

Resident Performance on the Plastic Surgery In-Service Exam Varies By Training Year and Pathway

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Disclosures: None

Background: Few studies in surgery have addressed medical knowledge competency training as defined by the American Council of Graduate Medical Education (ACGME). As in-training exams are ubiquitous educational tools for surgical residents in the U.S, insights into exam performance may help fill this void. The purpose of this study was to determine the relationship between in-service exam performance and training profile in plastic surgery.

Methods: This retrospective cohort study reviewed performance data for the Plastic Surgery In-Service Training Exam (PSITE) for years 2012-2015. Comparisons were made both within and between training pathways via non-parametric tests.

Results: Data were available for 1367 independent (37.9%) and 2240 integrated (62.1%) residents. Among integrated residents, performance increased with additional years of training ($p < 0.001$), but no difference existed between PGY-5 and PGY-6 residents ($p > 0.05$). Similarly, independent resident exam performance increased by year of training ($p < 0.001$) with no difference between PGY-2 and PGY-3 years ($p > 0.05$). At each level of training (PGY 4-6), integrated residents outperformed their independent resident colleagues (PGY 1-3) ($p < 0.001$).

Conclusions: Performance on the PSITE increases during residency with integrated residents outperforming independent residents. These findings may have implications on medical knowledge competency training as defined by the ACGME.