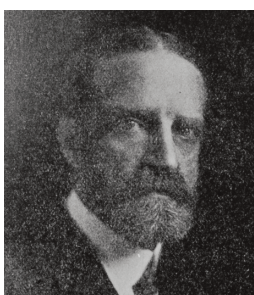




Examiner

NBME's Renewal: Past is Prologue



Dr. William L. Rodman

The mission of the NBME is to protect the health of the public through state of the art assessment of healthcare professionals; its vision for the future is to improve healthcare around the world through assessment. To that end, NBME is reviewing and revising its approach to fulfilling its mission and vision ("business renewal"). You may wonder why, after almost 100 years of success as a respected assessment organization, such change is necessary and how it will impact the NBME's mission and vision.

The mission of the NBME is to protect the health of the public through state of the art assessment of healthcare professionals; its

Kentucky to Philadelphia was made quite difficult because Pennsylvania did not recognize the credentials he obtained in Kentucky. Dr. Rodman also advocated reform in medical education to improve its quality. Dr. Rodman's proposed solution, a national examination of such high quality that it would be accepted in every jurisdiction, was considered radical at the time and even seen by some as an attack on states' rights. Because of Dr. Rodman's wisdom, the NBME has a long history of using examinations to establish national standards that people can trust. While some form of these exam-based standards have been in use for

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To understand the future, let's take a look at the past. At the time of our founding, reciprocity among the states with respect to medical licensure was spotty at best. An individual licensed in one state found it difficult to obtain licensure in another without submitting to some form of re-examination, even in cases when the physician was an established and respected practitioner. Our founder, Dr. William L. Rodman, experienced this personally. Asked to chair the surgery department at what is now the Hospital of the University of Pennsylvania, Dr. Rodman's move from his native

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NBME SALUTES....

Long-time NBME Volunteer Ruth-Marie ("Rhee") Fincher Receives AAMC's Flexner Award



Dr. Rhee Fincher

At its 2012 Annual Meeting, the Association of American Medical Colleges (AAMC) bestowed its prestigious Abraham Flexner Award for Distinguished Service to Medical Education to long-time NBME volunteer and former Executive Board member Dr. Rhee Fincher. The AAMC established the Flexner Award in 1958 to recognize extraordinary individual contributions to medical schools and to the medical education community as a whole.

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(NBME's Renewal, continued from page 1)

almost a century, the NBME recognizes that its future plans must include a response to the public call to improve healthcare. In the past, NBME might have addressed this public demand with an examination, either a new exam or broader use of one already existing, without first engaging in a process that considers important questions and the kinds of information needed to answer them.

The NBME is engaging in a renewal effort designed to start the process by studying what questions about healthcare providers it needs to answer to "improve healthcare." There are an infinite number of possible questions, but we need to be selective, trying to understand what questions, if answered based on evidence, will protect the public around the world. Yes, examinations will still play a major role. However, the NBME is looking at other sources of information and how it might obtain it, organize it, and facilitate meaningful interpretations that can be provided for use by others.

You might ask, "When NBME's renewal succeeds, what will we know about healthcare practitioners in the future that we don't know about them today; what will they know about themselves; and what will we know about the institutions that educate, train and

employ them?" These are precisely the questions NBME hopes to design its identity model to answer.

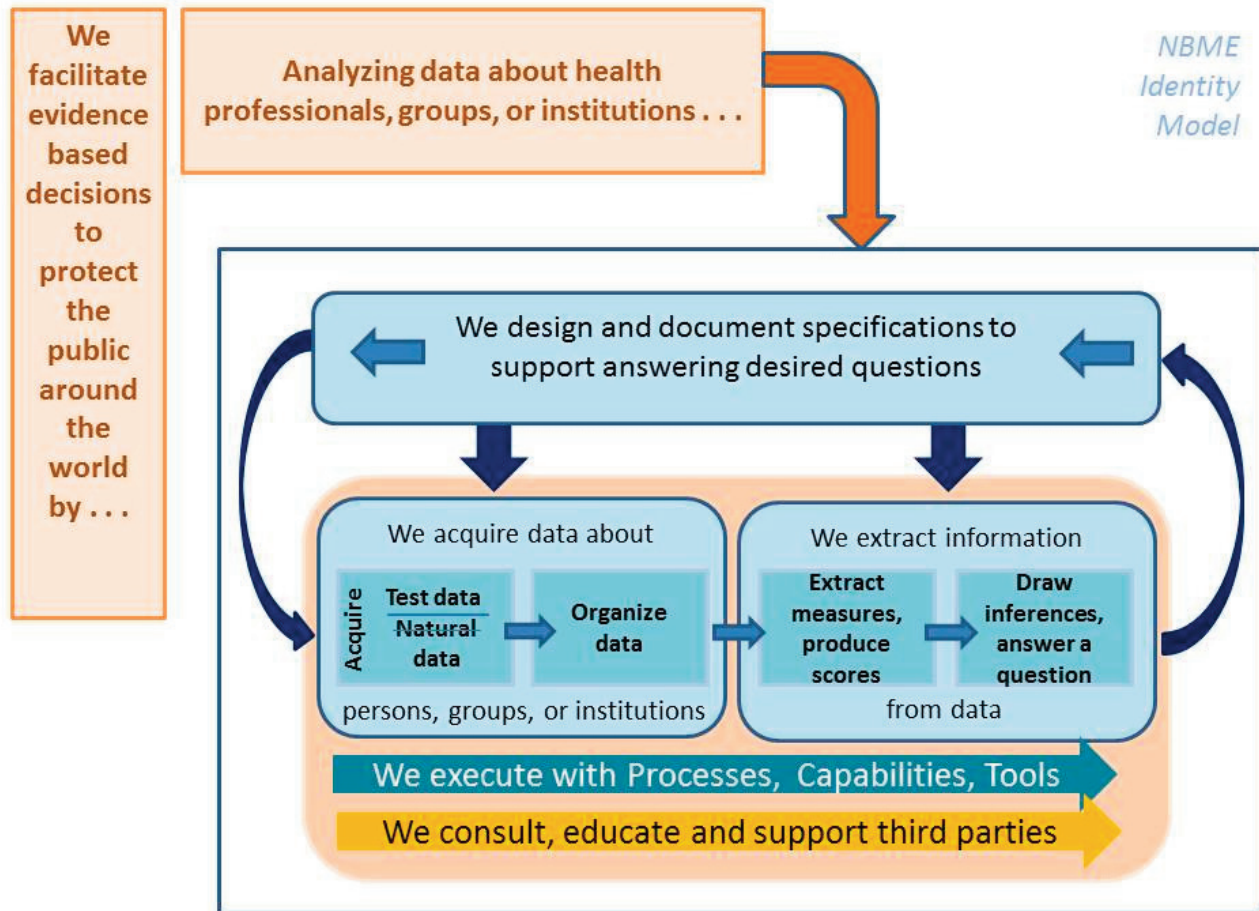
For example, today a state medical board needs to know, among other things, that a candidate for medical licensure meets minimal standards for knowledge and skills that are needed for the safe and effective practice of medicine. They infer from the fact that the candidate passed all three Steps of USMLE that he or she does meet such standards. However, remember that USMLE Step results reflect a "snapshot" in time; they reflect knowledge and skills at certain points along the continuum of education and training. What does success on USMLE tell licensing authorities, healthcare institutions, and patients about individuals who have been in practice for 20 years? Is the doctor keeping up with advances in medicine? Are his or her patient outcomes acceptable? How is he or she viewed by peers? NBME's renewal effort is intended to facilitate a broader view of a healthcare provider's qualifications in addition to traditional point-in-time snapshots. This holistic view, which may include information derived from NBME products as well as information derived from other sources, will enable institutions, medical boards, patients, and others to make better, more informed decisions about practitioners.

This new sequence of doing things and broader view of NBME standards are the keys to NBME renewal. Our renewal will include corresponding internal changes to NBME infrastructure. The changes will prepare the NBME for its future and for the future standards needed to improve healthcare.

NBME's renewal will provide enhanced means to achieve NBME's goals, carry out its mission, and aspire to its vision, a vision of better patient care experiences and improvement of healthcare around the world.

The NBME was created from a need for high standards for medical professionals, both to help ensure public protection from unqualified practitioners and to permit qualified physicians to take their credentials anywhere in the United States without question. When Dr. Rodman first proposed a National Board of Medical Examiners in the early 1900s, he faced skepticism and mistrust, but he also found kindred souls, innovators who saw the same needs as Dr. Rodman and helped him fulfill his dream. If Dr. Rodman and his colleagues were alive now, they might be asking the same questions and searching for the same solutions as their legacy, the NBME, seeks to do today.

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The top blue box represents our design process. It emphasizes the need to start with the desired inference, then develop the scores/metrics to support that inference, then identify the data necessary to extract those scores/metrics, then to identify the data source. Historically, we have more often started with the test format and attempted to design the assessment program around the test format.

The two middle blue boxes represent the business processes necessary to accomplish our mission. There are four key components:

- **Data acquisition**, historically through examinations, but, in the future, combining natural world data (clinical outcomes data, observation of performance in real life settings, etc.) with the more controlled data derived from test events, serves as the raw material for developing inferences about competence.
- **Data organization** to support the inferences desired. Historically, we have indexed and stored data by test event. Our new identity model – analyzing data about health professionals, groups, and institutions – implies organizing data by person, group, and institution rather than testing event.
- **Extracting measures and producing scores** is at the heart of the NBME's expertise for formal tests. However, we need to expand our competencies in qualitative analysis and data mining to find patterns in large, real-world data sets that, when combined with information-rich evidence from tests, will provide a stronger evidence base for drawing inferences.
- Applying norms and standards to measures for the person, group, or institution provides an **evidence base for making decisions**.

The yellow orange bar acknowledges that we provide consultative support for other organizations and individuals across the full range of our capabilities.

INSIDE THE NBME

NBME Welcomes Tom Rebbecchi



Thomas Rebbecchi, MD

Thomas (Tom) Rebbecchi, MD is an emergency physician who has a part-time practice at Cooper University Hospital and an academic appointment as an Associate Professor of Emergency Medicine at the Cooper Medical School of Rowan University. His involvement in the realm of high-stakes assessment began in 1998 when he was among the first

group of physicians involved with the scoring of the Clinical Skills Assessment (CSA) administered by the Educational Commission for Foreign Medical Graduates (ECFMG®). He continued in this role and others with the CSA exam and became the medical director for the Patient Note Program in 2001. In this role, he managed the physician raters in scoring and assisted in the creation of the collaboration between the ECFMG and NBME, which is now known as CSEC. When CSEC launched in 2004, he remained the Director of the Patient Note Program but in a part-

time capacity. In 2006, he was offered and accepted a full-time position in CSEC as an ECFMG employee. In this role, he managed, trained, and provided quality assurance for over 100 part-time physician raters and developed and implemented innovative change into the CS exam. He has recently transitioned into the Assessment Programs (AP) unit at NBME, where he will be assisting with programs such as Observational Assessment and Maintenance of Licensure.

Please welcome Tom to NBME!

From the Public Stakeholders



First convened in 2008, the Public Stakeholders Committee is a group of consumer advocates, public

members, and health experts brought together to advise the public policies of the National Board of Medical Examiners and to represent the public voice in NBME's pursuit of its mission. In each edition of The Examiner we will be sharing news and issues of interest to patients and the public.

In order to better engage with public stakeholders, NBME has in recent months developed a strategic plan to serve as a roadmap for the NBME's public engagement agenda. The activities highlighted in the strategic plan include increasing the role of public members on internal policy and test development committees, developing the NBME website and social media to provide resources for our public stakeholders, updating and building upon the NBME Health System Reform Policies (www.nbme.org/about/health-system-reform-policies/) as necessary, and ex-

ploring opportunities for research to better understand the broader trends affecting patient care.

In 2013, the NBME will establish an Office of Public Engagement. This office will provide leadership to nurture effective engagement and collaboration with the public. The Office of Public Engagement will drive public engagement agenda activities, with input from other NBME staff and the Public Stakeholders Committee. We intend the strategic plan for pub-

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INSIDE THE NBME

Assessment of Professional Behaviors Unit Changes Its Name and Scope



OBSERVATIONAL
ASSESSMENT

change better reflects the range of activities NBME is currently undertaking, with a primary goal to broaden the range of workplace-based observational assessments offered by the NBME.

NBME's Assessment of Professional Behaviors (APB) unit has recently changed its name to the Observational Assessment (OA) unit. The name

Formerly, the OA team focused on multisource feedback as its primary method of assessment. Due to changes in the environment, as well as additional developmental work in observational assessment, NBME has begun to explore the use of point-in-time observations of a clinical activity, such as taking a patient history. To understand more about multisource feedback, point-in-time assessment, and their differences, please visit www.nbme.org/schools/oa.

Currently, the OA team is doing exploratory work with risk management professionals, with the hope to help identify and mitigate disruptive behavior in the medical environment. Additionally, the team has a pilot project with the Royal College of Surgeons in Ireland, School of Pharmacy to explore patient participation in point-in-time assessments for student pharmacists. NBME continues to explore the potential of observational assessments across the continuum of medical education, as well as their use by allied health professionals.

NBME Introduces the Global Evaluation Management System™ (GEMS™)



In July 2012, the NBME launched GEMS – a comprehensive, integrated, online platform for managing and delivering examinations. It is offered in collaboration with Internet Testing Systems (ITS), the technology provided for NBME web-based Customized Assessment Services and subject examinations. GEMS is now being offered to

medical schools and other health profession schools worldwide.

GEMS capabilities include:

- Use of a secure, online test development tool to create and review items
- NBME item classification and coding schemes
- Import and storage of items, media and statistics

- Secure, online test delivery platform
- Customization of score reports
- Tracking of examinee performance across all GEMS examinations

GEMS is available on an annual subscription basis. Contact the NBME at GEMS@nbme.org for further information.

INSIDE THE NBME

New Online Item-Writing Tutorial

The NBME is pleased to announce the release of a new online item-writing resource, *Writing Multiple-Choice Questions: An Introductory Tutorial*. This tutorial is a self-paced, interactive tool that provides a foundation for writing quality multiple-choice questions. It is designed to introduce some of the main principles of item writing to individuals who write questions for examinations in the field of medicine and across the range of health professions.

Several health profession organizations and medical schools have expressed interest in online item-writing training over the past few years. Long-time USMLE committee member and chair of the Infectious Diseases Society of America (IDSA) In-Training

Examination (ITE), Dr. Cary Engleberg, approached NBME offering to collaborate on the development of an interactive, online item-writing tutorial. Dr. Engleberg believes that such a tool is a cost-effective method to bolster the training of new item writers for the IDSA ITE and other health profession organizations and medical schools.

Topic areas covered in *Writing Multiple-Choice Questions: An Introductory Tutorial* include the anatomy of an item, basic rules for writing good stems and options, characteristics of a quality “best-answer” item, writing items to assess clinical reasoning, common item flaws, and strategies for evaluating test items. The tutorial takes about 45 minutes to complete but is organized into sections so that

one can complete selected portions and easily return later. The tutorial is publicly available at www.nbme.org/IWTutorial.

This tutorial expands on the educational materials and instructional opportunities that NBME provides to help enhance the quality of test items used by educators and assessors in the healthcare professions. The tutorial draws on material from NBME’s popular item-writing manual, *Constructing Written Test Questions*, which serves as the basis for the item-writing seminars and workshops that NBME staff provides to groups around the world. For an overview of NBME’s item-writing resources, visit www.nbme.org/IWW.

(Public Stakeholders , continued from page 4)

lic engagement to be a living document, which will evolve with chang-

ing technologies, political shifts, and patients’ expectations of their physicians and healthcare. The goals of public engagement will grow and

change with the organization, as we strive toward our vision of improving healthcare around the world through assessment.

FROM THE ARCHIVES

NBME Schedule of Examination, Ft. Oglethorpe, Georgia, April 1918.

FIRST DAY

Monday, April 8, 1918.

9:00 A. M.—

Registration of Candidates.

Warden McLean Auditorium,
Camp Greenleaf.

(All written examinations will be held in this building.)

9:30 A. M.—12 M.—

Anatomy. (Written.)

1:30 P. M.—4:00 P. M.—

Physiological Chemistry (Written)

SECOND DAY

Tuesday, April 9, 1918.

9:00 A. M.—12 M.—

Physiology. (Written.)

1:30 P. M.—4:00 P. M.—

Materia Medica and Therapeutics. (Written.)

THIRD DAY

Wednesday, April 10, 1918.

9:00 A. M.—12 M.—

Pathology. (Written.)

1:30 P. M.—3:00 P. M.—

Bacteriology, Immunity and Medical Zoology. (Written.)

3:30 P. M.—5:00 P. M.—

Hygiene. (Written.)

FOURTH DAY

Thursday, April 11, 1918

9:00 A. M.—12 M.—

Medicine. (Written.)

1:30 P. M.—4:00 P. M.—

Obstetrics and Gynecology (Written.)

FIFTH DAY

Friday, April 12, 1918

9:00 A. M.—12:00 M.—

Surgery. (Written.)

1:30 P. M.—3:00 P. M.—

Medical Jurisprudence. (Written.)

Practical Examinations

SIXTH DAY

Saturday, April 13, 1918.

9:00 A. M.—12:00 M.—

Anatomy, Gross and Microscopic.
Applied Anatomy.

MacLean Memorial Building.

1:30 P. M.—4:00 P. M.—

Operative Surgery.

(Place to be announced.)

SEVENTH DAY

Monday, April 15, 1918.

9:00 A. M.—12 M.—

Physiological Chemistry.

1:30 P. M.—4:00 P. M.—

Physiology.

Laboratory, General Hospital.
Ft. Oglethorpe.

EIGHTH DAY

Tuesday, April 16, 1918.

9:00 A. M.—12 M.—

Pharmacology.

1:30 P. M.—4:00 P. M.—

Pathology, Gross and Microscopic.
Laboratory, General Hospital.

NINTH DAY

Wednesday, April 17, 1918.

9:00 A. M.—12 M.—

Bacteriology.

1:30 P. M.—4:00 P. M.—

Clinical Microscopy.

Laboratory, General Hospital.

TENTH DAY

Thursday, April 18, 1918.

9:00 A. M.—12 M.—

1:30 P. M.—4:00 P. M.—

Clinical Medicine, including Neurology and Physical Diagnosis.

Medical Division, General Hospital.

ELEVENTH DAY

Friday, April 19, 1918.

9:00 A. M.—12 M.—

1:30 P. M.—4:00 P. M.—

Clinical Surgery, including Diseases of Eye, Ear, Nose, Throat and Skin.

Surgical Division, General Hospital.

(Rhee Fincher, continued from page 1)

Dr. Fincher's volunteer service history at NBME is remarkable: she began as an item writer in 1992 and since that

time has served on many committees and in governance, including the Step 2 Committee, the USMLE Composite Committee, the Hubbard Award Committee and the Executive Board,

to name but a few. Dr. Fincher is the first female recipient of the Flexner Award.

Congratulations, Rhee!