USMLE Update: Step 2 Clinical Skills (CS)

Providing value to state medical boards and the public they protect
Topics

• What is the USMLE?
• Recent pushback from medical students
• Basics of Step 2 Clinical Skills
  – Structure, test sites, etc.
  – Scoring
  – Use of standardized patients
• Enhancements in recent years
• CS rationale and state board support
United States Medical Licensing Examination (USMLE)

- Established in 1991
- Joint program of FSMB and NBME
- Replaced predecessor exams (FLEX, Part Exams)
- Provides independent assessment of physician knowledge/skills to meet statutory requirements
- Nearly 3 million USMLE test administrations
Who is USMLE?

Program Jointly Sponsored by

FSMB
NBME

Composite Committee

Management Committee

National Faculty of Medicine
Army of volunteers from the licensure, academic, and practice community who help design, develop content, set standards and direct the program
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Recent pushback

Initiative led by a small group of 4th year Harvard medical students
Why is this a topic today?

The licensing community is a partner in USMLE (through FSMB) and the primary user of USMLE results.

Important that licensing boards

- Understand the concerns raised by students
- Have an opportunity to consider those concerns relative to what the USMLE tries to contribute to the licensure decision and to patient safety
Student criticism of CS

Their criticism centers on…

• Expense
• High pass rate
• Perceived redundancy
• Lack of feedback on performance
Student criticism of CS

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CS fee increases kept modest

CS fee represents 0.7% of average medical student debt of $180k
Student criticism of CS

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US 1st taker pass rate 96% but…
839 initial US fails in 2013-2014
Student criticism of CS

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Only 74% MD-granting schools required passage of either SP exams or OSCEs for graduation
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A fair criticism that we are working to address while complying with testing industry standards
Student criticism of CS

Their proposal calls for discontinuing Step 2 CS for US students and graduates but…

– continuing CS as a requirement for international medical graduates (IMGs)

This proposal erodes the common standard for knowledge and skills that the USMLE provides
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Step 2 Clinical skills (CS)

Introduced in 2004

12 stations: Up to 15 minutes interaction with the standardized patient (SP), total 25 minutes
Step 2 Clinical skills (CS)

- Scoring: must pass all three components
  - Spoken English Proficiency (SEP)
  - Communication and Interpersonal Skills (CIS)
  - Integrated Clinical Encounter (ICE)
Step 2 CS test sites

Step 2 CS exam fee is $1275

Note: CS exams in Canada and Australia priced at $1700 to 2500

*CS test sites*
<table>
<thead>
<tr>
<th>Year</th>
<th>USMGs</th>
<th>IMGs</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2015</td>
<td>21,435 (most USMGs ever tested)</td>
<td>14,595</td>
<td>36,030 (largest volume ever)</td>
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<tr>
<td>2014</td>
<td>20,265</td>
<td>14,512</td>
<td>34,777</td>
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<tr>
<td>2013</td>
<td>19,360</td>
<td>14,292</td>
<td>33,652</td>
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<tr>
<td>2012</td>
<td>19,319</td>
<td>13,974</td>
<td>33,293</td>
</tr>
<tr>
<td>2011</td>
<td>18,888</td>
<td>14,237</td>
<td>33,125</td>
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<tr>
<td>2010</td>
<td>19,485</td>
<td>14,466</td>
<td>33,951</td>
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<tr>
<td>2009</td>
<td>18,983</td>
<td>15,854</td>
<td>34,837</td>
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<tr>
<td>2008</td>
<td>17,711</td>
<td>17,513</td>
<td>35,224</td>
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<td>2007</td>
<td>17,711</td>
<td>16,121</td>
<td>33,832</td>
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<td>2006</td>
<td>17,473</td>
<td>15,132</td>
<td>32,605</td>
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<tr>
<td>2005</td>
<td>17,671</td>
<td>14,268</td>
<td>31,939</td>
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<tr>
<td>2004</td>
<td>6,501</td>
<td>8,379</td>
<td>14,880</td>
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## Number of Test Administration and Percent Passing

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<tbody>
<tr>
<td></td>
<td># Tested</td>
<td>% Passing</td>
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<tr>
<td><strong>Examinees from US/Canadian Schools that Grant:</strong></td>
<td></td>
<td></td>
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<tr>
<td>MD Degree</td>
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<tr>
<td>1st Takers</td>
<td>19745</td>
<td>95</td>
</tr>
<tr>
<td>Repeaters</td>
<td>18874</td>
<td>96</td>
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<tr>
<td>Repeaters</td>
<td>871</td>
<td>84</td>
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<tr>
<td>DO Degree</td>
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<td></td>
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<tr>
<td>1st Takers</td>
<td>56</td>
<td>93</td>
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<tr>
<td>Repeaters</td>
<td>52</td>
<td>92</td>
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<td>Repeaters</td>
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<td>*</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>19801</td>
<td>95</td>
</tr>
<tr>
<td><strong>Examinees from Non-US/Canadian Schools</strong></td>
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<tr>
<td>1st Takers</td>
<td>11822</td>
<td>74</td>
</tr>
<tr>
<td>Repeaters</td>
<td>3041</td>
<td>66</td>
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<tr>
<td>Total non-US/Canadian</td>
<td>14863</td>
<td>73</td>
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<tr>
<td><strong>ALL EXAMINEES</strong></td>
<td>34,664</td>
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</tbody>
</table>

* Data not presented for groups with N<5

The data above represent number of test administrations--not individual examinees
Enhancements in recent years: Communications construct

Introduced summer 2012 after an extensive review of the clinical communication literature

- Fostering the relationship
- Gathering information
- Providing information
- Helping the patient make decisions
- Supporting emotions

Anticipated changes: Communication skills

- Fostering the relationship
- Gathering information
- Providing information
- Helping the patient make decisions (expanded)
- Supporting emotions (expanded)
- Supporting behavioral change
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Enhancements in recent years:
Patient note

• Examinees continue to record pertinent medical history & physical exam findings obtained during the encounter

• **NEW:** Record initial differential diagnoses (maximum of three) in order of likelihood, with the pertinent findings obtained from the H&P exam to support each potential diagnosis

Introduced Summer 2012
Future enhancements?

• Step 2 CS
  – Continued enhancement of communication skills-related assessment; planned for 2017 and 2018
  – Tablets for display of images
  – Investigation of enhanced physical exam findings simulations
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Why was a CS exam added to USMLE?

Many reasons including…

Poor communication and interpersonal skills, and general clinical skills related to lower treatment compliance by patients, decreased patient satisfaction, and a higher incidence of malpractice suits
Why was a CS exam added to USMLE?

- Communication issues are a major factor in complaints to medical boards
  
  e.g., 1:5 complaints to the North Carolina board for the period 2002-2012

  e.g., largest complaint category since 2007
  (Source: Journal of Medical Regulation 2014)
State board support

FSMB House of Delegates

1989
Adopted single exam pathway statement including call for a CS assessment

1995
Adopted USMLE strategic plan calling for a CS assessment
State board support, cont.

FSMB House of Delegates

2003  Adopted FSMB board report calling for implementation of Step 2 CS

2009  Adopted Report of Committee to Evaluate USMLE Program calling for enhancements to Step 2 CS
USMLE provides value to state medical boards by holding all candidates for medical licensure to a common standard for medical knowledge and skills.

Source: 25 state medical boards responding to April 2016 FSMB survey
State board support, cont.

Having physicians pass a clinical skills examination for initial licensure is an important part of my state medical board’s protection of the public.

Source: 25 state medical boards responding to April 2016 FSMB survey
State board support, cont.

USMLE should continue Step 2 Clinical Skills and explore ways to further enhance its value to state medical boards.

Source: 25 state medical boards responding to April 2016 FSMB survey
Ways for Boards to Participate

- Item Writing
- Test Development
- Standard setting
- Governance committees
- Quality Assurance Program
- Advisory panel
- Special committees
State Board Participation in USMLE (2015-2016)
USMLE workshop for state boards
September 26, 2-16    Philadelphia

• Spend the day learning about USMLE
• How items are developed for the exam
• Observe a live CS administration
Questions and Discussion

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