

Letters to the Editor

Dear Editor:

I just read the nice article on the Ophthalmic Knowledge Assessment Program (OKAP) in the new JAO by Graff *et al.*[1]

The conclusions of this article are very much in line with what I believed back when we first created the OKAP. At that time I and others suggested what the exam should and should not be used for. Unfortunately I believe that some programs inappropriately utilized the OKAP beyond its original intended use.

I stated this concern not only in my retrospective "personal view" [2] to which you accurately refer, but also in two earlier papers, written just after the administration of the first two OKAP exams and published in the AJO back in 1969 and 1970. Both papers reflected my fears, right from the outset, of the possible and likely erroneous extrapolations and potential misuse of the OKAP scores.

Those caveats were repeatedly expressed (*ad nauseum*) every year in my annual letter to all program directors from the OKAP's inaugural year and continued today in the form of a letter that has subsequently accompanied (with minor modifications) the return of residents' OKAP scores every year since then to all of the programs.

The current experience with the OKAP exemplifies what I find is a truism: once any product is put out into general use, the specific purposes originally intended get subverted as new administrators take charge of the program and impose their (re)visions. Of course, the evolutionary uses cannot help but be influenced by developing guidelines imposed by governing bodies, but they certainly give rise to unwarranted uses and, sadly, very unintended consequences for individual residents and fellows.

I would like to take this opportunity to reiterate my caveat (as you have in your paper) that one cannot (and must not) judge the "quality" of a resident by his/her performance on even a well designed exam, such as the OKAP. The OKAP is simply an educational prod and can only provide one bit of the total amount of information in the sense of evaluation of any individual resident's general performance.

There are a multitude of other important performance characteristics that must be spoken to in describing an overview of any resident. These include how well the individual can recognize and evaluate problems in the direct clinical management situation, the keenness of his/her medical and surgical judgment, surgical skills, reliability, honesty, clarity of expression, personal ethics, empathy with patients, cooperation with faculty, peers, and other skills and relationships that enhance being a good, qualified physician and surgeon. How can one possibly infer all these by the results from a single (even though broad based) written exam like the OKAP?

Be that as it may, I know you know all this. I truly enjoyed your group's paper. Its results, however, are not unexpected - at least by me.

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References

1. Graff JM, Oetting TA, Lee AG. The ophthalmic knowledge assessment program (OKAP) examination and global evaluation of resident performance. *J Acad Ophthalmol* 2008; 1:20-24.
2. Rubin ML. The Ophthalmic Knowledge Assessment Program (OKAP): a personal view. *Surv Ophthalmol* 1988; 32:282-287.

