

USMLE Step 1: A Change for the Better?

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USMLE Step I: A Change for the Better?

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Abstract

The United States Medical Licensing Examination (USMLE) Step I scoring system has historically been used as a crucial indicator in differentiating excellent candidates, particularly when applying for residency training programs in the United States. According to a recent report by the American Medical Association (AMA), a few components of the Step I exam will be undergoing changes, one of which being a change from the numerical scoring system to a pass/fail system effective earliest by January 2022. This article explores the benefits and challenges that the USMLE Step I pass/fail scoring system may imply on local medical graduates, international medical graduates (IMG), Doctors of Osteopathic Medicine (DO), and students studying in lower-ranked medical schools.

We recommend students recognize the change in the reporting system early to allow ample time to adapt to it accordingly. Local medical students in the United States who are taking Step I after January 2022 should plan out strategies to invest more time in preparing for Step 2 Clinical Knowledge (CK). IMGs who are confident that they can perform well in the Step I should sit for the exam before the change takes effect. This would still allow them to stand out with a higher numerical score when applying for residency. IMGs who are less confident of their academic potential should consider taking Step I after the change has occurred and, in the meantime, develop other areas of their curriculum vitae. However, medical students should not let the absence of a three-digit score alter the course of their dreams and aspirations. Instead, medical students should continue to build their portfolio in all aspects possible to ensure that they can put forth the best application possible by the time they apply for residency.

Key Words

USMLE Step I; Residency; Training; International Medical Graduates; USMLE Step 2

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Article

The United States Medical Licensing Examination (USMLE) Step I scoring system has historically been used as a crucial indicator in differentiating excellent candidates, particularly when applying for residency training programs in the United States. Traditionally, it is used by residency admission committees as an objective measurement of an applicant's academic potential. As a result, most medical schools place a huge emphasis on optimizing a student's performance for Step I in the first two years of studying medicine.

A recent statement released by the American Medical Association (AMA) suggested that the change from a numerical scoring system to a pass/fail system was agreed upon to ease the transition between Undergraduate Medical Education (UME) to Graduate Medical Education (GME), to reduce

significant distress and anxiety caused by the residency selection system, and to balance student learning and student well-being.^{1,2} Although this change will only be effective from 2022, this article explores the benefits and challenges that the USMLE Step I pass/fail scoring system may imply.

The residency selection system has often placed emphasis on the numerical scores of Step I, especially for competitive specialties such as Plastic Surgery and Dermatology.³ These specialties often have high Step I cut-offs to filter out applicants at the initial screening process. This change has raised concerns among international medical graduates (IMG), Doctors of Osteopathic Medicine (DO), and students studying in lower-ranked medical schools as there is less one objective metric for them to distinguish themselves and to level the playing field.^{4,5}

What does this mean for medical students applying for residency in the future?

Advantages	Disadvantages
<ol style="list-style-type: none"> 1. This change will improve the well-being and mental health of medical students which will, in turn, hopefully reduce burnout, dropout, and suicide rates. This will help to produce students and doctors who are content, fulfilled, and more likely to continue their career in medicine. This will also promote patient safety as they will arguably be less at risk of making careless mistakes.² 2. Residency programs can focus on evaluating an applicant's clinical knowledge using their Step 2 score, allowing a better appreciation of how applicants will respond in clinical situations, the primary role of a doctor.^{5, 7} 3. Students will have the opportunity to develop themselves more holistically. Students will be able to focus on investing time on more research items (i.e. publications, abstracts, and presentations) and extra-curricular activities to strengthen their letters of recommendation.^{4, 5, 7} 	<ol style="list-style-type: none"> 1. Unlike Step 1, the Step 2 CK exam will retain its numerical score. Intuitively, admission committees may place a greater emphasis on Step 2 CK as an objective metric. This could counteract the initial purpose of the change and cause more uncertainty and stress.⁶ 2. If students do not score highly in the Step 2 CK, they do not have any alternative tests to compensate for their low scores. Hence, this, too, could increase the stress and anxiety levels of students when preparing for Step 2.^{4, 7}

Where do we go from here?

1. Local medical students who are taking Step 1 after January 2022 should plan out strategies to invest more time in preparing for Step 2 CK. Conversely, IMGs have a choice, albeit difficult. IMGs who are confident in performing well in Step 1 should sit the exam before the change takes effect.² This would still allow them to stand out with a high numerical score when applying for residency. IMGs who are less confident should consider taking Step 1 after the change has occurred and, in the meantime, develop other areas of their curriculum vitae. Overall, students should recognize the change in the reporting system early on to allow ample time to adapt to it accordingly.⁷
2. Standardized evaluation forms are likely to become more common and mandatory across specialties. The established use of the Standardised Letter Of Evaluation (SLOE) in Emergency Medicine has been reported to help define specific competencies and specialty-specific non-cognitive personality traits.⁸ This will not only allow admission committees to identify applicants who are a "good fit" for their programs, but it will also help those who will graduate to become successful physicians.
3. The change is a double-edged sword. However, medical students should not let the absence of a three-digit score alter the course of their dreams and aspirations. Instead, medical

students should continue to build their portfolio in breadth and depth to put forth the best application possible by the time they apply for residency

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