



# THE AMERICAN BOARD OF SURGERY

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## 2023 In-Training Examination Report of Performance (Report C)

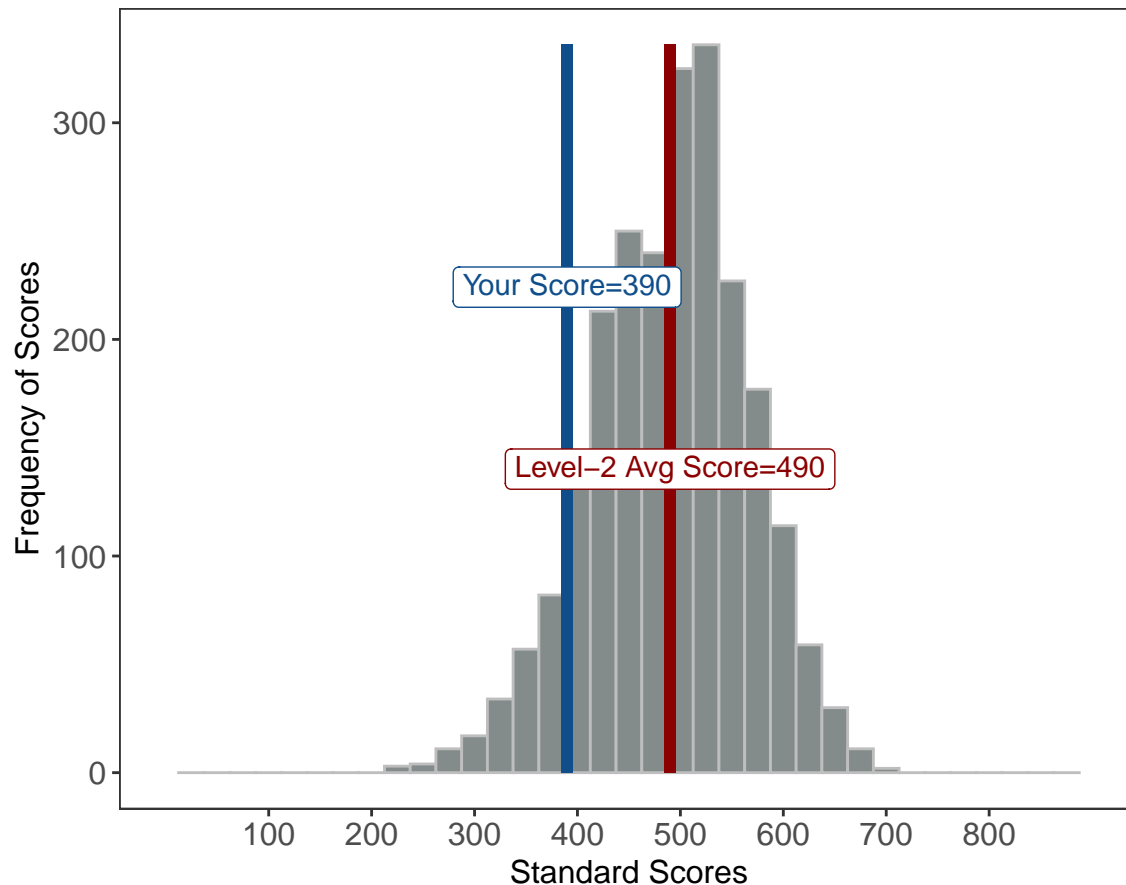
[Redacted]

Name	Level	ID
[Redacted]		

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Please see the plot below for information related to your performance on the examination:

### 2023 ABSITE PGY-2 Standard Score Distribution



Your Percent Correct Score = 54.6

Your Percentile (Within Level-2) = 9

## EXPLANATION OF SCORE REPORTS

Your total examination score appears as a **standard score** in the histogram above. Standard scores are calculated from the total examinee group (not by specific year level) and are linear transformations of raw scores that arbitrarily set the mean of the total group equal to 500 and the standard deviation equal to 100. Standard scores show each examinee's performance level relative to the entire examinee group. For example, a standard score of 600 indicates that examinee performance was one standard deviation above the mean of the total examinee group; a score of 400 indicates performance was one standard deviation below the mean. Standard scores can be compared across years to assess normative examinee performance across time.

Your standard score is presented in comparison to your clinical level in the graph. Average standard scores for Level-5 residents, for example, will be higher than Level-1 residents. Non-roster trainees are compared to the distribution of scores for all examinees.

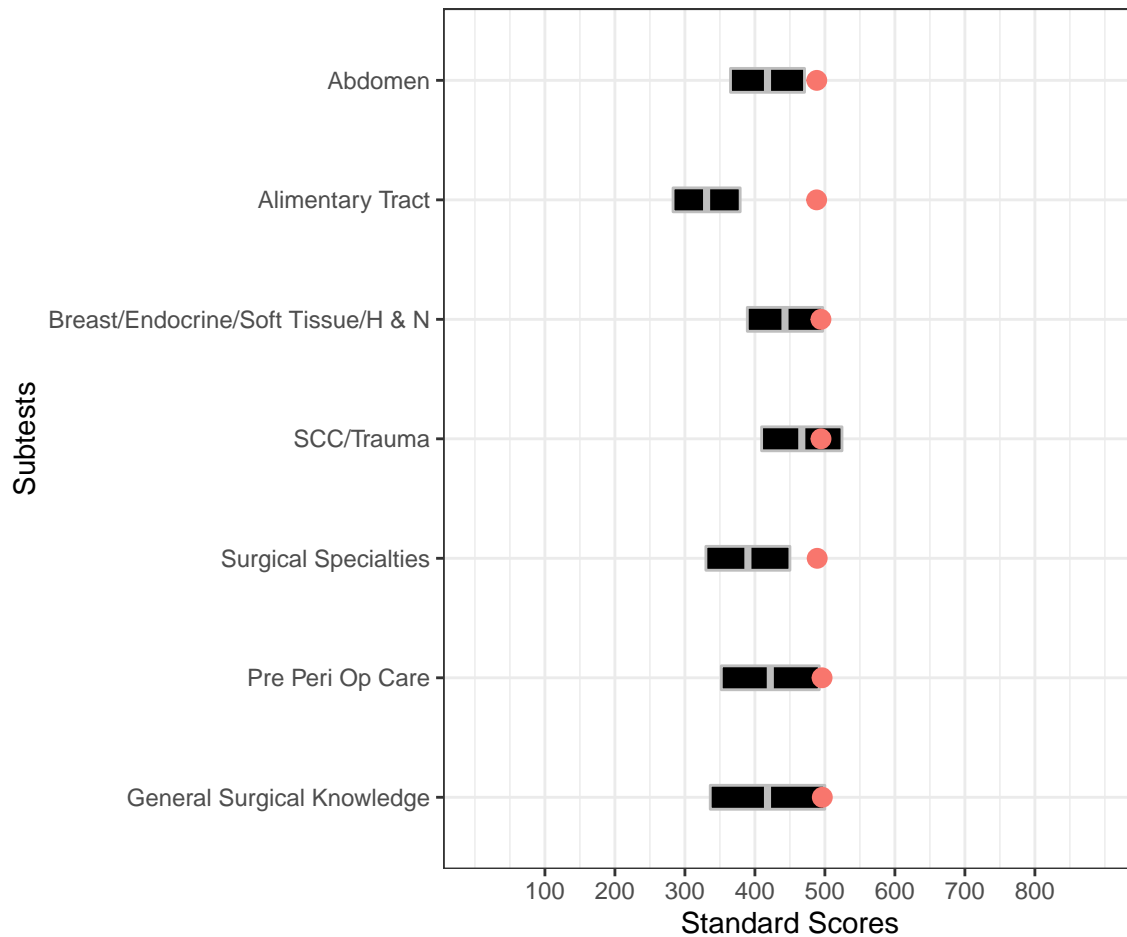
**Percent correct scores** represent the percentage of items correctly answered on the Total Test and on the subtests. One must be cautious in comparing residents' percent correct scores from year to year, as the difficulty of the examination can change each year.

**Percentiles** (percentage of scores *below* that score) for the total examination score are calculated and reported within each examinee level, not for the total examinee group. Percentiles and averages are not provided for non-roster trainees or for examinees where no year level was provided. A percentile of 25 indicates that the resident scored higher than 25% of all other residents at his/her reported clinical level. A percentile of 25 at Level 1 does not reflect the same amount of knowledge as a percentile of 25 at Level 2. Percentiles do not comprise an equal interval scale; the difference between percentiles of 50 and 55 is not the same as the difference between percentiles of 90 and 95, as a high percentage of scores tend to cluster around the mean score at each clinical level.

## SUBTEST REPORTS

The subtest charts below show a plot of your standardized subtest scores for each of the major content areas of the In-Training Examination. Each box corresponds to a subtest. The grey center line in each of the boxes corresponds to your score for that content area. The width of the box corresponds to one standard error of measurement (SEM) around your score. If retested, you would expect your score to fall within the range of the box 68% of the time, assuming that you did not learn or forget any material. Boxes smaller in width indicate that your score is more precise for that specific subtest. Some subtests are very small and will not yield precise subscores. The red circles are the average standard score for each of the content areas for your clinical level. Non-roster trainees are compared to the overall average.

## INDIVIDUAL PLOT OF SUBTEST STANDARD SCORES



The center line in each of the boxes corresponds to **your score** for that content area. The width of the box corresponds to one standard error of measurement (SEM) around your score.

The red circle corresponds to the **average standard score** for your clinical level for that content area (e.g., the mean standard score for Level-5s is presented for Level-5 residents only). Non-roster trainees are compared to the overall average.

Listed below by content categories are the numbers of questions you answered correctly out of the total numbers of questions in each category. Also listed are the topic areas describing the content of questions you answered incorrectly. This list may be helpful to you in planning your continuing medical education. In the case of categories consisting of less than 10 questions, your performance may not accurately reflect your knowledge in these areas. Specific topic areas may apply to more than one examination question.

## **Abdomen**

*23 of 39 answered correctly. The topic areas for the incorrect answers are:*

- Minimally Invasive Surgery - Principles
- Diagnostic Laparoscopy - Abdomen
- Pancreatectomy - Distal
- Hepatic Abscess
- Choledochoscopy
- Pancreatic Neoplasms - Exocrine
- Pancreatic Debridement
- Pancreatic Pseudocyst - Drainage
- Cholecystectomy with or without Cholangiography
- Abdominal Pain - Acute
- Hepatic Neoplasms - Benign
- Splenectomy
- Gallstone Ileus
- Miscellaneous Hernias
- Pancreatic Neoplasms - Exocrine
- Common Bile Duct Exploration - Open

## **Alimentary Tract**

*15 of 37 answered correctly. The topic areas for the incorrect answers are:*

- Meckel's Diverticulum
- Small Intestinal Obstruction
- Proctoscopy and Sigmoidoscopy
- Rectal Cancer
- Peptic Ulcer Disease
- Esophageal Perforation - Iatrogenic
- Colonic Crohn's Disease - Operative Management
- Colon Cancer
- Gastroparesis
- Colitis - Ischemic
- Appendiceal Neoplasms
- Hiatal Hernias
- Colonic Crohn's Disease - Operative Management
- Anal Cancer

- Anorectal Abscess and Fistulae
- Hemorrhoidectomy
- Radiation Enteritis
- Gastrointestinal Bleeding - Upper
- Enterocutaneous Fistula
- Gastroesophageal Reflux/Barrett's Esophagus
- Bronchoalveolar Lavage
- Peptic Ulcer Disease

## **Breast/Endocrine/Soft Tissue/H & N**

*21 of 36 answered correctly. The topic areas for the incorrect answers are:*

- Parathyroidectomy
- Lymph Node Biopsy
- Upper Airway Obstruction
- Lymphoma/Hodgkin's Disease
- Hyperparathyroidism
- Soft Tissue Sarcomas
- Hypercortisolism - Cushing's Syndrome/Disease
- Thyroid Cancer
- Atypical Ductal Hyperplasia of the Breast
- Breast Cancer - Hereditary
- Benign Breast Disease - Fat Necrosis
- Hyperthyroidism
- Thyroid Nodule
- Thyroiditis
- Non-Melanoma Skin Cancers

## **SCC/Trauma**

*27 of 40 answered correctly. The topic areas for the incorrect answers are:*

- Damage-Control Laparotomy and Management of the Open Abdomen
- Infections - Viral, Common
- Renal Transplantation
- Thoracentesis
- Surgery and Surgical Conditions in Immunocompromised Hosts
- Post-Transplant Malignancies
- Focused Assessment with Sonography for Trauma (F.A.S.T.)
- Pancreatic and Duodenal Injury
- Airway Management/Ventilator Management
- Postoperative Delirium
- Initial Assessment and Management of Trauma
- Pneumonia - Hospital-Acquired

- Hypovolemic Shock

## **Surgical Specialties**

*13 of 28 answered correctly. The topic areas for the incorrect answers are:*

- Superior Vena Cava Syndrome
- Operations/Procedures - Core
- Pseudoaneurysm - Repair
- Venous Access Devices - Insertion
- Plastic Surgery
- Aortofemoral Bypass
- Thrombophlebitis
- Cystostomy
- Skin Grafting
- Inguinal Hernia - Pediatric
- Diabetic Foot Infections
- Varicose Veins
- Mediastinitis
- Pelvic Inflammatory Disease
- Chylothorax

## **Pre Peri Op Care**

*17 of 31 answered correctly. The topic areas for the incorrect answers are:*

- Hypokalemia and Hyperkalemia
- Body Fluid Compartments and Fluid Homeostasis
- Pain, Acute - Management
- Anesthesia and Pharmacology
- Hypocalcemia and Hypercalcemia
- Nerve Block - Intercostal
- Effect of Surgery, Illness, and Injury on Nutritional Requirements
- Nutritional Assessment
- Nutritional Requirements
- Wound Closure
- Effect of Surgery, Illness, and Injury on Nutritional Requirements
- Nutritional Support - Long-Term
- Inherited and Acquired Disorders of Coagulation
- Pain, Chronic - Management

## **General Surgical Knowledge**

*9 of 18 answered correctly. The topic areas for the incorrect answers are:*

- Biostatistics and Evaluation of Evidence

- Common Postoperative Problems
- Preoperative Assessment and Management of Cardiac Risk
- Radiology
- Advance Directives and the Surgical Patient
- Palliative Care
- Postoperative Pain Management
- Prophylaxis for Venous Thromboembolism
- Perioperative Management of the Therapeutically Anticoagulated Patient