

**Specialty-specific References for DIOs:
In-service or In-training Examination**

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Specialty	Specialty-specific Program Requirements Specifying In-service or In-training Examination
Colon and Rectal Surgery	<p>V.A.1.d) - The Colon and Rectal Surgery In-Training Examination (CARSITE) or a similar, specialty-specific examination should be used as one method of resident evaluation.</p> <p>V.A.1.e) - The American Board of Surgery In-Service Training Examination (ABSITE) must not be used for specialty-specific evaluation of resident knowledge in colon and rectal surgery.</p>
Diagnostic Radiology	<p>V.C.3. - For residents entering diagnostic radiology training before July 1, 2010, at least 50% of a program's graduates should pass the oral examination either on the first attempt or, if only one section is failed, should pass that section at the first opportunity. For residents entering diagnostic radiology training on July 1, 2010 or thereafter, during the most recent five year period, at least 50% of a program's graduates should pass the ABR Core Examination either on the first attempt, or if only one section is failed, should pass that section at the first opportunity.</p>
Internal Medicine	<p>V.A.1.b).(1).(b) - The program must use an objective validated formative assessment method (e.g., in-service training examination, chart stimulated recall). The same formative assessment method must be administered at least twice during the training program.</p>
Neurology	<p>V.A.1.b).(4).(a) - The residents should be provided with formative feedback from the resident in-service training examination (RITE) and other clinical skills assessments.</p>
Nuclear Medicine	<p>IV.A.6.a).(4).(b).(iii) - [This portfolio must be maintained by each resident, must be reviewed with the program director as part of the semiannual evaluation, and must include the following:] documentation of performance on the annual in-training examination.</p> <p>V.A.1.d) - Residents must participate in the annual in-training examination. The results of this examination must be used only to identify deficiencies in knowledge and to assist in developing a remediation plan.</p>
Obstetrics and Gynecology	<p>V.A.1.e) - One example of an acceptable mechanism helpful in evaluating cognitive knowledge is the CREOG in-training examination.</p>

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Ophthalmology	V.A.1.e) - Assessment should include an annually required objective test as a component of evaluating the resident's cognitive ability. While each program may utilize its own test instruments, the Ophthalmic Knowledge Assessment Program (OKAP) examination is an example. However, results of the OKAP examination should not be used as the only criterion of resident performance. An analysis of the results of these tests should guide the faculty in assessing the strengths and weaknesses of individual residents and of the program.
Otolaryngology	V.C.2.b) - It is essential that residents participate in existing national examinations. The annual Otolaryngology Training Examination (OTE), offered by the American Board of Otolaryngology, is one example of an objective test that may be used by the program. An analysis of the results of these testing programs should guide the faculty in assessing the strengths and weaknesses of individual residents and the program.
Pediatric Subspecialties	IV.A.5.f).(8).(b).(ii) - [Fellows are expected to have instruction in the following areas of administration] drafting policies and procedures, leading interdisciplinary meetings and conferences, providing in-service teaching sessions.
PM&R	V.A.1.d) - There must be a formal system for evaluation of the clinical competence of residents, together with annual in-service examinations, post-rotation evaluations, or external examinations, such as those provided by the American Academy of Physical Medicine and Rehabilitation.
Preventive Medicine	IV.A.6.a).(1).(a) - The assessment should include a self-assessment, an in-service examination, and a structured interview or other method that assesses knowledge, skills, and competencies. IV.A.6.e).(2).(b) - [This portfolio must be reviewed with the program director as part of the semiannual evaluation, and must include the following:] documentation of performance on in-service examinations or other structured objective examinations.
General Surgery	V.A.1.e) - Assessment should specifically monitor the resident's knowledge by use of a formal exam such as the American Board of Surgery In Training Examination (ABSITE) or other cognitive exams. Test results should not be the sole criterion of resident knowledge, and should not be used as the sole criterion for promotion to a subsequent PG level.
Pediatric Surgery	V.C.3. - Programs should use the ABS In-training Examination for formative resident and program evaluation.