SUMMARY OF INCUS PUBLIC COMMENT

In June 2019, a survey was released in connection with the “Summary Report and Preliminary Recommendations from the Invitational Conference on United States Medical Licensing Examination® (USMLE®) Scoring (InCUS).” The purpose of the survey was not to solicit votes on the preliminary recommendations but to collect additional stakeholder feedback on this complex issue.

The survey was open and publicly available from June 13 – July 26, 2019. Respondents were asked to indicate if they were responding on behalf of an organization/group or as an individual. Those responding on behalf of an organization/group were required to submit the name of the organization. Those responding as individuals were required to select at least one and up to three categories that describe their role.

Respondents were asked to share how they viewed each recommendation on a five-point Likert scale, ranging from Very Negative to Very Positive. Respondents could then share comments about each recommendation. The survey also invited general comments about the recommendations overall.

A total of 37,854 respondents launched the survey during the six week period it was open. Of those, 97% indicated they were responding as individuals, with the remaining 3% on behalf of an organization or group. Of the 1,196 who initially indicated that they were responding on behalf of an organization or group, only 363 responded to at least one Likert or open-ended question. For those who identified as individuals, 21,558 answered at least one Likert or open-ended question.

Given the open and non-scientific nature of this survey, there are limitations to conclusions that can be drawn from the results. The survey was accessed by more than 15,000 individuals who provided some demographic information but did not provide ratings of the reactions to the recommendations. There were also a significant number of individuals who did not provide any demographic information. A higher than anticipated number of respondents identified as “general public” (n=3769) and answered with more consistency than members of the general public have in the past on this subject (e.g., public members of state medical boards who provided input regarding InCUS). This, in addition to some qualitative analysis of responses, raised the possibility of some coordinated responses to the survey, and demonstrated the complexity of gathering opinions on USMLE scoring and related issues. For more detail, please see “Limitations” below.

The Summary Report and Preliminary Recommendations from InCUS can be accessed at this URL: (https://www.usmle.org/pdfs/incus/incus_summary_report.pdf). More information pertaining to the InCUS report can be found on the USMLE website: (https://www.usmle.org/usmlescoring/).

SUMMARY OF RESPONSES

Figures 1 through 5 below provide a summary of responses to the Likert questions for each recommendation. For each respondent group, the percentage of those who viewed the recommendation positively or very positively is shown.
Figure 1. Responses to recommendation 1: Reduce the adverse impact of the current overemphasis on USMLE performance in residency screening and selection through consideration of changes such as pass/fail scoring, categorical/tiered scoring, and composite scoring.
Figure 2. Responses to Recommendation 1 (continued). Reduce the adverse impact of the current overemphasis on USMLE performance in residency screening and selection through consideration of changes such as pass/fail scoring, categorical/tiered scoring, and composite scoring.
Figure 3. Responses to Recommendation 2: Accelerate research on the correlation of USMLE performance to measures of residency performance and clinical practice.

Figure 4. Responses to Recommendation 3: Minimize racial demographic differences that exist in USMLE performance.
Figure 5. Recommendation 4: Convene a cross-organizational panel to create solutions for the assessment and transition challenges from UME to GME, targeting an approved proposal, including scope/timelines by end of calendar year 2019.

THEMES FROM COMMENTS

Free text responses were reviewed using a thematic analysis approach. After a thorough initial review of the data, thematic codes were developed, organized into a coding scheme, and then applied to the data using a qualitative software application. Multiple thematic codes could be applied to a single comment. For the first two weeks of responses, all comments were coded in full. Upon themes reaching saturation, a sampling strategy was undertaken for the remaining review and coding.

The themes that emerged from the Likert responses and free text comments further illustrate the complexity of the issue. As an example, the graph below shows the themes mentioned most often by respondents who reported to be responding as individuals when prompted to share comments regarding Recommendation 1. This large group includes course and clerkship directors, faculty members, members of the general public, those who serve or served on a state medical board, interns/residents/fellows, medical school deans and associate deans, medical students, practicing physicians, and residency program directors. Medical students accounted for more than half of this group. Codes did not differentiate the specific context of some of the comments. The theme “unintended consequences”, for example, did not distinguish the level of enthusiasm for change to the current score reporting system among respondents who mentioned this theme.

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The most-mentioned theme among those reporting as individuals was *objectivity of scores*, which included comments that discussed the importance of providing an objective measure of student abilities (e.g., a level playing field, equalizing the process, etc.).

Another popular theme was *residency selection*, which included comments concerning residency programs’ overreliance on scores in their screening/selection processes.

Nearly a quarter of comments regarding Recommendation 1 by those reporting as individuals contained expressions of *skepticism, reservations, or unintended consequences* regarding the recommendation.

Eighteen percent of comments regarding Recommendation 1 from those reporting as individuals mentioned *stress, mental health, or well-being*. For example, "[Elimination of numeric score reporting] will reduce a lot of stress that we face on a day to day basis of getting the score that we want."

Nearly 18% of responses from those reporting as individuals mentioned *school prestige* or suggested that changes to scoring may cause residency programs to rely more on factors such as a medical school’s standing or prestige during the residency screening/selection process. Twelve percent mentioned *nepotism, connections, or bias* in a similar vein. Comments were coded as *Unclear* if they were difficult to interpret; *Interesting/important* if the respondent’s comments were unique, thoughtful, and/or took more than one stakeholder into consideration; and *Suggestions* if the respondent offered one or more course of action.

Other codes and their frequency within the responses from those reporting as individuals are listed in Figure 6.

**Figure 6. Frequency of thematic codes applied to comments from individual respondents for Recommendation 1.**
The following links provide examples of responses received from eight organizations, published with permission.

- Alliance for Academic Internal Medicine
- American Academy of Family Physicians
- American College of Physicians
- American Medical Student Association
- Association of Program Directors in Surgery
- Multi-Organizational Response
- Society of Teachers of Family Medicine
- Student Osteopathic Medical Association

LIMITATIONS

There are limitations to the conclusions that can be drawn from the survey results since the survey was open and available to anyone rather than only targeted groups. This was intentional to gain input from a broad population. The response rate varied for each question. For example, respondents did not always answer questions about their demographics. Review of the qualitative comments suggested that there may have been some coordinated responses among the respondents reporting as individuals. Therefore, such responses may be less representative of individual perspectives. In addition, the number of respondents identifying as “general public” was higher than anticipated (n=3769), with fewer than 10% of these respondents identifying as any other role/category.

As noted above, the public comment period should not be confused with or mistaken for a request for votes on a particular recommendation.

The parent organizations of the USMLE program (Federation of State Medical Boards, National Board of Medical Examiners) as well as the collaborating InCUS organizations (American Medical Association, Association of American Medical Colleges, Educational Commission for Foreign Medical Graduates) are grateful for all the responses received during this period of public commentary on the “Summary Report and Preliminary Recommendations from the Invitational Conference on United States Medical Licensing Examination® (USMLE®) Scoring (InCUS).”