

## Brave New World: A Pass-Fail Step 1

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On February 12, 2020, the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) announced that Step 1 score reporting would be changed from a three-digit numeric score to a pass-fail system starting no earlier than January 1, 2022. Step 2 Clinical Knowledge (CK) and Step 3 will continue to be reported numerically, while a passing Step 1 score will become a prerequisite to taking Step 2 Clinical Skills (CS). This announcement followed more than a year of internal discussion by students and medical educators alike. Much emphasis was placed on the change's purported role in reducing the "current overemphasis on USMLE performance" and medical student distress in preparing for medical licensing examinations. While we endorse the prioritization of mental health in medical education, we postulate that a pass-fail Step 1 will fail to significantly shift the status quo or alleviate emotional burden. Furthermore, we are concerned that this change reflects an ongoing trend in removing objective metrics from the evaluation of student performance for residency selection. Nevertheless, this policy shift may carry unforeseen and unintended benefits for students in the preclinical years in realms apart from mental well-being.

To posit that Step 1 is stressful for medical students would be a gross understatement. It is well known that competitive residencies implement Step 1 score "cutoffs" to screen applicants before considering them for an interview. The National Resident Matching Program (NRMP) continues to release annual reports on the means and distributions of board scores across specialties and student demographics. This reality is a common source of emotional distress for medical students, especially those looking to apply to competitive specialties such as neurosurgery or dermatology. The resultant overemphasis on Step 1 performance has led numerous medical schools and students to delay the Step 1 exam until after clinical rotations in pursuit of a higher score, although the impact this has had on ultimate student performance has been inconsistent.<sup>1</sup>

Having recently taken Step 1 at the end of our pre-clinical years, we are familiar with these circumstances and welcome

FSMB and NBME's focus on student mental health. However, we believe the discontinuation of numeric scoring for Step 1 is unlikely to alleviate this burden. The selective nature of many residency programs necessitates quantitative and objective metrics with which to evaluate applicants. Scores on the USMLE have traditionally served this purpose, as few objective metrics exist outside of USMLE reports. Clerkship evaluations and the number of honored clinical rotations have been shown to be poor indicators of a student's future performance in residency and beyond.<sup>2</sup> Furthermore, the "weight" of Step 1 will inevitably be assimilated into the "weight" of Step 2 CK as program directors reform their screening protocols to differentiate between the ever growing rosters of yearly applicants. Ultimately, Step 2 CK will evolve to represent the singular, compounded objective metric obtained in the third or fourth year of medical school, a time already considered by most to be the most stressful period as students navigate the demands of core rotations and sub-internships. In this way, a pass-fail Step 1 – far from relieving emotional stress – may simply concentrate academic pressure into the final two years of medical school.

Given the importance of objective evaluation throughout this process, we are apprehensive of the movement away from objective measurements of student performance. This trend has already manifested itself with the advent of pass-fail pre-clinical course structure, the removal of pre-clinical grades and USMLE scores for Alpha Omega Alpha (AOA) nomination<sup>3</sup>, and the most recent announcement regarding Step 1 reporting. If Step 2 CK were to one day meet the same fate as Step 1, quantitative scores will have disappeared from student resumes. Residency programs will have no recourse apart from further prioritizing clerkship performance, faculty evaluations, and research/volunteer experiences; all of which are vastly inferior methods of assessing a student's clinical knowledge.<sup>4</sup> While there is more to a good physician than textbook knowledge, we cannot deny that such knowledge is the basis of good clinical acumen and patient care. The medical interview, physical diagnosis, and clinical reasoning

are core tenets of medicine predicated on a sophisticated understanding of human physiology and pathology. If the removal of objective metrics best suited to evaluating a student's competency in these core fundamentals continues unabated, it may ultimately be our patients who will suffer the consequences.

Despite our many reservations with the sweeping impact intended for a pass-fail Step 1, we believe this new system may yet offer some improvements. Several studies have already demonstrated the superiority of Step 2 CK over Step 1 in predicting student performance in residency<sup>5</sup>, making it counterintuitive that the latter is currently the primary objective measure of a student's clinical and academic prowess. The inevitable shift in emphasis from Step 1 to Step 2 CK performance will also allow students with non-traditional aspirations (e.g., healthcare consulting, medical entrepreneurship, health policy) more time to pursue those goals in the pre-clinical years. As the field of medicine itself becomes progressively more interdisciplinary, there is a growing need for physicians with competencies in leadership, organizational management, and technology innovation, in addition to clinical practice. Further opportunity to study and engage with these fields in the pre-clinical years will greatly benefit future students and maximize their impact on the medical field. For these reasons, we express our support for the amendment of Step 1 to a pass-fail system but caution against further removal of numeric scoring from USMLE examinations. The dismal state of mental health in our profession permeates through every level of training and is secondary to much more than just high-stress exams. We are grateful for the NBME's newfound focus on student well-being, and we hope the conversation continues to gain traction and support on a national level in the coming years. ❖

## References

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