On July 14, 2011, the NBME helped make history in Lebanon. In conjunction with the faculties of medicine of the American University of Beirut, Beirut Arab University, Lebanese University, Holy Spirit University of Kaslik, Universite Saint-Joseph de Beyrouth, and University of Balamand, the NBME successfully administered the International Foundations of Medicine (IFOM) Clinical Science Examination (CSE). A total of 298 students from these six Lebanese medical faculties participated in the administration of the CSE.

This was an historic moment in medical education. The event is the first nationwide, voluntarily subscribed administration of the examination involving all medical schools by consensus. It represents a significant milestone for the IFOM program and a large step forward in efforts to develop uniform expectations of what constitutes core knowledge of medical students. It is an even bigger milestone for Lebanon, as these six schools represent the diverse Lebanese medical student population. While we often hear about discord among Lebanon’s various religious and political factions, the July 14, 2011 IFOM CSE administration is the first time in anyone’s memory that the diverse faculties and students of these schools have found common ground, both in goal and at a single gathering point. Although the IFOM CSE is currently in use in more than 20 countries on five continents, the Lebanese administration marks the first time that all medical schools in a country have elected to participate as a common group.

(continued on page 4)
Can you tell us a little about your background and how you became involved with NBME?

I graduated from the University of Vermont in 1976 with a BA in Mass Communications. Shortly after graduation my husband, Jeb, and I applied for an FM radio frequency in Montpelier, Vermont and started broadcasting on June 12, 1977. About 25 years ago, while busy running a radio station and raising two daughters, I received a phone call from Governor Kunin’s office asking if I would accept appointment to the Vermont Board of Medical Practice as a public member. I said, “THE WHAT?”

As a member of the Board of Medical Practice, it didn’t take long for me to be bitten by the public protection bug. The money collected from license renewal fees was used to support other boards while the Medical Board didn’t have its own Executive Director or investigator or staff or computer! That didn’t seem right to me, so I looked to the Federation of State Medical Boards (FSMB) for help and guidance. That was my introduction to the national organizations working to protect the public through licensure and assessment.

A few years after being appointed to the Vermont Board of Medical Practice I was elected Chair of the board and shortly after that I was elected to the FSMB board. My board involvement on a national level with the FSMB introduced me to other boards, the National Board of Medical Examiners for one. It was public protection on steroids.

How has your involvement in the “House of Medicine” grown over the years?

Being the elected President of the FSMB, 1997-1998, gave me the opportunity to work more with the NBME and other organizations such as the AMA, ACCME and LCME. I represented the FSMB on the United States Medical Licensing Examination® (USMLE®) Finance and Business Group 1991-1995 and on the USMLE Composite Committee from 1997-2004. Having been on the FSMB board when the USMLE was negotiated with the NBME, it was great seeing first-hand what the committees looked like in real life and not just on paper. My other direct involvement with the NBME was being a member of the Standardized Patient Advisory Committee (1996-1999), which set the wheels in motion for the Step 2 Clinical Skills exam.

You are the current Chair of the Public Stakeholders Task Force. While we all know NBME’s mission is to protect the public, your task force wrestles with how to engage the public. Can you tell us a little bit about public engagement with the NBME’s work?

For 25+ years I have been involved with medical licensure through regulation and assessment. There are many challenging issues facing both public and physician members. But we share the same goal: to protect the public. Whether the issue is a telemedicine license or a doctor of nursing exam, most agree that it is important that the public is part of the conversation.
patients over time. The 2-hour test session includes a 20-minute tutorial and 1 hour, 40 minutes of actual testing time.

Program Communications

The pilot examination for residents in Internal Medicine was announced in March 2010. The NBME received a vigorous response. A total of 52 internal medicine programs tested over 750 residents during their 2010 program orientations. Shortly after the pilot, the subinternship examinations were renamed the Advanced Clinical Examinations.

The Internal Medicine ACE is currently offered as an NBME service. To date, 17 residency programs have ordered the examination for 244 residents during their 2011 orientations.

The General Surgery ACE is now in its pilot phase. Approximately 250 residents are expected to take the test by the end of October 2011.

A page for New Resident Assessments has been added to the NBME website. The page provides access to ACE announcements, specifications, sample questions and content outlines.

Webcasts

In May and June of each year NBME staff members deliver a series of informational webcasts to residency program directors and administrators across the country. The purpose is to orient pilot participants with ordering and administering the examinations online through the NBME Services Portal.

ACE Administrations and Performance Feedback

ACE administrations commence with the arrival of new residents in June and conclude in October. The majority of hospitals deliver the examination on-site via dedicated computer labs.

Internal Medicine ACE users receive a scaled score roster, a keyword phrase item analysis, and norm data reflecting the performance of several groups of examinees who previously took this examination under standard test conditions. Norms are reported for all residents taking the examination and include breakdowns by graduates of US and international medical schools. Graphical performance profiles, identifying areas of strength and weakness, are also provided for each resident. Initial results have shown that graduates from US schools have higher ACE performance than international graduates.

Surgery ACE pilot participants will receive percent-correct scores only until norms are developed.

Program Feedback

Based on responses from program directors, the examinations provide an objective measure of a resident’s knowledge base and assist programs in tailoring instruction to overcome knowledge gaps for both US and international residents.

Outreach and Future Directions

In April 2011 an Internal Medicine ACE presentation was made at the Association of Program Directors in Internal Medicine spring meeting. Program brochures have been developed and are currently distributed by request. Several inquiries have been made regarding the availability of additional NBME examinations for the graduate medical education community. Focus is currently directed on the development of resident self-assessments and preparation for USMLE® Step 3.

An ACE pilot for Pediatric residents is anticipated for spring 2012.
Dr. John Gianopoulos has been a member of the Computer-based Case Simulation (CCS) Committee since 1996. He served as Scoring Group leader from 2003 through 2007 and was appointed Chair of the committee in 2008. Dr. Gianopoulos has worked tirelessly to support CCS and to promote its usefulness as a unique assessment modality. Retiring from the committee after 16 years of service, Dr. Gianopoulos was feted with gifts and cake from fellow committee members and NBME staff to thank him for his many contributions.
Dave Swanson Awarded the Richard Farrow Gold Medal by the UK’s Association for the Study of Medical Education

On July 15, 2011 during its Annual Scientific Meeting in Edinburgh, NBME staff member Dave Swanson was awarded the Richard Farrow Gold Medal by the UK’s Association for the Study of Medical Education (ASME). The ASME Gold Medal is given to recognize outstanding contributions in one or more of the following categories:

- Promote high quality research into medical education
- Provide opportunities for developing medical excellence
- Disseminate good educational practice based on research evidence
- Inform government and other organizations on medical education
- Develop relationships with other organizations and groups involved in healthcare

In response to a question during his acceptance speech, Dave indicated that the most rewarding part of his career has been the opportunity to work with the many dedicated basic science and clinician educators who so generously contribute their time and expertise to development of USMLE.

Dave is currently the Vice President for Program Development and Special Projects in the Assessment Programs unit. In that role, he works broadly on new domestic and international programs and services, development of new assessment formats, and a variety of medical education research projects.

Dave joined the NBME staff in 1988 after a decade with the University of Rochester and the American Board of Internal Medicine. He initially served as a Senior Evaluation Officer in the Evaluation Programs unit, directing the development of the NBME Comprehensive Part I and Part II examinations, which became USMLE Step 1 and Step 2 in 1992. From 1992 until 2001, Dave directed Step 1. He served as the Vice President for Test Development Services until early 2010, when he moved into his current position.

Over the course of his career, Dave has co-authored and presented hundreds of papers. Topics include assessment of medical decision making with multiple-choice tests, patient management problems, and computer-based clinical simulations; assessment of clinical skills with real and standardized patients; development and retention of basic science knowledge, patterns of performance on admissions, licensure and certification examinations; issues in computer-based testing; and use of progress tests nationally and internationally. He has also conducted item-writing and other assessment-related workshops at dozens of medical schools and conferences nationally and internationally. A former member and chair of the AAMC Research in Medical Education (RIME) Committee, Dave has received several “best paper” awards from the American Educational Research Association and the RIME Conference, and he was named the Jack L. Maatsch Visiting Scholar in Medical Education for 1996.

Among the four previous Richard Farrow Gold Medal awardees are Ronald Harden, John Norcini, and Cees van der Vleuten, all recipients of the NBME’s Hubbard Award. Please join us in congratulating Dave for earning the prestigious Gold Medal.
The public perspective is discussed in-depth at the Public Stakeholders Task Force meetings, and this has led to appointing a public member to the USMLE Step 2 Committee, helping to write the NBME Policy document and discussion on sharing policies of the USMLE Composite Committee…to name a few.

When I agreed in 1985 to serve as a public member of my state’s Board of Medical Practice, I had no idea that I would remain engaged and committed for all these years. I credit my Board colleagues whose professionalism and integrity have made it and continue to make it a pleasure to serve and represent the interests of the public.

Members of the NBME’s Public Stakeholders Task Force address a “brown bag” lunch session for NBME staff on September 21, 2011.

HELP US CELEBRATE NBME’S CENTENNIAL

Planning is underway to celebrate the National Board of Medical Examiners’ centennial year. Working groups comprising current and former staff and Board members are meeting to determine the best ways to celebrate our history, thank our past and present volunteers and staff, and look toward our future. Upcoming issues of the Examiner will feature more specific information about the celebration as details emerge.

The NBME welcomes the submission of any historical materials that could help document the accomplishments of the NBME over the years. These materials might include photographs, personal memoirs or mementos, copies of archival documents, etc. Please contact Susan Deitch at sdeitch@nbme.org for information on how to submit your historical materials or if you have ideas or questions related to the centennial.