The Comprehensive Part I and Part II Examinations are under development as the next generation of the Part I and Part II examinations. Initial administrations are scheduled for June 1991 and September 1991, respectively. This issue of The National Board Examiner summarizes the work completed to date and current plans.

The Current Part I and Part II Examinations

The NBME Part I and Part II examinations are intended to measure the understanding of scientific principles and the foundation of medical knowledge an examinee should possess in the basic biomedical and clinical sciences, respectively. Part I examinations are prepared by seven test committees, one for each discipline included in Part I; each committee works from a separate content outline that dictates topic coverage. Part II examinations are prepared through a similar process; each of six discipline-based test committees develops test material according to a content outline maintained by the committee. The NBME provides both examinations primarily for use as certifying exams leading to medical licensure.

Some schools of medicine use Part I and Part II for a second purpose: to assess students' academic achievement on a discipline-by-discipline basis. The profiles of basic and clinical science scores reported for Part I and Part II provide this information. In addition, items from previous Part I and Part II examinations are made available to medical schools in test books organized by discipline. These subject examinations (commonly called shelf tests) can be administered by medical schools at any time during the academic year, though they are most commonly used as final examinations at the end of individual basic science courses and clinical clerkships.

Thus, Part I and Part II have functioned both as elements of the certification process for medical licensure and as measures of academic achievement in individual disciplines. How well one examination can serve both of these purposes has been a source of concern. In addition, there has been concern that the examinations include too many items that focus on recall of isolated facts and too few that require comprehension and reasoning.

Comprehensive Part I and Part II Examinations

A Study Committee to Review Part I and Part II was appointed by the Board in 1983. The committee concluded that a "comprehensive" examination design, one that encompasses more than the current academic disciplines, would best serve the goals of the examinations. It recommended that: (1) the examinations be redesigned as comprehensive certifying examinations; (2) multidimensional content specifications, to include new content domains, be prepared for each Part examination; (3) the percentage of items that require comprehension and reasoning be increased; (4) the total number of items be reduced to allow more time per question; and (5) separately developed subject examinations be used to provide assessment of academic achievement on a course-by-course and clerkship-by-clerkship basis.

With regard to score reports, the study committee recommended that (1) examinees receive only a total score and a pass-fail designation and (2) schools receive the same information for individual examinees, plus group mean scores for the currently tested disciplines and for other content areas in which meaningful subscores could be provided. To assist examinees in identification of areas of weakness, the committee recommended that each examinee receive "keyword feedback," descriptive phrases summarizing the content of each item answered incorrectly. Review of procedures for setting pass-fail standards was deferred until the design for the Comprehensive Part I and Part II Examinations was completed.

In 1986, following endorsement of the study committee's recommendations, the National Board appointed the Comprehensive Part I (Figure 7) and Comprehensive Part II (Figure 8) Committees and charged them with responsibility for further development of the new examinations. These committees have proceeded with the design of the integrated Comprehensive Part I and Part II Examinations.

The purpose of the Comprehensive Part I Examination is to determine if an examinee understands and can apply key concepts of basic biomedical science, with an emphasis on principles and mechanisms of health, disease, and modes of therapy. The examination will be constructed...
from an integrated content outline that organizes basic science material along three dimensions (Figures 1 and 2):

- Organizational Level (e.g., molecular, cellular, organ, whole person)
- Process (different types of normal and abnormal processes)
- System (e.g., cardiovascular, musculoskeletal, reproductive)

The purpose of the Comprehensive Part II Examination is to determine if an examinee possesses the medical knowledge and understanding of clinical science considered essential for provision of patient care under supervision, including emphasis on health promotion and disease prevention. The examination will be constructed from an integrated content outline that organizes clinical science material along three dimensions (Figures 3 and 4):

- Physician Task (e.g., promoting health and health maintenance, making a diagnosis)
- Population Group (e.g., perinatal, adolescent, adult, geriatric)
- Disease Process (categorized according to the International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] system, supplemented by a category for normal growth and development)

With assistance from members of the Part II Test Committees, the Comprehensive Part II Committee has developed a “High-Impact Disease List” for use in test development. To be included on the list, disease entities must be (1) common, (2) important to recognize because of the consequences, or (3) notable in illustrating basic pathophysiology. The list will be used to guide test committees and item writers in the selection of topics and to avoid esoterica.

Development of each examination is a shared responsibility among several committees, each consisting of faculty from LCME-accredited medical schools. Figures 5 and 6 list these committees and the roles and responsibilities planned for each. The Comprehensive Part I Committee has overall responsibility for design of the examination program, including procedures used for test development, administration, scoring, standard setting, and reporting of scores; it reviews and approves each examination prior to test administration and provides feedback to item-writing groups regarding test material. Discipline-based test committees continue their central role in test development, writing items for the examination and reviewing items written by multidisciplinary task forces. The latter groups were established in 1989 to aid in review of existing test material and preparation of new material; task forces will be phased-in and -out in response to item-writing needs. The chairs of the discipline-based test committees play a key role in overall quality control: they review and approve all items prior to use on any examination. A similar committee structure and division of responsibilities exist for the Comprehensive Part II Examination program.

### Plans for Introduction of the Comprehensive Examinations

The following seven points summarize current plans for further development and use of the Comprehensive Examinations.

1. The first administration of the Comprehensive Part I Examination is scheduled for June 1991; the first administration of the Comprehensive Part II Examination is scheduled for September 1991. The last administrations of the current Part I and Part II examinations are scheduled for September 1990 and April 1991, respectively.

2. An integrated content outline, providing detailed content specifications, has been drafted for each Comprehensive Examination. Specifications will be published as part of the 1991 editions of the Bulletin of Information and Description of National Board Examinations, Part I Examination Guidelines and Sample Items, and Part II Examination Guidelines and Sample Items. (These publications are scheduled for release in late-summer 1990; sample test materials will be included.)

3. The current Part I and Part II disciplines will continue to be well represented in the Comprehensive Examinations. Interdisciplinary areas (e.g., neuroscience, molecular and cell biology, immunology, aging, nutrition) will also be well represented. The design of the examinations will allow for improved control over, and timely adjustment of, test content.

4. “Higher order” questions that challenge examinees to apply their knowledge will receive emphasis. To allow time for these questions, the total number of items will be reduced from the present level (980 for Part I; 900 for Part II) to 800. Twelve hours of testing time will be allotted for each exam (a reduction of one hour for Part I; no change for Part II).

5. One-best-answer (A-type) items and matching (B-type) items will predominate. Multiple true/false (K-type) items will not be used; A/B/Both/Neither (C-type) items will not appear on Comprehensive Part I Examinations and will appear in very limited numbers on Comprehensive Part II Examinations. Research on new item formats is under way.

6. Examinees will receive a total score and a pass-fail designation; medical schools will receive the same information for individual examinees, plus group mean scores in the currently tested disciplines and other areas for which meaningful scores can be provided. Plans for providing examinees with feedback concerning areas of strength and weakness are under development.

7. Research on determination of pass-fail standards is under way. Both norm-referenced and content-based standard-setting procedures are under investigation.

### References

Answers to Ten Frequently Asked Questions about the Comprehensive Examinations

1. Will the Comprehensive Part I and Comprehensive Part II be “new” examinations?

In terms of changes in test design and construction, the answer is yes. In terms of radical shifts in test content, the answer is no. The new exams represent evolutionary, not revolutionary, change.

2. Will examinees notice differences when they take the tests?

The answer is yes, but the differences will probably not be striking. In terms of item formats, they will notice an increase in the percentage of one-best-answer (A-type) and matching (B-type) items and the elimination of multiple true/false (K-type) items. They will also notice a decrease in the percentage of items that requires recall of isolated facts and an increase in the percentage that requires comprehension and reasoning. The examinations will still consist exclusively of multiple-choice items, however, and the majority of these will be similar to those on the current Part I and Part II examinations.

In terms of breadth and depth of content coverage on Part I, examinees will notice an emphasis on principles and mechanisms of health, disease, and modes of therapy. On Part II, they will notice an emphasis on clinical prevention, mechanisms of disease, diagnosis, and principles of patient management, all in the context of general medical care, with less weight given to details of treatment.

3. How have the content outlines been developed?

The Comprehensive Part I and Part II Committees have had overall responsibility for content outlines. These committees defined the dimensions used, the categories within each dimension, and the relative coverage given to different areas. Part I and Part II Test Committee chairs and members, Multidisciplinary Task Force members, and other faculty consultants have participated in review of the outlines. Overall, more than 100 medical school faculty members, predominantly basic scientists, are contributing to refinement of the content outline for the Comprehensive Part I Examination. Similarly, more than 100 additional individuals, predominantly clinical faculty, are contributing to refinement of the content outline for the Comprehensive Part II Examinations.

4. What are the implications for curricula?

While content coverage will shift from the discipline-by-discipline approach used for the current Part examinations to a more comprehensive and integrative approach, this change primarily represents a shift in perspective on similar content, not a radical modification in focus. Medical school faculty, NBME staff, and others involved in planning and development of the Comprehensive Examinations do not see major implications for medical school curricula. Like the current Part I and Part II examinations, the Comprehensive Examinations will reflect what is generally taught in LCME-accredited medical schools and, therefore, what is generally viewed as important. The Comprehensive Examinations should not favor one curricular approach over another.

5. How will standards be set for the Comprehensive Part I and Part II Examinations, and are there likely to be major changes in pass-fail rates?

The NBME is currently conducting research aimed at development of standard-setting procedures for the Comprehensive Examinations. Work in three areas is under way. First, certain groups (e.g., members of state medical licensing boards, medical students, and faculty) are being surveyed regarding their views of the pass-fail standards for the current Part examinations. Second, alternative norm-referenced standard-setting methods are under study. For these methods, pass-fail decisions are based upon how well examinees perform relative to one another (e.g., a pass-fail point at 1.2 or 2.1 standard deviations below the mean of some particular examinee group). Last, “content-based” procedures are also under development. For these methods, pass-fail decisions are based upon how well examinees perform in relation to test content, generally by asking content experts to review examination booklets and determine the percentage of items an examinee should be required to answer correctly in order to pass.

Current plans are to synthesize information from all three areas described above in establishing pass-fail standards for the initial administration of each Comprehensive Examination. A major shift in pass-fail rates is considered unlikely.

6. What is being done to avoid items that test knowledge of esoterica?

Test items are often rejected for use on the current Part examinations because committee members view them as too esoteric, specialized, or trivial. Review of items for the Comprehensive Examinations will continue to emphasize selection of material that focuses on important concepts and principles. Use of more detailed content outlines for both Comprehensive Examinations and use of the High-Impact Disease List for Comprehensive Part II should provide improved control over test and item content. One faculty member’s “zebra”, however, can be another faculty member’s key exemplar of basic pathophysiology. Substantial judgment is involved in the item-writing and review process.

7. Why is the multiple true/false (K-type) item format being eliminated?

Research conducted by the National Board and other organizations has indicated that, compared to one-best-answer (A-type) and matching (B-type) items, multiple true/false (K-type) items tend to focus on recall of isolated facts, are more apt to contain technical flaws, require more response time, and are less effective in differentiating examinees in top and bottom groups. K-type and C-type items will also appear in reduced numbers on the 1990 Part I and Part II examinations and on future subject examinations.

8. In the past, subject examinations were constructed from the Part I and Part II item pools. Once the Comprehensive Examinations are phased in, will these continue to be available?

Subject examinations will continue to be offered to schools of medicine for (concludes on page 6)
FIGURE 1—Comparison of Current Part I and Comprehensive Part I

<table>
<thead>
<tr>
<th>Current Part I</th>
<th>Comprehensive Part I</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>Meets three needs:</td>
<td>Designed to be a broadly based, integrated examination for use in certification, rather than distinct achievement tests in individual basic science disciplines. Emphasis will be on basic biomedical science concepts deemed important as part of the foundation for the current and future practice of medicine, including those related to the prevention of disease.</td>
</tr>
<tr>
<td>(1) measurement of basic biomedical knowledge of students for NBME certification leading to licensure;</td>
<td>The Comprehensive Examination will provide comparative data to medical schools for use in curriculum evaluation.</td>
</tr>
<tr>
<td>(2) measurement of student's knowledge in each of the seven basic science disciplines; and</td>
<td></td>
</tr>
<tr>
<td>(3) provision of comparative data to medical schools for use in curriculum evaluation.</td>
<td></td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td><strong>Format</strong></td>
</tr>
<tr>
<td>980 multiple-choice items including:</td>
<td>Approximately 800 items</td>
</tr>
<tr>
<td>A-type (one best answer)</td>
<td>A-type and B-type item formats will predominate. K-type and C-type item formats will not be used.</td>
</tr>
<tr>
<td>B-type (matching)</td>
<td></td>
</tr>
<tr>
<td>C-type (A/B/Both/Neither)</td>
<td>Total testing time will be 12 hours.</td>
</tr>
<tr>
<td>K-type (multiple true/false)</td>
<td></td>
</tr>
<tr>
<td>Total testing time is 13 hours.</td>
<td></td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>Examination constructed according to seven basic science content outlines:</td>
<td>Examination constructed according to a threedimensional integrated content outline organized by:</td>
</tr>
<tr>
<td>Anatomy</td>
<td>Organ System</td>
</tr>
<tr>
<td>Behavioral Science</td>
<td>Process/Function</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Organizational Level</td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>Pharmacology</td>
<td></td>
</tr>
<tr>
<td>Physiology</td>
<td></td>
</tr>
<tr>
<td>A total score and seven discipline-based subscores are reported to individual examinees and medical schools. Schools also receive group means for the total score and each of the seven basic science disciplines.</td>
<td>Only a total score and pass-fail designation will be reported to individual examinees and medical schools. Schools will continue to receive group mean scores for each of the seven basic science disciplines.</td>
</tr>
</tbody>
</table>

FIGURE 2—Blueprint Dimensions for the Comprehensive Part I Examination*

1. **Organizational Level**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-25%</td>
<td>Person/Group—e.g., society, family, couple, individual</td>
</tr>
<tr>
<td></td>
<td>Multilevel—e.g., fluid balance</td>
</tr>
<tr>
<td>50-65%</td>
<td>Organ/Tissue—e.g., aorta, digestive system, blood</td>
</tr>
<tr>
<td></td>
<td>Cell/Subcellular—e.g., cell types and tissue components</td>
</tr>
<tr>
<td></td>
<td>Molecular—e.g., structure of DNA, protein</td>
</tr>
<tr>
<td>15-25%</td>
<td>Nonhuman Organism—e.g., bacteria, virus, fungi, parasites</td>
</tr>
<tr>
<td></td>
<td>Exogenous Substance—e.g., drugs, chemicals, physical agents (radiation, altitude, cold, heat)</td>
</tr>
</tbody>
</table>

2. **Process**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-55%</td>
<td>Normal—e.g., metabolism, nutrition, immune</td>
</tr>
<tr>
<td>45-55%</td>
<td>Abnormal—e.g., infection, neoplasia, genetic</td>
</tr>
</tbody>
</table>

3. **System**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-50%</td>
<td>General Principles—e.g., DNA replication, homeostasis</td>
</tr>
<tr>
<td>50-60%</td>
<td>Individual Organ Systems</td>
</tr>
<tr>
<td></td>
<td>Hematopoietic/Lymphoreticular</td>
</tr>
<tr>
<td></td>
<td>Nervous/Special Senses</td>
</tr>
<tr>
<td></td>
<td>Skin/Connective Tissue</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td></td>
<td>Pulmonary/Respiratory</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular</td>
</tr>
<tr>
<td></td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td></td>
<td>Renal/Urinary</td>
</tr>
<tr>
<td></td>
<td>Reproductive</td>
</tr>
<tr>
<td></td>
<td>Endocrine</td>
</tr>
</tbody>
</table>

*Percentages reflect projections as of 2/90.

**The General Principles category includes items concerning those normal and abnormal processes that are not limited to specific organ systems. Categories for individual organ systems include items concerning those normal and abnormal processes that are system-specific.
FIGURE 3—Comparison of Current Part II and Comprehensive Part II

<table>
<thead>
<tr>
<th>Current Part II</th>
<th>Comprehensive Part II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Designed to be a broadly based, integrated examination for use in certification, rather than distinct achievement tests in individual clinical science disciplines. Emphasis will be on clinical science concepts deemed important as part of the foundation for the current and future practice of medicine, including those related to the prevention of disease.</td>
</tr>
<tr>
<td>Meets three needs:</td>
<td>The Comprehensive Examination will provide comparative data to medical schools for use in curriculum evaluation.</td>
</tr>
<tr>
<td>(1) measurement of clinical science knowledge of students for NBME certification leading to licensure;</td>
<td></td>
</tr>
<tr>
<td>(2) measurement of student's knowledge in each of six clinical science disciplines; and</td>
<td></td>
</tr>
<tr>
<td>(3) provision of comparative data to medical schools for use in curriculum evaluation.</td>
<td></td>
</tr>
</tbody>
</table>

**900 multiple-choice items including:**

- A-type (one best answer)
- B-type (matching)
- C-type (A/B/Both/Neither)
- K-type (multiple true/false)

**Format**

- Approximately 800 items
- A-type and B-type item formats will predominate. The C-type format will be used in small numbers, and the K-type format will not be used.

**Total testing time is 12 hours.**

**Content**

- Examination constructed according to six separate clinical science content outlines:
  - Medicine
  - Obstetrics and Gynecology
  - Pediatrics
  - Preventive Medicine and Public Health
  - Psychiatry
  - Surgery

- A total score and six discipline-based subscores are reported to individual examinees and medical schools. Schools also receive group means for the total score and each of the six clinical science disciplines.

**FIGURE 4—Blueprint Dimensions for the Comprehensive Part II Examination***

1. **Physician Task**

   - 15-20% — Promoting Health and Health Maintenance
   - 35-40% — Understanding Mechanisms of Disease
   - 25-30% — Establishing a Diagnosis
   - 10-15% — Applying Principles of Management

2. **Population**

   - 40-50% — Age-Specific
     - Prenatal/Perinatal
     - Infant/Child
     - Adolescent
     - Adult
     - Geriatric
   - 10-15% — Family and Community
   - 45-50% — Unspecified

3. **Normal Conditions and ICD-9-CM Categories**

   - 10-15% — Normal Growth and Development, Basic Concepts, and General Principles
   - 85-90% — Individual Organ Systems and Types of Disorders
     - Infectious and Parasitic Diseases
     - Neoplasms
     - Endocrine, Nutritional, Metabolic Diseases and Immunity Disorders
     - Diseases of the Blood and Blood-Forming Organs
     - Mental Disorders
     - Diseases of the Nervous System and Sense Organs
     - Diseases of the Circulatory System
     - Diseases of the Respiratory System
     - Diseases of the Digestive System
     - Diseases of the Genitourinary System
     - Complications of Pregnancy, Childbirth, and the Puerperium
     - Diseases of the Skin and Subcutaneous Tissue
     - Diseases of the Musculoskeletal System and Connective Tissue
     - Congenital Anomalies
     - Conditions Originating in the Perinatal Period
     - Symptoms, Signs, and Ill-Defined Conditions
     - Injury and Poisoning

*Percentages reflect projections as of 2/90.

**Test items involving normal conditions and disease processes that can occur in any age group are classified as “unspecified.” Items concerning those conditions and disease processes that occur in a single age group or where age is a major consideration in management are classified in specific age groups.**
use as end-of-course, end-of- clerkship, and end-of-year assessments of academic achievement. Test committees will now have the opportunity to develop subject examinations specifically for these purposes, though the content will still overlap considerably with the Comprehensive Examinations.

9. Plans for development of a three-step examination for medical licensure (the United States Medical Licensing Examination—USMLE) are currently under review. How do the USMLE plans relate to the Comprehensive Examinations?

It is anticipated that the Comprehensive Examinations will serve as Steps 1 and 2 of the USMLE.

10. How can I continue to be informed about developments?

The 1991 editions of the Bulletin of Information and Description of National Board Examinations, the Part I Examination Guidelines and Sample Items and the Part II Examination Guidelines and Sample Items will provide additional information, content outlines, and sample tests. Future issues of the quarterly newsletter, The National Board Examiner, will report any new developments. In addition, NBME staff will be available at the 1990 regional meetings of the Association of American Medical Colleges' Group on Student Affairs and the Group on Educational Affairs, and presentations are planned for the 1990 annual meeting of the AAMC to be held in San Francisco in October.

---

**FIGURE 5—Test Committees and Task Forces Contributing to Development of the Comprehensive Part I and II Examinations**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Part II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discipline-Based Test Committees</strong> (56 Members)</td>
<td><strong>Discipline-Based Test Committees</strong> (48 Members)</td>
</tr>
<tr>
<td><strong>Multidisciplinary Task Forces</strong> (40 Members)</td>
<td><strong>Multidisciplinary Task Forces</strong> (48 Members)</td>
</tr>
<tr>
<td>Anatomy</td>
<td>Cardiovascular/Renal</td>
</tr>
<tr>
<td>Behavioral Science</td>
<td>Gastrointestinal/Nutritional</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Hematopoietic/Immune</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Nervous</td>
</tr>
<tr>
<td>Pathology</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Reproductive/Endocrine</td>
</tr>
<tr>
<td>Physiology</td>
<td>Skin/Musculoskeletal</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
</tr>
<tr>
<td></td>
<td>Obstetrics and Gynecology</td>
</tr>
<tr>
<td></td>
<td>Pediatrics</td>
</tr>
<tr>
<td></td>
<td>Preventive Medicine and Public Health</td>
</tr>
<tr>
<td></td>
<td>Psychiatry</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
</tr>
</tbody>
</table>

The test committees are permanent, standing committees with rotating membership. Task Forces are ad hoc groups; the number and type of task forces depend upon the topic areas in which test materials are needed. The current size of the task forces reflects the large amount of new material needed to phase in the Comprehensive Examinations.
FIGURE 6—Initial Roles and Responsibilities of Committees/Task Forces

Comprehensive Part Committees
- Design the examination program, including content emphasis, test development procedures, pass-fail standards, score report guidelines, etc.
- Approve Comp content outline
- Review and approve examination for each test administration
- Provide feedback to test committees and task forces regarding test material
- Determine task forces to be appointed

Discipline-Based Chairs of Test Committees
- Review and advise on Comp content outline
- Review and approve items prior to use on examinations
- Review draft examinations for each test administration

Discipline-Based Test Committees
- Review and comment on Comp content outline
- Review and comment on existing test material
- Write and review new test material
- Review test materials prepared by task forces
- Develop, review, and approve subject examinations

Multidisciplinary Task Forces
- Review and comment on Comp content outline
- Review and comment on existing test material
- Write and review new test material
FIGURE 7—Committee for the Comprehensive Part I Examination

Chairman
Robert E. Anderson, MD
University of New Mexico
School of Medicine

Richard H. Moy, MD
Southern Illinois University
School of Medicine

Susan F. Behrens, MD
The Federation of State Medical Boards of the United States, Inc.

Allen H. Neims, MD, PhD
University of Florida
College of Medicine

Kurt E. Ebner, PhD
University of Kansas
Medical Center
School of Medicine

Terri J. Radovich, MD
Itasca Clinic,
Grand Rapids, Minnesota

Laurence Finberg, MD
State University of New York
Health Science Center at Brooklyn
College of Medicine

Henry J. Ralston, III, MD
University of California,
San Francisco,
School of Medicine

Sidney E. Grossberg, MD
Medical College of Wisconsin

P. Preston Reynolds, MD, PhD
Johns Hopkins Hospital,
Baltimore, Maryland

O’Dell Henson, PhD
University of North Carolina
at Chapel Hill
School of Medicine

Albert J. Silverman, MD
University of Michigan
Medical School

Marilyn E. Hess, PhD
University of Pennsylvania
School of Medicine

Heinz Valtin, MD
Dartmouth Medical School

Barry D. Lindley, PhD
Case Western Reserve University
School of Medicine

1Since September 1986
2September 1986 to October 1989
3September 1986 to February 1989
4Since October 1989

FIGURE 8—Committee for the Comprehensive Part II Examination

Chairman
Gerald S. Golden, MD
University of Tennessee
Health Science Center

Joan M. Altekruse, MD, DPH
University of South Carolina
School of Medicine

H. Verdain Barnes, MD
Wright State University
School of Medicine

Karen R. Hitchcock, PhD
University of Illinois
College of Medicine
at Chicago

Gerald B. Holzman, MD
Medical College of Georgia
School of Medicine

Jack L. Kostyo, PhD
University of Michigan
Medical School

Donald H. Kuiper, MD
St. Lawrence Hospital
Lansing, Michigan

William R. LeVine, MD
University of Kansas
School of Medicine
Wichita Campus

Norman G. Levinsky, MD
Boston University
School of Medicine

Roy H. Maflly, MD
Stanford University
School of Medicine

Barbara A. Murphy, MD
Greenwich Hospital
Greenwich, Connecticut

Carlos Pestana, MD, PhD
University of Texas
Medical School
at San Antonio

Frank G. Standaert, MD
Medical College of Ohio
at Toledo

Robert C. Talley, MD
University of South Dakota
School of Medicine

Robert B. Taylor, MD
Oregon Health Sciences University
School of Medicine

Gregory S. Thomas, MD, MPH
Mission Internal Medicine Group
Mission Viejo, California

1Since September 1986
2September 1986 to October 1989
3September 1986 to February 1989
4Since October 1989

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National Board of Medical Examiners
3930 Chestnut Street
Philadelphia, PA 19104
1990 National Board Test Committees


This issue of the The National Board Examiner provides a listing beginning on page 2 of the 1990 test committee members for Part I, Part II, and Part III of the National Board examination sequence.

The test committees for Part I, Part II, and Part III of the National Board examinations are composed of prominent senior faculty members from accredited United States and Canadian medical schools. The customary term of service of each member will be three years for Part I and Part II committees. As successors are chosen for those who complete terms, careful attention is paid to achieve a balance of expertise, institutional affiliation, and geographic representation among the rosters of the various test committees.

Development of each Part examination is a shared responsibility among several committees. The comprehensive Committee for each Part has overall responsibility for the design of the examination program including procedures used for test development, administration, scoring, standard setting, and reporting of scores; it reviews and approves each examination prior to test administration and provides feedback to item-writing groups regarding test material. Discipline-based test committees continue their central role in test development, writing items for the examination and reviewing items written by multidisciplinary task forces. The latter groups were established in 1989 to aid in review of existing test material and preparation of new material; task forces will be phased in and out in response to item-writing needs. The chairs of the discipline-based test committees play a key role in overall quality control: they review and approve all items prior to use on any examination. Members of discipline-based test committees and members of multidisciplinary task forces have contributed in major ways to the critical review and refinement of the content outlines for the comprehensive Part I and Part II examinations.

Development of Part III is a shared responsibility of the Part III Test Committee which writes test items, and of the Clinical Competence Examination Committee which meets to review and approve test material for the examination.

The National Board recognizes a debt of gratitude to these committee members who have been, and are, its examiners. Their individual contributions, in the form of countless hours of service, as well as application of immeasurable talents, are gratefully acknowledged. It is gratifying to the National Board that its invitations to serve on test committees are widely accepted each year.

Suggestions for Committee Membership

Suggestions for test committee membership are welcomed from faculties, professional societies, and individuals. Those who have suggestions for membership are invited to submit a brief statement of qualifications that would make a suggested individual an especially appropriate test committee member. This statement should be sent to Robin D. Powell, MD, vice president of the Division of Evaluation Programs at the National Board. A curriculum vitae, if available, would be helpful and appreciated. This information will be reviewed and utilized in making selections for new committee members.

Celebrating our 75th Anniversary!
Committee for the Comprehensive Part I Examination

Part I—Test Committees

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Karl A. Schellenberg, MD, PhD
Eastern Virginia Medical School of the Medical College of Hampton Roads

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George Washington University
Medical Center

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Charles R. Drew
University of Medicine and Science

Harrison H. Sheld, MD
University of Nevada
School of Medicine

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(Chairman, Part III Test Committee)
Brown University
Program in Medicine

New Staff Appointment

Candice S. Rettie, PhD, recently joined the staff as an evaluation officer. In this position, she has responsibility as an examination system coordinator in the Division of Evaluation Programs for several of the National Board’s examination programs for specialty boards, medical societies, and allied health agencies.

Rettie most recently held academic appointment as senior associate in the Office of Educational Development and assistant professor in the Department of Pharmacology, University of Texas Medical School at Galveston.

Rettie was awarded her doctorate in instructional design/educational psychology from the University of Iowa.
Call for Nominations for the 1991 John P. Hubbard Award

To be awarded by the National Board of Medical Examiners to an individual who has made a significant contribution to the pursuit of excellence in the field of evaluation in medicine.

Nominees should have a substantial record of:

— innovation in developing new evaluation methods and/or measurement techniques;
— contribution through basic research to an improved understanding of the components of physician competence;
— accomplishment in improving the quality of evaluation at an institutional level through the implementation of sound evaluation practices; and
— accomplishment in building for future progress in evaluation by effectively serving as a mentor for colleagues, fellows, or graduate students.

Initial nominations in the form of a brief transmittal letter and the nominee's current curriculum vitae must be postmarked no later than August 24, 1990. The Award Committee will select finalists. Nominators of finalists will be asked to submit supporting documentation. Direct letters of nomination to the John P. Hubbard Award Committee, National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, PA 19104, Telephone (215) 349-6400, Ext. 257.

The National Board Examiner is published quarterly (Winter, Spring, Summer, Fall) by the National Board of Medical Examiners.
Stillman Recipient of 1990 Hubbard Award

The 1990 John P. Hubbard Award was presented to Paula L. Stillman, M.D. at the time of the National Board’s 1990 Annual Meeting.

Robert L. Volle, Ph.D., president of the Board, opened the presentation ceremony. He noted that the award was established in 1983 by the National Board of Medical Examiners in special tribute to John P. Hubbard, M.D., president emeritus of the Board and is given to an individual who has made significant contributions to the pursuit of excellence in the field of evaluation in medicine.

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Appointment of Provisional USMLE Composite Committee

In 1990, the Federation of State Medical Boards and the National Board of Medical Examiners approved the establishment of the United States Medical Licensing Examination (USMLE), a single examination program for assessment of U.S. and foreign medical school students or graduates eligible for initial licensure in U.S. licensing jurisdictions. The USMLE will be a progressive, three-step examination, all of which must be completed to provide an adequate assessment for initial licensure.

The USMLE is governed by a Composite Committee composed of representatives of the Federation of State Medical Boards, the National Board, and the Educational Commission for Foreign Medical Graduates. A public member is also being appointed to serve on the committee.

The USMLE Composite Committee has been provisionally appointed, pending completion of formal agreements between the Federation and National Board creating the USMLE Program. The members of the Provisional Composite Committee are shown on page 3.

The Composite Committee will review and approve the three steps of the examination and assure that the three steps constitute a unified, cohesive examination program. A general system of standard setting will be developed by the composite committee as part of the examination system design.

The USMLE will replace the two existing examination sequences used in the medical licensing process: the Federation Licensing Examination (FLEX), and the certifying examinations of the NBME. The comprehensive Part I and comprehensive Part II examinations, to be administered by the National Board in 1991, have been approved by the Composite Committee to serve as Steps 1 and 2 of the USMLE. The National Board’s Comprehensive Part I and

(continued on page 2)
Stillman Recipient of 1990 Hubbard Award (continued from page 1)

Karen E. Hitchcock, Ph.D., chairman of the 1990 Award Committee, presented the award, noting that “Dr. Stillman’s research on the development of patient simulations has been seminal. She has performed extensive research on the efficacy of this method and has published extensively on its role in the evaluation of clinical competency. She has played a key role in introducing standardized clinical evaluation procedures for use in residency training and clinical evaluation of medical students. These procedures provide the first meaningful basis of comparing such clinical skills as psychomotor, interpersonal, and communication.”

Dr. Stillman is a graduate of Barnard College and New York University School of Medicine. She completed a pediatric residency at Boston City Hospital and the University of Arizona College of Medicine. In 1971, she joined the pediatric faculty at the University of Arizona, holding appointment also as professor in the College of Education in the Department of Educational Psychology. In 1982, Dr. Stillman was appointed associate dean for curriculum and professor of pediatrics at the University of Massachusetts School of Medicine.

She has lectured and conducted workshops throughout North America and serves as a consultant to many licensing agencies and foundations. She is widely published in her field and serves as a reviewer for a large number of professional journals. She has served as national chair of the Group on Medical Education of the Association of American Medical Colleges and is a fellow of the American Academy of Pediatrics and the American College of Physicians.

Her major activities have revolved around the development of the patient-instructor model (today known as standardized patients) to teach and to evaluate various clinical skills including history taking and physical examination. She has developed objective checklists and rating scales to be used by both the patient instructors and students for teaching as well as evaluation. These instruments have now been adopted by most of the medical schools in North America.

Among her contributions has been the development of large scale regional efforts to teach and to evaluate clinical skills of medical students and residents. For the past five years, she has worked with seven New England medical schools to implement a diagnostic clinical assessment of graduating fourth-year students. For the past six years, she has worked with nineteen internal medical residency training programs in New England to evaluate the clinical skills of housestaff. Recent activities have concerned the licensing and certification of graduates from foreign medical schools.

Appointment of Provisional USMLE Composite Committee (continued from page 1)

Comprehensive Part II Committees have been provisionally appointed to serve concurrently as the Step 1 and Step 2 Committees, respectively. The Federation of State Medical Boards has provisionally appointed the Step 3 Committee, which has been charged to design and develop the Step 3 component.

Step 1 will focus on key concepts of basic biomedical science with a special emphasis on principles and mechanisms underlying disease and modes of therapy. Step 2 will focus on aspects of clinical science considered essential for practice within a supervised setting. Step 3 will focus on aspects of biomedical and clinical science considered essential for the unsupervised practice of medicine.

The Step 1 examination will first be administered by the National Board in June 1992 to students or graduates of LCME-accredited U.S. and Canadian medical schools who are taking their first step in the physician licensure examination process, with Step 2 administered for the first time in September/October 1992. Plans for introduction of Step 3, policies governing eligibility and administration, and the transitional plan for those currently participating in the FLEX or National Board examination sequences will be published in 1991. The Educational Commission for Foreign Medical Graduates (ECFMG) will administer the USMLE examinations to students or graduates of foreign medical schools. Information for these examinees also will be published in 1991.
Standing from Left: Drs. Schabel, Drips, Cortese, Moy, Morgan, Neims, and Winn; Seated from Left: Ms. Shafran, Drs. Miller, Wilson, Cramblett, and Melnick. Drs. Bodnar and Gary are absent from the picture.

USMLE PROVISIONAL COMPOSITE COMMITTEE

**NBME**

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Dean and Provost
Southern Illinois University
School of Medicine

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Senior Medical Advisor to the Administrator
Office of the Administrator
Health Care Financing Administration
Department of Health and Human Services

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National Board of Medical Examiners

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College of Medicine

**FSMB**

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Oregon Board of Medical Examiners

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Stephen I. Schabel, M.D.
Professor of Radiology and Director of Diagnostic Radiology
Medical University of South Carolina

James R. Winn, M.D.
Executive Vice President
Federation of State Medical Boards of the United States, Inc.

**ECFMG**

Marjorie P. Wilson, M.D.
President
Educational Commission for Foreign Medical Graduates

Alternate

Marie L. Shafron
Vice President for Operations
Educational Commission for Foreign Medical Graduates

Alternate

Andrew G. Bodnar, M.D., J.D.
Senior Vice President
Squibb Institute for Medical Research
New Staff Appointments

Ronald T. Kramer has been appointed to the position of director of security at the National Board of Medical Examiners. In his new position, he will be responsible for assuring appropriate policies and practices related to protecting the security of examination materials and for investigating all breaches in examination security. He previously served for twenty years with the United States Secret Service and has an extensive background in criminal investigations and protection arrangements.

Kramer received a Master of Science Degree in Criminal Justice Special Studies from George Washington University and a Bachelor of Arts Degree in Sociology and Criminology from City College of New York. He currently holds appointment as an instructor in criminal justice at Temple University.

Raja G. Subhiyah has been appointed to the position of psychometrician at the National Board. In his new position, he will have responsibility for the psychometric analyses of several of the Board’s examination programs. He formerly served with the Testing and Evaluation Section of the Florida Department of Education.

Subhiyah received a Masters Degree in Educational Psychology from the American University of Beirut. He is currently completing work in a doctorate program in educational measurement at Florida State University.

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