

# National Board Report

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## Good Grief

Someone who is in a position to know has likened the experience of moving to a new licensing examination to the four stages of the grieving process: denial, anger, bargaining, and acceptance. Anyone who may still be in the denial phase concerning the NAVLE needs to put that behind them, because, as the article to the right explains, the transition to the NAVLE has begun. Anger is something we can deal with, as long as people let us know what their concerns are. Although many components of the program are in place, there is still a lot of time to make adjustments to the process so that the concerns of candidates, boards, schools, and other constituents are addressed. Over the next two years, there will be a lot of bargaining going on, as we begin a large-scale effort to explain to candidates and boards how the NAVLE will work. We will be using several strategies to help in this process, including multiple mailings to licensing boards and veterinary schools, a practice NAVLE on computer disk, extensive internet-based information, a CD-ROM and/or videotape, formal visits to veterinary colleges, and a telephone hot line to handle concerns and complaints. Come November 2000, we hope that we will end up with not just acceptance, but instead a realization that the NAVLE is a better examination than the examinations it replaced. Please let us know how we can help during this transition process.

John R. Boyce, DVM, PhD  
Executive Director

## Move to NAVLE Now Underway

A new examination, presented in a new format, developed by a new test vendor, working with a team of mostly new people. It's obvious that big changes are coming to the licensing examination program in veterinary medicine. Here is a summary of where we are as of mid-November 1998:

- The NBEC has signed a contract with the National Board of Medical Examiners (NBME) for the development of the new computer-based North American Veterinary Licensing Examination (NAVLE).
- The last National Board Examination (NBE) and Clinical Competency Test (CCT) will be administered in April 2000.
- The NAVLE will replace both the NBE and CCT, and will be offered for the first time beginning in November 2000.
- The NAVLE will be offered during a four week window in November-December and a two week window in April.
- Candidates will submit an application to take the NAVLE when they apply to a licensing board for a license to practice. Boards will forward the NAVLE applications to the NBEC office. The application deadline at the board will be 60 days prior to the opening of each test window.
- The NBEC will collect applications from all boards, and forward to the NBME a master list of eligible candidates. Once payment for the examination is received, the NBEC will send each candidate an authorization to test, which will allow them to call and schedule an examination.
- Candidates will be able to schedule the NAVLE at their convenience at a Sylvan Prometric test center anywhere in North America. Presently, there are over 200 such centers, located in most large and medium sized cities, with new centers opening each month.
- Candidates must be within six months of anticipated graduation in order to take the NAVLE for the first time.
- Candidates may take the NAVLE only once during each test window.
- The NAVLE will be a one day (7.5 hour) examination consisting of 360 multiple choice items presented one at a time on a computer screen.
- Approximately 10% of the items on the NAVLE will include pictorial material (photographs, radiographs, drawings, etc.).
- Test security will be enhanced through the use of multiple forms of the NAVLE, and by scrambling the items as they are presented to the candidates.
- Candidate scores will be reported by the NBME directly to the licensing board where the candidate applied for licensure. Subsequent score reports will be made through the AAVSB's VIVA service (see the article on page 4).

At its meeting in January 1999, the NBEC will make decisions regarding the exact dates for the November-December and April test windows, and the fee to be charged for the NAVLE. Watch this newsletter and our web site ([www.nbec.org](http://www.nbec.org)) for further information.

# From the Past: History of the NBEC

## Eleventh in a Series

In July 1978, the National Board of Veterinary Medical Examiners (NBVME) selected the Professional Examination Service (PES) to develop an examination based on linear patient management problems, to be called the Clinical Competency Test (CCT). A committee consisting of Drs. S.E. Strahm, D.T. Albrecht, and R.B. Talbot worked with PES to develop the new examination, which was first offered to candidates in May of 1979. Boards administering the first CCT included Colorado, Delaware, Louisiana, Maryland, Massachusetts, Oklahoma and Canada..

Initial funding for the CCT project was provided by the AVMA, with a portion of the funding recovered from CCT candidate fees. The CCT fee in 1979 was \$5 per candidate, and it was raised to \$10 in 1980.

Initially, there was lack of agreement on what exactly the CCT was designed to do. By 1979, nearly all state and provincial boards required candidates to pass the NBE in order to become licensed. Some boards saw the CCT as an additional licensing examination, some viewed it as an alternative to a state practical exam. Other applications for the CCT were discussed, including its use as a means to assess continuing competency for licensed veterinarians, as a reciprocity examination, and as a tool for use in evaluating foreign trained veterinarians seeking an ECFVG certificate.

There was consensus, however, that boards and candidates

liked the format of the CCT. From the very beginning, it had what is called "face validity."

There were problems, however. Early on, there were concerns about the scoring of the CCT, because of the complex nature of the examination. The scoring procedures would be modified extensively as the examination was developed and refined over the years. Another concern was the cost in time and money to develop CCT problems.

The first three years of the CCT were used as a trial to determine how the new examination would be accepted. Based on the positive comments received from boards and candidates, the NBVME in January 1983 made the following recommendations:

- to have the AVMA enter into a formal agreement with PES for the

future development of the CCT;

- that the CCT be considered a separate examination from the NBE;
- that the fee for the CCT be set at \$40 per candidate, with a \$6.50 rebate to the AVMA; and
- that a subcommittee of the NBVME be designated to work with PES and its consultant advisory board on future development of CCT problems.

Dr. Susan McDonough first began working with the CCT in 1980, and within a few years assumed primary responsibility for development of the examination, as a consultant to PES.

Usage of the CCT increased rapidly, from seven agencies and 407 candidates in 1979, to 26 agencies and 2611 candidates in 1982.

*Next month: the NBVME becomes the NBEC.*



During a national testing conference in Denver in September, NBEC Secretary-Treasurer Nancy Collins and Executive Director John Boyce had a chance to meet with former NBEC member Dr. Duane T. (Whitey) Albrecht (left).

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NBEC and EDS members visited the offices of the National Board of Medical Examiners in Philadelphia in late September to meet NBME staff and discuss NAVLE item development and review procedures.

## Ragle Appointed to EDS Position

Dr. Claude Ragle has been appointed by the NBEC to a position on the NBEC's new Examination Development Subcommittee (EDS). The ten-member EDS is responsible for the development and review of items for the NAVLE. Dr. Ragle is an equine surgery clinician at the College of Veterinary Medicine at Washington State University. He joins Dr. Christopher Brown of Iowa State University as one of two equine content experts on the EDS. Dr. Ragle replaces Dr. Nathaniel Messer of the University of Missouri, who declined his appointment to the EDS last month because of a concern over time commitments.

## NBEC Member Profile: Dr. R.B. Baker

Dr. R.B. (Butch) Baker, represents the American Association of Swine Practitioners on the NBEC. An NBEC member since 1995, Dr. Baker presently serves as NBEC Chair-elect.

Dr. Baker was born in rural Eastern Kentucky, where he received his nickname from the midwife who delivered him; he has been known as "Butch" ever since. When he was three, his family moved to a farm near Owensboro in western Kentucky, where he spent his formative years. As a child, he had numerous unusual pets, including a pet hog.

His college studies at the University of Kentucky were interrupted by two years of service in the US Army. After his discharge, Dr. Baker completed his undergraduate degree in animal science at Western Kentucky University, and then moved to Auburn University, where he received his DVM in 1978. By then, he was married and the father of three children.

After graduation, Dr. Baker returned to Kentucky, joining a mixed practice in Bowling Green in

1979, where he developed his interest in swine medicine. For his last eight years in private practice, he devoted full time to swine consulting. In 1997, he sold his practice and joined Bayer Animal Health as a swine technical service veterinarian. Earlier this year, he left Bayer for a position as Account Director in the Health Assurance Group of PIC, an international swine genetics company. He remains a partner in two swine operations.

Dr. Baker completed the Executive Veterinary Program in Swine Health Management at the University of Illinois, and is presently completing a Master's degree in swine production medicine at Iowa State University.

Dr. Baker and his wife Emma have three children, one of whom, Amy, is a student in the School of Veterinary Medicine at Iowa State. They have two border collies, six cats, and five fish, but no more pet hogs. In his spare time, Dr. Baker likes swimming, bicycle touring, and collecting model electric trains.

Looking back, Dr. Baker fondly recalls his early years in mixed practice in rural Kentucky.



"Most new graduates don't realize how far we have advanced as a profession in the past 25 years. Likewise, they will never know what we gave up."

## New Score Reporting Service Begins

The American Association of Veterinary State Boards (AAVSB) has assumed responsibility for the examination score reporting service previously operated by the Professional Examination Service (PES). Effective November 15, 1998, candidates wishing to have their examination scores reported to a licensing board will have this done through the AAVSB's Veterinary Information Verifying Agency (VIVA).

All of the existing score records (paper and electronic) have been transferred from the Interstate Reporting Service office in New York to the VIVA office in Kansas City. Subsequent NBE, CCT, and NAVLE scores will be entered into the VIVA database as the exams are scored. VIVA applications have been included in the 1998 editions of the NBE and CCT Candidate Information Booklets.

The transfer of the score

reporting service was accomplished through an agreement between the AAVSB and the NBEC, which is the organization legally responsible for the examination scores. Income derived from the score reporting service will offset the financial support presently provided to the AAVSB by the NBEC from CCT candidate fees.

The VIVA score reporting service uses a new computer database that links all candidate information together. This will make it easier to access this information, allowing VIVA staff to issue all score reports within five working days of receipt of the application and payment of the fee. Score reports will continue to be accompanied by a report from the AAVSB's Disciplinary Database, the records of which were also transferred from PES to VIVA.

For more information on the score reporting service, contact VIVA toll free at 877-698-VIVA, or 816-931-1504. Information can also be found on the AAVSB's web site: [www.aavsb.org](http://www.aavsb.org).

## April Exam Stats

A total of 911 candidates took the NBE on April 14, 1998. Criterion candidates (first time test takers who are seniors at accredited veterinary colleges) achieved a mean scaled score of 500; 425 is the national passing score. Non-criterion candidates (all other graduates of accredited colleges, including repeating candidates and candidates taking the exam as juniors) had a median score of 458, and foreign trained candidates achieved a median score of 391.

For the CCT given on April 15, criterion candidates had a mean scaled score of 512 (again, 425 is passing), non-criterion candidates made 508, and foreign-trained candidates 429. A total of 806 candidates took the CCT in April.

The vast majority of criterion candidates take the NBE and CCT in December of their senior year.

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