The 100th Annual Meeting of the Membership of the National Board of Medical Examiners

The Membership of the National Board of Medical Examiners held its 100th Annual Meeting in Washington, DC on April 3-4, 2014. The meeting began with a plenary session on the morning of April 3 that included the roll call; welcome remarks by the Chair, Dr. Lewis R. First; ratification of appointments of representative members; and approval of the 2013 Annual Meeting minutes.

NBME Centennial Activities

On April 3 and 4, the NBME Membership heard presentations and participated in activities related to celebrating this 100th Annual Meeting of the NBME Membership marking the beginning of NBME’s centennial year.

Blue Book Examination

At the start of the meeting prior to the official call to order, Dr. First directed a session during which meeting participants used blue books and a No. 2 pencil to answer essay questions drawn from the NBME’s first examination, administered in 1916. In a subsequent session later in the meeting, Step Committee Chairs Drs. Yasin Lee and William Raszka displayed scans of audience responses to this exercise, commented on them, and presented information comparing current knowledge to scientific and medical knowledge of these topics in 1916.

100th Annual Meeting Welcome

Dr. First welcomed special guests, including NBME Executive Board alumni, past recipients of NBME’s Distinguished Service Award, senior staff retirees, guest representatives of national medical organizations and peer organizations, and a descendant of NBME’s founder, Dr. William L. Rodman. Dr. First welcomed guests joining the meeting via webcast and provided information on social media and other methods of communicating during the meeting. He asked meeting participants to think

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For Students

Protecting the Integrity of the USMLE®

Since its inception in 1992, the USMLE has delivered over two million individual test administrations to both domestic and international medical students and graduates. Measures designed to achieve a secure testing environment for these high-stakes examinations are the primary reason the majority of the examinees pass through without incident. Examples of these security measures include secure handling of test materials from the development to delivery stage, identity checks by proctoring staff, video recording of all test administrations, and routine sta-

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The 100th Annual Meeting of the National Board of Medical Examiners

1. Attendees completing the blue book exercise
2. Dr. Lewis First presents opening remarks
3. Dr. Donald Melnick discusses the formation of the NBME in 1915
4. Actor portraying NBME founder Dr. William Rodman
5. Actor portraying Dr. B. D. Harrison of Michigan, who opposed the formation of the NBME
6. Centennial Steering Committee Chair, Dr. Ruth Hoppe
7. Dr. Melnick presenting certificate of appreciation to Rodman descendant, Ms. Eunice Packer Murphy
1. Dr. First presents Distinguished Service Award to Dr. Roger Berkow
2. Dr. First presents Distinguished Service Award to Dr. Kathleen Liscum
3. Dr. First presents Distinguished Service Award to Dr. Joseph Zenel, Jr.
4. Dr. First presents Distinguished Service Award to Dr. Frank Celestino
5. Actor portraying Dr. John P. Hubbard interacts with video of Dr. Edithe Levit
6. Panel discussion led by Dr. Tallia and including Drs. Piemme, Kirch and Chaudhry
7. President emeritus Dr. L. Thompson Bowles
8. Attendees watching the debut of the centennial video
9. Dr. Hoppe with staff members Ann King and Gail Furman
10. University of Maryland School of Medicine’s Hippocratic Notes entertaining at dinner
about and email their ideas on core principles that NBME needs to protect and that might be used as themes for the 2015 Centennial Meeting. He noted that this 100th Annual Meeting was being held at the Willard Hotel because it was the site of NBME’s May 5, 1915 meeting of organization. He provided an overview of the rest of the meeting.

1915-1950: Creating Standards and an Unusual Opportunity to Be of Benefit to the General Public

Dr. Melnick led a session on the 1915 founding of the NBME and its evolution to 1950. His presentation began by focusing on the medical regulatory, national, and international environment surrounding the founding of the NBME. As Dr. Melnick profiled the founders and original members, actors playing Dr. B.D. Harrison of the Michigan State Board of Registration in Medicine and NBME’s founder, Dr. William L. Rodman, provided a living history portrayal. Using language from publications authored by each doctor during the period of NBME’s founding, the actors playing Drs. Harrison and Rodman depicted the controversy within the medical community through a debate of the pros and cons of Dr. Rodman’s proposal to establish the NBME. Ms. Eunice Packer Murphy, granddaughter of Stewart Rodman, accepted a certificate recognizing the immense contributions of the Rodman family to the creation and success of the NBME. Dr. Melnick presented information on financial support provided for the creation and early continuance of NBME through donations from organizations such as the Carnegie Foundation. He concluded this session by noting events in NBME history between 1915 and 1950, including a change from a six-day to three-part examination in 1922 and expansion of examination use from the 1920s to 1950.


NBME staff member Dr. Howard Wainer discussed key events in the history of testing for medical licensing. Noting the confluence of the 100th anniversary of the founding of the NBME and the 4,000th anniversary of the founding of testing, Dr. Wainer provided a “whirlwind tour” of the pathway from 1986 BC in China, attributed with discovery of the fundamental tenet of testing, to the modern era of assessment of health professionals. Dr. Wainer emphasized the special role played by Dr. John P. Hubbard, NBME’s chief executive from 1950 to 1974, in transforming the examinations and growth of services of the NBME.

Following Dr. Wainer’s presentation, an actor portraying Dr. Hubbard interacted with video clips of Dr. Edithe Levit interviewing a retired Dr. Hubbard about memories of his career and his leadership of the NBME. PowerPoint slides included demonstration of discontinued testing formats: the patient-management problem and a component of the Part III examination using motion pictures. Via an audience response system, Dr. First engaged meeting participants in teams competing to answer a series of test questions drawn from 1950-1960 archival materials.

1970-1990: Evaluation along the Continuum; NBME Goals, Priorities, and Collaborations

Dr. Alfred Tallia led an hour-long session exploring two topics from eras in NBME history. The first topic focused on NBME’s 1973 publication of the Report of the Committee on Goals and Priorities (“GAP Committee”) of the National Board of Medical Examiners, Evaluation in the Continuum of Medical Education, also known as the GAP Report. The second topic focused on the collaboration among multiple organizations represented by the Task Force to Study Pathways to Licensure and its 1989 publication, A Proposal for a Single Examination for Medical Licensure.

Using a talk show format, Dr. Tallia interviewed guest panelists: Drs. Hank Chaudhry of the Federation of State Medical Boards, Darrell Kirch of the Association of American Medical Colleges, and Thomas Piemme, original
member of the GAP Committee. They explored connections of recommendations studied in the 1973 and 1989 publications with later changes in assessment of health professionals, recent and current activities echoing these recommendations, and the hope for a future state in which increased collaboration among peer organizations in medical education, assessment, and regulation leads to shared approaches to advancement in the assessment and practice of medicine.

Dr. Tallia used an audience response system to engage meeting participants in answering samples of test items drawn from 1970-1980 archival materials.

1990 to the Present: “Continuous Improvement”

In a 90-minute afternoon session on April 3, meeting participants divided into six small groups to rotate among NBME staff demonstrations of products and services: NBME U (see page 8), Pivio, multimedia in assessments, clinical skills assessment, the Global Evaluation Management System and Customized Assessment Services, and Primum® Computer-based Case Simulations.

Presentation of the 2014 Hubbard Award

During the April 3 Annual Meeting luncheon, the 2014 John P. Hubbard Award was conferred on Dr. Robyn Tamblyn in recognition of her remarkable leadership in assessment, including her work to study the link between evaluation programs and actual outcomes of care (see page 7).

Why Do We Volunteer to Serve the NBME?

On April 3, Dr. Ruth Hoppe explored the volunteerism at the heart of many NBME activities and to which individuals present at the 2014 Annual Meeting were important contributors. Dr. Hoppe presented selected excerpts of submissions collected in advance of the meeting from individuals reflecting on their time as volunteers for the NBME. Themes reflected in the submissions included learning and growth (getting more than giving); satisfaction in a high purpose (giving to the profession and to community and making a difference); working amid high standards of excellence; and fun and friendship. Dr. Hoppe elicited additional comments on NBME experiences from the audience.

Debut of NBME Centennial Video

At a reception prior to the Annual Meeting dinner on April 3, Dr. L. Thompson Bowles introduced the first public viewing of NBME’s centennial video, “What Is the NBME?” The video is available at www.nbme.org.

State of the Board

In a morning session on April 4 that was moderated by NBME Vice Chair Lynn Cleary, the NBME Chair, President, and Treasurer provided PowerPoint presentations linking NBME past and present.

Dr. First’s presentation included notable firsts in NBME history, key past events and evolution of NBME governance and structure, examples of parallels between historical governance issues and the work of NBME governance today. Dr. First also shared expressions of appreciation for the extraordinary contributions of NBME volunteers and staff to accomplishing the mission and goals of the NBME.

Dr. Melnick’s presentation included a review of NBME programs and services over the past 100 years. Dr. Melnick traced NBME development and growth in pursuit of its mission: services for licensing authorities and medical schools; assessment for international graduates; services for sister organizations; and services for medical students, residents, and practicing doctors.

Ms. Suzanne Anderson’s presentation included an overview of NBME fiscal history, including decades with no examination fee increases, long periods in which revenue was provided primarily by external contributions and charitable funding, and no reserves or investments to support operations and development until later years.

Reports of the Executive Board, Treasurer, and Audit Committee

After receiving written reports from the Executive Board, Treasurer, and Audit Committee, the NBME Membership acted to accept these reports as a group.

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Amendments to NBME Bylaws

Dr. First provided comments supplementing agenda materials on updates to three sections of the NBME Bylaws to reflect the restructuring of USMLE oversight committees arising from the Comprehensive Review of USMLE. After providing an opportunity for discussion of the amendments, the Membership approved the amendments to the Bylaws.

“An Unusual Opportunity to Be of Benefit to the General Public” – Revisited

Ms. Suzanne Anderson introduced a session inspired by part of a sentence included in the May 5, 1915 minutes of the NBME meeting of organization. The text appears to be attributed to Dr. Rodman, NBME’s founder: “The Board now seemed to have an unusual opportunity to be of benefit to the general public.” Ms. Anderson spoke of the initial words in the first sentence of NBME’s mission statement, addressing this core component of NBME’s purpose: “To protect the health of the public through state of the art assessment of health professionals.” She described contributions to NBME’s public engagement made possible by the activities of the Public Stakeholders Committee, which had been established in 2008. She noted its work products and recommendations, including the establishment of an Office of Public Engagement, for which a full time staff program officer was appointed in 2013.

Ms. Anderson introduced Mr. Dave deBronkart, the author of Let Patients Help: A Patient Engagement Handbook. One of the world’s leading advocates for patient engagement, Mr. deBronkart provided a presentation highlighting his healthcare experiences and calling for support from healthcare professionals and patients to be equal partners in patients’ health.

Core Principles

Near the end of the meeting, Dr. Cleary presented ideas submitted throughout the meeting on core principles that NBME needs to protect and that might be used as themes for the 2015 Centennial Meeting. Using audience response, Dr. Cleary collected rankings from meeting participants on the principles submitted.

Preview of NBME Centennial Year

Dr. Hoppe, Chair of the Centennial Steering Committee, summarized NBME plans for its centennial year, beginning with this 100th Annual Meeting and concluding with the Centennial Meeting on May 4-5, 2015. Other events include NBME appearances at other annual organizational meetings, monthly staff events featuring NBME moments in history, a display incorporating historical items, centennial gifts and mementos, and a gala dinner for staff in April 2015.

Dr. Tallia, Chair of the Centennial Products Committee, provided information on the centennial video (see page 12), plans to launch a centennial history website, NBME U learning modules (see page 8), and potential publication of a centennial compendium.

Dr. Graham McMahon, Chair of the Centennial Meeting Program Committee, described the Centennial Prize Competition, “Innovation in Future Assessment of Health Professionals,” and plans to judge competition finalists and announce the prize winner at the May 4-5, 2015 Centennial Meeting.

Dr. W. T. Williams, Jr., Chair of the Centennial Philanthropy Committee, announced that the recipients of the NBME Centennial Awards Program for Latin America are three consortia of medical schools in Argentina, Chile, and Mexico.

Distinguished Service Awards

Dr. First presented the Edith J. Levit Distinguished Service Award to four members concluding terms of service: Drs. Roger Berkow, Frank Celestino, Kathleen Liscum, and Joseph Zenel, Jr. Dr. First directed attention individually to their valuable contributions and many years of loyal NBME service, and he expressed hope for their continued connections with the NBME in other capacities.
Robyn Tamblyn Receives the 2014 John P. Hubbard Award

Robyn Tamblyn, BScN, MSc, PhD was selected as the recipient of the 2014 John P. Hubbard Award. The award is given to individuals who have made outstanding contributions to the pursuit of excellence in the field of evaluation in medicine. John J. Norcini, PhD, Chair of the 2014 Hubbard Award Committee, announced Dr. Tamblyn’s selection at the Annual Meeting of the NBME Membership on April 3, 2014.

In presenting the award, Dr. Norcini stated: “In recognition of her outstanding contributions to evaluation in medicine, I am pleased to announce that the recipient of the 2014 Hubbard Award is Robyn Tamblyn. Dr. Tamblyn’s contributions include seminal work in this field related to NBME’s mission to protect the health of the public, such as the relationship of test scores and practice performance, validation of the outcomes of certification and licensure examinations, and pioneering work in the methodology to show the link between evaluation programs and actual outcomes of care. As noted by colleagues, Dr. Tamblyn completely fulfills, in a stellar fashion, all four categories of achievement for the award. She was one of the pioneers in the development of performance assessment, working with the giants in the field, such as Howard Barrows, the very first Hubbard Award recipient.

“Dr. Tamblyn’s extraordinary academic career has resulted in a plethora of methodologically related, sequentially developed studies to assess the overall issue of whether the public is being protected in the healthcare system. She has been a pioneer in use of standardized patients and practice-based assessment and feedback. As one example, Dr. Tamblyn’s use of large data sets and online feedback systems to document, guide, and promote quality in prescribing practices is both innovative and unique. She has set a standard that few, if any, have been able to emulate.

“A strong case can be made that the current widespread acceptance and utilization of performance-based assessment in medical education, both in the US and beyond, is due in large part to the seminal work that she did, starting with the development of OSCEs, including training regimes for standardized patients, and moving toward the validation of the outcomes of certification and licensure examinations.

“Dr. Tamblyn’s work has had nationwide and global impact. Consistent with her goal to help ‘protect the public,’ many of her studies were enabled by effective collaboration between academic and regulatory bodies, no small feat. No one else in North America of whom I am aware has had such a major impact on assessment of performance in the work-

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Introducing NBME U*

NBME U is an online collection of lessons for individuals interested in learning a range of topics relevant to high-quality assessment. NBME U was conceived as a “give back” to the academic medicine community as part of our centennial celebration. Lessons are provided free to learners through May 2015. The centennial year course, *Assessment Principles, Methods, and Competency Framework,* includes the following lessons:

*NBME U is not an educational institution, and the information and services provided through the NBME U website are not part of an accredited or state-approved educational program.*

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Visit the NBME U learning portal to enroll today: [https://nbmeu.desire2learn.com](https://nbmeu.desire2learn.com)
Joining Forces Update

In the spring/summer 2012 issue of the Examiner, NBME announced its commitment to the Joining Forces initiative, a program launched by First Lady Michelle Obama and Dr. Jill Biden to recognize and honor America’s veterans and military families. Facilitating and improving wellness among the troops, veterans and their families is a major goal of Joining Forces. The fall/winter 2013 issue of the Examiner described plans for the formation of task forces of content experts from the Veterans Administration, the Uniformed Services University of the Health Sciences, and physicians from all branches of the military. These task forces will develop test questions on the psychological and physical problems of veterans, returning deployed servicemen and women, and the families of deployed servicemen and women, to be included in the USMLE Step examinations and to develop a medical school subject examination dedicated to this topic.

The NBME is deeply grateful for the support of the Veterans Administration, which awarded a fixed price contract to the NBME to fund two 12-14 member task forces each year for two years in order to generate rapidly the examination content needed to cover this important topic.

Each of the two task forces will comprise content experts of relevant subject domains, including traumatic brain injury, blast injuries, rehabilitation from blast injuries, spinal cord injuries (acute care and ongoing care), hearing loss, environmental toxin exposure, infectious diseases endemic to western Asia, post-traumatic stress disorder, depression, suicidal ideation, anxiety, alcohol and drug use (including prescription drug use), military sexual trauma, intimate partner violence, and psychological and psychiatric conditions of families of deployed servicemen and women (including spouses, significant others and children).

NBME Member Karen Sanders, Deputy Chief, Office of Academic Affiliations, Veterans Health Administration, was instrumental in helping NBME obtain the funding and support for this initiative. “Due to the increasing importance of veteran-related health issues, and especially the recognition of mental health issues of returning service members and veterans, the VA has entered into this contract with NBME,” says Dr. Sanders. “The VA hopes that embedding these topics into the USMLE will increase the formal placement of these items into medical school curricula. The USMLE is the first but not the last licensing exam that the VA hopes to influence in terms of veteran and military health content. We will be working with other disciplines and their licensing exams.”

The NBME expects to introduce new military health content into the USMLE Step examinations beginning in 2015. By 2016, the content will be covered in all three Steps of the USMLE.

For more information on Joining Forces, please visit www.whitehouse.gov/joiningforces.
(Protecting the USMLE®, continued from page 1)

tistical analyses designed to flag anomalous performance.

However, occasional attempts to subvert the examination process necessitate a continuous review of the security measures undertaken to curtail efforts to undermine the USMLE. Examples of this include the security measures undertaken prior to testing day, beginning with test item development committee members, who are required to sign a security and non-disclosure agreement that precludes subsequent involvement with test preparation courses.

Security measures also exist at the point of registration. Applicants are required to submit a notarized certification of identity with a photograph, which is shared between all three registration entities (NBME, ECFMG, FSMB). Additionally, when an examinee’s application has been approved, a test form is identified for that examinee from a random pool of test forms; any subsequent attempts by the examinee require the assignment of a test form from a subgroup of test forms separate and apart from any other test form pool. This assures that examinees are not seeing test content administered to them previously.

On testing day, prior to testing, numerous security measures are carried out by examination proctors to ensure compliance with USMLE policies and procedures. Proctors play a critical role during the testing day, as their vigilance often deters and/or detects breaches of security by examinees. In addition to video and audio surveillance, proctors are required to monitor the testing area and walk through it frequently throughout the day. They are also required to submit reports to NBME, alerting the program of any deviation from the standard test administration or possible testing infraction by examinees.

The USMLE also maintains a quality assurance program as part of ensuring its testing vendor, Prometric, is compliant with test administration protocols, which includes delivering a “report card” to each of the Prometric sites. This report card is based on information from examinees, as well as “secret shopper” visits. In some instances, the outcome of a secret shopper visit has resulted in the suspension of USMLE test administrations at that site.

After testing day, in addition to ongoing quality assurance activities, all proctor reports are routed to USMLE staff for review. Some may be dismissed as benign; others may trigger a more formal review and/or investigation and may result in a referral to the USMLE Committee for Individualized Review (CIR), which meets approximately five to six times per year, for review and adjudication of allegations of irregular behavior and score validity. Some examples of irregular behavior include, but are not limited to, seeking, providing, and/or obtaining unauthorized access to examination material, altering or falsifying USMLE documents, possession of unauthorized materials in the secure testing area, and proxy testing. The sanctions that the CIR imposes can include annotation of the USMLE transcript, reporting to the FSMB Board Action Data Bank, and a bar from sitting for any USMLE examination for a specified period of time – one to three years is the norm, although lifetime bars can and have been imposed.

One of the major challenges facing the USMLE involves examinee “chatter” following test administrations, particularly when examinees share exam content online. To address this issue, USMLE staff routinely monitors internet sites focused on the USMLE. Additionally, various measures have been implemented to prevent and/or discover the disclosure of proprietary examination content, including ongoing research by USMLE staff, the implementation of a security tip line, and statistical analyses to review anomalous performance, which may be triggered by an unusually large increase in score from one administration to the next, performance at or below chance level, or unusual response patterns.

The security measures mentioned represent only a sample of the efforts that staff from all three registration organizations undertakes to ensure the USMLE remains secure and uncompromised. If you would like more information about security efforts or have questions related to information listed in this article, please visit USMLE’s website at www.usmle.org/security.
On February 27th, Dr. Donald E. Melnick, NBME President, and Dr. John R. Boyce, Executive Director of the National Board of Veterinary Medical Examiners (NBVME), signed an agreement, three years in the making, establishing a new collaboration between the NBME and the NBVME to co-sponsor the North American Veterinary Licensing Examination (NAVLE).

Dr. Melnick noted that “the NBME is very excited about this opportunity to join forces with another organization that has exactly the same kind of mission — that has been focused on protecting the health of our nation through assessment of professionals.” This collaboration represents a significant step forward in the “One Health” movement to strengthen connections between physicians, veterinarians, public health professionals, environmental scientists, and other health-related science professions. Both organizations believe there is great opportunity in drawing closer ties between human health and the health of animals and our environment.

The two organizations have a long history of working together. The NBVME has been a client of the NBME through contractual agreements since 1998. With the evolution of this client-vendor relationship into the present collaborative relationship, the organizations aim to increase efficiency, foster enhancements to the NAVLE program, and encourage the development of new exam item types.

On May 2, representatives from NBVME and NBME came together for the first Governance Committee meeting of the newly formed CVA. The committee proposed a list of several possible enhancements to the NAVLE that will be further developed by staff to be explored during the next several meetings of this governance group.
place, coupled with feedback mecha-
nisms that have the potential to change
behavior and influence credentialing
and licensing practices.”

Dr. Tamblyn is Professor of Medicine and
Epidemiology at McGill University,
Scientific Director for the Institute for
Health Services and Policy Research at
the Canadian Institutes for Health
Research, and Medical Scientist at
McGill University Health Centre.

The NBME established the Hubbard
Award in 1983 in special tribute to the
late John P. Hubbard, MD. Honoring Dr.
Hubbard as a principal, guiding force of
the NBME, this award acknowledges his
creative and inspired leadership of the
organization during his 25-year tenure
as its chief executive. Dr. Tamblyn
deservedly joins the ranks of the distin-
guished individuals whom the NBME
has honored over the years with this
prestigious award. The 2014 Hubbard
Award Committee, chaired by John J.
Norcini, PhD, included as members
Freda M. Bush, MD, Kevin W. Eva, PhD,
Kenneth M. Ludmerer, MD, MA, Miguel
A. Paniagua, MD, and Mark R.
Raymond, PhD.

INSIDE THE NBME

Introducing Our Centennial Video: What Is the NBME?

As part of our centennial celebration, the NBME has developed a 10-minute video to describe our organization, its history, its
work today, and its hopes for the future. The video is both humorous and informative, and we hope you will take a few minutes
to view it on our website: www.nbme.org.

When you visit the newly designed home page of our website, please take a few additional minutes to explore our plans for the
centennial year, NBME U (see page 8), the Awards Program for Latin America and other activities.
2015 John P. Hubbard Award Call for Nominations

The NBME invites nominations for the 2015 John P. Hubbard Award. This award recognizes individuals who have made a significant and sustained contribution to the assessment of professional competency and educational program development at any level along the continuum of medical education and delivery of healthcare.

It is expected that the successful candidate will have demonstrated outstanding achievement in one or more of the following areas:

- A substantial record of fostering the development of evaluation methods and/or measurement techniques; or
- Personal contributions to basic or applied research in the creation or improvement of assessment methodology; or
- Accomplishment in improving the quality of evaluation at an organizational level; or
- Contributions through the education or mentoring of students, colleagues, fellows, or graduate students, to further progress in evaluation.

Please visit www.nbme.org for more information on the Hubbard Award. The deadline for submissions is September 10, 2014.