

The Utility of the ABS In-Training Examination (ABSITE) Score Forms: Percent Correct and Percentile Score in the Assessment of Surgical Residents

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OBJECTIVE: The American Board of Surgery (ABS) provides program directors with ABS In-Training Examination (ABSITE) scores in the following forms: Percent correct score and percentile score. It is of interest to note how residency programs utilize the different forms of ABSITE scores in assessment of surgical residents for progression in training. We conducted a survey of program directors to ascertain the present situation.

METHODS: A structured questionnaire was sent to all program director members of the Association of Program Directors in Surgery.

RESULTS: 114/210 program directors (54%) answered the survey. To assess residents, 3 programs used only the percentage correct score, 23 programs used only the percentile score, and 88 programs used both scores. The majority (70/89 or 79%) of the programs used a 30th percentile score as the minimum passing score. 88/111 (79%) programs had a remedial process for residents with poor performance on ABSITE. 60 percent of the programs had never used poor ABSITE performance to defer individual resident promotion. Programs that used ABSITE performance for remediation and deferral of promotion did it based on percentile score rather than percent correct score. Program directors felt that the better indicator of a resident's knowledge and progression in surgical residency was percent correct score (42%) vs percentile score (32%), while 10% felt that neither was an adequate indicator.

CONCLUSIONS: ABSITE score is being used as one of the measures to assess residents. Programs need to ensure that an effective remedial process is in place to assist residents with poor performance. (J Surg 69:554-558. © 2012 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: ABSITE, percent correct score, percentile score

COMPETENCIES: Medical Knowledge, Interpersonal and Communication Skills, Practice Based Learning and Improvement

INTRODUCTION

The American Board of Surgery In-Training Examination (ABSITE) is an annual examination offered to all residents in surgery in the United States, since its inception in 1975. Residents' performance in ABSITE has been shown to correlate with their future performance in the written qualifying examination for the Boards.^{1,2}

The American Board of Surgery (ABS) provides Program Directors with ABSITE scores in the following forms: percent correct score and percentile score. The percent correct score is the percentage of questions answered correctly by the resident. The percentile score by contrast indicates the percentage of residents nationwide at the same postgraduate year level that obtained percent correct score less than that obtained by the particular resident. Percent correct score is a better indicator of gain in medical knowledge by the resident. Percentile score by contrast, does help program directors compare their residents with their peers nationwide.

Surgical residency programs are involved in training residents into becoming proficient surgeons of the future. Program directors have the formidable task of training, assessing, and graduating safe and capable surgeons. Although not ideal, ABSITE is reproducible, standardized, and used in assessment of cognitive knowledge of residents.³ ABSITE scores have a role, albeit in conjunction with other assessment tools, in determining the progression of a resident in residency. It is, therefore, of interest to note how residency programs utilize the different forms of ABSITE scores in assessment of junior and senior surgical residents, especially in the current form of two different ABSITE examinations for junior and seniors. We con-

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ducted a survey of program directors to ascertain the present situation.

METHODS

We used a structured questionnaire using online survey software. Institutional Research Board approval was obtained for this survey and the survey was sent to all program director members of the Association of Program Directors in Surgery (APDS) on a voluntary basis.

Topic areas included the demographics of the program, current utility of percent correct score and percentile score in assessment of residents, remedial process, and the directors' view on usage of only percent correct score in ABSITE reports.

RESULTS

One hundred fourteen program directors (54%) answered the survey. However, not all participants responded to all questions, resulting in a lower participation rate for some questions.

Seventy-three (64%) respondents belonged to university-based surgical residency programs, whereas the remainder belonged to community-based programs. Majority (63/114) were midsize programs with 3-5 graduating residents; 41/114 (36%) programs had more than 6 graduating residents each year; 88/113 (78%) programs used both percent correct score and the percentile score to assess residents (Fig. 1). However, 3 programs used only percent correct score and 23 programs used only percentile score to assess residents. Majority (70/89 or

79%) of the programs used a 30th percentile score as the minimum score for satisfactory performance; 88/111 (79%) programs had a remedial process for residents with poor performance in ABSITE. Moreover, 51 (58%) programs used a score in the 20th to 30th percentile range and 18 programs used a score in the 30th to 40th percentile range to initiate a remedial process. Individual mentoring by attending ($n = 88$), group didactic sessions ($n = 51$), and allowing residents to attend commercial review courses ($n = 56$) were some of the measures taken by the programs as part of their remedial process (Fig. 2). The program directors' individual comments did reflect that in general, the remedial process included a structured curriculum, reading plan, counseling by program director, and regular tests.

Sixty-three (60%) of the programs had never used poor ABSITE performance to defer individual resident promotion (Fig. 3). The remainder had used poor ABSITE performance in conjunction with other performance markers to defer promotion. Forty-five percent of these programs had used a percentile score less than the 10th percentile, whereas six programs had used a score in the 20th to 30th percentile as a marker of poor performance. Residents with consistent poor ABSITE performance, despite a remedial process were the ones mainly deferred from promotion. Forty-five percent had made residents repeat the year and 30% had placed them on academic probation. Individual responses did reflect that residents were allowed to take a critical care/research fellowship to enable them to study and sit the ABSITE examination the following year and that this resulted in better performance. This was mainly

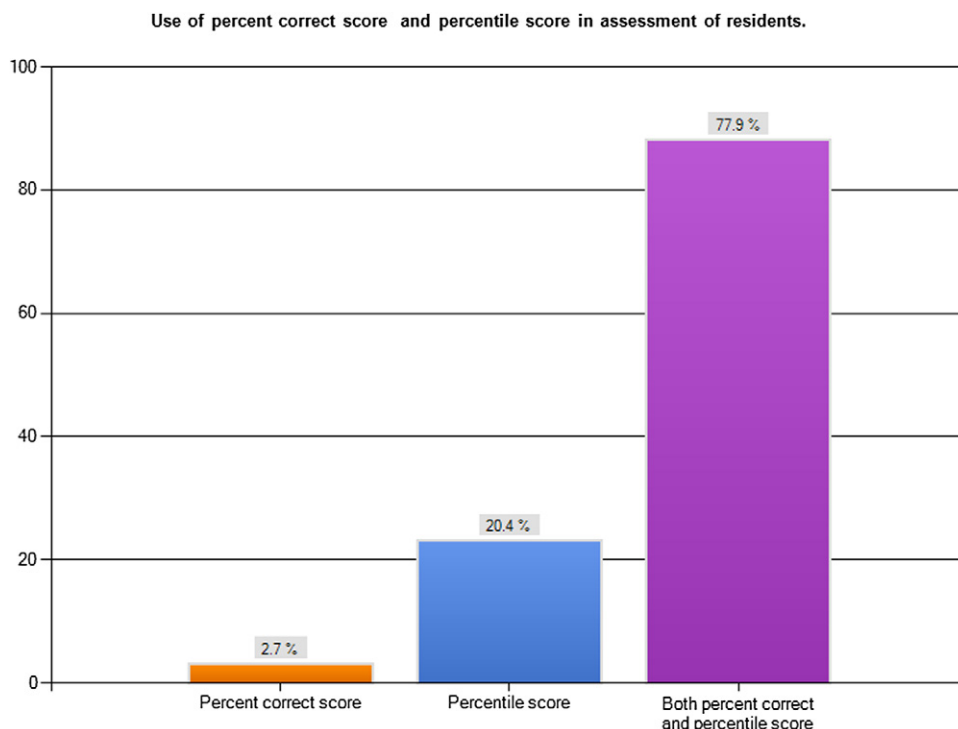


FIGURE 1. Distribution of use of percent correct score and percentile score in assessment of residents.

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