



MEDICAL EDUCATION

EDUCATION COMMITTEE STATEMENT ON USMLE SCORE REPORTING

Eva Rimler, MD, FACP; Lawrence Kaplan, MD, FACP; Rebecca Mazurkiewicz, MD, MPH;
Eloho Ufomata, MD, MS, FACP on behalf of the SGIM Education Committee

Dr. Rimler (erimler@emory.edu) is an associate professor of Medicine at Emory School of Medicine, and the director of the Adult Primary Care clerkship for the School of Medicine. Dr. Kaplan (Kaplanli@tuhs.temple.edu) is a general internist at the Lewis Katz School of Medicine at Temple University where he is a professor of medicine, an associate dean for interprofessional education and a core-clinical educator for the phase 1 curriculum. Dr. Mazurkiewicz (rmazurkiew@northwell.edu) is an assistant professor of medicine at the Zucker School of Medicine at Hofstra University, adjunct assistant professor of clinical medicine at New York Medical College, and an associate program director for the Internal Medicine Residency Program and director of the Primary Care track at Lenox Hill Hospital–Northwell Health. Dr. Ufomata (ufomataeo@upmc.edu) is a general internist at UPMC and also an assistant professor of medicine at the University of Pittsburgh School of Medicine, where she is an advisory dean and a member of the medical school curriculum committee.

In March 2019, the Invitational Conference on United States Medical Licensing Examination Score Reporting (InCUS) was held with leaders from major stakeholder groups, including the Association of American Medical Colleges (AAMC), American Medical Association (AMA), Educational Commission for Foreign Medical Graduates (ECFMG), Federation of State Medical Boards (FSMB), and the National Board of Medical Examiners (NBME). The goals of this conference was to connect stakeholders in a conversation about the use of United States Medical Licensing Examination (USMLE) Step 1 score reporting, and, even more broadly, to begin to discuss the challenges facing both students and faculty in the undergraduate medical education (UME) to graduate medical education (GME) transition. Invited participants in this meeting ranged from residency program directors to medical school deans to medical students.

This discussion led to the following recommendations:¹

- The overemphasis on USMLE Step 1 performance in residency applicant screening and selection needs to be addressed. A change in score reporting to a Pass/Fail system, tiered score reporting, or a composite score of Step 1 and Step 2 CK/CS may be warranted to address this issue.
- The USMLE Step 1 score is being employed to make decisions that may be beyond the scope of its ability. Therefore:
 - Accelerated research on the correlation of USMLE performance with measures of residency performance and clinical practice is needed.
 - Racial and demographic differences that exist in USMLE performance must be minimized in order for it to remain a valid and reliable test of medical knowledge.
- Meaningful change in the UME-GME transition is needed and to accomplish this goal a cross-organizational panel should be convened to create solutions to address the challenges of this transition.

The InCUS group recently solicited public comment on these recommendations. The Society of General Internal Medicine's Education Committee crafted an official response on behalf of the Society. This response, which may be found below, was approved by SGIM council and submitted to USMLE during the public comment period, which closed on July 26, 2019.

USMLE's final recommendations should begin to be released in the Fall of 2019 with a decision pertaining to USMLE Step 1 score reporting in the winter of 2019.

Society of General Internal Medicine's Official Statement on USMLE Score Reporting

The issue of USMLE scoring is complex and it is unlikely that one solution will satisfy all stakeholders. What is clear is that the USMLE Step 1 score is being used in a

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way that was never intended—as a method to screen and select candidates for residency. It is critically important that the question of moving the test to pass/fail be approached with caution and through a thoughtful, evidence-based process.

More than just a scoring change, the conversation around pass/fail scoring has brought to light the need for comprehensive change in the residency application process. While a more holistic approach to the residency application process is welcomed by all, this will not be accomplished overnight and will require improved collaboration and transparency between educators in undergraduate medical education (UME) and graduate medical education (GME). Our current system does not include enough objective, reliable, and valid markers to help programs make well informed decisions about applicants. Better strategies to identify predictors of success in residency training and the need to build processes that will help UME leaders clearly communicate the

knowledge, skills, and attitudes that an applicant possesses to their GME colleagues. This should be done in an evidence-based manner such that one bad practice is not substituted with an equally flawed or worse tool.

We support a gradual phasing out the USMLE Step 1 score in a step-wise fashion over a period of several years, in order to simultaneously develop evidence-based objective evaluation methodologies. Quartile or quintile reporting is our recommended first step, as communicating an applicant's standard deviation from the mean can help predict success on medical board examinations, while still allowing program directors some capacity to rank applicants. Further, this step provides additional time allowing stakeholders in UME and GME to create well-supported methods to match students to their best fit residency training programs. For example, developing more rigorous clinical evaluation methodologies such as entrustable professional activities (EPAs) could help high-

light students' successes and lessen inter-school reporting variability while providing more data-based and objective predictors of an applicant's success in residency training.

All of these changes require a strengthened partnership between undergraduate and graduate medical educators to investigate and institute improvements to transition away from the current system of stratifying residency program applicants to an improved process. While we feel that the USMLE Step 1 exam should ultimately change to pass/fail reporting, everyone involved in this process needs time to create the processes to evaluate candidates in a more comprehensive manner.

References

1. USMLE. Summary Report and Preliminary Recommendations from the Invitational Conference on USMLE Scoring (InCUS), March 11-12, 2019. https://www.usmle.org/pdfs/incus/InCUS_summary_report.pdf. Accessed October 15, 2019.