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25 The Off-Service Letter of Evaluation....the Over-Ranked Service Letter of Evaluation?

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Learning Objectives: To review the results of the Off-Service Letter of Evaluations (OSLOEs) in the 2020-21 academic year and analyze their utility and value in the emergency medicine residency application process.

Background: Standardized Letters of Evaluation (SLOEs) are designed to objectively compare medical students to their peers for completed emergency medicine (EM) rotations. Coronavirus disease of 2019 (COVID-19) mitigation efforts decreased medical students' ability to obtain multiple SLOEs for their application to the EM match. To compensate, the Council of Residency Directors in Emergency Medicine (CORD) implemented "off-service" SLOEs (OSLOEs). The purpose of our study is to summarize the OSLOEs submitted during the 2020-21 academic year and assess for grade inflation and overall utility of the letters for applicant selection.

Methods: A retrospective review of OSLOEs submitted during the 2020-21 academic year to a single EM residency program was performed. Summary statistics for global rank (top 10%, top 1/3, middle 1/3, and lower 1/3), grade (honors, high pass, pass, low pass, fail) and specific category (knowledge, work ethic, communication, teachability, respectfulness, admits mistakes, accountable, and reliability) ranks were calculated.

Results: A total of 270 OSLOEs were reviewed and summarized. Global assessments revealed 61.9% were ranked at the top 10% of their class, with 95% being ranked in the top 10% and top 1/3. No student was ranked in the bottom 1/3 of their class. Over 90% of students were graded as honors or high pass; no students received low pass or failing grades. Over 75% of students were ranked in the top 1/3 for each specific OSLOE category.

Conclusion: In an attempt to adapt quickly to the lack of availability of in-person EM rotations due to COVID-19, the OSLOE was a logical alternative. However, our findings reveal signs of grade inflation providing evidence that the ranking distribution of the OSLOE may have little value in the evaluation of student performance. Given our findings, the OSLOE may not carry the same weight as a SLOE when objectively evaluating prospective students for a match into EM.

26 Transitioning to Pass/Fail USMLE Step 1: Will Students from Less Prominent Schools be Adversely Impacted?

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Background: In January 2022, USMLE Step 1 scoring will be pass/fail (P/F). Although this change aims to decrease applicant stress, it will impact the way EM program directors (PDs) review applications. Little research exists on how the transition will impact applicants.

Objectives: The purpose of this study was to determine if a change in Step 1 scoring will affect the likelihood to interview (LTI) an applicant. We hypothesized that transitioning to P/F scoring may negatively impact the LTI for students from less prominent schools.

Methods: A survey of mock residency applications from strong, fair, and poor applicants was distributed to EM PDs via the CORD list serve. Respondents rated the LTI of applicants on a 5-point Likert scale. Applications from allopathic (MD), osteopathic (DO), and international medical graduates (IMG) were included. School prominence was determined by the 2020 US News & World Report rankings. Survey respondents were randomized to review applications with either numeric or P/F scores. Independent sample t-tests were calculated in SPSS 23.0 to compare mean ratings for applications based on scored or P/F scenarios for MD, DO, and IMG groups separately. This study was approved by the institutional review board at the study site.

Results: Of 149 responses, poor performing MD students from highly prominent schools had a higher LTI with P/F scoring than poor performing students from less prominent schools (2.03 vs. 1.55, $p < .01$). For strong and fair performing MD students, no significant difference in LTI existed amongst high and less prominent schools with P/F scoring (Table 1). Strong DO ($p < .01$) and IMG ($p < .001$) applicants had higher LTI with P/F, while fair DO ($p < .01$) and IMG ($p < .001$) applicants had higher LTI with a numeric score (Table 2).

Conclusions: When only P/F scoring is reported, poor performing students from low prominence schools have a significantly lower LTI than poor performing peers from high prominence schools.

Table 1.

Prominence of School	Strength of Candidate					
	Strong		Fair		Poor	
	P/F	Score	P/F	Score	P/F	Score
High	4.34	4.38	3.93	3.96	2.03	1.82
Low	4.49	4.59	3.98	3.84	1.55	1.38
p-value	0.92	0.86	0.96	0.91	*<0.01	*<.01

Strong, fair, and poor-performing applicants were similar except for the prominence of the school attended. The strong applicants had USMLE scores greater than 255, an exemplary Medical Student Performance Evaluation (MSPE), members of AOA, and top 1/3 Standardized Letters of Evaluation (SLOEs) with glowing commentary. Fair performing students had USMLE scores in the average range, were middle quartile in their MSPE's, and had middle 1/3 SLOEs, with solid commentary. Poor performing students were had at least one failed attempt on USMLE Step 1, were fourth quartile on their MSPE, with lower 1/3 SLOEs describing significant struggles during their EM rotation.

Prominence of medical schools were determined by referencing the US News and World Report Medical School Rankings, with institutions characterized as "high" prominence being in the top 10 of the report, while "low" prominence schools fell outside the top 10 rankings but were geographically similar public institutions. P-values listed above for all strengths of applicants, from both high and low prominent schools, with P/F and scores reported. There was a significant difference between the LTI for poor performing applicants from high prominent schools when compared with their similarly performing, lower prominence peers.

Table.2

Candidate Type	Strength of Candidate					
	Strong		p-value	Fair		p-value
	P/F	Score		P/F	Score	
DO	3.87	3.10	*<0.01	2.85	4.11	*<0.01
IMG	4.38	2.78	*<0.001	3.69	4.15	*<0.001

Per Table 1, quality of candidate definitions remains the same. We did not delineate DO and IMG schools by prominence, given the lack of publicly reported ranking systems for these institutions. Of note, the osteopathic institutions are included with the allopathic institutions in the referenced 2020 US News and World Report Top 10 Rankings, however, the highest ranked osteopathic institution for the most recent year was 93rd, making them all "low prominence" by our previously described definition. The presence of USMLE Step 1 scores seems to be somewhat protective for fair DO and IMG candidates, which by our definition, are from lesser prominent schools, as outlined above. Interestingly, for strong DO/IMG students, the P/F score portends a higher LTI. Poor DO and IMG candidates were not presented to respondents due to concern for survey fatigue.

27 The Impact of Medical Education Fellowships on the Careers of Graduates

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Learning Objective: Our objective was to explore the impact of medical education fellowship training on the careers of graduates.

Background: Medical education fellowships in

emergency medicine provide training in teaching, assessment, educational program administration, and scholarship. The longitudinal impact of this training is unknown.

Objective: To explore the impact of medical education fellowships on the careers of graduates.

Methods: We performed a qualitative study with a constructivist-interpretivist paradigm using semi-structured interviews. We used a purposeful randomized stratified sampling strategy of graduates to ensure diversity of representation (gender, region, fellowship duration, and career stage). Subjects were invited by email to participate in semi-structured video interviews. Interviews were recorded and transcribed. Two researchers independently analyzed the data using a modified grounded theory approach and resolved discrepancies through in-depth discussion. Inter-rater agreement was 93.7%.

Results: The characteristics of the 10 participants are displayed in Table 1. Participants sought fellowship training because of their passion for education, for career preparation, and at the advice of mentors. Participants felt that fellowships provided formal training and important relationships in a supportive learning environment. Fellowship training gave fellows a community, helped them develop expertise, influenced their mindset and impacted careers in both the short and long term. Participants noted that fellowship enhanced their self-efficacy, broadened their educational world view, shaped their professional identity, validated their skill set, and prepared them for job tasks. Participants felt that fellowship increased their competitiveness in the job market, focused the direction of their career, helped develop their niche, and positively affected their career trajectory (Table 2).

Conclusion: Fellowship training in medical education broadly influenced the short and long-term mindset and careers of graduates.

Table 1. Characteristics of participants.

	N (%) Total N = 10
Gender Male	5 (50)
Region of fellowship	
West	3(30)
Midwest	2(20)
Northeast	3(30)
South	2(20)
Mean number of years since fellowship graduation ± standard deviation	4.7 ± 2.6
Current academic rank:	
Instructor	2(20)
Assistant Professor	5(50)
Associate Professor	2(20)
Professor	0(0)
None	1(10)
Current position*	
Residency Program Director	4(40)
Assistant/Associate Residency Program Director	2(20)
Medical Education Fellowship Director	2(20)
Clerkship Director	1(10)
Simulation Director	1(10)
Research Director	1(10)
Other	5(50)
Mean number of peer reviewed research manuscripts ± standard deviation	14.2 ± 10.9
Received grant funding for research	7(70)
Duration of fellowship 2 years	5(50)
Completed advanced degree as part of fellowship	5(50)

*Participants may hold more than one position