THE ASSESSMENT OF PROFESSIONAL BEHAVIORS
National Board of Medical Examiners

Presented by Molly Richmond, MAME Conference, December 1, 2010
TODAY’S PRESENTATION

- APB Development
- APB Program
- Our Research
- Future Directions
- Q & A
APB DEVELOPMENT

2001 - Present
HISTORY

- Identified Assessment of Professionalism as a priority in 2001
- Hosted invitational conference with AAMC in 2002
- Convened expert panel in 2003 for instrument development
- Piloting instrument and implementation with schools and residencies 2004 - 2011
- Ongoing instrument and program development
Variable degrees of spontaneity/control for:
- Stimulus
- Measurement
MULTISOURCE FEEDBACK

Strengths

- Validity based on actual performance (Miller’s “does”)
- Comprehensive
  - Situations
  - Tasks
  - Audiences
- Complements other assessments
- (Potential) reciprocity

Limitations

- Complexity
- Inverse relation of stakes:truth
- Training dependent
APB PROGRAM

www.nbme.org/apb
APB PURPOSE & GOALS

- Focus: observable behaviors

- Approach: multisource feedback

- Purpose: to assess the professional behaviors that are essential for safe, effective, and ethical health care

- Goal: provide **formative feedback** that forms the basis for change
“I don’t have to be running around the hospital passing out paper forms and trying to get them collected and all that kind of stuff. It’s just easy using the online system to get forms disseminated and to get the data back”

Evaluation Systems:
Advanced Informatics, E*Value

New Innovations, Residency Management Suite
APB OBSERVERS & OBSERVEES

- Resident
- Resident
- Attending
- Attending
- Nurse
- Nurse
- Student

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# THE APB INSTRUMENT

## Description

### Relational (2)*
- Contact with observee
- Observation of patient interactions

### Behavioral (23)
- Specific & observable
- Address multiple competencies
- Scale: Rarely .... Always

### Global (1)*
- “I would like to have this person on my team”
- Scale: Strongly Agree ... Strongly Disagree

## Comments (2)
- Behaviors that merit praise/commendation
- Behaviors that are focus for continued improvement

* Not included on self assessment
Behavioral items

- Demonstrates appropriate boundaries with patients
- Discusses patients in a respectful manner
- Maintains confidentiality of patient information
- Responds promptly when paged or called
- Assumes responsibility for own mistakes
- Advocates for needs of the patient in the face of system barriers
- Communicates with attendings and consultants in a timely manner
- Retrieves test results in a timely manner
- Composes understandable and useful written communications
- Collects essential information from previous caretakers following hand-off
- Follows up with consulting physician when indicated
- Uses clear verbal communication with colleagues
- Takes on extra work to help the team
- Shows initiative for own learning
- Works beyond usual duties to provide care for patients
- Listens and responds to others respectfully
- Solicits input from nurses and other health care workers
- Acknowledges limits of own knowledge or ability
- Balances honesty and tact in conveying information
- Maintains composure during difficult interactions
OTHER COMPONENTS

Training
- Raters/Observers
  - Online, On Demand
  - Common rater errors
  - Writing effective comments
- Feedback Providers
  - 3 part training
  - Qualities of effective feedback
  - Reactions to feedback

Support
- Orientation Materials
  - Leadership
  - Participants
- Webinars
  - Introductory
  - Implementation
- Technical Documentation
  - Local survey admin.
BENEFITS OF APB

- Provides information for documenting assessment of ACGME competencies
- Improves evaluation skills (necessary faculty development)
- Focuses on observable behaviors
- Involves multiple individuals in the feedback process
- Enhances the learning environment
RESEARCH
OUR APPROACH: ADDRESSING THE CHALLENGES

- **Scoring**
  - Challenge: Not implemented in a controlled environment; scoring rules not accurately applied

- **Generalization**
  - Challenge: Replication of measurement procedure

- **Extrapolation**
  - Challenge: Lack external criteria for professionalism

- **Interpretation**
  - Challenge: Interpretation should be consistent with the purpose of the assessment
IMPACT: TRAINING, ITEM DEVELOPMENT

- Observability – what is observable?
  - Think Aloud Study (2008)
  - Finding: People willing to rate behavior based on general impression

- Quality of Comments
  - Analyzed narrative comments provided by residency program participants (2010)
  - Finding: 25% of surveys contained a phrase that provided specific behavioral feedback, 90% of surveys contained positive phrases
CURRENT PARTICIPATION

Residency
- 2009-11 Pilot
  - 20 Programs
  - 719 Observees
  - 5,450 Surveys
  - 559 Reports
- 2010 Operations
  - 10 Programs
  - 249 Observees

Medical Schools
- 2009-11 Pilot
  - 6 Schools (data from 3)
  - 13,758 Surveys
  - 1,111 Reports
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<th>Participation by Specialty</th>
<th>Programs</th>
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<tr>
<td>Internal Medicine</td>
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<td>Obstetrics and Gynecology</td>
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# DISTRIBUTION OF REPORTS - RESIDENCIES

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<td>Median 4 or less (Problems)</td>
<td>7%</td>
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<td>Some Scores &lt; 4 but median &gt; 4 (Issues)</td>
<td>31%</td>
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<td>All 4 and 5 Scores (Good)</td>
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<td>5 Scores Only (Perfect)</td>
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## DISTRIBUTION OF REPORTS: SCHOOLS

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FUTURE DIRECTIONS

- Medical school APB program
- Expand library of survey items
  - Tailored to specialties?
  - Other competencies?
  - Customizable surveys?
- NBME-hosted survey delivery
- Patient assessment?
- Ongoing validity research
  - Observation & supervision manuscript in preparation
  - Feedback study presently underway
  - Generalizability analysis ongoing
Assessment of Professional Behaviors Program

The APB Program supports continuous learning among residents, fellows, and faculty around communication and interpersonal skills, professionalism, and

Learn more at www.nbme.org/apb

Contact us at apb@nbme.org