PRESENT: Dr. Keith Armitage, Chair; Drs. Mireille Boutry, James Bruzik, Abdulla Ghori, Karen Horowitz, Toni L. Johnson, J. Harry “Bud” Isaacson, Amy Wilson-Delfosse, Daniel Wolpaw, James B. Young, Nick Ziats
Mr. Thomas Ladas (M.S.T.P. student representative), Mr. Edward “Tom” Richardson (M.S.T.P. student alternate); Ms. Marcella Luercio (Year II College track student representative); Mr. Peter Hanna (Year III College track student representative), Mr. Daniel London (Year I College track student representative)
Dr. C. Kent Smith; Drs. Irene Medvedev, Klara Papp; Mrs. Virginia Saha; Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Wanda Cruz-Knight, Barbara Freeman, Freedom Johnson, Mimi Singh, Brad Stetzer; Ms. Maureen Burke (Year IV University track student representative), Ms. Hanhan Li (Year IV College track student representative), Mr. Myles Nickolich (Year II University track student representative)

GUEST: Dr. Michael Landers

Comments from the Chair
Dr. Keith Armitage, CME chair, called for approval of the February 10, 2011 CME minutes and the March 2011 CME minutes, bringing us up to date.

He announced an added agenda item on CWRU policy relating to today’s presentation on USMLE performance.

He also previewed the CME’s upcoming May 12 ‘Resident as Teacher’ meeting to be held in Frohring Auditorium, (room 105) of the Biomedical Research Building (BRB) during the usual 4:00 to 5:30 p.m. time frame. Residency program directors and residents have been invited along with our usual CME attendees. Speakers include Dr. Dan Wolpaw (teaching opportunities for residents and LCME issues), Dr. Clint Snyder (who, based at MetroHealth Medical Center, ran the resident educator program for the CWRU system which included the Henry Ford Health System at that time), Dr. Carol Farver, (designer and teacher in the Cleveland Clinic’s REALL program), fourth year students (reflecting on the resident as teacher). The session will conclude with breakout groups.

Student CME

Mr. Dan London, Year I College track student representative, attended the Central regional AAMC joint meeting for the Central Group on Student Affairs (CGSA), the Central Organization of Student Representatives (C-OSR), and the Central Association of Advisors for the Health Professions (CAAHP) held in
Cleveland, April 14-17. Presentations of note include: 1) competency-based professionalism education and assessment by the University of Indiana, and 2) unique student advising models that combine academic and mental health/personal advising in one center by the University of Iowa. Ms. Cecelia Zhang, a third year student in the University Track, was chosen as the regional delegate to the Community and Diversity Committee, whose mission is to encourage underrepresented minority high school/undergraduate students to pursue careers in the medical field.

Report of USMLE Step 1 and Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) Performance of CWRU School of Medicine students Compared to the national average

Dr. Klara Papp, Director of the Center for the Advancement of Medical Learning (CAML), announced that for this year’s report on student achievement on the USMLE Steps 1 and 2, she was projecting a PowerPoint presentation in lieu of distributing paper handouts. Dr. Papp invites your feedback on this format (Klara.Papp@case.edu).

**USMLE Step 1**

Dr. Papp began by focusing on the USMLE Step 1. University track students must have taken and passed the USMLE Step 1 by December 31 of their third year or they cannot be promoted to fourth year.

Dr. Jim Young interjected that College track students must take—but do not have to pass—the USMLE Step 1 before they start their clerkships.

Dr. Amy Wilson-Delfosse added that University track students must have taken and passed the USMLE before they start their clerkships.

Dr. Dan Wolpaw explained that if a student fails the USMLE Step 1, he/she completes the clerkship in progress and then re-takes the exam. The student cannot resume clerkships until passing the exam.

Dr. Wolpaw cited a new trend in evidence at the University of Pennsylvania and Duke, where students take the USMLE Step 1 after clerkships.

Dr. Papp added that now, since Step 1 USMLE questions are vignette case-based, some feel that clinical experience helps students achieve higher scores on the USMLE Step 1.

Dr. Armitage noted that unfortunately the USMLE Step 1 is becoming “MCATs for residencies,” a high-stakes exam for entrance into competitive residencies, a purpose for which it was never intended. This is an extremely difficult situation to resolve.

Dr. Young suggested moving forward with competency assessment, and Dr. Wilson-Delfosse suggested making the exam pass/fail.

Dr. Papp projected a line graph of first time USMLE Step 1 test-takers starting with the Class of 2002 and ending with the Class of 2012, graphed against the national average. The graph shows a widening gap across time with CWRU students scoring higher than the national average.
Dr. Armitage inquired if there was a similar rise in MCAT scores.
Dr. Dan Wolpaw mentioned that our students’ MCATs have increased from 33 to 34.
Dr. Armitage played devil’s advocate and wondered if CWRU is simply recruiting good test-takers.
Dr. Papp refused to accept that test taking skills alone account for the observed increases in CWRU students’ performance and insisted that our curriculum is most certainly a contributing factor.
Dr. Young regards MCATs as the best predictor of USMLE Step 1 performance.
Dr. Papp explained that the standard deviation indicated on the graph is an important measure in validating that our students score significantly higher than the national average.
Dr. Wolpaw added that our new curriculum has things added that cannot be measured.
Dr. Papp called attention to a list of disciplines with “whisker plots” indicating the national average in each discipline area and within that range, boxes indicating CWRU performance. The vertical green line represents the national mean. All boxes are to the right of the green line. From this table, we can conservatively conclude that there are subject areas in which CWRU students, on average, are performing above the national average.
Dr. Papp explained that we are working in means. The distribution of scores is lost when you summarize scores down to one number. Both national and CWRU scores on the USMLE Step 1 during 2010 were plotted on a range of less than 155 (failing) to greater than 245. The passing score was 188, a three-digit score.
Dr. Armitage added that the NBME will stop providing the two-digit scores to residency program directors, because of the resulting confusion and frequent misinterpretation.
Dr. Young added that the licensure exam is designed for students to pass. Scores are skewed and do not represent a Gaussian distribution. The exam is not strictly norm-referenced. The NBME uses performance of test-takers from the previous three years as the criterion-reference group.
Dr. Armitage questioned whether you can predict poor performance—be it medical, personal, or academic.
Dr. Kent Smith felt that it is easier to predict performance at the right (strong) than at the left (failing).
Dr. Young reiterated his contention that MCATs are the only significant predictor of USMLE Step 1 performance.
Dr. Papp and Dr. Wilson-Delfosse disagreed. Using the NBME test item bank to construct cumulative achievement tests for students at the end of each block, we have found that the combined aggregated scores can account for an estimated 60% of the variance on USMLE Step 1.
Dr. Armitage feels that our medical school does so much more than simply prepare students to pass the USMLE Step 1.
Dr. Papp added that we are trying to write integrative reasoning questions that test more than only medical knowledge.
Performance on USMLE Step 2 Clinical Knowledge (CK) and USMLE Step 2 Clinical Skills (CS)

CWRU students must have completed the USMLE Step 2 by January 31 of the anticipated year of graduation and must pass both parts (CK—a multiple-choice-question exam and CS—a clinical skills exam) in order to graduate.

Dr. Wolpaw explained that it takes longer to get the Clinical Skills results back. He added that residencies at the Universities of San Francisco and Pennsylvania require all three steps to rank you.

Dr. Mireille Boutry mentioned that she does not have the USMLE Step 2 scores when interviewing candidates for residency at University Hospitals.

**USMLE Step 2 CK (Clinical Knowledge)**

Dr. Papp projected a graph of national and CWRU performance of first time test-takers of the USMLE Step 2 CK (Clinical Knowledge) spanning Classes of 2001 through 2011. CWRU has intersected with national performance over the last few years.

Dr. Karen Horowitz inquired why scores are rising.

Dr. Papp explained that this is not standardized to each cohort’s performance. The NBME has observed that scores are rising every year and uses the previous three years as cohorts and adjusts the standard scores accordingly.

Dr. Young added that since there is a different kind of question today than ten years ago, so it is difficult to explain the rise in scores.

Dr. Papp mentioned that there are many reasons why students do not pay as much attention to the USMLE Step 2 Clinical Knowledge exam, one being less time to study for it than the USMLE Step 1.

When Dr. Armitage asked whether this is of concern to us, Dr. Wolpaw answered that it is hard to know; there have been a variety of approaches.

Dr. Boutry inquired whether there is a correlation between performance on the USMLE Step 1 and Step 2. She has seen a huge difference in interviewing applicants.

Dr. Wolpaw replied that he has been told it is close.

Dr. Smith mentioned that those who matched are often told to take the USMLE Step 2 as late as possible and not to spend an inordinate amount of time studying for it.

Dr. Young recalled the stellar performance of one student who took the USMLE Step 2 after interviews.

Dr. Papp mentioned that the histogram for USMLE Step 2 Clinical Knowledge performance showed “whisker plots” with the green line equal to the national average. Here the CWRU boxes are closer to the green line. The histogram of CWRU scores more closely parallels the national average.

Drs. Armitage and Young agreed about resisting the urge to over-interpret. We should make use of the data whenever possible in ways to help some individuals improve.

Dr. Ghori advocated looking at whether our students get their first choice residency.
Dr. Dan Wolpaw added that the NBME is adding interpretive questions, for example, including pharmaceutical ads. He felt that the USMLE Step 2 is a well organized exam.

**USMLE Step 2 CS (Clinical Skills)**

Dr. Papp recalled the USMLE Step 2 CS (Clinical Skills) exam as starting with the Class of 2005. It is a 10-station exam using standardized patients. Students must take the USMLE Step 2 CS by November 1 of their fourth year, after all core clinical rotations are finished. It is intended to test “bread and butter” (basic) medicine not “esoteric” (obscure) knowledge.

The USMLE Step 2 CS consists of three components:
- The Integrated Clinical Encounter (ICE), involving data gathering, history taking, composing a patient note. All notes are graded to provide student feedback. A group of 200 students generates eight notes a piece.
- Communication and Interpersonal Skills (CIS), involving questioning skills, information-sharing skills, professional manner and rapport
- Spoken English Proficiency (SEP)

Both Drs. Ghori and Boutry regard the USMLE Step 2 CS as more of a money-making tool than anything else, as it is an expensive exam and students must travel far to reach the testing site.

Dr. Armitage sees positive value in “driving curriculum changes,” and the USMLE Step 2 CS has motivated many medical schools to change their curriculum to place greater emphasis on clinical skills. The use of communication skills for both international and domestic students is important.

Dr. Wolpaw mentioned that students have learned how to take this exam and the failure rate is low.

Dr. Horowitz inquired why there are not traveling testers instead of making students travel to the exam site.

Members recalled former CWRU faculty member and CME member, Peter V. Scoles, M.D., now Senior Vice President for Assessment Programs at the NBME, an early advocate of the USMLE Step 2 CS licensure examination.

Dr. Wolpaw referred to the International Foundations in Medicine (iFoM) examination for medical students around the world. It is still being pilot-tested and our students have participated, as CWRU is a pilot site.

Dr. Papp added that we would like to extend the opportunity to participate to College track third year students who have completed their core clerkships as well.

**Revisitation of USMLE Step 2 Policy at CWRU**

Drs. Keith Armitage, Dan Wolpaw, and Kent Smith brought up a policy issue arising during a recent Committee on Students meeting. The student in question had passed the USMLE Step 1 in 2002 without requesting any special accommodations from the NBME, though eligible. The student failed the USMLE Step 2 CK three consecutive times, again without requesting any special accommodations from the NBME. The student has not been enrolled here since 2004 and would like to take the exam again now. CWRU has an existing policy for taking the USMLE Step 1 but none for the USMLE
Step 2. **Should the School of Medicine have a policy specifying:** 1) **How many times a student can take the USMLE Step 2?** 2) A **time limit for taking the USMLE Step 2?**

Dr. Smith recently returned from a meeting of the 13 School Consortium. Seven schools do **not** require the USMLE Step 2 exam to graduate. Six schools do not require **any** USMLE licensure exam to graduate. **CWRU requires passage of the USMLE Step 1 and USMLE Step 2 CK and CS to graduate.** A table of the 13 schools with their policy regarding USMLE Steps 1 and 2 is attached, with CWRU represented by the letter L.

Dr. Young noted that **every state requires passing the USMLE Step 2 in order to get a medical license.**

Dr. Smith explained that once a student graduates from the University, the School of Medicine is no longer obligated to sponsor him/her.

Dr. Wolpaw mentioned the **existing policy** specifying number of times a **CWRU student can take the USMLE Step 1:** The student has **three** times to pass the USMLE Step 1.

Dr. Smith reiterated that University track students must take the USMLE Step 1 by December 31 of their third year or they cannot be promoted to fourth year. A student not passing the USMLE Step 1 the first time can continue in the block. However, if he/she fails a second time, he/she must drop out of the block until passage of the exam.

Drs. Armitage and Young repeated that a physician cannot get a license anywhere without passing the USMLE Step 2.

**Dr. Wolpaw suggested that the Society Deans meet with curriculum leaders and Lerner College leaders to draft a policy about the USMLE Step 2 CK and CS to bring before the CME.** On behalf of the Society Deans, Dr. Smith agreed to the request.

The meeting concluded with a brief discussion of **accommodation requests.** Students are **not** able to request special accommodations **anonymously** from the NBME. Also, the exam is indicated as a **“special accommodation” exam.**

Respectfully submitted,

Lois Kaye
Secretary to the CME