

## **A High-Quality, Collaborative Approach to Developing the USMLE Program**

Nicole Taylor: Hello and welcome to USMLE Connection, a podcast to keep you in the know about all things USMLE. My guests today are Dave Johnson, Senior Vice President for Assessment services at Federation of State Medical Boards, and Michael Barone, Vice President of Licensure for National Board of Medical Examiners. Our topic today is the USMLE program and its high-quality, collaborative approach to development. Thank you for listening. So, Mike and Dave, thank you so much for joining me today.

Dave Johnson: Thank you Nicole.

Michael Barone: It's great to be here.

Nicole Taylor: My first question is, who makes the USMLE exams?

Dave Johnson: Well, Nicole, that USMLE is a collaborative effort. It's a jointly sponsored program of the Federation of State Medical Boards and the National Board of Medical Examiners, with actually some key collaboration coming from our colleagues at the ECFMG, the Educational Commission for Foreign Medical Graduates. And so, it is those organizations coming together with the assistance of several hundred volunteers drawn from across the country that really are the lynch pin for putting together essentially a high stakes nationally delivered examination for medical licensure in the United States.

Nicole Taylor: Thank you. I'd love to hear more about these volunteers and how you collaborate with them.

Michael Barone: Well, I'm happy to discuss that. So, USMLE relies on volunteers at all levels. As Dave mentioned, that we have hundreds of volunteers that support the program. The most obvious for an examinee would be that we need somebody to develop the test item content and we have experts from academic medicine, medical practice, state board experience, who come together to create what we call test development committees to actually create the items, or in many cases, the cases for our clinical skills exam.

Michael Barone: We then have item review committees that look at an item over time. So, if an item is used over a short period of time, how is it performing? Should it remain in the pool or should it not remain in the pool? And then USMLE has a series of volunteer committees that advise the program and then also help to govern the program. Given the collaborative nature of the program between the National Board and the Federation, we want both organizations to have a say in governance. We have two governance committees, one called the management committee and one called the composite committee that help to, not only provide the program with operational goals, but also with strategic goals as well... And policy.

Nicole Taylor: I love hearing all of the different groups that come together to ensure that the program is strong. If I'm an examinee, how do I trust that the content is accurate?

Dave Johnson: Well, Nicole, I'm glad you ask a question like that because it's interesting to me when I speak with those outside of the program that have an interest but don't necessarily know how things work. They may assume that one of these committees that Mike describes writes an item and somehow it's magically just whisked into the examination the next available moment, and it's nothing like that. I mean, what we're talking about is a test development process, one that is designed to yield very valid and reliable items. Specifically every item, for example, that goes into the USMLE but before it's ever used as a scored item has been pretested. So, we are assured that the item is actually performing at a level that would be appropriate for an examination such as this.

Nicole Taylor: That's great. I'm imagining that in addition to the collaborators that help you to create such valid content, you also have some level of in house expertise, can you tell me a bit about that?

Michael Barone: We do. Yeah. The NBME is lucky to have some of the best measurement scientists in the world. They're folks who look at psychological constructs or things that need to be measured and help us measure them with reliability and accuracy, as Dave pointed out. We are incredibly fortunate to have some great minds here who understand medical practice, help us define what we're trying to measure, and then help us get there. In addition to that, I think one of our secret sauces, as it's often called, is our editorial staff. The group that helps the committees of subject matter experts put their thoughts into a test item that eventually becomes a viable test item.

Michael Barone: The editors here, I've worked with for years when I was on the volunteer side. We always tell our committee members to leave your ego at the door because the editors will tell you how this will perform because they've seen it. So, another group that provides great expertise. And then finally, on the staff level, we're very invested in the examinee experience. So, like many organizations we have people who focus on the customer as well.

Nicole Taylor: That's awesome. In addition to collaborating with folks across medical education, collaborating with other organizations, are there any ways that outside voices are factored in?

Dave Johnson: Well, Nicole, I think the program takes multiple avenues by which we can gain some additional input and advice and I'll give you an example of a couple. There is a group that we call the state board advisory panel to USMLE, we have another advisory group that is our medical student and resident advisory panel to USMLE. And those are both groups that have been tremendously valuable to us because it's sometimes easy for us to be so laser focused on trying to make things work at a high quality, that it really is beneficial to hear from people, a step or two removed, if you will, whether it's a medical regulator or an examinee who has a chance to weigh in on whether it's policy, exam content, how we communicate about the exam externally. There's just so many valuable takeaways we get interacting with advisory panels like that. I mean, those are just a couple of the groups that we turn to for feedback and guidance.

Michael Barone: Yeah, and maybe I could add to that. When we look at USMLE, roughly about 40% of the assessments within USMLE annually are taken by folks who are training or have been trained in medicine outside the United States. So another key group we need to listen to are not only the needs of the examinees, who are international graduates in many cases, but also are collaborating organization, the Educational Commission for Foreign Medical Graduates, and, most importantly, the public. The public in the United States has real workforce needs. There are areas of the US that are desperate for physicians. We know international physicians contribute a great deal to our healthcare system.

Michael Barone: One more group I'll add is our public stakeholders committee. We have actively engaged a group of members of the public who are many steps removed from the testing process but are right on the front lines of the care process. These are folks who have had experiences with themselves or another family members with physicians or with a healthcare system in the United States, and they are always telling us what's important to them and they often give us targets on creating this particular area in into an assessment.

Nicole Taylor: That's great. Thank you both so much for joining me today.

Dave Johnson: Thank you for having me, Nicole.

Michael Barone: Thanks, Nicole.