

Orthopaedic In- Training Examination (OITE) Technical Report 2025



PREPARED BY THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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Executive Summary

The 2025 Orthopaedic In-Training Examination (OITE) was administered to 5,146 residents across 239 national and international orthopaedic residency programs from October 31 through November 9, 2025. The OITE, is a 275-item, multiple choice, computer-based examination that covers 10 content domains representative of the established principles, conventional procedures and treatment modalities in orthopaedic surgery. Historically, the OITE is administered at designated locations by each residency program in a proctored environment. In 2025, the AAOS hosted two proctored administration models: in-person group testing and remote testing.

Scoring and reporting is conducted by the American Academy of Orthopaedic Surgeons and results are made available to the residency program directors for dissemination to the residents. Score reports include overall program performance, program year (PGY) performance and examinee performance. In 2020, the AAOS adopted a new standard for performance comparisons at all levels (program, PGY, and individual) to better align with the direction of education in US orthopaedic residency programs. To maintain equity in the comparison of performance outcomes and percentiles, the Accreditation Council for Graduate Medical Education (ACGME)-accredited orthopaedic residency programs were used as the reference group. All score comparisons and percentiles point to the ACGME-accredited program results and all programs (domestic and international) are compared to the same reference group.

In 2025, the AAOS and the American Board of Orthopaedic Surgery (ABOS) collaborated on the development of a collection of examination items that were included on both the 2025 ABOS Part I Certifying Examination and the 2025 AAOS OITE. The purpose of including a set of common items on both examinations was to identify the score on the 2025 OITE that approximately corresponds to the minimum passing performance level on the ABOS Part I Certifying Examination. The score estimate is based on a relatively small sample of shared items and is not intended to be predictive of future performance on the ABOS Part I Examination but serve as a rough benchmark to help guide education and examination preparation.

Results from the 2025 administration show a progression of knowledge as the residents advance in their training. Composite mean scores increase significantly across the PGY program (see ANOVA).

Test Specifications

Purpose

The purpose of the Orthopaedic In-Training Examination (OITE) is to provide evidence of the orthopaedic surgeon's scope of knowledge throughout their training in support of

educational advancement. Since 1963, the American Academy of Orthopaedic Surgeons (AAOS) has developed the Orthopaedic In-Training Examination (OITE) to assess resident knowledge in ten primary content domains as defined by the OITE blueprint.

Intended Population

The OITE is made available to all United States Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) accredited orthopaedic residency programs as well as Canadian and International (outside North America) programs by request.

The examination is utilized throughout the 5 post-graduate years (PGY) representative of the ACGME training criteria. However, among other groups (International), the number of PGYs may vary.

Blueprint

The 2025 OITE content consisted of 10 primary subject matter domains as outlined in the blueprint (**Table 1**). The content distribution aligned with historical examinations and is reviewed annually by the Education Assessments and Examinations Committee. In 2025 the AAOS adopted a new blueprint, developed by the American Board of Orthopaedic Surgery, that was in place for 2025 test development and examination administration.

Table 1 2025 OITE Content Domains and Distribution

Domain	Proportion of Scored Exam
General Principles	13%
Foot & Ankle	10%
Hand & Wrist	10.5%
Hip & Knee	8%
Oncology	7%
Pediatrics	12%
Shoulder & Elbow	7.5%
Adult Spine	9%
Sports Medicine	9.5%
Trauma	13.5%

Examination Overview

Subject Matter Experts

Physician subject matter experts (SMEs) are appointed to the OITE Examination Committee by the Committee Appointment Program Committee, then ratified by the Board of Directors. The appointments cover a 3-year term and committee members

may request reappointment near the end of their first term. SMEs are routinely surveyed regarding their focused expertise and every attempt is made to align a physician's area of practice with appropriate content development for the OITE. Based upon the content needs, assignments are issued to the SME groups. All SMEs receive training in item development, focusing on the AAOS' style for item writing as well as best practice design recognized by the standards in place for high-stakes and educational testing.¹ **Appendix A** lists the SME contributors and reviewers for the 2025 OITE.

Item Development

SMEs author items in the AAOS item bank and authoring tool. Item writers complete their assignments in the tool and are required to provide detailed summaries of the topics covered in support of content validity. At least two current, relevant and peer reviewed/recognized sources of references are required for each test item as well as an in-depth discussion explaining the justification for the correct/best answer and explanation addressing the incorrect answer options. The extensive validation of each item provides the foundation for the content validity of the examination and supports the fundamental purpose of the OITE, considering the educational aspects of orthopaedic residency training.

Items are reviewed by the examination sub-committees prior to convening as a group to make decisions and recommendations regarding each item. The SME sub-committee members enter comments and suggestions for each item collection they are assigned to review. The group then meets to address the collective comments and makes final edits to items worthy of retaining and including in the examination. On occasion, items are sent back to the authors for additional components (images, expanded discussion, etc) and are reviewed upon completion of the requested additions. Each item is coded to a content domain and cognitive level and validated during the review process.

After the collection of items for each domain has undergone a series of reviews, a smaller committee (OITE chair and leads in each subject area domain) convene to assemble and approve the final form of the OITE. One form is used across all PGY programs.

A similar development and review processes is followed for the collection of items shared by the ABOS Part I examination and the OITE. Each item is reviewed by a group of subject matter experts, revised as needed and coded to the appropriate content domain. The shared items included in the examination are mapped to the OITE blueprint in consideration of the required overall compliance with content distribution.

Item Formats

The OITE item format is traditionally four option multiple-choice, with a single correct/best response key and three to four competing and compelling distractors

(non-correct options). The items may present as short clinical cases (vignettes) or straightforward knowledge-based content. SMEs may include images, videos, or other stimuli (tables, charts, graphs) to supplement targeting the construct being tested. All items are stand-alone, meaning they are not dependent on any other items in terms of sequence, association, or content.

Administration

In 2025, the OITE was available for administration under two models: in-person, group testing and remote testing and proctoring. The OITE in-person, group administration is coordinated and proctored by each residency program. AAOS provided detailed instructions and guidelines to the residency programs regarding testing conditions, proctoring and requirements for the technical (hardware and bandwidth) components of the administration. The remote testing and proctoring administration was coordinated with a vendor that provided services for the test administration which included audio and video monitoring throughout the examination session. Residents were provided with instructions to download the secure browser in advance of the examination. In addition, a sample test was made available to all residents testing remotely in advance of the OITE to ensure access was achieved to the server ahead of the live examination.

AAOS schedules a window in November each year to cover the OITE administration nationally and internationally. The testing window for the 2025 administration was October 31 through November 9.

The examination is a 275-item multiple-choice test and opens with a welcome letter from the Exams and Assessments Chair (see **Appendix B**). Residents/examinees may use up to 7 (seven) hours of testing time to complete the OITE. The examination is assembled and taken in two sections. Residents have up to 3.5 hours of testing time to complete each section. During testing, examinees may flag items to review and are permitted to change answers. When finished with Section I, examinees are required to verify completion and submit their answers. Once completed, examinees are no longer permitted to access the test items to review or change answers. The same process is followed for the second section of the examination, with an opportunity to flag items to review, change answers, and verify completion of the examination. Prior to the delivery of the examination, examinees must review and accept the AAOS confidentiality/non-disclosure statement as well as participate in the pre-exam tutorial. The tutorial provides instruction on the layout, navigation, tool use, and timing of the OITE. In addition, the tutorial displays how to enlarge images and play (replay) video clips.

Once the examination is complete, examinees are invited to respond to a brief survey relating to their testing experience.

Use of Scores

The OITE is a comprehensive examination designed to facilitate knowledge assessment in established principles and conventional procedures and treatment modalities in orthopaedic surgery. Orthopaedic residency programs use the OITE performance outcomes at the individual and programmatic levels to support orthopaedic resident education through study, research, discussion, review, and assessment.

Construct Irrelevant Variance

Fairness Review

During their training, SME item writers and reviewers are instructed to ensure that items are free from any detectable bias that could unduly advantage or disadvantage the test taker based upon individual characteristics. Careful attention to ensure that the construct being targeted is free from bias alleviates construct-irrelevant variance in the interpretation of scores.

Scoring Process

Item Analysis and Key Validation

Prior to scoring, an analysis of item performance and a key validation study is conducted. Generally, items displaying negative discrimination (point measure), proportion correct (p-value) greater than 0.98 or less than 0.20, or demonstrating evidence of a mis-key or double key are reviewed by the SMEs. Results data from the ACGME-accredited PGY 4 and PGY 5 testing cohorts were used to conduct the item analysis and key validation.

On occasion, an item may be determined to be mis-keyed and in that case, the item would be re-keyed and retained in the final scoring. Items that are determined to be flawed in any way (double key, not targeted, no longer relevant or accurate) are removed from scoring. For the 2025 OITE, 31 items were flagged for SME review and 12 items were removed from scoring for a final item count of N=263.

Classical and IRT Scoring

The AAOS scores the OITE using a classical scoring model (raw number correct) and reports the raw score, mean, standard deviation and percentile rank (individual and program). An extension of the scoring was conducted using a Rasch (item response theory) model to place the examinee performance outcomes and item difficulty measures on the same (logit) continuum. The Rasch model provides generalizability across samples and items, produces an ordered set of items, and identifies poorly functioning as well as unexpected responses. Examinees and items can be rank ordered while the interval between the measures is scalable and subject to richer interpretation than the classical model.^{2,3}

Results

Tables 2 and 3 show the overall scores by program and program year, respectively.

Table 2 Overall Results ACGME-accredited Programs and Non-ACGME

Program Designation	N	Mean (SD)	% Correct	Min Score	Max Score
ACGME	4,667	168.81 (23.79)	64%	78	225
Non-ACGME	479	142.86 (29.51)	54%	57	227

Table 3 Overall Results by Program Year

	N	Mean (SD)	% Correct	Min Score	Max Score
PGY 5					
ACGME	881	189.20 (12.34)	72%	147	224
Non-ACGME	36	174.64 (32.78)	66%	57	210
PGY 4					
ACGME	914	184.06 (13.43)	70%	137	222
Non-ACGME	101	159.03 (23.23)	60%	110	227
PGY 3					
ACGME	946	175.93 (14.98)	67%	94	225
Non-ACGME	110	149.70 (24.16)	57%	90	224
PGY 2					
ACGME	964	158.35 (16.87)	60%	100	219
Non-ACGME	144	134.72 (24.02)	51%	73	204
PGY 1					
ACGME	962	139.12 (16.96)	53%	78	205
Non-ACGME	88	116.09 (20.94)	44%	61	199

ANOVA

An analysis of variance (ANOVA) was conducted to test the null hypothesis that there is no significant difference between mean scores across residency programs designated by program year. ACGME-accredited program data was used to conduct a comparison of mean scores across all PGY cohorts.

Results

The ANOVA results (**Tables 4 and 5**) indicate that residency program year has a significant effect on overall OITE performance. Our comparisons show statistically

significant differences in mean scores between each program year, demonstrating a consistent upward progression across training levels. These findings suggest that increasing clinical experience and training exposure meaningfully contribute to higher OITE scores, reinforcing the expected relationship between program year and exam performance.

Table 4 ANOVA Results

	Degrees of freedom	Sum of squares	Mean square	F	Sig
Between Groups	4	1580583	395146	1736	<.001
Within Groups	4662	1061199	228		
Total	4666	2641782			

Table 5 displays the comparisons across all residency program years. Mean scores are significantly different between adjacent program years (PGY1->PGY2, PGY2->PGY3, PGY3->PGY4 and PGY4->PGY5). These results support evidence of an increase in knowledge acquisition and retention on the topics tested on in the OITE.

Table 5 Score Comparisons Across Adjacent PGY Cohorts

TukeyHSD					
		95% confidence interval			
PGY	PGY	Mean Difference	Lower Bound	Upper Bound	Sig(p)
1	2	19.2	17.4	21.1	<.001
1	3	36.8	34.9	38.7	<.001
1	4	44.9	43.0	46.8	<.001
1	5	50.1	48.2	52.0	<.001
2	3	17.6	15.7	19.5	<.001
2	4	25.7	23.8	27.6	<.001
2	5	30.9	28.9	32.8	<.001
3	4	8.1	6.2	10.0	<.001
3	5	13.3	11.3	15.2	<.001
4	5	5.1	3.2	7.1	<.001

Reliability

Test form reliability is a measure of internal consistency of the examination and more importantly the magnitude of measurement error. Reliability measures are typically reported on a scale from 0-1. In educational assessment, reliability may be interpreted as the confidence that the scores accurately and consistently measure the knowledge of the test-takers.

KR20 reliability measures the repeatability of raw scores and may be affected by the overall test difficulty, number of items on the test, items that did not discriminate and the spread of scores. The Rasch Person Reliability Index produces a measure indicating how repeatable the measures are for the sample. There is good evidence to show the reproducibility of outcomes if the same set of items were tested in similarly able populations of examinees. The reliability estimates are acceptable for an educational examination.

The standard error of measurement (SEM) estimates the variation in test scores within a sample of test-takers. **Table 6** shows the reliability estimates and SEM across the five testing cohorts.

Table 6 Reliability Estimates (Overall exam) of the 2025 OITE Across Program Years

	KR20	SEM raw score	EAP	Rasch Person Reliability
PGY 1	0.85	7.17	0.86	0.86
PGY 2	0.87	6.99	0.89	0.89
PGY 3	0.86	6.69	0.87	0.87
PGY 4	0.85	6.46	0.86	0.86
PGY 5	0.80	6.25	0.83	0.82

ABOS/AAOS Linking Study

The American Board of Orthopaedic Surgery (ABOS) and the American Academy of Orthopaedic Surgeons (AAOS) collaborated on the development of a collection of examination items (questions) that were included on both the 2025 ABOS Part I Certifying Examination and the 2025 AAOS Orthopaedic In-Training Examination (OITE).

The purpose of including a set of common items on both examinations was to identify the score on the 2025 AAOS OITE that approximately corresponds to the minimum passing performance level on the ABOS Part I Certifying Examination. This approximation is based on a relatively small sample of shared items and is not a guarantee of or predictive of future performance on the ABOS Part I Examination.

Based on the linking study, the score on the 2025 AAOS OITE that corresponds to the ABOS Part I minimal passing standard is 182 items or 69.2% correct. Many factors, including

changing levels of knowledge and testing conditions, will impact one's performance on the AAOS OITE and the ABOS Part I Examinations. This information is provided as a rough benchmark to help guide education and examination preparations. The number correct score and corresponding percent correct are applicable to the 2025 AAOS OITE only and should not be used to gauge performance on previous or future administrations of the OITE.

Linking Study Design

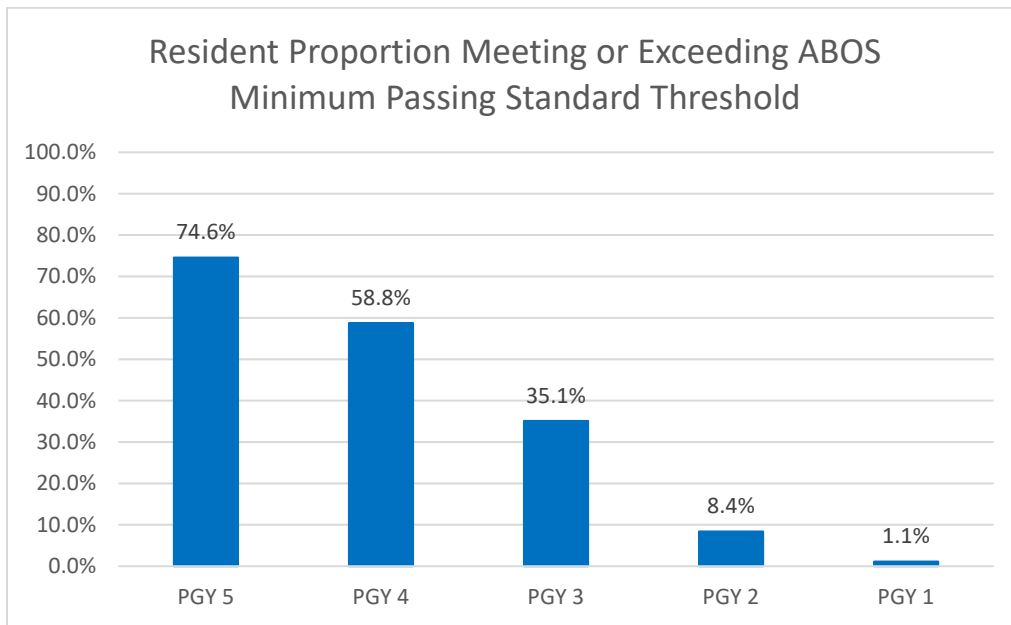
The shared items developed by ABOS and AAOS were pre-tested on the ABOS Part I Examination in July 2024. The item performance measures for each item were analyzed and reviewed by subject matter experts who made the final decision regarding which items would be included on the 2025 AAOS OITE. Items that did not meet statistical specifications were eliminated from the linking study.

Responses to these shared items from PGY 5 residents in US residency programs who took the 2025 AAOS OITE and from candidates who took the 2025 ABOS Part I Certifying Examination were used in a linking study—a psychometric procedure to link two examinations that have items in common. Item calibrations for the shared items produced from the ABOS Part I Examination were used to estimate item measures on the AAOS OITE. The current passing standard for the ABOS Part I Examination was applied to the OITE final item measures to obtain an estimate of the number correct and corresponding percentage correct that were reflective of the ABOS Part I Examination minimum passing score.

Results

The results of applying the minimal passing standard to the ACGME-accredited PGY cohorts demonstrated remarkable findings in terms of performance. The below chart shows the proportion of residents meeting or exceeding the ABOS minimum passing standard threshold. We see again, as expected, that there is a significant difference in the number of resident meeting that threshold as they progress in their residency.

Figure 6 Percentage of Scores Meeting or Exceeding the ABOS Part I Minimum Passing Standard



Recommendations

The following recommendations address test development and measurement considerations.

1. Review and revise (as necessary) the purpose of the OITE. It is important for test developers to fully embrace the fundamental purpose of an examination and execute the test development processes and test specifications to align with said purpose.
2. Review post-examination comments to support quality improvement.
3. Equate adjacent administration forms of the OITE. Under the current model of test form assembly, all items are released for public review. Not only does this contribute to an extensive amount of item development necessary from year to year, it prohibits the ability to equate the test forms with a common item set. Currently, the OITE form assembly does not consider any statistical parameters (i.e., form difficulty). Equating the OITE will provide for better interpretability of scores from year to year (See Test Equating Proposal).
4. Continue to expand the groups of SMEs who contribute to the item development process. As committee members become seasoned with the AAOS style and process of item development and review, they may be used in a greater capacity as mentors and reviewers.

5. Implement item response theory (IRT), Rasch scoring in addition to classical scoring. This scoring model compliments test equating and produces meaningful measurement of item and examinee performance on an interval scale. The Rasch model also provides generalizability across samples and items, produces an ordered set of items, and identifies poorly functioning as well as unexpected responses.
6. Evaluate item and person performance at the cohort level to help guide future item development. There are a significant number of items that tested extremely easy across all groups. This may be essential content that must be tested and thus it is of paramount importance to include the recommendations of the SMEs before eliminating items based solely on statistical outcomes.

Summary

The 2025 OITE test development and analyses process align consistently with the standards set forth for professional, high-stakes examinations. The steps to define the purpose of the examination and use of scores, selection of SMEs, training, item development, review and validation follow rigorous standards set forth by the AAOS Education Assessments and Examinations Committee members.

The 2025 OITE provides key information relating to the progression of knowledge in the topics covered for orthopaedic residents across their educational trajectory. Educational exams by design should differentiate among cohorts that are categorized or distinguished by their place in the program. The 2025 OITE outcomes show that the examination measures what it is purported to measure as evidenced by the differences in scores among residents in training over time.

The significant efforts by the volunteer physicians whose contributions support the overall positive results and commendable outcomes of the 2025 OITE should be recognized for their essential role in the OITE test development process.

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Appendix A

2025 Education Assessments and Examinations Committee and Contributors

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**Denotes Committee Appointment*

Appendix B

Letter from the Education Assessments and Examinations Committee Chair



October-November 2025

Dear Residents and Colleagues,

On behalf of the Education Assessments and Examinations Committee, I would like to thank you for participating in this year's examination.

Being the first such examination among all the medical specialties, this year marks the 62nd administration of the Orthopaedic In-Training Examination®. 2025 also marks the fifth consecutive year that the Education Assessments and Examinations Committee is working with the ABOS to link the OITE and ABOS Part 1 Written Examination. The AAOS continues to collaborate with the ABOS to improve the education of residents and the AAOS Fellowship.

Every year, the OITE® is created by a group of orthopaedic surgeons who are deeply committed to education through a rigorous peer-review process and offers you a valuable opportunity to gauge your preparedness for progressing beyond residency. While many topics in orthopaedic surgery lack conclusive evidence, our practices are based on sound medical principles and expert consensus. Sometimes, several reasonable answers to a test item may appear, but each question has been vetted through this peer-review process to select the one best preferred response.

With this and each subsequent administration, we strive to make the OITE® better. Thank you for being part of this year's examination, and I hope that you find this to be an enriching educational experience.

Sincerely,



Yelena Bogdan, MD, FACS, FAAOS
Chair, Education Assessments and Examinations Committee