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Telephone Tutoring for U.S.M.L.E. III: A Novel Approach

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"To know what you know and to know what you do not know is knowledge"

Henry David Thoreau

Abstract

Testing is a reasonable requirement for state licensure to practice our art and science of medicine. (The days in which one simply read medicine as an apprentice and then hung out a shingle are thankfully long past.) Although we welcome our International Medical Graduates (I.M.G'S) from other nations, we recognize that some IMG's may be challenged by our U.S.M.L.E. III, even in the absence of a language barrier. This is particularly true for those sub-specialists who have devoted long years to residency and then additional years to fellowship training so that, despite their subspecialty expertise, they are very far from the basic knowledge and skills required for successful completion of the exam.¹ We report here a novel telephone tutoring/mentoring effort of a focused, highly educated fellowship-trained IMG who subsequently passed our U.S.M.L.E III. Hopefully, this model can be adapted for other candidates.

HISTORY

After completing both medical school and radiology residency in India, our candidate worked as a diagnostic radiologist for a number of years in the Middle East. He then completed two first-class fellowships (Body Imaging and Mammography) in the United States. Despite his proven excellence as a radiologist and mammographer, the State of New York mandated that he successfully complete our USMLE III to obtain New York medical licensure. Although far from universal, this requirement is common to many states. The candidate failed his first attempt, which should have been no surprise considering that he was many years removed from his original basic medical training. With another attempt at our U.S.M.L.E. III only 90 days away, the first author consulted the second author for assistance, and a novel telephone tutoring arrangement was designed.

SCHEDULING

The candidate and the second author mutually agreed to schedule telephone tutoring sessions that were fully compatible with the demanding schedule of a busy radiologist in a multispeciality Urban University Hospital practice with a wife and young family:

- Wednesday evenings
- Saturday evenings
- Sunday evenings

Each telephone tutoring session was limited to one specific hour: 9:00 P.M. to 10: 00 P.M. (Mercifully, both the candidate and the authors reside in the same time zone!) Clearly, with only three focused, concentrated hours per week devoted to the effort, sessions had to be intense, concise, and relevant.

FURTHER BACKGROUND DATA

After some ten hours of telephone tutoring, the second author felt comfortable asking, “What exactly was your previous U.S.M.L.E. III failure score?” The response was, “73.” It was then that the second author felt confident of success.

SPECIFIC TUTORING METHODS

The classic “Survey, Question, Read, Recite, and Review” (S.Q.R.R.R.) methodology was used. At the beginning of each session, the second author would inquire, “What do you want to work on this evening? What do you want to review? What do you find hard, difficult, or challenging? What do we need to clarify for you?” Patient, gentle repetition was the core of the learning process.

SPECIFIC TUTORING CHALLENGES

For anyone, but especially for IMG’s, recent changes in medical terminology can appear confusing:

- “Mental Retardation,” may now be referred to as “Developmental Disability with Reduced Intellectual Functioning”
- “Pseudo Tumor Cerebri” may now be referred to as “Benign Intracranial Hypertension”
- “Cerebral Palsy” may now be referred to as “Movement Disorder, Spastic.”
- “Exceptional Child or Special Child or Hyperactive Child” may now be referred to as “Attention Deficit Disorder With or Without Hyperactivity.”
- “Alcoholism” now be referred to as “Alcohol dependence with or Without Physiologic Dependence.”

SOME TUTORING ROADBLOCKS

Given the magnitude of this undertaking, and given time constraints, some challenges were inevitable. When new material, like the above terminology changes, was introduced, some thirty seconds to ninety seconds were allowed for the candidate to voice his displeasure. After being given time to vent, mentoring and tutoring would begin again. Further, from time to time, the batteries on our cellular phones would expire. During the completion of one session, when the second author was himself recovering from pharyngitis/bronchitis/laryngitis, he lost his ability to speak above a hoarse whisper. The candidate then inquired whether, in the new lexicon, this situation would be characterized as “temporary functional dysphonia, without central nervous system dysfunction.”

TUTORING OUTCOME

From the very inception, both authors and the candidate fully agreed that win or lose (pass or fail); the candidate would fully inform both authors of his score. He passed with a score of 80. A win for all!

DISCUSSION

That we need state licensure to provide healthcare is reasonable and widely accepted, and that successful completion of our U.S.M.L.E. III is the methodology to achieve same is a fait accompli. Complaining about our U.S.M.L.E. III is like complaining about the air when it is the only thing to breathe. Thus, within the matrix of this necessity, several questions arise, especially for the subset of IMG's described above:

1. When should I take the test?
2. What should I study for the test?
3. Who will help me prepare for the test, especially in the context of an overwhelmingly busy schedule?

When: Given that our U.S.M.L.E. III encompasses a broad base of knowledge, we suggest that it is appropriate to recommend taking the exam as reasonably early-in-training as possible.² The problem of recalling the broad base of knowledge common to all initial physician education becomes tremendously complicated as years pass, especially when these years are crammed full of new training in subspecialties or sub-subspecialties or sub-sub-subspecialties (like interventional neuroradiology) that are far removed from our U.S.M.L.E. III content. In this context, the second author has personally heard:

- From a senior surgery resident: "Way too much psychiatry on the test."
- From a senior psychiatry resident: "Way too much surgery and medicine on the test."

Thus: we suggest the radical step of taking our U.S.M.L.E. III prior to tertiary-care specialized training.^{3,4}

What and Who: Is help on the way for those senior trainees who are struggling with our USMLE III preparation? We suggest that a limited but concentrated tutoring/mentoring effort, by an experienced teacher familiar with the general contents of the exam, can achieve success, even if the candidate and teacher are separated by hundreds of mile. We believe that the schedule for this interaction can be compatible with uninterrupted work and family commitments. Unconventional though our approach may seem, we believe that it deserves a try, and that it may help to fill a major but overlooked and certainly unmet need. We might also suggest that the looming of our U.S.M.L.E. III may well be an invisible albatross around the necks of many of our finest subspecialty-trained IMG's, and that relief on this score would add to their self-esteem, reduce stress, and further improve job performance. What we have here is the academic-training equivalent of an elephant in the living room that nobody wants to see or acknowledge--a problem that has been ignored or belittled by medical administrators, department chairs, and recruiters, all of whom pretend that any doctors worth hiring can easily deal with our U.S.M.L.E. III, regardless of how many years they are from basic medical training. Unfortunately, this simply isn't the case.

CONCLUSION

Baylor Professor of Psychiatry and Psychoanalysis, Glen O. Gabbard⁵ endorsed that, “The primary indication for supportive psychotherapy is a relatively healthy person who is undergoing a specific life crisis.” A core issue, perhaps the core issue, may be ego building. Who would doubt that preparing for our U.S.M.L.E. III, after having failed, represents a significant life crisis? If we view ego building as confidence building, then we may also conclude that mentoring our IMG’s for our U.S.M.L.E III should include a strong element of appropriate supportive psychotherapy within the tutoring process.

Perhaps Sir William Shakespeare best understood the benefits, both to a mentor and to a candidate, in facing and overcoming such a challenge, when he wrote: “Sweet are the uses of adversity, which like the toad, ugly and venomous, wears yet a precious jewel in its head; and this our life; exempt from public haunt finds:

- Tongues in Trees
- Books in Running Brooks
- Sermons in Stone
- And Good in Everything!”⁶

DISCLOSURES

- Doctor Joshua and Doctor Zachary wish to credit EXAM MASTER with much of this U.S.M.L.E. III success story!
- Doctor Joshua wishes to disclose that he has been a contributing author for Exam Master for approximately five years – further, it is in and during his work as Exam Master contributing author and now, more recently, Exam Master contributing editor that Doctor Joshua became confident in recommending Exam Master to supplement this successful U.S.M.L.E. III candidacy preparation and to supplement the preparation of other candidates as well!
- Doctor Joshua and Doctor Zachary wish to disclose that they are brothers.

REFERENCES:

¹ Armstrong, et. al., “Medical Education as a Process Management Problem,”
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² Sawhill et. al., “The Impact of Postgraduate Training and Timing on USMLE Step 3 Performance”
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³ *Wear et al* ”The Development of Professionalism - Curriculum Matters”, *Academic Medicine* (2000) 75: 602-611.
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⁴ De Champlain, et. al., “Assessing the Impact of Examinee and Standardized Patient Ethnicity on Test Scores in a Large-scale Clinical Skills Examination: Gathering Evidence for the Consequential Aspect of Validity “*Academic Medicine* (2004) 79: S12-S14. © 2004 by the Association of American Medical Colleges {Correspondence: André F. De Champlain, PhD, National Board of Medical Examiners, 3750 Market Street, Philadelphia, PA, 19104; adechamplain@nbme.org}

⁵ Gabbard, Glen O., *Psychodynamic Psychiatry in Clinical Practice*, pages 112 – 113, Third Edition, American Psychiatric Press, 2000

⁶ Shakespeare, Sir William, *As You Like it*