

The USMLE figures prominently in discussions about current challenges in medical school curriculum and residency placement. Reflecting perspectives of internal medicine (IM) UME and GME, AAIM's consensus statement seeks to address needed change while balancing perspectives from varying interest groups.

AAIM's shared principles:

- Student burnout associated with USMLE preparation and secondary uses in medical school and residency recruitment is a major area of concern. AAIM encourages opportunities for student and medical school representatives to share their insight.
- Although high-stakes examinations are a necessary feature of training and licensure, the secondary uses of USMLE have unreasonably heightened the stakes of examination performance and have adversely impacted the medical school curriculum. Focus on preparing students for Step 1 and Step 2 decreases additional teaching.
- IM matched the greatest percentage (46.4%) of international medical graduates (IMGs) to PGY1 positions in 2018.¹ Programs that rely heavily on IMGs tend to assign more importance to USMLE scores for interview invitation decisions.² Changes in USMLE score reporting (e.g., pass/fail) will significantly impact IM programs.
- International medical schools are a key constituent whose participation will enrich discussions and optimize the success of any policy change.
- Programs and schools alike lament the state of residency recruitment.³ Debate about the role of the USMLE is not isolated from broader discussions about programs' impaired ability to compare across institutions, conduct holistic review, and assess fit, along with consternation about ACGME standards that use board passage rates as a metric. AAIM encourages the FSMB and NBME to undertake policy discussions in coordination with stakeholder organizations.

AAIM discussed the following policy proposals:

- A research pilot to study outcomes among participating institutions or disciplines would be beneficial prior to full implementation. Programs could opt to receive only pass/fail reporting, then subsequently provide feedback and outcomes data. Stakeholders should be notified of permanent changes well in advance (e.g., three years).
- AAIM anticipates numerous benefits of pass/fail reporting of USMLE Step 1 scores for student wellness and improving residency readiness. However, USMLE cutoffs are a common tool for programs to manage increasingly large applicant pools ("application inflation").⁴ Survey results show that IM programs generally prefer Step 2 CK over Step 1. A shift in pass/fail reporting may disadvantage applicants whose Step 2 scores are not available when ERAS opens for residency programs. Some programs may be adamantly opposed to pass/fail.
- Rather than a pass/fail system that does not differentiate the applicant pool, a quartile (or similar system) would represent a compromise between medical schools and programs. However, any grouping is likely to be artificial. Each quartile would include people who are no different in proficiency from at least some people in the above and/or below quartile. Psychometricians should assist in developing novel solutions for reporting scores other than numerically or pass/fail.
- Reporting of Step 2 CS sub-competencies would benefit programs and expand capacity to assess skills and the applicant's ability to apply knowledge. This might provide more meaningful insight into an applicant's broader set of skills.

References

- 1 – Categorical PGY1 IM PGY1 positions. <http://www.nrmp.org/fellowship-match-data/>
- 2 - Angus, S, Williams, C, Sweet, M, Stewart, E, Willett, L. The Current State of Internal Medicine Residency Recruitment: An Analysis of Program Directors' Perceptions and Screening Practices. Academic Medicine (under active revision)
- 3 - Pereira, AG, Williams, CM, and Angus, SV. (2019) Disruptive Innovation and the Residency Match: The Time Is Now. Journal of Graduate Medical Education: February 2019, Vol. 11, No. 1, pp. 36-38.
- 4 - Pereira AG, Chelminski PR, Chheda SG, Angus SV, et al. (2016) Application Inflation for Internal Medicine Applicants in the Match: Drivers, Consequences, and Potential Solutions. American Journal of Medicine: August 2016, Vol. 129, No. 8, pp. 885-91.