## **USMLE Update**

### 12/7/2009

Staff progress on implementing CRU recommendations and planned changes were presented at the November 2009 AAMC annual meeting. The following summarizes information presented there.

## **Evolutionary - Not Revolutionary - Change**

Step 1 content will continue to reflect changes initiated over the past several years. These include assessing understanding of normal structure and function in a **clinical context** to the extent possible, in addition to continuing to assess abnormal structure and function in a clinical context. Test materials committees have also worked to decrease the number of items that require only recall of isolated facts.

The overall **structure of USMLE will remain stable at present**, continuing to comprise Steps 1, 2 CK, 2 CS, and 3. In the longer term, it is likely that this **structure will evolve** to reflect other anticipated changes in exam content, competencies assessed, and testing formats used. Anticipated changes will be guided by CRU recommendations, and will consider (and accommodate to the extent possible) the diverse needs of the USMLE program's various stakeholders.

Foundational science will be reflected in all three Steps. Whereas currently Step 1 is the primary examination in which science knowledge is assessed within USMLE, efforts are underway to incorporate assessment of the science at the core of medical practice into all Steps Test materials which draw on application of fundamental science and scientific reasoning will be included in all components of the USMLE. These changes will be incremental, but comparison across several years will demonstrate substantial change as content migrates to fulfill CRU recommendations.

# **Changes and Expected Impact**

New item formats will be introduced into the Step 2 CK exam during the latter half of 2011, and into Steps 1 and 3 shortly thereafter. Formats may incorporate video materials, and may include alternate response formats that more authentically simulate clinical practice. When available, more detailed information about new item formats – including sample items and practice materials – will be posted on the USMLE web site. Blueprint changes and new item formats will likely be noticeable first in the multiple choice components of Step 2 and Step 3 in 2011, and continue to evolve in subsequent years.

Additionally, examinees may see changes in the Step 2 CS examination. Changes anticipated for implementation at some point in the CRU process may include varying the length of individual patient encounters, use of simulators, enhanced assessment of communication skills, and introduction of new clinical tasks expected during or following a patient encounter. One of the first changes anticipated will likely involve a shift to keyboard-only entry of the patient note, thus eliminating handwritten notes. Any changes to the Step 2 CS examination will be announced in the *Bulletin of Information* and/or on the USMLE web site before being implemented.

## **Looking Forward**

The first two recommendations that resulted from the CRU process – focusing on development of assessments for the two licensing decisions and adoption of an ACGME-like competency schema – will influence USMLE design, content, and ultimately scoring but no related changes are anticipated in the near future. When changes do occur, they will likely appear first in score profiles reported to individual examinees and/or in aggregate school reports. If desirable and justified, changes to official score transcripts would follow. If implemented, such changes will occur several years in the future.

It is likely that the USMLE sequence will not assess comprehensively and definitively all of the competencies needed for the practice of medicine, primarily because of limitations in the tools and resources available in a licensing examination program, but also because some components of these competencies are beyond the target of examinations for the initial medical licensing process. Where possible, USMLE will strive to expand the range and degree of assessment possible within the program. Furthermore, USMLE will communicate clearly to the medical education, licensing, and practice communities – and the public – the **limitations of its assessments** so that stakeholders can understand and interpret the evaluation of potential physicians as accurately as possible.

Virtually all of the changes described above require innovations in exam content development and in the technology that supports these examinations. Additionally, some changes will require review or approval by one or more governance groups. Progress toward the goals outlined above, as well as any changes that may arise, will be reported in future postings to this web site.