treatment	415	427	480	473	Fail	547
Total Exam Score	420	418	440	458	Fail	534
Percent of residents performing at, or above, the passing level after completing two years of residency training (or three years of training in four-year programs)					50%	72%
RRA Surgery CBPS In-training Examination						
Case Management Area	PGY 1 Mean		PGY 2 Mean		Final Year Mean (PGY 3 & 4)	
	Your Program	All Programs	Your Program	All Programs	Your Program	All Programs
Physical Examination	375	350	340	374	Fail	496
Diagnostic Procedures/Labs/Imaging	290	361	285	400	Pass	519
Diagnosis	310	341	290	380	Fail	496
Treatment	235	335	290	378	Fail	496
Total Exam Score	300	330	300	364	Fail	483
Percent of residents performing at, or above, the passing level after completing two years of residency training (or three years of training in four-year programs)					50%	48%
The minimum score required to pass ABFAS examinations is 500.						

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

It is important to note that the “percent of residents performing at the passing level” is an ITE report. It is not a pass rate for Board Qualification because the Final-year ITE is not a Board Qualification examination. Residents take the exam at the beginning of their final year, so you should consider it a measurement of two years of residency. ABFAS separately publishes the [Part I exam pass rates on the ABFAS website](#).

Registration and Scheduling

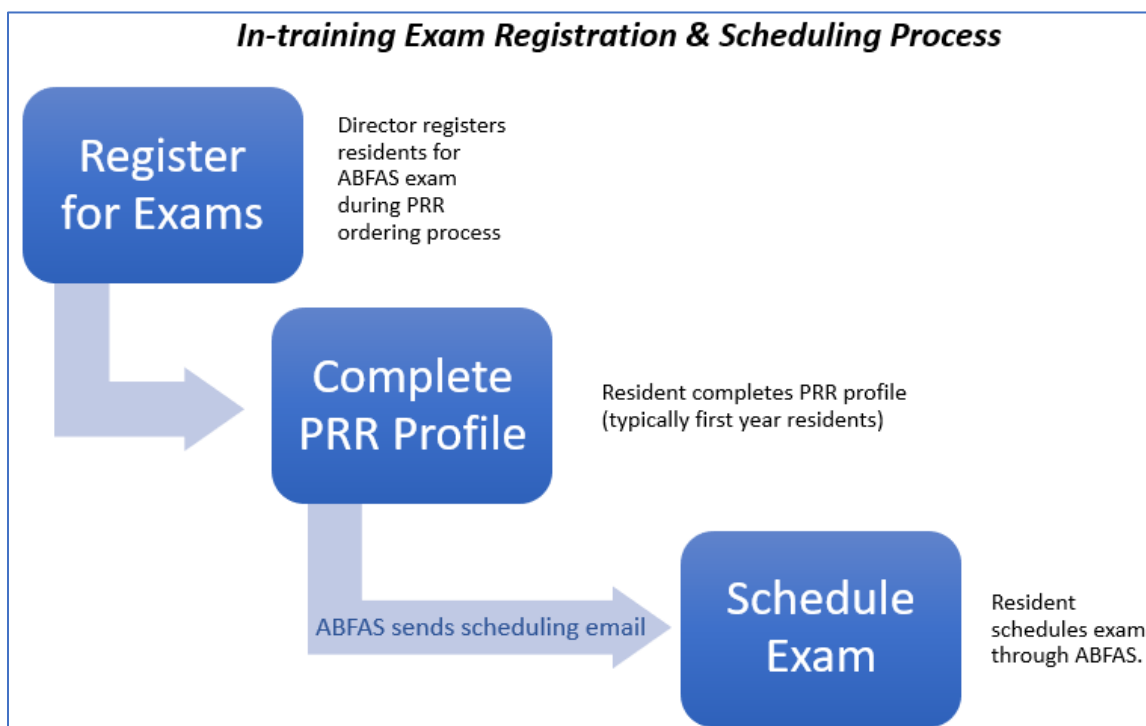
Residency directors register residents for the ABFAS ITE through the PRR ordering process. Then, residents complete their PRR profile and schedule themselves for the examinations.

Registration

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

While ordering, residency directors must 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 received 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 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.

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.

Scheduling

After completing registration for the ABFAS ITE, residents are responsible for scheduling their ABFAS ITEs whether the exams are to be taken at a Pearson VUE Professional Center or online.

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

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 examination window. Final-year residents must take their Foot ITEs on the first day of the examination window and their RRA ITEs on the second day. However, they may schedule each examination in any order or time during those days. Residents have the flexibility to schedule a break between examinations and take the didactic and CBPS examinations in any order.

Approximately 4 weeks before the examination window opens, the system will automatically schedule residents who have not 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

Residents may reschedule their examinations 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.

Need Help? Registration and Scheduling Contacts	
Registration or Ordering	PRR 415-553-7810 or support@podiatryrr.net Monday–Friday, 7:00 a.m.–3:00 p.m. Pacific
Scheduling or Rescheduling Running late to an examination	Pearson VUE Customer Service 800-511-6951 http://www.pearsonvue.com/abps/contact/ Monday–Friday, 7:00 a.m.–7:00 p.m. Central
Cancel an examination	ABFAS Examinations Team Email Scheduling@ABFAS.org with your request
Help with Pearson VUE exam scheduling system	ABFAS Exam Scheduling Guide https://my.abfas.org/Portals/0/assets/downloads/Exam-Scheduling-Instructions.pdf
General questions about examination scheduling	ABFAS Examinations Team Scheduling@ABFAS.org or 415-553-3146 Monday–Friday, 7:00 a.m.–5:00 p.m. Pacific

ADA Accommodations

Residents with a disability covered under the Americans with Disabilities Act (ADA) who require 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.

ABFAS requires receipt of ADA at least 30 days prior to the examination dates).

What Residents Can Expect on Examination Day

Online Proctored Didactic ITEs

The online proctored ITE didactic exam requires a functioning personal computer with a webcam and a strong, reliable, web connection, as well as a cell phone with video capability. Residents should check their computer’s compatibility with the Pearson VUE’s software prior to the exam by running the [Pearson VUE system test](#). Finally, testing rooms must be free of test preparation materials, noise, or any distractions, which include roommates, pets, or any other people.

Online proctored examinations may not function behind hospital network firewalls. Be sure that your residents review the requirements and run the Pearson VUE systems test on the same computer and network where they intend to take their ITE. [Pearson VUE provides tools and guidance](#) to help residents decide if online proctoring is right for them.

Residents will be required to take photos of their testing room and will be monitored while they are taking their exam. If this raises any privacy concerns for the resident, then they should take their ITE at a Pearson test center.

Test Center Security

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.



Test Center Identification Requirements

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

The primary ID must include the following elements:

- | | |
|---|---|
| (1) Government issued. | (4) Signature. |
| (2) Recent recognizable photograph. | (5) Original (no photocopies 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.

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 Residents must accept the terms 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 for 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 ITE Resources

Didactic Examination

- [How to Navigate the Didactic Examination.](#)
- [ABFAS 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 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.](#)
- [Comfort aids allowed at Pearson Professional Centers.](#)
- [Pearson VUE Customer Service.](#)

Other ABFAS Resources

- [Resident Newsletters](#)
- [ITE dates](#)
- [ABFAS Examination Dates](#)
- [Frequently Asked Questions \(FAQs\) for Residents](#)
- [PowerPoint presentation: "ABFAS New Board Certification: What Residency Directors Need to Know"](#)

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.

