Letter to the Editor: Cheaters Never Prosper...Or Do They?

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Recommended Citation


ISSN: 2769-2779

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Letter to the Editor: Cheaters Never Prosper...Or Do They?

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Abstract
The following article is a perspectives piece regarding the newly discovered USMLE cheating rings taking place in Nepal, India, Pakistan, Jordan, and Japan. As this situation escalates, we call for action to find a solution to a widespread problem: eliminate the need for cheating by making licensure exams pass/fail. Score frenzy is out of control, and it has created a problem for graduate medical education as it applies to both applicants and programs. Here we address this problem and provide a solution that encourages readers to consider how we can create a system of resident selection that focuses not on numbers and scores but on people, passion, and humanism in medicine.

Keywords
USMLE; Cheating Scandal; Graduate Medical Education

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Conflict of Interest Statement
No conflicts of interest

Cover Page Footnote
N/A
LETTER

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Abstract

The following article is a perspectives piece regarding the newly discovered USMLE cheating rings taking place in Nepal, India, Pakistan, Jordan, and Japan. As this situation escalates, we call for action to find a solution to a widespread problem: eliminate the need for cheating by making licensure exams pass/fail. Score frenzy is out of control, and it has created a problem for graduate medical education as it applies to both applicants and programs. Here we address this problem and provide a solution that encourages readers to consider how we can create a system of resident selection that focuses not on numbers and scores but on people, passion, and humanism in medicine.

Keywords: USMLE, Cheating scandal, Graduate medical education

On January 31, 2024, the United States Medical Licensing Examination Program (USMLE) posted a notice regarding invalidation of a group of tests taken in Nepal after noticing “a pattern of anomalous exam performance.”1 This anomalous “group” out of Nepal has become more than 800 exam takers in five different countries: Nepal, India, Pakistan, Jordan, and Japan.2 As the world comes to terms with the enormity of this scandal, the news calls to attention questions regarding the tightening of exam security and monitoring of potential threats to exam validity. Before we consider implementing cavity searches at testing centers or violating more of people's privacy online, we pose the following question: why bother?

Consider for a moment what has bred a cheating ring of such proportions. Is it the desire to be the best doctor, or is it the sheer need to be the most competitive applicant? As a medical community we have created the cheating machine and set it loose on the world with our insistence on scores as a marker of an applicant's value. Licensure exams that are intended to determine an applicant's minimum competency have superseded their purpose to determine an applicant's entire worth.

Now more than ever, it is vital to shift away from a selection process that overly emphasizes scores and fails to recognize the essential qualities that make an outstanding physician. Many talented medical students, who could excel in various specialties such as orthopedics, ophthalmology, dermatology, and more, miss out on these opportunities due to scores that may not meet programs' arbitrary minimum standards. Meanwhile, how many coveted residency positions have been given to those whose only valued qualification was a perfect score?

Until we devalue the score—make it pass/fail—cheating will continue to be part of the problem we created. Let a test that is designed to assess minimum competency do just that and move the emphasis of an applicant's profile to the other qualities that indicate whether a person will be successful in their chosen specialty. When patients are asked what qualities they look for in a doctor, rarely are exam scores quoted. Patients ask for doctors who are experienced, professional, compassionate, and communicative.

Before the racket of questions arises from those who say we cannot possibly decide an applicant's value without a score, we say evolve or step aside. Stop
gatekeeping our futures with a number, and start valuing us for all the things that originally drove us to be doctors because people need us. They need the people who want to do family medicine because community care is their passion, not because they tried to match surgery and were told they were not smart enough. This country needs a generation of physicians selected based on their humanism and passion for patient care. Anything less is missing the mark and is at this point, simply unacceptable.

References