Resident Education - OITE & Boards Prep

Orthopaedic residency programs across the country use methods such as cadaver lab, Orthopaedic In-Training Examination and board preparation, surgical experience, feedback and evaluations, and surgical simulation to educate their residents. However, there is no consensus on the ways to optimize each of these educational practices. With this in mind, the AAOS Resident Assembly set out to identify unique and high-performing practices for each of these methods. Through a Nationwide Resident Survey and the Resident Education Forum at the 2017 Annual Meeting, we have identified ways in which residency programs can improve how residents are educated. At the end of this “two-pager,” you will find summative highlights of the best practices for the topic of this document: OITE & boards preparation.

The OITE is an annual examination given to orthopaedic surgery residents in over 20 countries.¹ The Evaluation Committee of AAOS first created the test in 1963 to assess how well orthopaedic surgery residencies were attaining educational goals. Currently, OITE is administered over a 2-day period every November to residents in all postgraduate years, who are graded both overall and against their peers. OITE scores have been shown to correlate with performance on the American Board of Orthopaedic Surgery Part 1 examination, also known as the “boards.”

Of all the educational methods evaluated on the Resident Assembly’s National Resident Survey, OITE and boards preparation displayed the greatest discrepancy between residents’ perceived level of importance (4.2 of 5.0) and perceived level of accomplishment (3.4 of 5.0). Only 16% of residents believed their programs were excellent at OITE prep, compared to 31% who believed their programs were average (Infographic).

At the Resident Education Forum, residents identified multiple reasons why programs may not provide optimal OITE and boards preparation. Most programs have OITE preparation lectures, either as part of their core lecture series or as an independent curriculum, which are given in the early fall prior to the test. One of the recurrent issues that limited the effectiveness of these lectures was the format of the test preparation lectures: although residents generally reported that lectures led by attendings were more valuable, they uniformly agreed that lectures led by senior residents were more relevant for OITE preparation. Senior residents are more familiar with trends in the test and can tailor these test preparation lectures accordingly. Additionally, some residents reported that not having a clearly defined distinction between OITE preparatory lectures and the general “core curriculum” lectures was a negative factor.

Residents reported that a good night’s rest prior to the test was important for scoring well; many had stories of taking the test after being on call and finding it difficult to focus for the duration of the 8-hour test. To achieve this, residents at high-performing programs are excused from clinical responsibilities.

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duty the night before the test. In addition, residents reported the importance of self-study with question banks - essentially all residents reported using Orthobullets (http://www.orthobullets.com/), a free website that provides test questions, to prepare for the test on their own time, and many reported using previous years’ tests, self-assessment examinations, and AAOS ResStudy (https://www.aaos.org/exams/). Some residents reported positively that their program had a 2- to 3-month “ramp-up” period before for test, during which time all lectures were OITE-based.

Factors influencing resident OITE performance have been studied, and the results confirm what was found on our survey and at the forum. Camp et al performed a nationwide study of program directors and residents to understand what test preparation strategies were being implemented by residency programs. They found that certain program-specific and resident-specific factors correlated with increased OITE scores. The program-specific factors included excusing residents from clinical duty the night before, having residents take the test on different days, and allowing residents to lead their review courses. The resident-specific factors included increased independent study time and participation in the program’s OITE preparation course.

In 2014, the University of California Los Angeles residency program switched from a traditional attending-led OITE preparation lecture series to a senior resident-led curriculum. According to residents, these new lectures were question-based, Socratic, and reviewed not just correct answers but also why the incorrect answers were incorrect. Orthobullets provided a convenient platform for organizing and administering these high-yield lectures. The lectures took place in the 2 months leading up to the OITE and residents were required to complete pre-lecture readings. After changing to this new senior resident-led OITE preparation lecture series, residents reported that the OITE preparation period has become more educational and that the program’s OITE scores have increased significantly.

In summary, residents perceive a significant gap between the importance of OITE and boards preparation and their programs’ level of accomplishment. Several simple yet effective changes can be made to a program’s OITE preparation curriculum (Summative Highlights). These high-performing practices have been found to improve residency OITE performance in our investigations and in published literature. We hope that residency programs can use these ideas to improve their OITE and boards preparation curriculum and, in doing so, improve resident education.

**Summative Highlights – OITE & Boards Prep**

1. Define a 2- to 3-month ramp-up period prior to OITE and differentiate these test preparation lectures from the general “core curriculum”
2. Have senior residents lead the question-based OITE preparation lectures
3. Provide residents with many practice question bank resources, such as Orthobullets and ResStudy, for self study.
4. Ensure residents obtain a good night’s rest prior to the test by excusing them from clinical duty and/or administering the test over 2 days

If you would like to share a unique practice for any educational topic, please contact the AAOS Resident Assembly at residentassembly@aaos.org.


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