

To the Editor: Holistic Assessment of Research Accolades in Medical Trainees

The article “Reporting of USMLE Step 1 as Pass/Fail: A Benefit for Residency Programs and Those Underrepresented in Medicine?” evoked our interest.¹ The authors describe the potential benefits of the United States Medical Licensing Examination (USMLE) Step 1 transitioning to a pass/fail examination for students underrepresented in medicine (UiM). No longer relying on an applicant’s USMLE Step 1 score for screening purposes may emphasize holistic review of their residency application; however, the authors comment on the potential for other traditional metrics (ie, a 3-digit USMLE Step 2 score or number of authored publications) to take the place of a pass/fail USMLE Step 1 examination. We wish to further challenge the residency application process on its use of research accolades for candidate assessment following this transition.

The number of publications by residency applicants has steadily increased in some specialties—what Wadhwa et al called the applicant’s “arms race.”² Without a 3-digit USMLE Step 1 score, an applicant’s research accolades will heavily factor into the calculus of their clinical potential in the eyes of the residency program director. This is especially poignant considering program directors must look for proxies for USMLE Step 1 scores, and prior research has linked scholarly productivity with future academic achievement.³ Will the inability to be categorized by score result in further inflation of residency program research requirements?

The added pressure to begin searching earlier for extracurricular projects, especially those that will result in publication, may have unforeseen consequences to those UiM applicants. For example, the increased weight on research experience in an applicant’s assessment may disadvantage UiM students from schools without progressive curricula that allow longitudinal research experience, a factor known to increase the rate of first authorship.⁴ Considering the lack of diversity in the medical workforce mentioned by Romero et al, physicians

UiM may not be easily accessible as research mentors for applicants UiM seeking mentor congruency. Lastly, consider that extra emphasis on performing research will result in time lost to other important activities for the physician-in-training, such as studying, volunteering, advocacy projects, and self-care.

In their holistic review of applicants, we urge residency programs to seek value in research experiences that do not result in abstracts, presentations, or publication—the current currency of academia. The very qualities that a robust research experience affords an applicant are qualities that sometimes may not even be developed without a “failed” experience: resilience, self-reflection, and perseverance, to name a few. While research that results in publication and/or presentation should continue to be rewarded, a research experience without either to show for it should be given a ladder to stand on in comparison.

Institutions with a strong focus on recruiting academically productive residents from all backgrounds may be benefited by creating a deliberate space in the application process for reflection on the qualities an applicant has developed in the process of unfinished projects. For example, programs may standardize asking: *How many research projects have gone according to plan? What was learned from a failed project, and how will you avoid similar difficulties as a future physician-scientist?* Similar questions asked could help to base admissions decisions on personal attributes, rather than maintaining medical education prestige hierarchies related to research funding.⁵ Furthermore, encouraging reflection on research failure would help illustrate an applicant’s ability to investigate, evaluate, and improve their patient care practices, part of the 6 Accreditation Council for Graduate Medical Education core competencies.

Mitchell L. Thom, MSc

Medical Student, Case Western Reserve University

Jasmine Y. Serpen, BA

Medical Student, Case Western Reserve University

Blair Kimble, MA

Medical Student, Case Western Reserve University

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