Title
USMLE Step 1 Minimum Score Thresholds as an Applicant Screening Filter by Emergency Medicine Residency Programs

Permalink
https://escholarship.org/uc/item/2150b9w7

Journal
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 19(4.1)

ISSN
1936-900X

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Publication Date
2018

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**Results:** During the eight years of the study period, there were a total of 115 graduating residents: 73 men (63%) and 42 women. Nearly all of them (109; 95%) had allopathic medical degrees; the remainder had osteopathic degrees. Table 1 shows the distribution of the final consensus ranking of the residents. The inter-rater reliability of the initial rankings was strong with an ICC = 0.845 (p < 0.01).

There was a poor, but statistically significant, correlation between our ranking of clinical performance and the Step 2CK score. There was not a statistically significant correlation between clinical performance and the Step 1 score. (See Table 2).

**Conclusions:** Neither USMLE Step 1 nor Step 2CK were good predictors of the actual clinical performance of residents during their training, we feel that their scores are overemphasized in the resident selection process.

**Table 1.** Final ranking of residents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top</td>
<td>38</td>
<td>33.0%</td>
</tr>
<tr>
<td>Middle</td>
<td>44</td>
<td>38.3%</td>
</tr>
<tr>
<td>Bottom</td>
<td>33</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

**Table 2.** Correlation between clinical performance and examination scores

<table>
<thead>
<tr>
<th></th>
<th>USMLE Step 1</th>
<th>USMLE Step 2CK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation Coefficient</td>
<td>0.067</td>
<td>0.205</td>
</tr>
<tr>
<td>P Value</td>
<td>0.49</td>
<td>0.04</td>
</tr>
<tr>
<td>N</td>
<td>109</td>
<td>106</td>
</tr>
</tbody>
</table>

**USMLE Step 1 Minimum Score Thresholds as an Applicant Screening Filter by Emergency Medicine Residency Programs**

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**Background:** The number of residency applications per applicant has risen dramatically. A 2016 survey of residency program directors by the AAMC showed that 75% of residency programs across all specialties use filters or minimum thresholds when selecting applicants to interview, including 54% of emergency medicine (EM) programs.

This agrees with a 2014 survey conducted on the CORD listserv which found that of programs using filters, 56% filter by Step 1 failures or minimum score. Students cannot make targeted and informed residency application decisions without transparent data to assess their competitiveness for a given program.

**Objectives:** The purpose of this investigation is to describe the use and minimum thresholds of USMLE Step 1 scores by emergency medicine residency programs.

**Methods:** Data regarding the USMLE Step 1 score below which programs would generally not grant an interview and invitation of applicants who have failed Step 1 in the past 3 years were extracted from EMRAsMatch.org, a collaborative, searchable, filterable residency directory created by EMRA, CORD, CDEM, and ACEP. The data on EMRA Match was initially populated through a survey via the CORD listserv and programs are automatically prompted to update their information.

**Results:** Of the 239 residency programs listed, 100% provided information regarding consideration of applicants who had previously failed Step 1 and 85% responded with minimum thresholds for Step 1 scores. Overall, 30% invited applicants with previous Step 1 failures to interview. One-third of programs indicated that all applicants are considered regardless of their Step 1 score, while 17% of programs used a minimum of 200, 17% used 210, 13% used 220, and 1.5% used 230. Another 17% of programs declined to disclose a minimum threshold indicating that while filters are used, they will not share this information.

**Conclusions:** Sixty-five percent of EM programs filter by Step 1 score, higher than previously reported. One method to address over application to residency programs is to provide applicants with the information needed to assess their competitiveness. Efforts should be made to encourage the 17% of programs that do not currently disclose their minimum thresholds to do so. For applicants who have previously failed Step 1, they should be encouraged to target programs that have interviewed applicants with Step 1 Failures.
Utilizing Departmental Policy to Promote Faculty Evaluation of Residents

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Background: It is a requirement of Emergency Medicine (EM) residency training programs accredited by the Accreditation Council for Graduate Medical Education that faculty evaluate resident performance in a timely manner and document this evaluation. Residents are expected to incorporate this feedback into daily practice. Although feedback is essential for performance improvement, lack of receiving enough of it in a timely manner remains an issue among residents.

Objectives: We aimed to determine if implementation of a departmental policy requiring faculty to complete at least one electronic resident evaluation per shift would lead to an improvement in the number of evaluations per month. Faculty were advised that failure to comply would result in the loss of privilege to work with residents.

Methods: We conducted a pre- and post-intervention retrospective observational study at our institution. The participants were 28 full-time EM attendings who had been on staff for at least the past two consecutive years. We compared the number of evaluations per shift each faculty completed for nine months before and nine months after the new policy went into effect in February 2017. We compared the months of February to October 2016 and February to October 2017 to control for seasonal variability in evaluation completion. We then calculated the pre-intervention and post-intervention averages per faculty and calculated absolute and relative changes. Comparisons were made using a paired t-test.

Results: We found that every month after the policy was implemented had an increased average number of evaluations completed per attending. The pre-intervention average faculty evaluations per shift was 0.334 which increased to 1.216 post-intervention for an absolute increase of 0.882 (p<0.01). No faculty lost the privilege of working with residents.

Conclusions: Our results indicate that implementing a policy requiring faculty to complete a certain number of evaluations per shift with a potential punishment of the loss of privilege to work with residents can lead to a significant increase in the number of evaluations provided to residents. Important limitations of this study are the small sample size and the short duration of observation.