Abstract: Problem Statement: The United States Medical Licensing Exam (USMLE) Step 1 is an important hurdle for medical students that consumes increasing time and attention.[1] Residency directors citing Step 1 as a factor in candidate selection increased from 73% in 2010 to 94% in 2014, and 89% of residency programs would “Seldom” or “Never” consider an applicant who failed their first Step 1 attempt.[2] Given these realities, promoting student success on this exam is an important aim for most medical schools. However, literature describing the relationship between study behaviors and Step 1 performance is limited,[3-5] prohibiting prescriptive advising.

Approach: This medical student-led initiative developed an evidence-based USMLE Step 1 advising program by conducting a needs assessment, relating study behaviors to USMLE performance, and carefully disseminating recommendations. Student leaders across three cohorts partnered with faculty leadership and academic support staff, conducting five different voluntary surveys that yielded over 700 responses. Surveys of students who had not yet taken Step 1 characterized their questions, concerns, and advising needs. Surveys of students who had recently taken Step 1 collected study behavior information (e.g., intensity, resources, burnout). These results were linked to admissions scores, preclinical grades, and Step 1 scores. Results were disseminated through both student- and faculty-led advising sessions to two cohorts of students, and were incorporated into the advising armamentarium of our counselors, who conduct one-on-one advising.

Lessons Learned: Student concerns consistently grouped into several domains: balancing coursework with USMLE preparation; developing a study plan; and deciding how and what to study. Linking study behaviors to official Step 1 scores and other testing data (e.g., MCAT, preclinical scores) permitted development of data-driven recommendations that controlled for likely confounders. Several factors (e.g., question bank, review book usage) were positively associated with USMLE scores. Feedback from students participating in advising sessions was favorable, emphasizing the program’s “concrete” and rigorous approach -- which contrasted sharply with prior approaches utilizing convenience samples. Perhaps most importantly, by forming student-faculty-staff partnerships in presenting relevant findings, we conveyed a united message of transparency and support.

Significance: This multi-year, student-led advising program identified needs, collected data, and disseminated evidence-based recommendations regarding USMLE Step 1 study behaviors. To our knowledge, such an approach has not been described, but is readily transferable to other medical schools. We will describe our methodologies in sufficient detail at AAMC Learn Serve Lead to enable attendees to replicate or adapt our approach for implementation at their institution.

Level of Audience: Mid-career

Focus of Presentation: UME


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