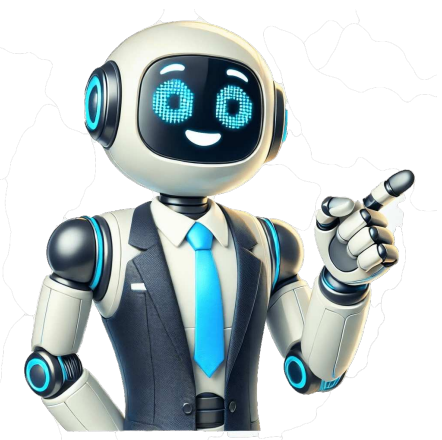


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[Anki](#), wearing a white mask and an overall, lays on the ground holding signs as several More physicians stage suicides during an action to denounce the problem of doctor burnout on February 18, 2014 near the Health Ministry in Paris. AFP PHOTO / KENZO TRIBOUILLARD (Photo credit should read KENZO TRIBOUILLARD/AFP via Getty Images)AFP via Getty Images All physicians practicing medicine in the United States are required to pass a series of standardized board exams known as the United States Medical Licensing Exams (USMLE), which consists of the Step 1, Step 2 Clinical Knowledge (CK), and Step 3 exams. Prior to January 26 of this year, all three exam grades were reported as a numeric score in addition to the designation pass or fail. Since January 26th, the USMLE and its sponsors, the National Board of Medical Examiners (NBME) and the Federation of State Medical Boards (FSMB), have decided to forego a numeric grade for the Step 1 exam, making the score designated only as pass or fail. The reason for the change? According to Kevin Jubbal, founder of Med School Insiders, the change occurred to improve the well-being of medical students and decrease the stress and anxiety of students surrounding the exam. According to the 2018 National Resident Matching Program's Program Director Survey, the USMLE Step 1 score was the number one factor cited by program directors as being the most stressful aspect of residency training. The change also aligns with the goal of reducing the pressure on medical students to perform perfectly on the exam, which has been a longstanding issue in the field.

The basic clinical sciences that are taught in the pre-clinical years of medical school are so vast that it is no surprise that many medical students would often obsess over getting the highest score possible in order to join the career of their choice after medical school graduation. Has the change to pass/fail of the USMLE Step 1 done what it was intended to do—namely decrease stress and anxiety in medical students? According to the 2021 National Resident Matching Program's Program Director Survey, 94% of residency programs require a numeric score on the USMLE Step 2 CK exam before offering interviews to candidates. According to another study, many residency programs now consider the USMLE Step 2 CK as the primary factor when considering which medical students to offer interviews for residency training. The stress and anxiety many medical students feel has simply shifted from the Step 1 exam to the Step 2 CK exam. In other words, the USMLE Step 2 CK exam is the new Step 1, when considering medical student well-being and mental health. According to a study in JAMA Network Open, 50% of medical students are experiencing burnout. Although there has been much attention given to the crisis surrounding the dramatic rise of physician burnout since the Covid-19 pandemic, much less focus has been given to burnout in medical students, the future caregivers and first responders that will care for you and your loved ones. How can we expect future physicians to master clinical medicine and care for the ill when they cannot even care for themselves? Equally troubling to the detrimental effects of well-being are the racial and ethnic disparities the USMLE brings to underrepresented medical student candidates for residency. According to data from an article in Academic Medicine, Black and Latino medical students are more likely to score lower and/or fail all three USMLE exams when compared to White students. The reason—downstream effect of decades of systemic racism whereby they are provided fewer resources and opportunities to succeed and excel in academics. This disparity highlights the added difficulty for international entrants, who need to adapt their preparation styles and understand the US healthcare context deeply. The examination requires unfamiliar familiarity for many—a deep dive into both vast medical knowledge and the particularities of the US medical environment. Therefore, the USMLE is considered a triumph for those who pass and fulfills dreams of many eager to practice medicine in one of the most developed medical frameworks globally. Understanding this daunting challenge means knowing what to expect. The exam smashes the limits of a textbook, pulling clinicians and students into a realm where practical skills, quick thinking, and profound knowledge intertwine. With relentless focus and meticulous preparation, mastering the USMLE might unlock numerous opportunities within the healthcare industry for aspiring physicians worldwide. In essence, it stands as a monumental challenge, yet it is a vital step that ensures the excellence and safety of medical practice. Comparing Other Notorious Medical ExamsWhen we dive into the world of medical licensing internationally, several exams besides the well-known USMLE prove to be notably challenging. The MRCP from the United Kingdom, the PLAB also in the UK, the AMC in Australia, and the MCCQE in Canada, all hold their reputation as rigorous medical exams that test the mettle of aspiring physicians. Let's first unpack what makes the MRCP such a formidable opponent for medical graduates. The Membership of the Royal Colleges of Physicians (MRCP) is tailored for those wishing to pursue a specialist physician role in the UK. Divided into three parts, this exam tests knowledge through multiple-choice questions and increasingly focuses on patient care as candidates progress. Understanding diseases in greater depth and developing critical decision-making skills are central to its requirements, making it not just a test of memory but of real-world medical application. The PLAB, or Professional and Linguistic Assessments Board (PLAB) test is another critical exam for foreign doctors wishing to practice in the UK. PLAB is divided into two parts: a written test and an Objective Structured Clinical Examination (OSCE). The latter involves a series of stations where candidates must demonstrate their medical knowledge and communication skills in simulated scenarios. This structure aims to mirror real-life challenges that doctors may face in the UK, ensuring they are prepared for local practices and patient interactions. According to Dr. John Carter, an esteemed reviewer in The Journal of Medical Education, "These exams are not just a test of medical knowledge but a trial of resilience and adaptability, demanding a balance of theoretical understanding and practical prowess." Other countries have their versions, like the Australian Medical Council (AMC) exams and the Medical Council of Canada Qualifying Examination (MCCQE), each uniquely tailored to their healthcare systems. The AMC Clinical Exam, for example, requires candidates to tackle clinical problems presented in a realistic format, offering different hurdles compared to written tests. As a part of exam preparation, understanding the specific format and focus areas of these tests is crucial for success. Knowing whether to sharpen diagnostic skills or enhance patient communication techniques can help strengthen one's weak spots. This intricate design of medical license exams is not just about sifting through rote knowledge; it's a comprehensive approach to evaluating a candidate's ability to apply knowledge, concepts, and principles crucial in health and disease care. The USMLE is divided into three distinct steps, each focusing on different aspects of medical education and practice. Step 1 tests the examinee's grasp of basic science concepts, Step 2 evaluates clinical knowledge and skills, and Step 3 assesses whether the examinee can apply medical knowledge and understanding of biomedical and clinical science to the practice of medicine without supervision. The rigor of this exam is a significant aspect of its distinctiveness. Each step spans over a day or two of testing, with Step 1 including as many as 280 multiple-choice questions. It is not just the breadth of questions but also the depth, requiring not mere rote memory but the ability to apply complex concepts in situational medical problems. This setup ensures that only those with solid foundational knowledge qualify to proceed, maintaining high standards within the medical field. The necessity for precise clinical judgment is another part of what makes the USMLE exceptionally challenging. As stated by Dr. Michael Barone, vice president for licensure programs at the National Board of Medical Examiners, "Our goal is to ensure that every physician possesses the knowledge, skills, and attitudes essential for safe and effective patient care."

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