SKIN

RESEARCH LETTER

The USMLE Step 1 Transitions to Pass/Fail Scoring: Perceptions of Dermatology Residents

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ABSTRACT

Background: The USMLE Step 1 exam has been a critical objective tool for residency applications, and given the recent score change to a binary pass/fail system it is essential for programs and future residency applicants to understand the implications of this score change.
Methods: A survey containing 21 items was dispensed through REDCap utilizing an established email list of all dermatology program directors (PDs) who then distributed the survey to residents in their programs in December 2021. 132 residents completed the survey. Perceptions regarding the USMLE Step 1 scoring change were probed.
Results: Out of the 132 residents surveyed, the highest proportion of respondents were PGY2 (36.4% [48/132]) and PGY3 (25.8% [34/132]). Of that group, most of them (74.2% [98/132]) achieved a self-reported score of 240 or higher on their USMLE Step 1 exam which they deemed to not be an accurate assessment of their medical knowledge (53.8% [71/132]), yet most (69.7% [92/132]) disagreed with Step 1 changing to a pass/fail scoring system. Similarly, 65% (86/131) opposed Step 2 CK also going pass/fail. The majority of respondents agreed that there will be increased emphasis placed on research (90.0% [118/131]), extracurricular involvement (76.5% [101/132]) and the Step 2 CK score (96.21% [127/132]). Further, 82.3% (107/130) of respondents agreed that more students pursuing a dermatology residency will need to take a gap year.
Conclusion: According to current dermatology residents, the USMLE Step 1 exam score change to a binary scoring system will lead to more emphasis being placed on the Step 2CK exam, research, and extracurricular activities.

The USMLE Step 1 exam has been a critical objective tool for residency applications, often used during the initial screening process to distinguish between applicants.[1] Competitive residency programs such as dermatology and plastic surgery have traditionally required a very high Step 1 scores for successful matriculates.[2] As of January 2022, the USMLE Step 1 exam shifted to a binary scoring system consisting of only a pass/fail report.[3] The purpose of this study was to gauge perceptions of current dermatology residents regarding this scoring change.

A 21-item survey tool was delivered utilizing REDcap to the Association of Professors of Dermatology (APD) email listserv who subsequently distributed the survey to residents in their programs in December 2021. Responses were attained using a 5-point Likert scale, which was reduced to a 3-

Table 1. Resident perspectives on USMLE Step 1 pass/fail score change (n=132)

Statement	Disagree	Neutral	Agree
In terms of the USMLE Exams I believe…			
Step 1 should be pass/fail	92/132 (69.7%)	21/132 (9.1%)	19/132 (14.4%)
Step 1 gives an accurate assessment of medical knowledge	71/132 (53.8%)	33/132 (25.0%)	28/132 (21.1%)
Step 2 CK should be pass/fail	86/131 (65.6%)	21/131 (16.0%)	24/131 (18.3%)
With Step 1 transitioning to pass/fail scoring I believe…			
More recidency programs will emphasize the Step 2 CK score	3/132 (0.22%)	2/132 (1.5%)	127/132 (96.2%)
More importance will be placed on research	4/131 (3.1%)	9/131 (6.9%)	118/131 (90.0%)
More importance will be placed on extracurricular involvement	9/132 (6.8%)	22/132 (16.7%)	101/132 (76.5%)
More students pursuing a dermatology residency will take a gap year	4/130 (3.1%)	19/130 (14.6%)	10/130 (82.3%)

point scale for data analysis (**Table 1**). The Institutional Review Board at Penn State Hershey Medical Center approved the study.

The survey was emailed to 368 APD faculty who were asked to distribute the survey to their residents, and 132 residents completed the survey. The majority of respondents were PGY2 (36.4% [48/132]) and PGY3 (25.8% [34/132]) and scored a 240 or higher on their USMLE Step 1 exam (74.2% [98/132]) which they deemed to not be an accurate assessment of their medical knowledge (53.8% [71/132]). Most of the respondents (69.7% [92/132]) disagreed with Step 1 moving to pass/fail and 65.6% (86/131) opposed Step 2 CK also going pass/fail. The majority of respondents agreed that increased emphasis would be placed on research (90.0% [118/131]), extracurricular involvement (76.5% [101/132]) and the Step 2 CK score (96.21% [127/132]). Further, 82.3% (107/130) of respondents agreed that more students pursuing a dermatology residency would require a research year.

These findings highlight the perceived potential implications the Step 1 score change will have from the view of current dermatology residents. A recent survey of dermatology Program Directors (PDs) echoed many of the sentiments expressed by dermatology residents, with 61.4% of PDs disagreeing with the scoring change and 78.2% of them stating they would now require a Step 2 CK score in the Electronic Residency Application Service (ERAS). [4]

The intention of the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) announcement to change scoring was meant to reflect the shift towards a more holistic residency application review process while improving the medical student experience as they transition to residency.[3] Additionally, for less diverse specialties, the change may help to increase numbers of underrepresented in medicine (URM) students, as holistic reviews may better evaluate the unique and often difficult journeys to and through medicine many URMs face, which are not always captured by numerical scores.[5] The field of Dermatology was identified as the second least diverse field in a study conducted in 2020, highlighting the importance of decreasing barriers for URMs.[6] However, this and other studies have identified that residency programs may simply shift to emphasizing the still numerical Step 2 CK score.[4]

One limitation of the study includes the includes the possible implicit bias present among our study participants, considering most participants scored a 240 or higher on their Step 1 score (74.2% [98/132]). Individuals that achieved higher scores on the exam may be more likely to continue supporting a numerical scoring system.

Dermatology residencies will need to prepare for and implement novel review processes, such as placing more focus on research, clinical rotation evaluations and extracurricular involvement in lieu of numbered scoring measures previously utilized. Future studies are needed to elucidate the intended and unintended outcomes of this Step 1 scoring change.

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