

Audience Demographic Polls (All participants)

- I am a
 - DO
 - MD
 - PhD
 - Other
- I work for a
 - US School of Medicine (MD degree)
 - US College of Osteopathic Medicine (DO degree)
 - International Medical School (MD or other degree leading to licensure as a physician)
 - Other health professions education program
 - Other college or university
 - Hospital-based residency or other training program
 - Other health care
 - Other



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

FAIMER®

Foundation for Advancement of International
Medical Education and Research

Reporting a Pass/Fail Outcome for USMLE Step 1: The Challenges Faced by International Medical Graduates

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Vice President, ECFMG/ FAIMER (retired)

IAMSE Winter Webinar Series 2021

Declarations

- I have no conflicts of interest
- I no longer work for ECFMG | FAIMER but the thoughts and comments contained in this talk were formulated when I was employed there



Outline of Talk

- International Medical Graduates
 - ECFMG Certification
- Reporting pass/fail outcome for USMLE Step 1
 - Timing
 - Rationale
- Potential impact on IMGs
 - Confounding factors
- Residency selection issues



International Medical Graduates in the United States

- 23% of active physicians in the U.S. did not go to medical school in the US (international medical graduates – IMGs)
- Nearly 23% of U.S. residents are IMGs



ECFMG Certification

- **Medical school requirements**
 - Sponsor note in WDMS
- **Examination requirements**
 - Medical science
 - USMLE Step 1, Step 2CK
 - Clinical skills
 - USMLE Step 2CS (eliminated 01/26/2021)
- **Medical education credentials requirements**
- **2024 requirement**



Changes to ECFMG Certification

- In response to suspension of Step 2CS, ECFMG has introduced pathways:
 1. Already licensed to practice medicine in another country
 2. Already passed a standardized clinical skills exam for medical licensure
 3. Medical school accredited by agency recognized by WFME
 4. Medical school participates in U.S. Federal Student Loan Program
 5. Medical school issues degree jointly with U.S. medical school accredited by LCME
 6. ?

Occupational English Test (Medicine)

- Applicants who pursue one of the pathways are required to attain an adequate score on an English language proficiency assessment
 - The Occupational English (Medicine)
 - Listening
 - Speaking
 - Writing
 - Reading
 - Many communication elements (similar to Step 2CS)



No More Numeric Step 1 Scores

- Announced on Feb 12, 2020
 - Will not be implemented before January, 2020
- Step 1 scores used by program directors to decide which applicants to interview
 - Large numbers of applicants and applications
- IMGs, on average, submit many more applications
- IMGs have a more difficult time securing residency positions



Counseling IMGs

- U.S. based observerships
 - Networking
 - Research
 - Applying to specific specialties
 - Programs that typically take IMGs
-
- Do well on USMLE Step 1!
 - Needed to secure interview



Other Challenges

- In addition to navigating the ECFMG certification process
 - Cost / Travel
 - Number of attempts per Step or Step component
 - 6 to 4
 - ~~Prerequisite for Step 2 CS~~
- Motivation to secure residency positions in the U.S.?



What Comes Next?

- Use of Step 2CK for initial screen
 - Some IMGs may be disadvantaged, depending on the curriculum
 - May need clinical experience earlier in the curriculum
 - US-IMG, non-US-IMG differences
 - Step 1 performance anxiety gets transferred to Step 2CK
 - Same for all students/graduates



Educational Impact?

- Discourages students from neglecting coursework to cram for Step 1
 - More balanced education
 - Wellness, burnout



Transition to GME

- How will IMGs differentiate themselves?
 - Step 2CK scores
 - International reputation of medical school
 - ECFMG 2024 accreditation
 - List of recognized/ accredited medical schools



Some Final Thoughts



- There needs to be a better way to select residents
- Several groups looking at UME-GME transition
 - Coalition for Physician Accountability
 - Assessment innovations
 - Structured, holistic, review of applications
 - Portfolio of credentials (ECFMG)
 - Resident Readiness Index (NBOME)
 - Applications of artificial intelligence
 - » Recorded interviews, social media presence
 - Changes to the “Match”



USMLE Step 1P/F: Osteopathic Perspectives

Robert A. Cain, DO
President and CEO

February 4, 2021

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Key Points

- Reactions from the DO community
- Impact
- Advantages and Disadvantages
- Misuse (for DO students)

Impact

Concerns

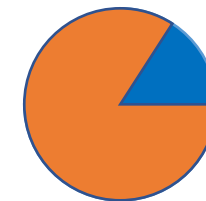
- DO Students and Graduates are an important and growing part of the physician workforce, especially for underserved communities, so access to excellent training is increasingly important (and competitive)
- Potential loss of DO students in programs where they have historically performed well
- Taking the USMLE is something more than half DO students do, even though it doesn't align with their education, training and licensure

U.S. Colleges of Osteopathic Medicine

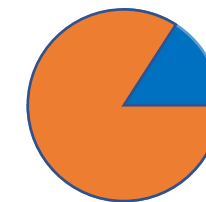


*COCA Accreditation Status: proposed

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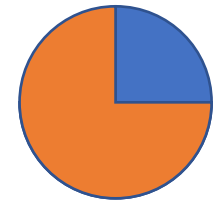
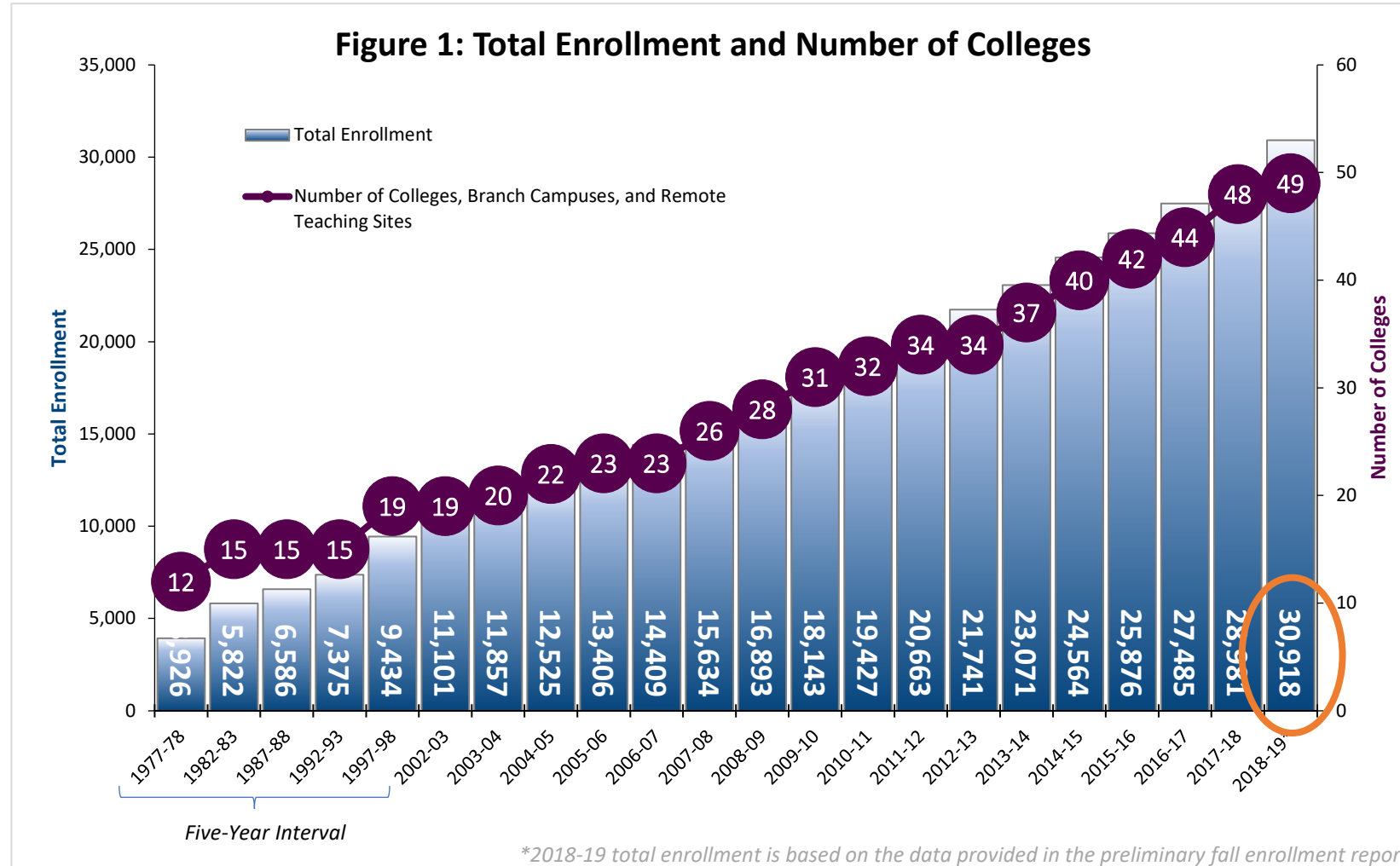


~20%
of U.S. Medical
School Campuses



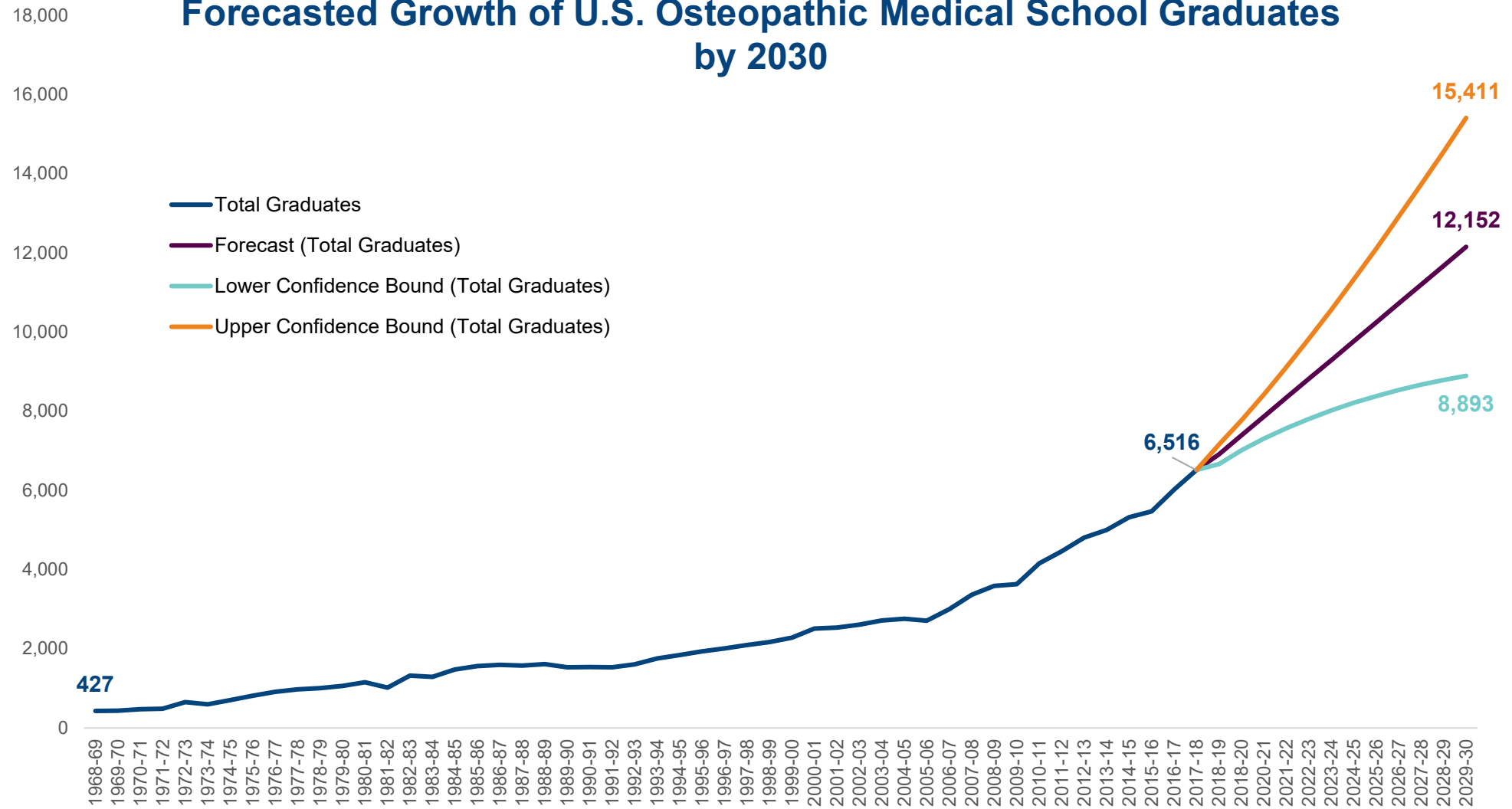
~20%
of campuses are in
rural and
underserved areas

Total Enrollment and Number of Colleges of Osteopathic Medicine Locations



~25%
of all medical
students are
earning a D.O.
degree

Forecasted Growth of U.S. Osteopathic Medical School Graduates by 2030

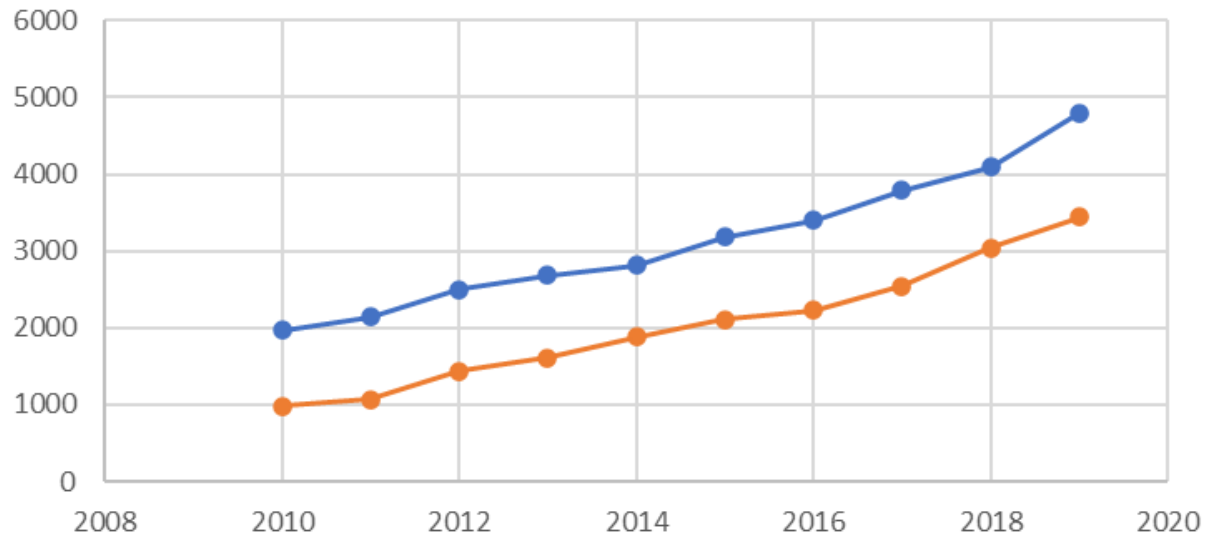


Note: 95% confidence interval (starts 2018 and ends 2030).

How Many DO Students Take the USMLE?

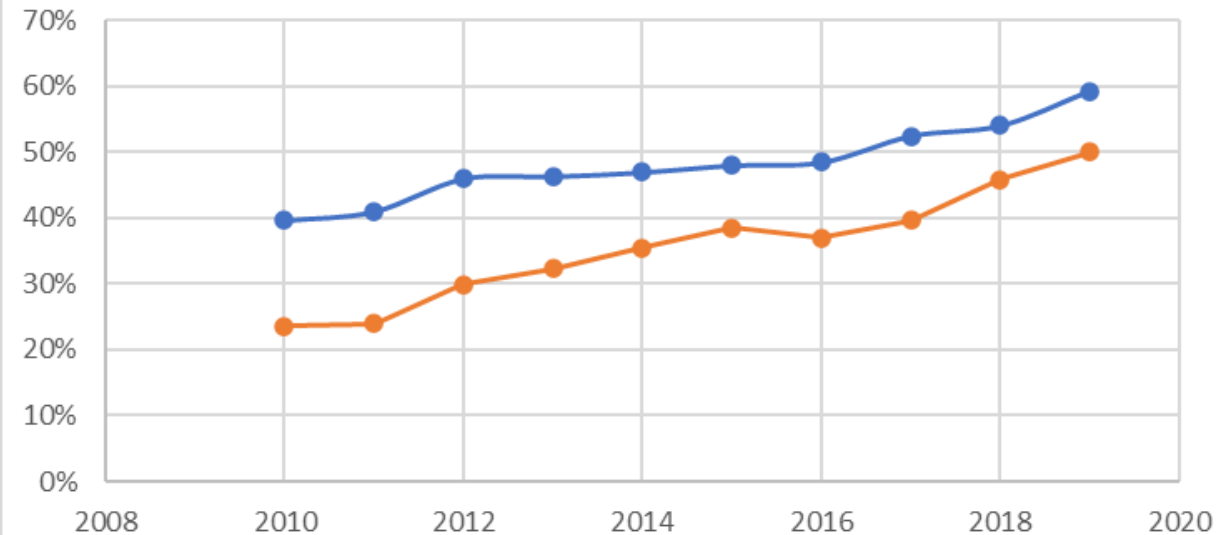
Number of DO Students Taking USMLE

Step 1 Step 2 CK



Proportion of DO Students Taking USMLE

Step 1 Step 2 CK



Position Poll (GME community participants)

- Despite availability of COMLEX level 1 scores, I still require DO students to take the USMLE step 1 to be considered for residency
 - Yes
 - No
 - Maybe

How Big Is the Impact? BIG

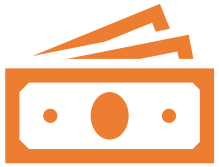
- Number of Students
- Costs
 - Financial Savings
 - Prep costs: \$4,129
 - Exam cost: \$1260 registration fee; \$3,370 total costs (includes travel, etc.)
 - Anxiety
 - Curricular Effects
 - Hidden Curriculum
 - Teaching to the Test
- Ethics
 - Fairness of preparing for and taking two exams
- Opportunity Cost
 - Academic
 - Professional (such as forgoing service and leadership opportunities)
 - Personal and Relational

Advantages and Disadvantages

Concerns

- Is it a benefit or detriment to DO students to be 'required' to take USMLE (which requirement only comes from residency training programs' preferences)?
- Should DO students take two high-stakes exams testing the same material?
- What are the benefits of P/F to learning?
 - Pass/Fail is meant to decrease stress and allow students to focus more on concepts and knowledge
 - Moving to pass/fail should help students focus on learning for the next step in their education
 - Pass/Fail though doesn't help the top of the class (and may hurt them); it generally benefits the bottom half of the class—grading and assessment aren't always the same
 - Limited mechanism to use as filters with increasing applications and less time and resources for review

Advantages of USMLE Step 1 P/F



Decreases the cost

Average student spends \$ on preparation, buying both COMLEX and USMLE tools

Exam cost is \$, excluding travel costs to the exam (some students take the exam in distant sites, due to desirability of dates)



Decreases Curricular Issues

Reduces “teaching to the test”

The time spent on the “hidden curriculum”

The time *not* spent on the actual curriculum



Aligns with the osteopathic professional identity

DOs don't need to take an MD licensing examination

More opportunity for academic, personal and professional enrichment

Disadvantages of USMLE Step 1 P/F



Reduces transparency in the residency match

One of very few areas where students could know how qualified they were for an individual residency program



School attended

Reputation or experience with the school as a filter likely removes most DOs from contention

Many programs in all specialties (except PM&R) have not taken a student from a DO school before



Use of USMLE Step 2 CK scores

Score differentials between MD and DO applicants appear to be worse for DO students

Differences in clinical education between MD and DO students may result in worse scores (since many questions written around hospitalized patients)

May be more difficult for students to get USMLE Step 2 CK academic support from COMs

Misuse

Concerns

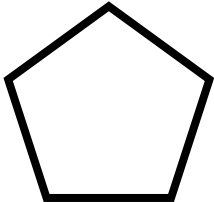
- What are we trying to achieve with the test?
 - The test was never meant to evaluate a person's effectiveness to perform in residency
 - If we want a test like that, licensure exams are not them
- There is no dual licensing system
 - Students need only take one test sequence to get licensed
 - From the licensing perspective, students can take either series of tests
 - ✓ DO Students are required to take the COMLEX to graduate, making it the vehicle of choice for licensure
- USMLE is a secondary test for residency placement
- ✓ Differences in performance

Why Poll (All participants)

- I understand why osteopathic medical students are required to take COMLEX as their licensure examination
 - Yes
 - No
 - Maybe

Biomechanical Science¹

Complexity Science²



Biomedical Science

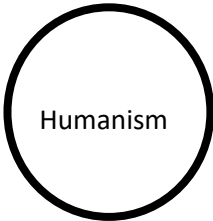
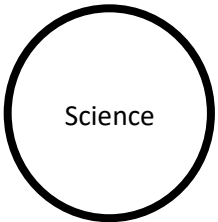
Health System Science

Clinical Science

To promote an osteopathic mindset, matriculated students experience a curriculum that emphasizes five domains of science



and **osteopathic philosophy³**, a lens for ‘seeing’ medical practice and the healthcare system that is servant oriented



The four-component COMLEX assessment program offered by NBOME is designed to assess an osteopathic medical student’s knowledge, skill, and behavior based upon the osteopathic curriculum, assuring residency program directors and the public a DO is prepared for licensure and practice.



^{1,2,3}Integrates an additional 200+ hours into the medical school curriculum

Average USMLE Scores, 2020 Match

US MD Seniors

- Matched MD Seniors

234 Step 1

247 Step 2 CK

- Unmatched MD Seniors

226 Step 1

238 Step 2 CK

US DO Seniors (score difference from MDs)

- Matched DO Seniors

228 Step 1 (-6)

240 Step 2 CK (-7)

- Unmatched DO Seniors

223 Step 1 (-3)

233 Step 2 CK (-5)

Summary

- Opportunity exists to develop a more holistic approach to recruitment and interviewing as the licensure pathways evolve
 - Efforts are currently underway via the Coalition for Physician Accountability
- The move to P/F may have a negative impact for osteopathic medical students where there should in fact be no impact
 - There is great need for the medical education community to better understand the tools available for assessing the competency / preparedness for practice of osteopathic medical students

References

- Bhatnagar V, Diaz SR, Bucur PA. The Cost of Board Examination and Preparation: An Overlooked Factor in Medical Student Debt. Cureus. 2019;11(3):e4168. Published 2019 Mar 1. doi:10.7759/cureus.4168
- Cortes-Penfield N W, Khazanchi R, Talmon G (October 14, 2020) Educational and Personal Opportunity Costs of Medical Student Preparation for the United States Medical Licensing Examination Step 1 Exam: A Single-Center Study. Cureus 12(10): e10938. doi:10.7759/cureus.10938
- Sources of the number and proportion of students taking USMLE are from USMLE and AACOM data.
- Score information is from the 2020 Charting Outcomes in the Match for US MD and DO Seniors (<https://www.nrmp.org/main-residency-match-data/>).