
**TABLE E-1 ABOS Written Examination Content Domains
for 2006**

Category	Items (#)
1. Adult Trauma	60
2. Adult Disease	67
3. Pediatric Trauma	22
4. Pediatric Disease	30
5. Sports Adult/Pediatric	33
6. Rehabilitation	19
7. Diagnosis	105
8. Operative Management	103
9. Nonoperative Management	59
10. Basic Science	101
11. Neoplasm	28
12. Spine	51
13. Upper Extremity (Clavicle, Scapula, Shoulder)	27
14. Upper Extremity (Humerus, Elbow, Radius/Ulna)	24
15. Upper Extremity (Wrist, Hand)	26
16. Lower Extremity (Pelvis, Hip, Femur)	26
17. Lower Extremity (Knee, Tibia/Fibula)	35
18. Lower Extremity (Ankle, Foot)	29

The eighteen categories are not mutually exclusive. The item counts are after the key validation process and for actual scoring.

The American Board of Orthopaedic Surgery
Performance Report for the 2006 Part I Written Examination

Name:

ID#:

Pass/Fail Decision	PASS
Minimum Passing Standard Score	170
Your Standard Score	200
Your Percentile Rank	43

Your standard score is determined by your overall performance on the ABOS Part I Written Examination. The standard scores were calculated so that the mean and standard deviation for the base reference group (US/Canadian medical school graduates taking the test for the first time in 2005) were 200 and 20, respectively, with most of the scores falling between 140 and 260. The standard scores reported for all candidates testing in 2005 and later have been statistically equated and are directly comparable.

The standard error of measurement (SEM) for this standard score scale is 9 points. The SEM provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

Your percentile rank indicates the percentage of current reference group candidates (US/Canadian medical school graduates taking the test for the first time) who obtained scores lower than your score on this year's examination. For example, if your percentile rank is 85, it means that 85% of this year's reference group candidates obtained a score that was lower than your score.

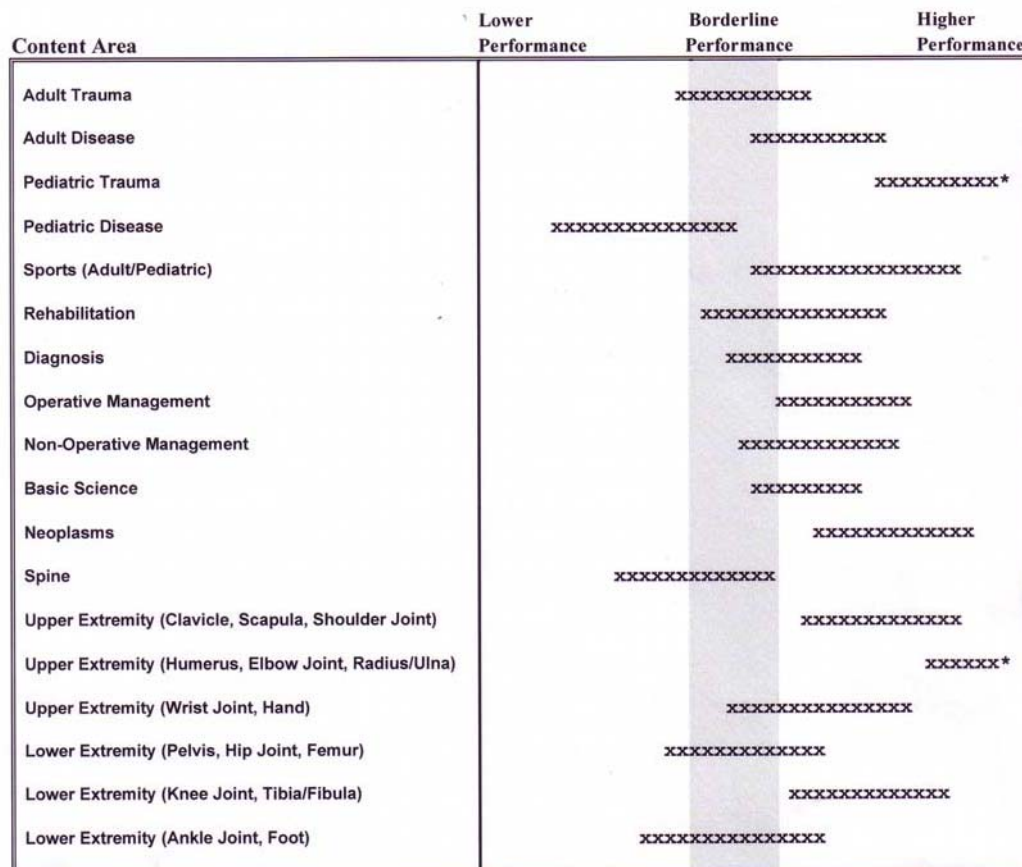
Fig. E-1

A candidate's individual performance report.

The American Board of Orthopaedic Surgery

Performance Report for the 2006 Part I Written Examination

Content Area Performance Profiles



The above performance profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to a high fail/low pass on the total test. Performance bands indicate areas of relative strength and weakness. Some performance bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. The bandwidth for a given content area is the same for all examinees. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of the bands should not be over interpreted. If two bands overlap, the performance in the associated areas should not be interpreted as being significantly different. Because the ABOS Part I Written Examination is designed to be integrative, some items contribute to more than one content area. As a consequence, caution should be used when interpreting differences in performance across content areas. This profile should not be compared to profiles from other ABOS Part I Written Examination administrations.

Fig. E-2
A candidate's performance report for content domains.

American Board Of Orthopaedic Surgery

Performance of First Takers from Your Program on 2005–2006 ABOS Written Certifying Examination

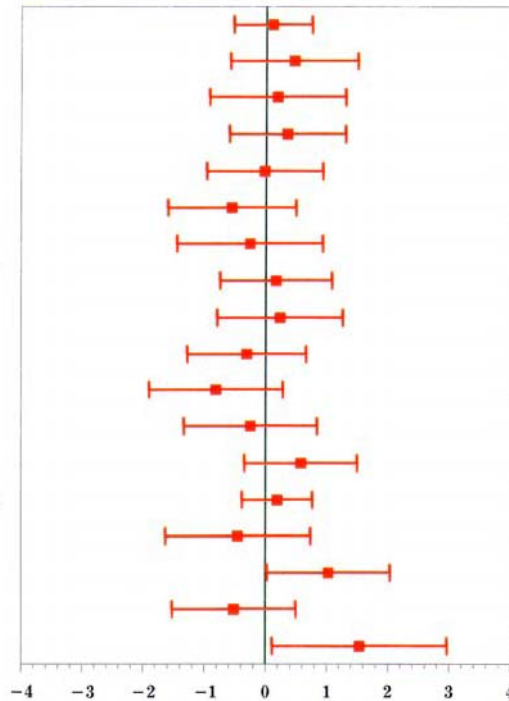
Program:

Total Examinees: 14

Total Passing: 12

Total Failing: 2

Adult Trauma
 Adult Disease
 Pediatric Trauma
 Pediatric Disease
 Sports (Adult/Pediatric)
 Rehabilitation
 Diagnosis
 Operative Management
 Non-Operative Management
 Basic Science
 Neoplasms
 Spine
 Upper Extremity (Clavicle, Scapula, Shoulder Joint)
 Upper Extremity (Humerus, Elbow Joint, Radius/Ulna)
 Upper Extremity (Wrist Joint, Hand)
 Lower Extremity (Pelvis, Hip Joint, Femur)
 Lower Extremity (Knee Joint, Tibia/Fibula)
 Lower Extremity (Ankle Joint, Foot)



The above graph provides information regarding the score distribution of U.S./Canadian medical school graduates taking the test for the first time from your program relative to the distribution for all U.S./Canadian medical school graduates in each score category. All scores are scaled in standard score units based on the performance of U.S./Canadian medical school graduate first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each content category. The mean performance of U.S./Canadian medical school graduate first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian medical school graduate first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for U.S./Canadian medical school graduate first takers from your program is represented by the red boxes and horizontal lines. The red box depicts the mean performance of U.S./Canadian medical school graduate first takers from your program. The distance from the red box to one end of the red line indicates one SD for your program. The interval spanned by each red line represents your program mean plus/minus one SD; approximately 68% of your residents scored in this interval.

By comparing the locations of the red boxes, you can determine the score categories in which the performance of your residents was relatively strong or weak.

Fig. E-3

A program director's report of aggregate data illustrating the performance of the program's candidates who took the examination for the first time.