

Assessment of Professional Behaviors 2009 Application Overview

You will need the following information to complete the online application for the 2009 APB pilot.
Please go to <http://professionalbehaviors.nbme.org/2009pilot.html> to complete and submit application

*Required questions are marked with an **

1. Program Specialty or Subspecialty *
2. Residency or Fellowship Program? *
3. Affiliated Institution Name *
4. Program's Mailing Address *
5. Size of Residency/Fellowship Program *
total number of residents/fellows in all years
6. Evaluation System*
 - a. Response Options: New Innovations Residency Management Suite, Advanced Informatics E*Value
7. Program Director's Information*
 - a. (first name, last name, e-mail, phone)
8. Program Coordinator's Information*
 - a. (first name, last name, e-mail, phone)
9. Program Champion's Information
If someone other than the PD will lead the implementation of the APB within your program
 - a. (first name, last name, title, e-mail, phone)
10. Statement of Support*
Briefly describe the purpose for implementing the APB within your program, and what you expect as outcomes within your program.
11. Observation Periods for 2009-10 Academic Year*
Please check the months when you plan to send out the APB multisource feedback instrument to participants in your program. Feedback reports summarizing individual performance during the previous months of observation will be provided by the NBME in November and May.
 - a. Response options: July 2009 – April 2010
12. Observation Periods for 2010-11 Academic Year
Same question as above. Only need to answer if you plan to participate for two academic years.
 - a. Response options: July 2010 – April 2011
13. Feedback Reports*
Pilot participation requires that you receive feedback reports and conduct individual feedback sessions with observees at least once during each academic year of participation. Please choose the months when you'd like to receive feedback reports on your observees.
 - a. Response Options: November 2009 and 2010; May 2010 and 2011.
14. Observee Groups*
Please check the groups who will be participating as observees (individuals whose behavior is rated).
 - a. Response Options: Faculty, Fellows, Residents
15. Estimated Total Observee Count*
An estimate of the total number of observees who will be participating
16. Observer Groups*
Please check the roles that will participate as observers (individuals who rate the behaviors of others). You must select at least two groups to participate in the pilot.
 - a. Response Options: Administrative Staff, Faculty/Attendings, Fellows, Nurses, Residents, Students, Other
17. Estimated Total Observer Count*
An estimate of the total number of observers who will be participating
18. Please describe how your residency/fellowship program is structured (e.g., teams, firms, etc.).*
Your answers to the following questions will help us better understand your program and your intended use of the APB.
19. Is peer observation feasible within your residency/fellowship program on a regular basis? Please explain.*
20. In what specific setting (e.g., continuity clinic), if any, do you plan to use the APB instrument?*
21. Is there anything else we should know about your program or about how you hope to use the APB?