

2020

Refusing to be Labeled

Jennifer Perugini

Thomas Jefferson University, jennifer.perugini@jefferson.eduFollow this and additional works at: <https://jdc.jefferson.edu/tmf>Part of the [Internal Medicine Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Perugini, Jennifer (2020) "Refusing to be Labeled," *The Medicine Forum*: Vol. 21 , Article 15.Available at: <https://jdc.jefferson.edu/tmf/vol21/iss1/15>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *The Medicine Forum* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Refusing to be Labeled

Jennifer Perugini

The tension in the room was palpable as ankles bounced feet and charged glances were shared from across tables. About 15 of my medical school peers were listening to a lecture on plastic surgery and reconstruction techniques, however 'listening' may be a generous term for what we were doing. There was only one thing running through every brain in that room: *will it be high enough?* We were anxiously awaiting our USMLE Step 1 scores. I looked around the room and, like me, almost everyone had their cell phone resting in their lap, trying not to make it too obvious that a webpage was being refreshed every few seconds. One by one my classmates took turns slipping outside to watch a number pop up on a small screen – a number we had been programmed to associate with our future success, or lack thereof. Had we chosen enough correct answers on that fateful exam to be destined for greatness or were we doomed to an insignificant career in a land far, far away?

The USMLE Step 1 exam had been so hyped up in my first two years of medical school that I almost couldn't remember a time when the results of the exam weren't at the forefront of my mind. The test was brought up during my interview day, during the second-look event I had attended, in our first welcome address upon arriving on campus, and in every course henceforth. The importance of the assessment, by the time I reached the end of my second year, had been so ingrained that when my family asked what I was studying for I almost gaped with incredulousness. "You mean you don't know what Step 1 is?", I proclaimed, eyebrows shooting upward. "This is the exam that will determine the rest of my life – it will dictate what type of doctor I can be and where I can train!" Despite my best efforts, I couldn't quite seem to get my point across. My parents, having no exposure whatsoever to the drawn-out process of becoming a doctor, couldn't understand the monumental gravity of this single exam, this one number on a tiny cell phone screen. They were taken aback that one score could dictate so much – and honestly, I couldn't quite justify it myself.

My own journey into the field of medicine began from a very young age. I did not come from a family of physicians or overcome a serious childhood illness leading to a sacrosanct devotion to the field. I was, however, taken on an annual hospital pilgrimage on my birthday to stare, on tiptoes, at the newborns who would forever share my same date and location of birth. Each one was carefully swaddled in that iconic white receiving blanket with blue and pink stripes that,

despite the ever-changing medical field, has remained a familiar constant—the global signifier of hospital birth. I understood that I might never meet these tiny humans or even ever know their names, yet somehow, I still felt a strong sense of connection. Though new HIPAA laws eventually curtailed my yearly visits to the hospital nursery, I had already been jump-started on my medical journey. Whether it was candy-striping in high school, interning in an Italian eye clinic in college, or distributing mosquito nets in remote villages of Laos after graduation, my passion for clinical care never wavered. It is with this same sustained dedication that I have navigated medical school, and it is how I will approach each day as an intern and resident physician.

I didn't score highly on Step 1 of the USMLE. Writing these words or even worse – being forced to say them out loud – pings the edges of my heart the way muscle jumps backwards from the sting of cautery. From the very first moment I saw those three digits, I have felt branded with a mark of incompetence. I have envisioned a bubble above my head that stays with me wherever I go, obstinately displaying my worth for the world to see. I have been turned down from elective rotations, passively dismissed from residency interviews, and even told by one mentor that I am "not cut out for a surgical subspecialty based on [my] Step 1 score."

It has taken me a lot of time, and a lot of reflection, to come to terms with the fact that my future, let alone my self-worth, will not be determined by one exam I took during medical school. I have honored almost all of my clinical rotations, have received heartfelt letters from patients sharing gratitude for being the only person to truly listen to them, have sought out medical opportunities on four continents in two languages, and have volunteered with some of the most vulnerable populations in society. Numeric scores aside, I refuse to believe that I will be anything less than the skilled, hardworking, and compassionate Obstetrician Gynecologist that I can envision so clearly.

As a medical community, by marginalizing students who perform below average on USMLE testing, we stifle passion and creativity. By telling students that they are not qualified for a certain specialty based on a test score, we smother confidence and stifle spirits. And when it comes to the best interest of our patients, are we not doing them a disservice by attempting to filter out people with lower scores, despite the energy and passion those students may bring to the field? I hope to be the kind of intern, resident, and future attending

OB-GYN that encourages students, regardless of USMLE scores, to pursue the specialty that most speaks to them, the patient population they feel most empathy for, and the disease processes that make them feel intellectually vitalized. I felt all of these things, and more, when I discovered my passion for OB-GYN. For a medical student, discovering one's specialty of choice sparks a feeling comparable to coming home after a long, long time away. And who are we, as medical professionals, to quell such a feeling?

Much to Jennifer's contentment, the score reporting policy for Step 1 of the USMLE was changed from three-digit reporting to pass/fail reporting shortly after she wrote this piece. This policy change is to be implemented in January 2022 .

REFERENCES

1. "Change to Pass/Fail Score Reporting for Step 1." *United States Medical Licensing Examination*, Feb. 2020, www.usmle.org/inCus/.