


NBME/USMLE UPDATE SAAPM 2020 ANNUAL MEETING



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Objectives

By the end of this session, participants will be able to describe:

- Relevant background about the Step 1 P/F score reporting policy change and work on the UME/GME transition
- Rationale for suspension of Step 2 CS and drivers of clinical skills assessment for licensure
- USMLE testing during COVID-19
- NBME strategic direction re: competency assessment

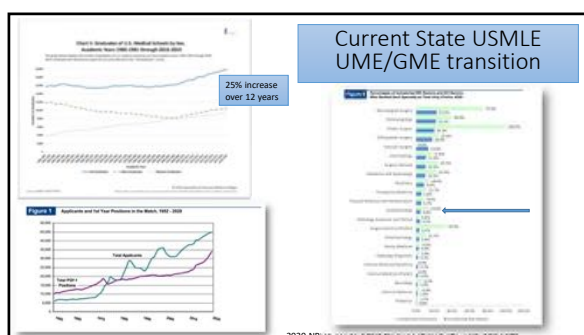
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USMLE Program Structure / Governance

- Examination Program for Medical Regulation
- A joint program of NBME & FSMB
 - NBME is operational / test development partner
 - ECFMG is a key collaborator
 - Unique governance structure
- Mission - Provide state boards with information as part of initial licensure to practice
 - Supervised / Unsupervised Practice




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Current State

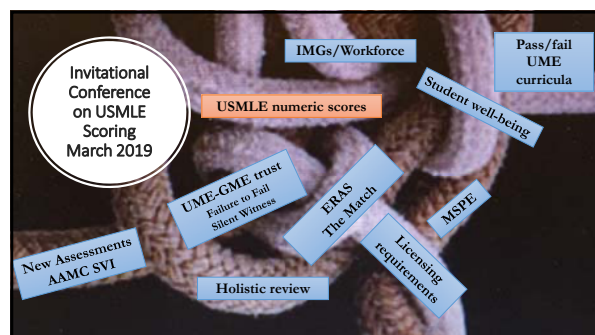
- Stakes of scoring have changed over time
- Selection for residencies perceived as more competitive
- Applicants/Schools are rational actors in this system
 - Increased applications/applicant
 - Increased expense, impact on MS4 year
 - Schools inflating grades or moving away from grading/ranking information
 - MSPE – not meeting stakeholder needs
- Standardized testing has developed outsized role (Step 1)

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Current State

- ✓ Preparation & testing creates curricular pause for US students
 - 80% of US students prep > 6 weeks; some prep 16 weeks
 - Opportunity costs on other competency development
- ✓ Feeling of a misaligned “parallel curriculum” w/ Step 1 prep
 - Impact on attendance / volunteerism / small group work
- ✓ Concerns over role of high stakes exams and effect on student well-being
- ✓ Concerns for impact on diversity in medicine / specialties
- ✓ Step 1 role in choice of future medical specialty & overall career direction

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InCUS: areas of consensus – on the problem...

- Current UME-GME transition is flawed. Each stakeholder group has optimized their part of the system over time.
- Unilateral changes to USMLE will not “fix” the system, absent other changes in other parts of the system.
- Changes—both systemic and specific to USMLE—must be explored, identified and implemented on a reasonable timeline.

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InCUS Recommendations – June 2019

1. Consider score reporting changes, e.g., pass/fail, composite score, categorical/tiered scoring
2. Research on how USMLE is (or is not) related to performance in residency and/or practice
3. Continue work to address group (racial/demographic) differences in USMLE
4. Undertake comprehensive overview of UME-GME transition system

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Key Considerations for Decision Making

FSMB and NBME Boards
Overall quality & integrity of U.S. medical licensure system
Impact of change (or no change) on NBME/FSMB
Need for an objective tool for residency screening
USMLE impact on student health/well-being
Fairness/equity for examinees
Sparking incremental improvements to school-based MedEd assessment

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Rationale for Step 1 pass/fail

- Status quo not an acceptable outcome from InCUS
- Reporting Step 1 as P/F is consistent with state medical board needs.
- Positive step in mitigating student exam preparation behaviors – “cost”
- Leaves 2CK as objective tool for GME screening
- Validity - stronger correlation between Step 2CK performance and outcomes

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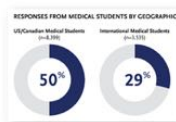
Rationale for Step 1 pass/fail

- Least potential disruption (immediate) to the current UME-GME transition.
- May alleviate some (negative) student behaviors re: Step 1 preparation
Enhanced curricular engagement, student well-being
- Positive step consistent with “hoped for” broader systemic change

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Step 1 Pass/Fail - implementation

- Implementation – Jan 2022
 - USMG Class of 2024
 - 2023-2024 ERAS/Match
- Numeric score (3 digit) from prior administrations reported on transcripts
 - Mixed score reporting in ERAS system for ≥ 3-4 years



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Future State – Crisis or Opportunity?

Unilateral changes to USMLE will not “fix” the system, absent other changes in other parts of the system.



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Opportunity for Change

- Emphasis on foundational science
- Possible improvement in educational and transition experience
 - Wellness
 - Reduction in direct costs; opportunity costs
 - volunteerism, focus on other competencies
- Diversity in Medicine
- Development of new assessments – holistic
 - Likely to fail if given 100% weight at screening
 - Must be buy-in across the continuum (UME and GME)
 - Subject to careful study for group differences

Many of these opportunities will be lost if the system defaults to the quick “screen-out” assessment

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Opportunity for Research

Does USMLE Step 1 Pass/Fail impact...

- Foundational or clinical science knowledge?
- Student wellbeing / engagement / volunteerism?
- How residency screening / selection decisions are made?
- Applicant rank order behavior?
- Characteristics of the physician workforce?
- Performance in practice?

Impact of COVID
Who does this research?
? Across specialties

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NBME

A word about...



- Continued emphasis on licensure exam for primary purpose
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- Creation of a new unit focused on competency-based assessment

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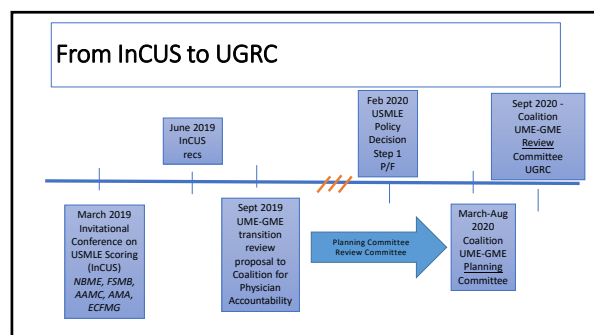
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Sept 2019
InCUS Rec #4
Areas of potential exploration

Coalition for Physician Accountability

- Improve application process
- Reduce # of applications submitted by applicants
- Improve transparency of UME-GME transition process
- Identifying potential adjustments to the Match
- Improving Program Directors' ability to more holistically review applicants
- Improving trust/transparency of medical school-based assessments
- Reviewing role of standardized testing in UME-GME transition
- Develop assessment(s) for other important measures beyond knowledge

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4 Work Groups

1. Ensuring Residency Readiness
2. Mechanics of the Application/Selection Process from the UME Perspective
3. Mechanics of the Application/Selection Process from the GME Perspective
4. Post-Match Optimization
 - Information shared post match

Coalition for Physician Accountability

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UGRC Overall Considerations

- Diversity/Equity/Inclusion/Fairness
- Specialty Specific Competencies
- Wellbeing
- Public Good

Coalition for Physician Accountability

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Step 2 CS Revitalization

USMLE

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Disruption to Step 2 Clinical Skills (CS)

- Test suspended March 16, 2020
 - Safety of examinees and staff
 - Concern for travel limitations & restrictions
- Using this opportunity to make enhancements to CS
- Testing will not resume until end of 2021 at the earliest

USMLE

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Perception of Prior CS Assessment

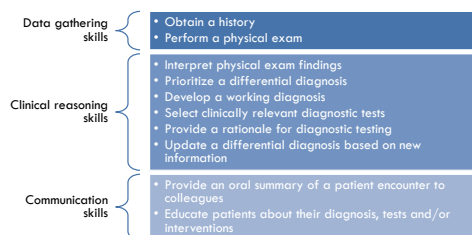
<p>Highest Value</p> <ul style="list-style-type: none"> Scoring reliability Standardized across test sites Assesses relevant skills Test center operations are smooth and professional 	<p>Concerns</p> <ul style="list-style-type: none"> Cost Limited sites Lack of feedback Student wellness Authenticity
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Source: 20/20 Research Online In-depth Interviews conducted for the NBME, 2020.

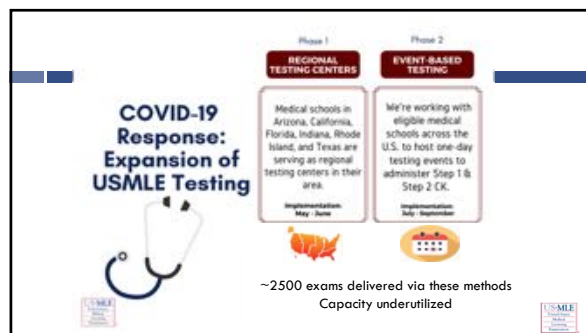
USMLE

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Competencies – Top Priorities

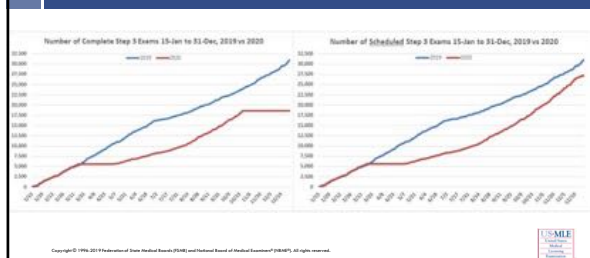


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Step 3 Administration



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Step 3 Eligibility Requirements / 2 CS suspension

- Medical degree from accredited school
 - LCME, AOA-COCA, World Directory of Medical Schools*
 - World Federation for Medical Education and Foundation for Advancement of International Medical Education and Research
 - Be ECFMG certified if IMG
 - Have taken any USMLE Step or Step Component on or after Jan 1, 2015

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NBME

Assessment Products Services Research For Examiners About NBME Support Contact

New Competency-Based Assessment Unit Created at NBME

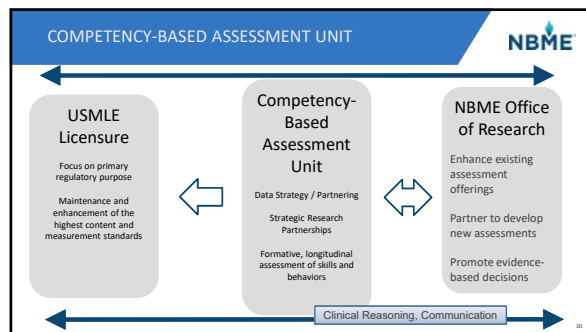
Posted September 30, 2020

A new unit at NBME with dedicated resources to competency-based assessment of learners and practicing health care professionals has been created.

MORE RECENT ARTICLES:

Collaborate with others to innovate and develop trusted assessment products, services, and data approaches focused on the broad competencies/outcomes of a learner's/practitioner's education

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