We developed the Albert Einstein College of Medicine USMLE (United States Medical Licensing Examination) Step 1 Guidance Program in the fall of 2010. The objectives of the program were twofold: to provide reliable, unbiased advice on Step 1 preparation, and to reduce student anxiety surrounding the examination. The program aimed to fill a void for the students by focusing on the process of preparing for the test. It was not intended to teach Step 1 content, but instead to help students study effectively and efficiently. In our opinion, the most significant service medical students required was assistance in developing a personalized program of study for this examination.

This program was conceived, implemented, and continually reviewed by students. It is our hope that this bottom-up approach, created by and for medical students, can be easily reviewed by students. It is our hope that this bottom-up approach, created by and for medical students, can be easily adapted by other medical institutions and implemented in medical education beyond Step 1 preparation. Faculty and administrators provided necessary resources, and their help was crucial to the success and longevity of the program. This commentary outlines the process and experience of creating this program, which is now in its second year and well established within the Einstein community.

DEVELOPMENT

After completing the USMLE Step 1, we concluded that the most important and daunting aspect of the process was determining how to prepare for this examination. With no shortage of Step 1 study materials and commercial courses (Tompkins, 2011) available, each touting itself as the best and most comprehensive, we were often at a loss when deciding which resources to use. We wanted our guidance program to enable the free flow of reliable information from senior to junior medical students as they began to prepare for the examination. Previously at Einstein, two mandatory classwide meetings, one of which included a student panel, had been held to discuss Step 1. While we had found these meetings helpful, we felt that two meetings alone were not sufficient.

Additionally, the flow of Step 1 information was not ideal. Generally, a small handful of third-year medical students (MS3s) disseminated information to a few second-year students (MS2s), and then this knowledge spread laterally among the remaining MS2s. This structure was flawed in two critical ways. First, the information was “one size fits all” and could not be adapted to specific student concerns. And second, the information was coming from an extremely small group of students, which meant it might not adequately reflect varied points of view. These inadequacies in the student-to-student distribution of information were the primary motivation for the creation of the Step 1 Guidance Program.

Another goal of the program was to reduce student anxiety. As the sole standardized indicator of medical knowledge, often used as a screening tool by residency programs, the results of the USMLE Step 1 are considered one of the most important aspects of a residency application. Of those polled in the 2010 National Resident Matching Program Director Survey, 73% cited the applicant’s Step 1 examination score as a factor in interview selection. This represents the largest percentage of all interview selection criteria (National Resident Matching Program, 2010). Medical students, therefore, have a great deal of anxiety about this exam, and such anxiety has been shown to affect performance negatively (Ramírez & Beilock, 2011; Beilock, 2008). Our Step 1 Guidance Program strove to reduce stress not only by providing useful information regarding study resources and methods, but by serving as an outlet for concerns and by providing support when needed. Since peers are often more approachable than supervisors, we believe that a student-run organization is the ideal format to address effectively the pressures and stresses induced by the Step 1 exam.

In order to ascertain the knowledge and experience of a significant sample size, we distributed a survey to Einstein students who had taken the USMLE Step 1 in 2010. Seventy students completed the survey, which focused on student opinions of various study methods and study resources. Its purpose was to assess students’ perspectives on the best study resources. We then interviewed 10 Einstein test takers in person to gain more insight. Equipped with this information, we sought to develop a guidance program for those students preparing for the Step 1 examination in 2011.

We developed a four-pronged approach: an online blog with survey results and relevant articles; large-group presentations to advertise our services; personalized email support; and individual meetings. The online blog (http://blog.myalbert.einstein.yu.edu/step1s2s/) is a website created to introduce the guidance program and provide a range of basic tutorials on how to study for the examination. Articles include a student guide to the basics of Step 1, instructions for creating a study schedule for Step 1, and study resources based on the 2010 student survey results.
CONCLUSION
To hone the program for future students, we sent a detailed survey to the 2011 exam takers with the goal of objectively determining which methods of preparation correlated with higher Step 1 scores. The data gathered from this research project will influence future Step 1 preparation advice and improve the guidance program. Two new students were selected to continue the program for the coming year. It is our hope that this program will continue to evolve and be of great use to future Einstein students.

Our experience has shown that medical school curricula can be significantly augmented regarding USMLE Step 1 preparation through student-led initiatives. The “near-peer approach” of this guidance program was beneficial to us and to the many students involved. Unforeseen benefits, such as protecting our students from being taken advantage of by the commercial USMLE preparation industry, have also arisen from our project. We strongly encourage medical students at other institutions to create similar programs for the benefit of their peers.

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