



July 31, 2020

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AAIM RESPONSE TO CLINICAL SKILLS ASSESSMENT FOR MEDICAL LICENSURE

Since 2004, the USMLE Step 2 Clinical Skills (CS) examination has been an integral component of certification toward physician licensure in the United States. The Alliance for Academic Internal Medicine (AAIM) agrees with state medical licensing boards that effective communication skills are critical to the safe practice of medicine. Many education leaders in AAIM have developed enhanced methods of teaching clinical reasoning, interpersonal and inter-professionalism skills, and humanism across the medical education continuum.

While AAIM agrees that these skills are important in the practice of medicine, there is increasing recognition that the Step 2 CS exam serves different purposes for various constituencies. Successful completion of the exam is not broadly required to graduate from US medical schools. Residency leaders do not uniformly use the results to select candidates. However, because ECFMG requires Step 2 CS scores as part of its certification pathway, the results are a critical component of the application for international medical graduates (IMGs) to US residency programs. Therefore, the exam is often of greater importance to residency programs that recruit a large percentage of IMGs, who comprise nearly 50% of internal medicine trainees and serve a critical role in providing health care to our communities.

In reviewing 2018 pass rate data, the outcomes show significant differences among first-time examinees from US/Canadian allopathic medical schools, US osteopathic schools, and non-US/Canadian medical schools: 95%, 85%, and 75% respectively. These results have been consistent since the inception of the exam. Additionally, graduates of US/Canadian schools excel in the ICE component of the exam, compared with other first-time takers (96% vs. 81%). These data suggest that graduates of LCME-accredited US allopathic medical schools have received adequate clinical skills training, despite variations in clinical skills instructions. The data also indicate that among osteopathic and non-US/Canadian graduates, Step 2 CS exam results distinguish who is qualified to obtain licensure in the United States. Currently, no data demonstrates that CS results can predict an individual's performance during residency.

These data lead AAIM to question whether the additional expense and time commitments incurred by US medical students to complete this licensing requirement is warranted. Rising debts, increasing costs of the residency application process, and required travel to a limited number of testing sites are among the reasons why medical student leaders have recently proposed an elimination of the Step 2 CS exam.

AAIM recommends that Step 2 CS exam exemptions be considered for physicians who have graduated from US/Canadian allopathic medical schools, non-US/Canadian medical schools, and US osteopathic schools. An exemption pathway might include an external program that certifies medical school standardized patient programs; student performance scores would serve as sufficient documentation of clinical skills. The standardized programs would still reflect a school's unique curricula; certification would ensure a minimum standard and quality.



Requirements for clinical skills assessment should take into consideration our community's diversity. The internal medicine community must be open to developing innovative mechanisms to certify the next generation of physicians.