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LETTERS TO THE EDITOR

Misleading Public Statements About COVID-19

Since the first case of coronavirus disease 2019 (COVID-19) in the United States, it has created worldwide upheaval in health and the delivery of health care to its victims [1,2]. As of this writing, this novel virus has killed almost 220,000 Americans. As leaders in the field of neuroradiology, we are writing to express our concerns about the public statements of one of our neuroradiology colleagues, Dr Scott Atlas, MD. We do not take this action lightly. These statements have included misrepresentations of the available scientific evidence about "herd immunity" as a public health strategy for COVID-19 [3]. Further unsubstantiated statements, devoid of scientific evidence or scholarship, misrepresent the safety of children returning to school and cast doubt on the advice of leading epidemiologists and other public health scientists and experts on this and related activities [4]. In the interest of public health, we urge citizens and institutions to look to our infectious disease and epidemiology colleagues to lead during this or any other global pandemic.

We call on our radiology colleagues and other specialties to join us in the active representation of medical ethical principles to minimize harm and to rely on sound science by speaking to the evidence and partnering with those who are trained and knowledgeable to guide the public during this challenging time.

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Authors' Reply Re: Reassessing US Medical Licensing Examination and ABR Core Examination Correlation

We thank Dr Pfeifer for his praise of our publication comparing US Medical Licensing Examination (USMLE) Step 1 and Step 2 performance with ABR Core Examination performance [1,2]. Several comments merit correction or response.

ABR-reported scores are not equivalent year-to-year. To understand the Core Examination performance of a student in any given year, one must compare the test score with the examination mean and SD. Our study did show correlation of Step 2 groups with Core Examination performance. The tiers we used for Core Examination performance correspond approximately to cutoffs at the 16th, 50th, and 84th percentiles, not quartiles (the exact cutoffs are unknown because Core Examination performance may not have a normal distribution).

Dr Pfeifer correctly notes there was "no control for the effect of the individual programs or their curricula." Unfortunately, his hope that training quality during residency (however defined) would have the strongest effect on ABR Core Examination performance is not supported by our study. As illustrated in Figure 6, ABR Core Examination performance per individual residency cohort did not meaningfully deviate from what would be predicted on the basis of the USMLE step tiers of the cohort. Differences in aggregate Core Examination performance among programs are tied to differences in the USMLE step tiers of the residents, without need to consider "training quality."

Dr Pfeifer incorrectly states that our study contradicts the results of Nickerson et al [3], who concluded that there was a correlation between radiology ACGME case logs and ABR Core Examination pass rate. There is no inherent contradiction between Nickerson et al's observed outcome and those of our study; the correlation of case volumes with Core Examination pass rates does not mean that higher case volumes are the reason for higher Core Examination pass rates.

Nickerson et al did not control for USMLE step scores. It may be that programs with more residents in higher USMLE step tiers also structure resident assignments in manners that support higher case logs.

We share Dr Pfeifer's hope that residency programs do not merely select applicants with the highest USMLE scores. Our data demonstrate a broad range of applicants with middle-tier Step 2 scores (second through fourth quintiles) without meaningful differences in ABR Core Examination pass rates. Holistic factors are important to consider when identifying candidates with the greatest chance for success in any given residency program. More important, we reject the notion that the ABR Core Examination performance metric is a good measure of program success. Of course, we want radiologists who can acquire and retain broad radiology knowledge. However, residency program success would best be measured by the production of outstanding radiologists: those in practice leadership, with community engagement, who are delivering compassionate care and demonstrating personal empathy, scientific inquisitiveness, superior interpersonal communication, and procedural and diagnostic excellence. These attributes go far beyond the ABR Core Examination score. Programs would do well to select capable diverse candidates and center efforts on these outcomes.

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