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Summary of written (i.e., the Ophthalmic Knowledge and Assessment Program test) and oral examinations (e.g., intramural post-rotation testing) for assessing resident competency in medical knowledge

I. Validity

A. Process of tool construction

1. The content for the OKAP is selected from educational objectives and from generally accepted norms of practice
2. The content is selected by a formal task analysis (e.g. expert question writers who receive formal training and feedback on question construction and content selection)
3. The OKAP content represents important issues in patient care
4. The OKAP tool construction included experts in the field (ophthalmologists who do the task regularly)

B. Formal statistical validation (at least two) with adequate “n”—will probably require multicenter involvement in validation process.

1. There is a statistically significant relationship between training year and rating on the OKAP
2. There is no testing of faculty or practicing physicians to benchmark OKAP test results
3. There is resident improvement in score over time on repeated testing with the tool
4. There is a qualitative correlation with performance on other instruments, e.g. written ABO certification exam
5. There is no OKAP performance improvement data for post-intervention assessment
6. The OKAP has face validity as determined by experts in the field and consensus of participating residency programs
7. Programs could be asked to provide quantitative or qualitative assessments correlating OKAP performance with clinical global evaluations.

II. Reliability

A. Process of evaluation

1. The OKAP is standardized and quantitative. The question writers are trained.
2. The scoring rubric is appropriate for the measure.

B. Statistics

1. The OKAP has internal consistency and test-retest reliability
2. There are sufficient questions asked for statistical significance

III. Feasibility

- A. Participating residency programs use the OKAP scores in a useful way
- B. The OKAP scores are useable in a quality improvement model
- C. There is limited faculty burden of evaluation with the OKAP

IV. Objectivity: The OKAP tool conforms to reasonable standards of objectivity

V. Fairness: All trainees of equal ability achieve similar scores on the instrument

VI. The OKAP addresses most specifically and strongly the competency of medical knowledge

VIII. OKAP scores should be compared with global evaluations and written ABO certification pass rates to define concurrent and comparative validity