

## Use and Misuse of the Internal Medicine In-Training Exam

Increasing emphasis is being placed on measurements of competency during internal medicine training. Meanwhile, residents crave trustworthy formative feedback during their training years. The Internal Medicine In-Training Examination (IM-ITE) is a reliable tool that provides valuable feedback to residents. However, in the absence of other performance metrics, program directors can be tempted to use IM-ITE results beyond the intentions of this learning tool.

IM-ITE is an educational program sponsored jointly by the American College of Physicians (ACP), the Association of Professors of Medicine (APM), and the Association of Program Directors in Internal Medicine (APDIM). This 1-day examination is administered annually in October. Written at the level of proficiency expected from 2nd-year residents and cover a wide spectrum of knowledge in internal medicine, including acute and chronic care, inpatient and ambulatory problems, and essential clinical skills. The examination emphasizes 10 content areas central to the training of a general internist: cardiology, gastroenterology, endocrinology, pulmonary and critical care medicine, rheumatology, nephrology, hematology/oncology, infectious disease, neurology, and general internal medicine. A committee of 10 expert physician-authors creates the content blueprint, writes test items according to well-established principles of examination construction, and reviews each question on multiple occasions before inclusion. This committee includes 4 ACP representatives, 3 APM representatives, and 3 APDIM representatives. ACP provides expertise in test development. The National Board of Medical Examiners scores the examination and prepares analytic reports.

The examination is intended solely as an educational program to help guide the learning of residents and to assist program directors with curriculum design. The examination clearly states results should not be used in determinations regarding promotion, eligibility to take the American Board of Internal Medicine (ABIM) Certifying Examination, or qualifications for post-residency fellowship training. This long-standing policy is supported by APM, APDIM, and ACP. Each year, however, residents report misuse of IM-ITE by their program director for purposes of promotion or in support of application to fellowship programs. An annual survey submitted by residents and program directors in conjunction with IM-ITE suggests that 6% of programs are perceived by at least 20% of their residents as inappropriately using IM-ITE results.

Well-meaning program directors may believe they are serving the best interests of their residents by including

particularly good scores in letters of recommendation.

Similarly, residents may feel that self-disclosure of IM-ITE scores may help their application. However, these disclosures create confusion for fellowship program directors who then want IM-ITE scores from all their applicants, which in turn hurts other residents and program directors whose efforts to “play by the rules” could potentially be misperceived as an absence of the type of high scores that some might feel are worth putting forward. Residents should be reminded that efforts to promote themselves through self-disclosure of IM-ITE scores might create an unfavorable impression in the eyes of fellowship program directors who understand the true purpose of IM-ITE.

IM-ITE has never been constructed as a “high stakes test.” Residents are not encouraged to study for the test. They may

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be post-call or distracted by pending clinical duties. They may not yet have had rotations in the subject matter being tested. Scores can only be interpreted with thoughtful reflection by the resident and their advisors who are harnessing this opportunity for formative feedback. Clearly, the vast majority of program directors use IM-ITE results to improve their curriculum and help guide the self-directed learning of individual residents. Individuals who misuse the scores may simply be unaware of the intentions of IM-ITE despite explanations that accompany the examination and results. Residents may understandably lose trust in program directors when they see IM-ITE results used for purposes in direct conflict with the stated aims of this educational tool.

Program directors have an important obligation to assist residents with their growth and development. IM-ITE is an enormously helpful tool for formative feedback and to guide residency program curricula. Program directors must maintain the trust of residents that this examination will be used for its intention and not be misused for purposes of promotion, determine eligibility for the ABIM exam, or supplement a resident’s application for fellowship training.

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