

REDESIGNED SCORE REPORTS FOR CBSSA AND CCSSA SELF-ASSESSMENTS

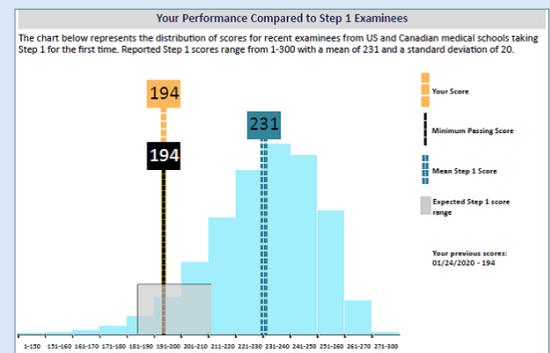
Because students rely on feedback from NBME Self-Assessments (NSAS) to prioritize their valuable study time for the United States Medical Licensing Examination® (USMLE®), NBME redesigned the score reports. The updated design is based on student feedback to improve interpretation of their performance overall and in specific content areas. Redesigned NSAS score reports intend to help students make accurate conclusions about strengths and areas for improvement so they can focus their study appropriately. More resources are now available to answer student questions about them.

Fast Facts:

- ▶ The same information about content area performance is in the new score reports as the old score reports.
- ▶ In the new score reports any content area that shows up as a strength or area for improvement is a true difference because your content area performance is classified into one of three discrete categories.
- ▶ On the previous score reports, content area performance was depicted by overlapping profile bands that made it more challenging to identify true strengths and areas for improvement.

How can I use the new score report to prepare for USMLE?

Using the graph on the first page of the report, your NSAS score is shown relative to the distribution of USMLE scores for a recent cohort of examinees from United States and Canadian medical schools taking the USMLE Step for the first time. The minimum passing score and mean score for the national comparison group are also shown on the graph, along with an expected score range for your actual USMLE score. All NSAS scores for exams purchased on or after January 23, 2020, are also listed so examinees can easily track their progress.



Where can I learn about my strengths and areas for improvement?

The subsequent pages of the report help examinees' correctly interpret their strengths and address more challenging areas efficiently on the various content areas. Content areas are grouped by Physician Task, System and Discipline. Content area strengths and areas for improvement are identified relative to your overall performance and relative to the performance

of the national USMLE comparison group shown in the graph on page 1 of the report. A range that indicates the percentage of items in each content area on the NBME Self-Assessment and corresponding Step is also provided.



What do the grids tell me?

- ▶ The left grid indicates whether your performance in a content area was lower than, the same as, or higher than your overall performance on the exam. Only clear strengths and areas for improvement will be identified. You will see that your performance is the same as your overall performance for most content areas. The content areas are closely related and performance tends to be consistent across the content areas.
- ▶ The right grid indicates whether your performance in a content area was lower, average, or higher relative to the average performance of the national USMLE comparison group. Only clear strengths and areas for improvement will be identified. You will see that your performance is in the same category for most content areas. Once again, the content areas are closely related and performance tends to be consistent across the content areas.

Performance by Physician Task		Lower, Same, Higher than Your Overall Performance			Lower, Average, Higher than Comparison Group		
		Lo	S	Hi	Lo	Av	Hi
	(% Items Per Test)						
MK: Applying Foundational Science Concepts	(55-61%)						
PC: Diagnosis	(23-27%)						
PC: Principles of Management	(7-10%)						
PBL: Evidence-based Medicine	(4-5%)						

What kind of information does the content area section provide?

You can use the content area section of the report to help guide your preparation for USMLE. In general, it is best to study all content areas as you prepare to take your Step exam, using the percentage of items ranges to help prioritize your study time. Additional focus is warranted for content areas with low performance relative to your overall performance and/or the performance of the USMLE comparison group.

How are students using the new score reports?

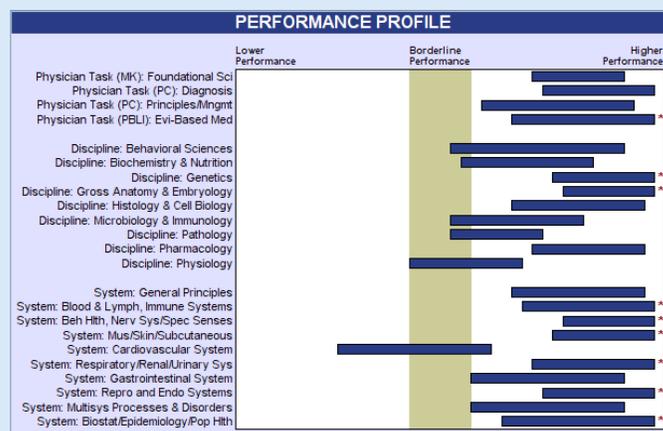
Ongoing focus group feedback and survey results indicated that students were able to make correct inferences about their performance and they liked the new design.

NBME will continue to engage with students for feedback about the new reports so we can continue to improve the experience and ensure students are perceiving feedback with accuracy and confidence.

What were misinterpretations of the previous score reports?

NBME held multiple focus groups with students to understand how they interpreted score information provided in various formats. Results from the focus groups showed that many students misinterpreted information provided by the content area profile bands on the previous score reports.

The most common misinterpretation was that performance was better in a content area if the right edge of the profile band or middle of the profile band was farther to the right for that content area than it was for another content area. The correct interpretation was that performance in the two content areas is the same or very similar if the two profile bands overlapped.



Another common misinterpretation was the use of percent correct as an indicator of performance on an NBME self-assessment, across NBME self-assessments, or to compare performance on an NBME self-assessment to another assessment product. Conclusions cannot be drawn about performance based upon percent correct. The percent correct depends on how difficult the set of items depends on the difficulty of the set of items on the assessment. The assessment score adjusts for differences in difficulty across the different NSAS forms so that you can compare your scores.

Questions? Email
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 for further
 information.

