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Utility of AAOS OITE scores in predicting ABOS Part I outcomes: AAOS exhibit selection.

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Abstract

BACKGROUND: Residency programs commonly use performance on the Orthopaedic In-Training **Examination** (OITE) developed by the **American** Academy of Orthopaedic Surgeons (AAOS) to identify residents who are lagging behind their peers and at risk for failing Part I of the **American Board** of **Orthopaedic Surgery** (ABOS) **Certifying Examination**. This study was designed to investigate the utility of the OITE score as a predictor of ABOS Part I performance.

METHOD: Results for 3132 examinees who took Part I of the ABOS **examination** for the first time from 2002 to 2006 were matched with records from the 1997 to 2006 OITE tests; at least one OITE score was located for 2852 (91%) of the ABOS Part I examinees. After OITE performance was rescaled to place scores from different test years on comparable scales, descriptive statistics and correlations between ABOS and OITE scores were computed, and regression analyses were conducted to predict ABOS results from OITE performance.

RESULTS: Substantial increases in the mean OITE score were observed as residents progressed through training. Stronger correlations were observed between OITE and ABOS performance during later years in training, reaching a maximum of 0.53 in years 3 and 4. Logistic regression results indicated that residents with an OITE score below the 10th percentile were much more likely to fail Part I compared with those with an OITE score above the 50th percentile.

CONCLUSIONS: OITE performance was a good predictor of the ABOS score and pass-fail outcome; the OITE can be used effectively for early identification of residents at risk for failing the ABOS Part I **examination**.

MeSH terms   ➕

LinkOut - more resources   ➕