

Overview

Executive Summary

Guided by the competency movement in medicine and particularly by the Accreditation Council for Graduate Medical Education’s list of core competencies, the NBME has initiated a high priority developmental program to develop tools for assessing professionalism. This program has produced a behavior-based survey instrument intended for implementation within a system of multisource feedback (MSF). The intended purpose of this instrument is to provide feedback for improving individual professional behavior, and for clarifying and refining curricula and teaching methods for medical professionalism in the broadest sense.

The APB instrument is designed to assess behaviors relevant to the medical profession, applicable across the range of training and practice, and thought to be readily observable over the course of educational and professional interactions. The survey instrument is intended to be used by multiple groups of individuals within the trainee’s or professional’s environment, including peers, other health care professionals, and ultimately, patients. An implementation document based on multisource feedback ‘best practices’ has been created to guide users in integrating the instrument and the feedback process into the local environment and culture.

The NBME is presently conducting Field Trials in collaboration with medical schools and residency training programs to obtain information about the utility of the instrument. The Field Trial tests the use of the instrument as part of a formative and supportive system for MSF. It is intended that the process will encourage thoughtful reflection and dialogue about professional behaviors at individual, departmental and institutional levels; and that the feedback provided will result in an opportunity to enhance strengths and identify areas needing improvement. The Field Trials also seek to obtain information about the process of providing feedback to participants about their observed professional behavior and about the usefulness of the ‘NBME Assessment of Professional Behaviors Program: Guide to Implementation’ document. The NBME is committed to continued research to ensure the quality of the instrument and its utility for assessing professional behaviors.

I. Background

The competency movement in medicine has focused on professionalism as a core component. This focus has resulted in improved definitions, new educational programming, and calls for better assessment. The NBME has responded to these calls by initiating a high priority developmental program to develop instruments for assessing professionalism. The instruments being developed are an outgrowth of an invitational conference on the assessment of medical student professionalism co-sponsored by the NBME and the Association of American Medical Colleges (AAMC) in 2002.¹ What has evolved is a behavior-based survey instrument intended for implementation within a system of multisource feedback. MSF assumes that some information can be gathered most efficiently and effectively from those working closely with the individual of interest, and that this information is not otherwise readily available from standardized and/or simulated assessment sources.

The primary purpose of the APB survey instrument is to provide feedback for improving individual professional behavior, and for clarifying and refining curricula and teaching methods for medical professionalism in the broadest sense. The feedback and refinements will be based on observations over short periods of time, but as these observations aggregate over longer time intervals, involving larger numbers of observations, the data generated should provide documentation and support for higher stakes feedback and decisions.

II. Conceptual Framework

The conceptual framework for this approach makes several assumptions:

- Professionalism and other competencies can be constructed as an aggregation of behaviors which, when they occur in a consistent fashion across a variety of tasks and settings, are associated with highly functioning health professionals who provide better quality health care.
- Trainees adopt professional behaviors developmentally and such development is amenable to positive influence by educational interventions and by feedback.
- Individual behaviors occur in context within complex, stressful systems and environments where behavioral norms can differ markedly across and within institutions; therefore assessment of professional behaviors and the conversations facilitated by feedback need to take those environmental factors into account.
- Such conversations can and should serve to explicate hidden curricula and create momentum to formalize standards and expectations that are not codified or formally communicated.

The NBME seeks to test these assumptions in the Field Trials that evolve as part of the pilot phase of this developmental program.

III. The APB Instrument

The APB instrument is designed to assess behaviors relevant to the medical profession, applicable across the range of training and practice, and thought to be readily observable over the course of educational and professional interactions. The list of behaviors started with a scan of relevant literature and web sites in 2001, and continued with content generated at the 2002 AAMC/NBME Invitational Conference. The pool of behaviors was reduced from about 150 behaviors through work

¹ AAMC, NBME, *Embedding Professionalism in Medical Education: Assessment as a Tool for Implementation*
http://www.nbme.org/PDF/NBME_AAMC_ProfessReport.pdf

of an NBME Instrument Design Task Force and NBME staff. The pool continues to be refined and modified based on extensive work with focus groups and medical school and residency faculty. Each survey contains 15-20 behaviors selected from the item pool to keep any single survey form reasonably short. Each survey also contains about 10 additional items: six relational items to help assess other factors that may enhance or interfere with objective observation; and two to four global items to assess higher level constructs related to the specific behaviors.

The instrument captures data through the use of a frequency scale for the behavioral items and an agree/disagree rating scale for the global items. The frequency scale was selected for behavioral items to preserve observer objectivity. An agree/disagree scale was selected for the global items to obtain the observer's value judgment. The global items help to identify information missing from the behavioral items on any individual survey form, since each form will only comprise a subset of the behavioral pool. Global items also address higher level constructs of interest to educators that are amenable to observation in these settings.

The APB instrument is intended to be used by multiple individuals within the trainee's or professional's environment, including peers, other health care professionals and, ultimately, patients. The 'Guide to Implementation' makes suggestions to users about how to integrate the instruments and the feedback process into the local environment and culture, based on 'best practices'.

IV NBME-Sponsored Field Trails

A. Purpose

The purpose of the Field Trials, conducted by the NBME in collaboration with medical schools and residency training programs, is to obtain information about the utility of instrument. The Field Trial also seeks to obtain information about the process of providing feedback to participants about their observed professional behavior and about the usefulness of the 'Guide to Implementation'.

The Field Trial tests the use of the instrument as part of a formative and supportive system for MSF. It is intended that the program will encourage thoughtful reflection and dialogue about professional behaviors at individual, departmental and institutional levels; and that the feedback provided will result in an opportunity to enhance strengths and identify areas needing improvement. The implementation of these assessment tools within the Field Trial will attach low stakes for those being assessed, with the expectation of no academic or employment consequences for measures obtained directly from these survey instruments.

B. Field Trial Participants

Participants in the Field Trial may be students, residents, faculty and staff at the participating institutions. The institution will determine whether to implement the Field Trial on a mandatory or voluntary basis depending on its local requirements and other administrative requirements such as IRB approval. Participants may have one or more of the following roles: *observers, observees, mentors, feedback facilitators and supervisors.*

Observers are participants deemed by the institution eligible and suitable for observing professional behavior and completing surveys.

Observees are participants whose behaviors will be observed and recorded by observers.

Facilitators are trained to provide feedback to individuals and groups.

Mentors are trained to guide and advise participants on development of an improvement plan, an individualized plan for responding to the trainee’s evolving sense of the data collected and the dialogue of the feedback process.

Supervisors are those who have administrative responsibility for participants and have the right to access information about them. They can be facilitators and are responsible for sign off on individual participant improvement plans.

C. Data Collection & Processing

Survey Data

Survey administration takes place across the web, through secure systems integrated with local information systems. The survey data are summarized in the table that follows:

Name	Data	Approximate Number of Items
APB Survey Instrument	Relational descriptors	6
	Behavioral observations	15-25
	Global ratings	2-4
Demographic Survey	Participant background and work-related information	10-12
Participant Feedback Survey	Reactions to surveys and Field Trial	To be developed

Focus Groups

Focus groups will be conducted by the NBME on site at participating institutions throughout the Field Trial to elicit the opinions of participants. Typically, focus groups will consist of about eight people and last for one hour. Refreshments may be provided for participants.

Data Processing and Vendors

Data processing will be handled by the agreement the institution has with a commercial vendor or via any local web-based evaluation system utilized by the institution. The institution will provide NBME with de-identified data as mutually agreed upon.

D. Data Confidentiality

All data is highly confidential and should be labeled and treated as such. Data provided to the NBME is stored securely at the NBME with access restricted to NBME researchers.

All participants should be advised that survey responses are confidential, and preservation of observer anonymity is vital. For example, feedback should not be provided from an observer group that has only one observer; it can be included in the total group feedback. Also, it is recommended that an explicit decision be made about providing to the observee textual or narrative feedback that has not been screened.

E. Feedback to Participants

At least once in the middle of the yearly cycle and once at the end of the yearly cycle, feedback should be provided to participants through face-to-face meetings by trained personnel. Orientation and training of those participants who will serve as facilitators and mentors should be provided. NBME will develop report formats and provide guidelines for participating institutions for delivering feedback. Feedback should be provided individually to observees and to all other participants (observers, facilitators, etc.) as individuals or groups as seems most sensible.

V. Field Trial Methods, Coordination and Administration

A. Administrative Responsibilities

A Program Champion will be responsible for all high-level aspects of Field Trial implementation to ensure its success, including training for participants and direct communication with the NBME, and overall local project leadership. In addition a Program Coordinator will work with the Champion and be responsible for all administrative aspects of the Field Trial at the institution. Responsibility for data entry into and recovery from a local or commercial evaluation system is the responsibility of the Coordinator or others designated by the Coordinator.

The NBME will be responsible for providing surveys, the 'Guide to Implementation' (e.g., needs for orientation training, feedback models, implementation issues) and supporting material, methodologic consultation and support (eg, focus groups), and reports and other analyses, and will offer suggestions for commercially available evaluation systems, if needed.

B. Observer Training, Assignment and Reminders

Based on the local implementation plan, observers will be oriented to timelines and trained in the use of the survey forms. Observers should be assigned based on reasonable opportunities to observe the observee over a variety of situations and interactions (more likely occurring over weeks at a minimum rather than days).

C. Survey Administration

There are multiple methods for assigning observers to observees. The Institution makes final decisions about the method employed. Examples include assignment by program administrators, observee-initiated selection or observer self-nomination. Either of the latter two could be subject to supervisor approval. Tradeoffs are inherent in any approach.

Whichever approach is adopted, it is preferable that means are sought to obtain at least six to eight completed surveys for each observee from each observer cohort. This will protect the identity of observers, enhance the quality of feedback, and minimize the burden on any one observer as well as on administrative and other staff.

The surveys will be assigned for completion within a time frame determined by the institution which logically fits with local schedules and needs. Surveys will be delivered via a web-based evaluation system of the institution's choosing, as mentioned earlier under 'Data Collection and Processing'. Ideally the system would allow for automated reminder emails to be sent to participants who have not yet completed their assigned surveys to ensure each observee receives feedback from multiple observers during the specified time frame.