# Minutes <br> Collaboration for Veterinary Assessments <br> CVA Governance Committee <br> NBME Headquarters <br> Philadelphia, PA <br> May 2, 2014 

Members Present<br>Meg Glattly, NBVME<br>Rick Tubbs, NBVME<br>Jack Wilson, NBVME<br>Leah Steinberg, NBVME<br>Stacy Lankford, NBME<br>Donald Melnick, NBME<br>Peter Katsufrakis, NBME<br>Jack Hinke, NBME<br>Gerry Dillon, NBME (Alternate)<br>Member Not Present<br>Jay Hedrick, NBVME (Alternate)<br>\section*{Others Present}<br>Gary Gackstetter, NBVME Chair<br>Janine Hawley, NBME staff<br>John R. Boyce, Administrative Officer

The meeting was called to order at 8:20 am.
The members and others present introduced themselves. Dr. Boyce reviewed the roster (attached). It was noted that the NBVME's alternate member will be its Chair-Elect, appointed for a one-year term, and that a new Chair-Elect for 2014-15 will be named in July. Motion was made, seconded, and passed to elect Dr. Glattly Chair. Motion was made, seconded, and passed to elect Dr. Lankford Vice Chair.

The committee reviewed section 5 (Governance) of the collaboration agreement signed on February 27, 2014, which outlines the authority of the CVA Governance Committee (CGC). The subject of examination irregular behavior was discussed (5.4(f)). Dr. Boyce was asked to share the NBVME's present policy with the committee members. Each parent organization will review the policy with legal counsel, and the committee will determine whether the CGC should serve as an appeal body, or whether the present policy, in which the full NBVME constitutes the appeal body, should continue.

The NBME agreed to share a copy of the rules of operation for the USMLE collaboration, which could serve as a model for development of similar rules for the NAVLE collaboration.

It was agreed that routine tasks, such as those described in 5.4(b), (c), and (d), should be reviewed by the CGC annually as consent reports prepared by the appropriate staff members. The same will apply to the annual NAVLE Technical Report, which should be shared with the

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CGC before it is submitted to the NBVME and NBME prior to their summer board meetings. Minutes of CGC meetings should also be shared with the boards of the parent organizations.

Consistent with the provisions of the agreement, the committee will plan two face-to-face meetings per year, with additional meetings, either by conference call or in person, scheduled for matters that cannot wait until the next regular meeting. The additional meetings can be cancelled if they are not needed. Scheduling of meetings will be the responsibility of the Administrative Officer, with assistance from NBME staff for meetings held in the NBME office.

Each parent organization will provide the appropriate authorization for the use of trademarks in announcements and correspondence related to the collaboration.

The committee reviewed section 8.7 of the collaboration agreement (Annual Financial Meeting). Motion was made, seconded, and passed to align the fiscal year of the collaboration with the NBVME's present fiscal year, June 1 - May 31, because that corresponds with the timing of the NAVLE testing cycle. It was agreed that it would be helpful for staff to prepare an outline of what budget and financial actions must happen at various times of the year, and Mr. Hinke agreed to work with the NBVME's accountant, Pat Brown, to draft that outline. The NBVME's budget is reviewed and approved each year in April, so the NAVLE budget will need to be approved prior to that. Also, the NAVLE fee for the upcoming fall-spring testing cycle is announced to licensing boards in the annual letter agreement, which is finalized in late January. It was agreed that given the above dates, the committee should plan to meet in March/April and November/December, with a meeting or conference call in early July, as necessary. The idea of a two year budget was also discussed. Fee payments from the NBVME to the NBME will be scheduled throughout the year, instead of in one large payment in the fall and a smaller payment in the spring, as has been done to date. Mr. Hinke will work with Ms. Hawley to review when program expenses are incurred, and will develop a payment schedule based on those findings.

It was agreed that the committee should, to the extent possible, take responsibility for strategic planning for the NAVLE system, in addition to more routine financial and management tasks. The concept of continuous strategic planning was discussed, following recommendations in the book "Governance as Leadership" by Richard Chait.

The committee discussed a policy on guests attending meetings. It was agreed that people that the committee wanted to attend meetings, such as board members, key staff, and consultants, should be invited to do so, with the concurrence of the Chair and Vice Chair. People who ask to attend committee meetings should obtain prior approval of the Chair and Vice Chair, and should attend as guests or observers. It was agreed that a formal policy on this should be drafted and made part of the rules of operation.

The committee noted that Appendix C of the agreement, titled "CVA Governance Committee Tasks" was probably misnamed, since the primary tasks are already listed in Section 5.4. Instead, this appendix should be devoted to rules of operation for the committee. The rules of operation for the USMLE Composite Committee, which will be used as a model for this appendix, cover things like indemnification of members, duties of the Administrative Officer, agenda outline, preparation and distribution of minutes, role of legal counsel, rules for voting, rules for conference calls and electronic meetings, and attendance of guests at committee meetings.

The committee discussed NAVLE standard setting. The present approach should continue, in which NBME staff conduct the standard setting exercise and make recommendations to the

NBVME, which approves the passing standard. Under the collaboration, the standard will then be approved by the CGC, using asymmetrical voting.

The committee reviewed the minutes of the Collaboration Strategic Planning Group (Co-Strat) in Minneapolis on May 9, 2013, focusing on the seven recommendations made by the Co-Strat for NAVLE enhancements. The committee also reviewed the 2011 North American Veterinary Medical Education Consortium (NAVMEC) report, including the core competencies identified for all veterinary medical graduates. The NBME members of the committee acknowledged that the US Medical Licensing Examination does drive the medical school curriculum. A competency-based model, as used by NAVMEC and favored by the Co-Strat in one of its recommendations, also underlies the USMLE program, although competency categories are different.

The committee discussed how to assess competencies that cannot be assessed with a written examination, such as communication skills and leadership. An approach would be to identify the characteristics of students applying to veterinary school and/or preparing to graduate that would impact their ability to practice. The NBVME could support efforts to assess those characteristics at the veterinary schools.

The committee reviewed the seven recommendations made by the Co-Strat group. Number one, increasing the coverage of clinically-relevant basic science topics on the NAVLE, can be done fairly easily. The NBME has staff who have done this with the USMLE, and the existing QE item bank contains items that would help address this recommendation. In developing new items, one approach used for the USMLE is to pair basic scientists with clinicians and have them work together to develop clinically-relevant items that address basic science principles.

Recommendation four, to take a new look at the NAVLE blueprint with the goal of basing it on competencies, would also be straightforward. Typically, the test blueprint is derived from a job analysis. The NBME has in-house expertise to support creation of a new NAVLE job analysis, and this would be done as part of the collaboration. An approach called item modeling allows the creation of multiple items around a single clinical topic, and this could be adapted to multiple animal species as well. NBME test development staff can conduct an initial analysis of the NAVLE item bank, with input from content experts, looking at how items could be re-coded to address competencies.

Recommendation six, delivering the NAVLE using web-based testing at veterinary schools, is something that can be done. It is now possible to deliver web-based tests at Prometric centers, and this would allow candidates to take a web-based NAVLE at schools or at Prometric centers. This enhancement would be a positive visible initial outcome of the collaboration. NBME staff will be asked prepare a proposal on how this could be accomplished.

Recommendation five, adding items that address critical thinking and evidence-based medicine, by using questions that require candidates to analyze an abstract or drug advertisement, is something that is now being done on the USMLE. Full implementation takes several years, in order to develop a sufficient number of such items for the item bank. One positive outcome of this enhancement is that the initial development and limited use of such items impacts the educational process, because the schools want to prepare their students to take and pass the licensing examination.

The other three recommendations made by the Co-Strat, development of computer-based case simulations, creating a multi-step NAVLE, and exploring options for assessing clinical

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communications, will take more time and are more expensive, and they can be addressed by the committee in the future.

It was agreed that the next face-to-face meeting of the committee will be in Philadelphia on Wednesday, December 3.

The meeting adjourned at $12: 05 \mathrm{pm}$.
After lunch, Drs. Tubbs and Steinberg visited the USMLE's Philadelphia clinical skills assessment center, a visit arranged by Dr. Lankford.

John R. Boyce
Administrative Officer

## Action Items:

1. NBME will share a copy of the Composite Committee Rules of Operation with NBVME representatives.
2. NBVME will share a copy of NBVME's policy on irregular behavior with the committee members.
3. NBME staff will reserve a room for the meeting on December 3.
4. NBME will look at how expenses are incurred for NAVLE, and will propose a payment schedule to reflect when expenses occur.
5. NBME staff will develop proposals for the following possible enhancements for the NAVLE:

- enhancing the fundamental science item bank;
- job/practice analysis and recoding of the item bank based on competencies;
- writing items to address critical thinking and evidence-based medicine; and
- explore the possibility of web-based testing for the NAVLE.

