

NBME® and DIA: Exploring Noncognitive Skills in Medical Education

Context

NBME® is known for its versatile selection of high-quality assessments and educational services for students, professionals, educators, regulators and institutions dedicated to the evolving needs of medical education and health care. Through a variety of assessment programs and collaborations with the medical community, their mission emphasizes their work “to protect the health of the public through state-of-the-art assessment of health professionals.” A large portion of their work centers on assessing physicians’ competence prior to entering practice.

As a leading testing organization, NBME is accelerating its research and innovation to support medical education and the broader health care community in addressing pressing issues resulting from the evolution of teaching and learning, technology, as well as the need for meaningful feedback. According to Jonathan Rubright, Vice President of Research Strategy, “NBME is at an inflection point, transforming from a traditional assessment provider to an organization that engages directly with representatives from different segments of the medical education community, including students and faculty. We seek to better serve health professionals at every stage of their career.”

One critical aspect of this transformation is the potential for noncognitive assessment. Specifically, how might factors beyond traditional definitions of medical acumen be infused into mechanisms for understanding a doctor’s readiness to practice? According to Rubright, “The medical community sees real potential for noncognitive assessment; however, a coherent framework of the noncognitive skills necessary for providers to have, develop, and maintain remains elusive. Empirically supported tools are also essential to assess these skills –both to bring attention to and to improve these skills in the workforce.”

Collaboration

NBME desired an intentional, systematic, and collaborative discussion of issues surrounding noncognitive assessment.

NBME engaged DIA to lead guided conversations, convening experts from across the fields of medical education, psychometrics, and noncognitive skills. According to Rubright, “DIA was appealing because it was an organization that had demonstrated a strong network in the noncognitive world, an understanding of the research, and a track record of developing and operationalizing effective noncognitive assessment tools.”

The Work

Together, NBME and DIA collaborated to identify the right team for the panel. Ultimately, an esteemed group of academic researchers, testing professionals, and medical educators was convened over two virtual meetings. The goal of the first meeting was to present key intersections between the field of noncognitive assessment and medical education. Here, NBME listened to and learned from the experts.

In the second meeting, NBME had an extensive opportunity to ask questions, explore scenarios, and discuss future directions, opportunities, and collaborations with the panel. Following these meetings, DIA provided a report that both summarized the convenings as well as provided guided recommendations for strategic and tactical next steps for NBME.

Rubright described the experience in one word: Collaborative. “Both between NBME and DIA, but also working to bring in voices from the environment to inform our work together, DIA brought the knowledge of who to tap, and the ability to convene a group to inform our future work. Besides delivering a report, the engagement also provided an on-ramp for future relationships.”

Ultimately, there are three ways in which this work had an impact on NBME:

1. NBME received input on state-of-the-art developments in noncognitive assessment;
2. DIA helped to not only summarize these proceedings, but tie them to concrete potential next steps for both research and practice;
3. NBME was connected with a network of collaborators who can help explore some of these opportunities.

The results of the engagement are still unfolding. This is one step in a strategic acceleration – not just for NBME – but for medical education as a whole. DIA is proud of this work because it integrated three pillars that inform everything NBME does: research, practice, and collaboration.



*Jonathan Rubright, Ph.D.
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The Results

