

Letter From the Advisor

August 2, 2019

Dear readers,

One of the most remarkable features of the current phase through which medical education is passing is its heavy reliance on multiple choice testing. It may seem hard to believe, but not so many decades ago, there were no such tests, and test scores were not used to select and sort students. Now that such examinations rule the day, it is no surprise that medical schools dedicate much of their curricula and instructional methods to “test preparation.” For years, medical schools have made their case that educational quality is increasing by pointing to rising test scores.

This increased reliance on multiple choice exams creates a significant burden for medical students. It promotes the imperative to study in ways most likely to increase test scores, an approach to learning that bears surprisingly little resemblance to the kinds of knowing essential to caring for patients. The sick do not present with multiple choice questions affixed to their chests, and a great deal of medical excellence is focused less on selecting the best response than knowing what questions to ask. Simply put, multiple choice test scores tell us little about who will excel as a physician.

I know a bit about this, having graduated at the top of my medical school class. Even at this early stage of medical education it was apparent that doing so deserved less respect than it garnered, an intuition born out through decades of practice. In truth, I can’t even recall my MCAT or Step I scores. What has stuck with me and turned out to mean the most was not my ability to select the one best response but indelible impressions of the very best physicians on the faculty caring for patients as though it were one of the most important things in the world, which to them it was.

Multiple choice testing regimens distract students from knowledge that is poorly assessed by such questions. There are a host of vital medical excellences that such tests cannot assay: among them character, creativity, and compassion. There is no multiple choice test question that can reliably assess a medical student’s dedication to truth, originality, kindness toward the suffering, or eagerness to sacrifice in service to a greater good. Worse yet, the fact that such ways of knowing are not tested often fosters the presumption that they do not count.

There is a huge difference between the ease with which something can be counted and the degree to which it really counts, and in medicine what counts most often proves uncountable. I can think of many students with mediocre Step I scores we were eager to recruit into our residency program and others with sky-high numbers that we had no interest in ranking. Why? Such scores may predict how well a student will score on subsequent multiple choice tests, but they offer little insight into who she is, what makes her tick, and the importance she attaches to serving patients well.

Students who wish to thrive in medicine must strive for knowledge on which they will not be tested. This entails learning to listen, asking good questions, reading good books, making time for rich conversations, and amid studying for multiple choice exam after multiple choice exam, growing and developing as a human being worthy to serve the suffering. Our excellence as physicians depends on our worth as persons, and a robust program for developing the best of our humanity extends well beyond multiple choice test scores and curricula built to boost them.

Sincerely,
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