ABS to Discontinue the Reporting of Percentiles on the ABSITE in Jan. 2025

The American Board of Surgery (ABS) will discontinue the reporting of percentiles in January 2025. The last In-Training Examination that will report percentile scores will be the January 2024 administration.

The ABSITE is intended to be a formative tool that residents and program directors can use to evaluate a resident's progress through training. However, previous research has shown that the ABSITE is sometimes used for high-stakes decisions. Surveys of program directors have shown that programs may defer resident promotion or even terminate residents based on low ABSITE scores. Moreover, research has shown that program directors who make high-stakes decisions based on ABSITE scores tend to do so based on percentile scores, rather than on percent-correct or standard scores. Additionally, ABSITE percentile scores have been used for fellowship selection, another high-stakes decision that violates the exam's intended use.

The emphasis on percentile scores is problematic for several reasons, the first being that percentile scores are not normally distributed. The vast majority of raw scores are clustered within the middle of the raw score distribution. This means that small shifts in raw scores can result in drastic changes in percentile scores, where the absolute level of knowledge is not practically different. Conversely, larger absolute differences in scores at the high and low ends of the distribution will result in relatively small percentile changes. The overemphasis on percentile scores, which are a very imprecise measure of resident knowledge, is problematic. Standard and percent correct scores are much more precise indicators of resident knowledge and program directors should rely on these rather than percentile scores.

The ABS will continue to report both percent-correct scores and standard scores and will continue to show the likelihood of passing the Qualifying Examination based on standard score performance.

The ABS has a data tool that displays the relationship between standard scores at each level and the probability of passing the QE. Program directors can use this information to help track their residents' surgical knowledge through training.

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