



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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September 4, 2013

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Lisa Cannada, MD
Chair
BOS Match Oversight Committee
6300 N. River Road Suite 727
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Dear Dr. Cannada,

Recently, the AAOS Central Evaluation Committee learned of a new requirement for the Spine Fellowship Match Centralized Application Service. The Application requires orthopaedic residents seeking a spine fellowship to include their OITE™ spine content domain scores. This information request does not comply with the AAOS OITE™ Scoring Policy adopted in 2010 and updated March 2013. Further the request is inconsistent with the goals and purpose of the OITE™. The request for OITE scores should not be either optional or mandatory for the applicant. The AAOS asks the Spine Fellowship Match to cease the request for applicant OITE™ scores, either for the entire examination or any of the content domains.

Since inception more than 50 years ago, the OITE™ has been an educational program for assessing the quality of the training program, determining minimal national standards in orthopaedic surgery training, and to create a normative measure of resident knowledge of all content domains comprising orthopaedics. The examination is designed (blueprinted) to assess general knowledge in orthopaedic surgery among residents. The test in its entirety consistently has maintained an overall reliability score of 0.92, which means that approximately 92% of the variation in total test scores can be attributed to differences among the residents. However, the Cronbach Alpha Score for the spine section ranges from 0.31 – 0.42, which represents poor construct reliability and should never be used as a factor in awarding a fellowship. The expectation of what a resident is taught in spine during residency and what a resident should know upon entering a spine fellowship are different.

The OITE™ spine content domain score should never be used as part of an application process because the test questions are not formally field tested like the items on a standardized examination such as the USMLE or ABOS Part 1 Certifying Examination. A standardized/credentialing examination uses items which are selected from an item bank based upon their psychometric properties and field test results. The OITE™ test items comply with test development theory (blueprinting, test item peer review, and Panel review) up to the field test. The actual administration of the OITE™ is the “field test.”

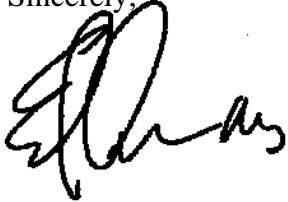
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After the 2012 OITE™ was administered and the psychometric analysis was completed, 9 out of 21 items in the spine content domain would have met all criteria to be included in a standardized test. Items with inherent construction flaws are excluded from scoring, not items with poorer discrimination or lower difficulty. All remaining items are approved for training and instruction, the true purpose of the OITE™.

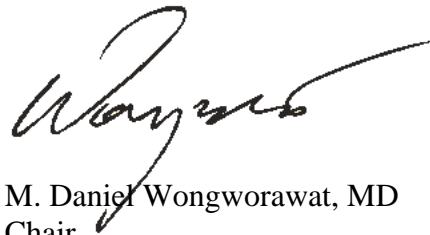
Test administration standards represent another factor for not using OITE™ spine content domain scores for fellowship consideration. Test administration, while proctored, is variable. Only scores that are from an examination administered in a uniform secure setting such as a commercial testing center should be used for fellowship applications. For the OITE™, residents take the examination anytime over a four day period in various locations proctored by designees, many of whom are untrained in managing the examination environment, from their home program. Also, “high stakes” have different meaning to different residents, and expectation levels vary between programs.

The AAOS wants to avoid an ethical dilemma for residents and program directors regarding fellowship application and fellowship directors impacting a resident’s career by basing a decision on a few tests items. No resident should ever feel their orthopaedic surgery career is in jeopardy as a result of an educational program like the OITE™. Using the content domain score results, either optional or required, is not statistically reliable for fellowship selection, and it also compromises an excellent educational program.

Sincerely,



Edward Akelman, MD
Chair
Council on Education



M. Daniel Wongworawat, MD
Chair
Central Evaluation Committee

cc: Orthopaedic Residency Program Directors