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The USMLE, Kindness, and Other Criteria for Residency Applicants☆

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I am a residency program director who receives hundreds of applications for the four spots in my program. In February 2020, the United States Medical Licensing Exam (USMLE) decided that the Step 1 exam, which examines basic sciences, would become pass/fail. After January 2022, the results will no longer be reported as a 3 digit score.[1] I support this decision. In a recent study, the USMLE results were the most often cited factor in determining whom to invite for a residency interview.[2] Because we overemphasize these scores to extend interview invitations and rank our applicants, I am convinced that we do a disservice to our applicants, our residency programs, and ultimately our patients. I do struggle with how these exam scores should be used; and I am sensitive to my colleagues in larger programs who wade through thousands of applications, not hundreds. However, we overweight the importance of medical knowledge at the expense of other important aspects of medical training. Will a student who receives a 260 a much better doctor than one who receives a 230?

Making the USMLE Step 1 exam pass/fail has important implications for international medical graduates, who comprise nearly 25% of the physician workforce in the United States.[3] Given that international medical school curricula and grades can be difficult to interpret for US Program Directors, the objective score of the USMLE exams offers a common standard by which to compare applicants. However, international medical graduates who are unsuccessful in matching at a US residency programs tend to have lower scores than those who are successful. One study showed that successful applicants scored 234 on their Step 1 exam compared to a score of 221 for unsuccessful applicants.[3] International medical graduates, by definition, have a diverse perspective to offer a residency program. They often have significant research and other experiences which may now be given due recognition since the Step 1 score will no longer overshadow these more holistic aspects of a portfolio. Of note, the Educational Commission of Foreign Medical Graduates (ECFMG) supports the decision for a pass/fail Step 1 exam.[4]

As we know, medical knowledge is only one important element of being a physician. The ACGME defines six core competencies. In addition to medical knowledge, the other five are practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.[5] If you are accepted into medical school, you have the intellectual chops to be a physician. What about the ability to connect with a patient? To orchestrate a complicated care regimen? To maintain equipoise when a patient decompensates? To place a central line? Arguably, the Step 1 score addresses the least important of our six core competencies. Most clinical questions can be answered with a few keystrokes. For the most part, deficiencies in medical knowledge can be fixed with a solid study plan. I find it more challenging to

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address issues of professionalism, teamwork, and communication which are much more difficult to teach and remediate.

I worry that the emphasis of the USMLE scores sabotages the culture of medical school. In my own informal survey, the USMLE exams torpedoes the medical school curriculum. Students have shared with me how they skip lectures so they can cram 10 h a day for 8, 10, 12 weeks. With two USMLE exams, this is a significant chunk of time - at least an entire semester. Students tell me that they download the lectures, watch them at twice the speed, and do practice tests all day. This creates an absurd scenario: esteemed faculty lecturing to empty chairs while the students study alone. If students do not attend class, and more crucially, skip patient-care experiences, we do them and their future patients a disservice. All of this to the tune of 70,000 dollars per year in tuition. Is this what we want in our medical schools?

Some will say that we should not diminish the importance of the hard sciences. I am not proposing this. The Step 2 exam, which evaluates more relevant clinical sciences, will still be reported as a 3 digit score. Others point to the importance of the USMLE score to screen applicants – especially in those programs like Family Medicine and Internal Medicine which receive thousands of applications, or in extremely competitive ones, such as plastic surgery and orthopedics. However, the data on USMLE scores and residency success is mixed.[6] USMLE scores do correlate with higher in-training exam scores and greater likelihood of passing specialty board exams.[6] However, USMLE scores have weak correlation to other important clinical domains.[6] A multi-center study of emergency medicine programs showed that a resident with a higher the Step 1 score correlated weakly with being in the top third of the graduating class (OR 1.02, 95% CI 1.01–1.04 $p < .004$). In the same study, the more clinically oriented Step 2 score was not associated with residency success.[7] In one study that evaluated success with a standardized patient encounter, USMLE scores had no correlation.[8]

I think we need to broaden our assessments. We need assessments for resilience, multi-tasking, communication, and kindness. The Medical Student Performance Evaluation (the MSPE, aka the Dean's Letter) should give some objective assessment of the ACGME core competencies, especially since many schools have disposed of formal grades. The narrative flood in many MSPE letters is bland and unhelpful. Every student is, "smart, kind, and hard-working," as if Garrison Keillor were the Dean of Students. I welcome an objective measure of these other character traits. The system is broken. Something needs to happen.

I can imagine the pushback. How would a medical student study for their kindness assessment? For resilience? Implicit bias and objectivity are important considerations in these assessments, but we already wrestle with these issues already. I believe more data can help. Some corners of medicine have begun to experiment. Emergency Medicine now has a Standardized Letter of Reference (SLOR) that evaluates applicants' commitment to emergency medicine, work ethic, personality, along with a global assessment, and an opportunity for written comments.[8] In a survey among Emergency Medicine Program Directors, the SLOR was ranked as the most important factor to determine whom to invite for an interview.[9]

There may be other assessments that will demonstrate success in residency. One study showed that inductees into the Gold Humanism Honor Society (GHHS) showed higher scores for clinical empathy, patient-centered beliefs, and tolerance of ambiguity.[10] The GHHS was created in 2002 to honor those students, residents, and faculty who model humanism in medicine. Usually, about 15% of a medical school class is inducted. Inductees also tend to perform better academically.[11] Importantly, the GHHS is peer-nominated. In this competitive milieu, I pay attention when peers affirm the humanistic qualities of their own.

The USMLE exams tend to favor those who studied sciences recently – recent college grads who were science majors.[12] Those who come to medicine later in their careers with diverse backgrounds – teachers, EMT's, other professionals – tend to perform lower, as well as under.[13] They bring a lot to the field of medicine, but maybe only took the pre-requisites. Are they worse doctors? USMLE scores tend to be lower among underrepresented minorities.[13] If we overweight the importance of the USMLE scores, we lose out on the diversity of our workforce.

I know whom I want in my residency program: smart physicians who care, who can comfort a patient and considerately answer their questions. I want a physician who responds with kindness – even when consulted on a Friday afternoon just before sign-out. Most of medical knowledge will change dramatically in the next 10 years. How much does it matter if they scored well now after cramming for 12 h a day for weeks on end? I want a physician who loves to learn about medicine and will be committed to lifelong learning. Medicine is complicated. Medical knowledge is important, but it is not enough. We need physicians who have the breadth of character, emotional maturity, and clinical instincts to thrive.

Maybe more testing is not the answer, but we need to do something to assess these other domains that give a more comprehensive assessment of a student's potential.

References

1. United States Medical Licensing Examination. Change to pass/fail reporting for Step 1. https://www.usmle.org/incus/#decision. Accessed online on March 24, 2020.
2. National Resident Matching Program. Results of the 2018 NRMP program director survey. https://www.nrmp.org/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf. Accessed April 30, 2019.
3. National Resident Matching Program. *Charting Outcomes in the Match: Characteristics of International Medical Graduates Who Matched to Their Preferred Specialty in the 2018 Main Residency Match*. 2nd ed.; July 2018. https://www.nrmp.org/wp-content/uploads/2018/06/Charting-Outcomes-in-the-Match-2018-IMGs.pdf. Accessed April 30, 2020.
4. Educational Commission for Foreign Medical Graduates. ECFMG statement on USMLE policy changes. https://www.ecfmg.org/news/2020/02/12/ecfmg-statement-on-usmle-policy-changes/; February 12th, 2020. Accessed April 30, 2020.
5. Holmboe ES, Edgar L, Hamstra S. *The Milestones Guidebook*. Chicago, IL: Accreditation Council for Graduate Medical Education; 2016. online https://www.acgme.org/Portals/0/MilestonesGuidebook.pdf. Accessed December 31, 2019.
6. Radabaugh CL, Hawkins RE, Welcher CM, Mejicano GC, Aparicio A, Kirk LM, et al. Beyond the United States medical licensing examination score: assessing competence for entering residency. *Acad Med*. 2019;94(7):983–989.
7. Bhat R, Takenaka K, Levine B, Goyal N, Garg M, Visconti A, et al. Predictors of a top performer during emergency medicine residency. *J Emerg Med*. 2015;49(4):505–512.
8. Rifkin WD, Rifkin A. Correlation between housestaff performance on the United States Medical Licensing Examination and standardized patient encounters. *Mt Sinai J Med*. 2005;72(1):47–49.
9. Keim SM, Rein JA, Chisholm C, Dyne PL, Hendey GW, Jouriles NJ, et al. A standardized letter of recommendation for residency application. *Acad Emerg Med*. 1999;6(11):1141–1146.
10. Love JN, Smith J, Weizberg M, Doty CI, Garra G, Avegno J, et al. Council of Emergency Medicine Residency Directors' standardized letter of recommendation: the program director's perspective. *Acad Emerg Med*. 2014;21(6):680–687.
11. Gaufberg E, Dunham L, Krupat E, Stansfield B, Christianson C, Skochelak S. Do Gold humanism honor society inductees differ from their peers in empathy, patient-centeredness, tolerance of ambiguity, coping style, and perception of the learning environment? *Teach Learn Med*. 2018 Jul 3;30(3):284–293.
12. Specter S, Kahn MJ, Lazarus C, Prislin M, Wong JG, O'Donnell J, et al. Gold humanism honor society election and academic outcomes. *Fam Med*. 2015;47(10):770–775.
13. Gohara S, Shapiro JI, Jacob AN, Khuder SA, Gandy RA, Metting PJ, et al. Joining the conversation: predictors of success on the United States Medical Licensing Examinations (USMLE). *Learn Assist Rev*. 2011;16(1):11–20.

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