Step 1 Going Pass-Fail:

Are We Just Kicking the Can Down the Road?

Bruce Morgenstern, M.D., Immediate Past President Alliance for Clinical Education, Senior Executive Dean for Clinical Affairs Roseman University College of Medicine

Brenda Roman, M.D., President Alliance for Clinical Education, Associate Dean of Medical Education Wright State University Boonshoft School of Medicine

Goal of USMLE

"To provide to licensing authorities meaningful information from assessments of physician characteristics including: medical knowledge, skills, values, and attitudes that are important to the provision of safe and effective patient care."

USMLE®
United States Medical Licensing Examination®

Ultimate Goal of Medical Education

- To produce “good” physicians
- The problem is, we really have no operational definition of what constitutes a good physician
- So, we have evolved to **competence**
  - But, in some ways, competence seems like the minimum bar. Do you want a “competent” neurosurgeon operating on you or something somehow better? Words can have stigmas.
  - Competency-based medical education is another presentation in itself; we won’t spend much time on it today

Goals of Medical Education Beyond Knowledge Exams - COMPETENCE

- Clinical Skills
- Professional Identity Development
- Professionalism, values and attitudes
- Health systems science-related curricular content
- Growth mindset—life-long learning skills
- BUT focus on Step 1 created a parallel curriculum for medical schools and may impact student wellness

National Debate about Appropriate Score Use

- Are Step 1 scores really good at predicting “success” in residency?
- What makes for a successful resident?
- Step 1 and Step 2 CK do predict passage of specialty boards
  - For a pretty comprehensive review, check out Bryan Carmody’s site: https://thesheriffofsodium.com/2019/03/05/the-mythology-of-usmle-step-1-scores-and-board-certification/
- Step 1 scores **do not** correlate with other measures of success in residency

Student Perceptions of Step 1

- Perception is, of course, reality
- Program Directors in general validate, and students know:
  Step 1 is a screen to develop interviewee lists, consequently:
  - Step 1 Climate Frenzy
  - Step 1 performance is career altering hurdle – poor score may preclude even getting an interview in a specialty

Beck Dallaghan. Medical School Resourcing of USMLE Step 1 Preparation: Questioning the Validity of Step 1. *Medical Science Educator.* (2019) 29:1141–1145
Carmody. On Residency Selection and the Quantitative Fallacy. *J Grad Med Educ.* (2019) 11 (4): 420–421.
Carmody. Medical Student Attitudes toward USMLE Step 1 and Health Systems Science – A Multi-Institutional Survey. *Teaching & Learning in Medicine*. December 8, 2020

Program Director (PD) Perspectives

- Lack of consistency regarding clinical grading — Lake Wobegon effect; “modifier inflation”
- Lack of trust between UME-GME
  - MSPE not particularly helpful
- Excessive # of applicants per residency spot
- Programs (or at least PD performance) judged by specialty board pass rate (at least partly)
- Vague sense that all applicants can be meaningfully ranked (based on who knows what) – perhaps merely a desire
- Understaffed to really screen huge applicant pool

Equitable Selection Criteria

- Is current process fair?
  - ERAS
  - Selecting for interviews
  - Ranking
  - NRMP algorithm
  - Fair for students? Fair for programs?
  - Not to mention diversity, equity & inclusion factors
- How can PD's screen?*
- How can we protect the bottom half of the class students? Even with the Lake Wobegon effect, by definition, half of the students are in the bottom 50%

*A program gets 800 applicants for 10 positions. All students submit a personal statement into ERAS, and they've labored over them. At 5 minutes review per personal statement, it would take the PD and their team 66 hours and 40 minutes to read them all…. 1.5 work weeks!

Morgenstern Screwdriver Analogy and USMLE

Does Step 1 Going P/F Solve the Problem?

- Stress for students not really addressed—likely will move to Step 2CK
  - Especially with current flux in Step 2 CS
- Impact on Clerkships
  - Students who primarily focused on Step 1 in pre-clinical curriculum will simply shift the exam focus during clerkship year—likely at expense of presence (physical or mental) at clinical experiences
- Greater focus on Step 2CK by Program Directors likely

Concerns about Implications of Current Process

- Evaluation of medical schools by LCME on “match-rate”
- Student Affairs Deans job performance being tied to successful matches
- Well-explained gaps in education for a medical student may impede their success in matching
- Students and programs potentially trying to “game the process”

The “Match”

- Origins date back to the chaos of students being offered positions for internships as early as their junior year of medical school, written about in 1920
- 1945 — “Cooperative Plan” in which internships would not announce placements until a specified date approximately one year before
- 1952 — Centralized process using an algorithm— NRMP was born

Solutions?

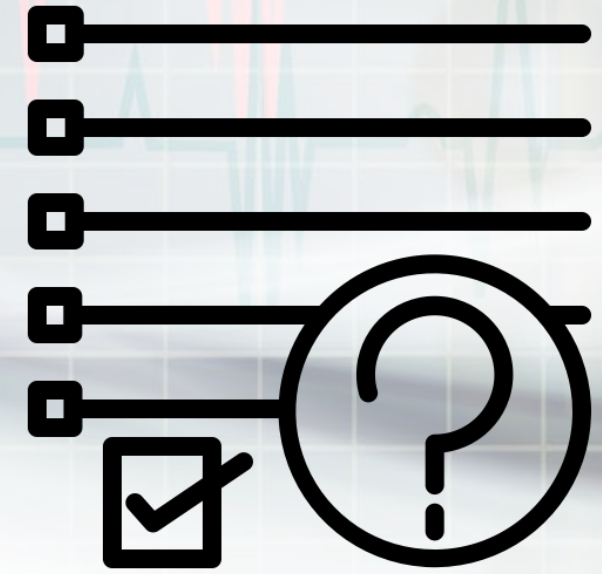
Let’s get your input!

What characteristics of a future “good” clinician can the pre-clerkship educators identify about their students?

- Please put your response in the chat!

What can the pre-clerkship educators document in a narrative format about students that would be helpful for consideration by program directors?

- Please put your response in the chat!



Should educators agree to a common/standardized vocabulary in describing medical students in evaluations and letters of recommendation?

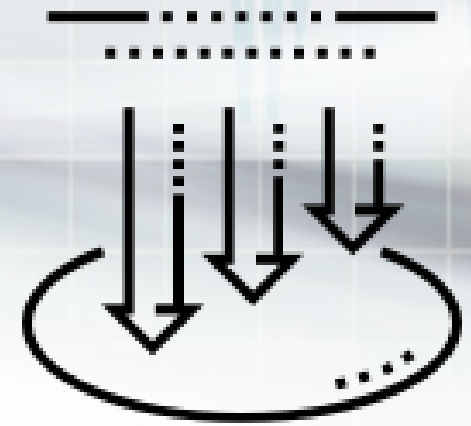
- YES
- NO

Should other measures be used in the application process for finding “fit” to a medical specialty, like “dexterity assessment” for skills based specialties or communication assessments for ”people-centered specialties”?

- YES
- NO

Since data regarding "predicting success in residency" is not robust, a radical solution would be for students to identify specialty of choice, geographic preference and a few key attributes about what they would like in a program (academic medical center versus community based program, research opportunities) and do away with interviews and let the algorithm do its' job. Would you entertain such a proposal to end the "residency application frenzy"?

- YES
- NO



Other Thoughts…

- Professionalism concerns still not adequately being addressed
  - Often basic science faculty see concerning patterns pre-clinically
  - How to distinguish between a professionalism concern that can be remediated versus a long-standing pattern of behavior?

Proposal to Think About:

1. Programs define the optimal fit for residents in their programs
2. Applicants define their characteristics
3. The match algorithm does not use rank lists, but rather an algorithm that prioritizes compatibility

** *Also need "Organized" medicine to ask/demand that U.S. News (and others) stop ranking schools/hospitals, as creates false reality*

Questions to Ponder

1. How can UME and GME work together to avoid simply moving the stress from Step 1 to Step 2 CK?

2. How can clinicians and basic scientists help PDs identify who bests fits in their programs?

Thank You

Contact Information:

brenda.roman@wright.edu

bmorgenstern@roseman.edu