



Dear Colleagues:

As AAIM reported yesterday, USMLE announced that [score reporting for Step 1 would move from a three-digit numeric score to reporting only a pass/fail outcome](#), beginning no earlier than January 1, 2022. A numeric score will continue to be reported for Step 2 Clinical Knowledge (CK) and Step 3. Step 2 Clinical Skills (CS) will continue to be reported as pass/fail.

While the Alliance applauds the commitment of USMLE's co-sponsors (the Federation of State Medical Boards and the National Board of Medical Examiners) to "facilitating broader, system-wide changes to improve the transition from undergraduate to graduate medical education," we realize this change to pass/fail is disappointing and presents considerable challenges for a significant portion of the AAIM membership. Maintenance of a numeric score for Step 2 CK will allow a quantitative frame of reference for prospective residents; even more importantly, this score will be available in time to be included in applications. Literature supports that Step 2 scores are a better predictor of future test taking than Step 1 scores.

Last spring, the Alliance sought to balance and represent the interests of all Alliance members, their programs, and their learners in [our response to the Invitational Conference on USMLE Scoring](#); in anticipation of potential changes, AAIM leadership at all levels began planning and implementing initiatives that will continue to support members as we strive to improve medical education and, in particular, the reliable evaluation of learners at all levels in a fashion that better matches learners and programs. For example, key content at [Academic Internal Medicine Week 2020](#) includes:

- APDIM Stakeholder Updates Plenary, which will include updates from ACGME, NRMP, and NBME (April 21)
- Update on Medical School Services and USMLE (April 21)
- CDIM Special Session, "Meaningful Communication about Medical Students to Residency Programs: A Panel Discussion," (April 20)
- CDIM-NBME Express Study Group: Results and Future Direction (April 20)
- Assessment of EPAs: Discussion of the CDIM and NBME Collaboration (April 21)
- Crossing the Trust Chasm: AAIM Competency Based Education and Training Task Force Leads a Discussion on the UME to GME Competency Handoff (April 20)
- Subinternship Curriculum 2.0: Bridging Real-World Experiences with Program Director Expectations (April 20)

The AAIM Assessment Task Force, which began its work in January, seeks to survey the landscape of currently available UME assessment tools, identify priorities of program directors and fellowship directors in terms of domains they would find helpful for resident and fellow selection, and identify potential assessment tools that could improve the UME-GME transition and contribute to a learner's educational portfolio.

The AAIM Board of Directors recently established a strategic goal to “transform transitions across the continuum of internal medical education to achieve greater levels of effectiveness and efficiency” and we will create a new AAIM Medical Education Learner Transitions Improvements Task Force, which will be charged to build the three-year framework, initiatives, and outcomes for achieving the goal.

The feedback that AAIM provided during the deliberations—both written and in person at our conferences—proved to be of significant value to USMLE and the InCUS stakeholders. Recognizing the significant impact this decision will have on academic internal medicine, NBME Vice President of Licensing Programs Michael A. Barone, MD, reached out to Alliance senior staff before the decision was made public; the AAIM Board of Directors was subsequently prepared to discuss this policy change within 30 minutes of the announcement.

The inroads made on this particular relationship will afford the Alliance a greater voice as the [Coalition for Physician Accountability](#) begins its work “to advance health care and promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians;” AAIM President and CEO D. Craig Brater, MD, has been invited to serve on the coalition’s planning committee to address the system-wide issues.

The medical education community has been subject to substantial challenges over the past months. With the incredible collective wisdom of AAIM volunteers, we intend to make the most of this opportunity for our educators and our learners.

Sincerely,
AAIM Board of Directors

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The Alliance empowers academic internal medicine professionals and enhances health care through professional development, research, and advocacy. Through AIM, APDIM, APM, ASP, and CDIM, the Alliance includes more than 11,000 faculty and staff in departments of internal medicine at medical schools and teaching hospitals.