

Review of ABSITE Scores to Modify Didactic Curriculum: A Preliminary Analysis
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Background:

General surgery residents at the University of Colorado School of Medicine (CUSOM) attend core curriculum didactic conferences to prepare for the American Board of Surgery In-Training Examination (ABSITE), qualifying examination, and post-residency practice. ABSITE scores are one metric residency directors can utilize to assess resident progress and clinical knowledge. The purpose of this study was to evaluate resident performance in specific subtest and subtopic areas and identify areas in need of improvement in the general surgery residency program.

Methods:

A single institution retrospective study was performed utilizing CUSOM 2020 ABSITE score reports. Performance metrics across the five program years were input into RedCAP and statistical analyses were conducted for ABSITE subtest standard scores and incorrect subtest topics. Median deviation from national average scores was calculated by subtracting the national average from each subtest score.

Results:

3rd year residents' median subtest scores were below the national average in Alimentary Tract (Al). 5th year residents' median subtests scores were below the national average in Al, Pre-Peri Op care (OP), SCC/Trauma, and Surgical Specialities. Program year five had two subtests, AL and OP, with a median deviation of -50 compared to the national average.

Discussion:

Our study shows that CUSOM general surgery residents scored at or above the national average in program years 1,2, and 4 while years 3 and 5 had median subtest scores below the national average in 1 and 4 subtests respectively. Overall trends in the deviation of subtest scores from national averages and identification of program weaknesses over time are pending additional analysis of 2017-2020 scores. Specifying areas of weakness allows for targeted modification of the core curriculum didactic conference. This study is unique as it is the first to our knowledge to investigate ABSITE subtest standard performance and prospectively use results to modify curriculum. Our methods have the potential to be replicated by other residency directors at CUSOM, surgical programs at other institutions, and the American Board of Surgery to provide further insights into surgical training.

