dear residents

Is Examining a Patient the Best Examination? **June 14, 2026**

Dear Residents,

One of the most memorable examinations of my life involved a 60-year-old woman whom I had never met before. As part of my final medicine examination in Pakistan, I was assigned a "long case." I was given an hour to evaluate a patient and determine what was wrong. There were no answer choices. No hints. No laboratory data waiting in the chart. Just a patient.

The woman had presented with fatigue. She had experienced a transient ischemic attack. She had lost weight. During the history, she described a gradual fullness of her face. On examination, I found splenomegaly. I was permitted a small number of bedside investigations. One was a hematocrit determination. I collected a few drops of blood in a capillary tube, centrifuged it, and read the hematocrit visually.

The pieces came together. Fatigue. TIA. Facial plethora. Splenomegaly. Elevated hematocrit. I concluded that she had polycythemia vera. Fortunately, I was correct. That case, together with a series of essay examinations, helped me pass my final medicine examination.

What may surprise many of you is that throughout school and medical college I never took a multiple-choice examination. Assessment consisted largely of essays, oral examinations, and clinical cases like this one.

Years later, when I decided to pursue residency training in the United States, I encountered an entirely different approach. The TOEFL (Test of English as a Foreign Language) and FMGEMS (Foreign Medical Graduate Examination in the Medical Sciences) were the first multiple-choice examinations I had ever taken. When I took FMGEMS in 1987, it was itself a relatively new examination, having replaced the VQE (Visa Qualifying Examination) only a few years earlier. Looking back, I realize I entered American medicine during a period when the profession was still trying to answer a question that remains with us today: How do we know when someone is ready to care for patients?

The examination was challenging. Pass rates were less than 30%, and for many international medical graduates it represented a formidable gateway to postgraduate training in the United States. Yet it also opened doors. Without FMGEMS, residency programs in the US would have struggled to evaluate applicants from hundreds of medical schools across dozens of countries. Whatever its limitations, it helped create opportunities that might not otherwise have existed.

A few years later, FMGEMS itself would disappear, replaced by the USMLE examinations that all of you know today. Looking back, I realize that my generation occupied a brief transitional period in the history of

medical assessment. We trained in systems built around essays, oral examinations, and bedside clinical cases, but we entered American medicine through one of the earliest large-scale standardized testing programs for international graduates.

For an international medical graduate, standardized examinations created a common language. Residency programs could not easily compare applicants trained in vastly different educational systems, but examination scores provided a shared reference point. Without those examinations, I might never have obtained a residency position in the United States. Over time, I came to appreciate the strengths of both approaches.

The long case tested clinical reasoning, observation, communication, and synthesis. Essay examinations tested one's ability to organize and defend ideas. Oral examinations tested judgment under pressure. Multiple-choice examinations offered something equally important: fairness, consistency, and standardization. Each measured something different. And each missed something as well.

As medicine enters the age of artificial intelligence, I find myself reflecting on these experiences more often. Machines are becoming increasingly adept at answering multiple-choice questions and retrieving information. This does not diminish the value of knowledge. But it does prompt us to reconsider what qualities define expertise.

The best physicians are distinguished not merely by what they know, but by how they think, how they communicate, how they navigate uncertainty, and how they earn the trust of patients. Those qualities are difficult to measure. They always have been. Every examination reveals part of the picture, but no examination reveals the whole physician. Perhaps that is the enduring lesson I have carried with me from a patient I met only once many years ago.

Warm regards,

Dino Kazi