

Student Assessment Sub-Committee		DATE	May 28, 2014
		ROOM	PDCS Room 4
<b>CHAIR</b>	Dr. Vernon Curran, Chair		
<b>MEMBERS:</b>  <b>2013 - 2014</b>	<i>Dr. Donald W. McKay, Associate Dean, UGME</i> <i>Dr. John McLean, BioMedical Sciences Representative</i> <i>Dr. Barton Thiessen, Clinical Representative</i> <i>Dr. Weldon Bonnell, Humanities Representative</i> <i>Dr. James Valcour, Community Health Representative</i> <i>Dr. Katherine Stringer, Clerkship Coordinator</i> <i>Dr. Bruce Sussex, Pre-Clerkship Coordinator (Dr. Tanis Adey)</i> <i>Dr. Sean Murphy, Chair – UGMS Committee</i> <i>Dr. Lisa Kenny, Phase 2 Lead</i> <i>Dr. Victor Maddalena, Phase 1 Lead</i> <i>Dr. Mike Hogan, Phase 2 Assessment Working Group</i> <i>Dr. Amanda Pendergast, Phase 1 Assessment Working Group</i> <i>Ms. Diana Deacon, Educational Specialist (MESc)</i> <i>Mr. Stephen Pennell, Manager, Health Education Technology and Learning</i> <i>Ms. Saghar Sadeghi, Clerkship Student Representative</i> <i>Ms. Stephanie Power-MacDonald, Pre-Clerkship Student Representative</i> <i>Ms. Melody Marshall, UGME Coordinator</i>		
<b>PARTICIPANTS</b>	Dr. V. Curran, Dr. D. McKay, Dr. J. McLean, Dr. B. Thiessen, Dr. W. Bonnell, Dr. J. Valcour, Ms. D. Deacon, Mr. S. Pennell, Ms. Stephanie Power-MacDonald		
<b>RECORDING SECRETARY</b>	Ms. Jane Stevens ( <b><i>Minutes Taped</i></b> )		
<b>INVITED GUEST</b>			
<b>REGRETS</b>	Dr. D. McKay, Dr. K. Stringer, Dr. B. Sussex, Dr. S. Murphy, Dr. L. Kenny, Dr. V. Maddalena, Ms. Saghar Sadeghi, Ms. M. Marshall		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
WELCOME	The Chair convened the meeting at 4:05 p.m.	<ul style="list-style-type: none"> <li>• Call to order.</li> <li>• Quorum in attendance.</li> <li>• Introductions were made for the benefit of new members.</li> </ul>	
#1 REVIEW & APPROVAL OF MINUTES	<ul style="list-style-type: none"> <li>• Item 1.a Approval of March 2014 Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• The Minutes from March 26, 2014 were adopted as presented.</li> </ul> <p><b>It was MOVED by J. Valcour, Seconded by B. Thiessen to accept the Minutes of the March 26, 2014 meeting as presented.</b></p> <p style="text-align: center;"><b>All were in favour and the MOTION CARRIED</b></p>	<b>ACTION: Minutes Approved</b>

	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	The UGMS is currently reviewing its structure along with a number of policies. They are in receipt of the proposed, revised SAS terms of reference and will include the submission as an agenda item for their next meeting.	<b>ACTION: V. Curran will follow up with UGMS regarding the revised Terms of Reference.</b>
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	D. Deacon informed the Committee that the first Super OSCE pilot has been completed and an evaluation report based on information received from students and the examiners is currently being compiled. The Super OSCE was held after the completion of clerkship rotations and during the Back to Basics course.	<b>ACTION: D. Deacon will provide a report on feedback received for the Super OSCE Pilot Project.</b>
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	The Women's Health assessment report has been added as an agenda item for this meeting.	
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	The flowchart outlining the action plan for submission of examination questions has been included as an agenda item for this meeting. Additional information and suggestions are being compiled by the Associate Dean of UGME with regard to facilitating timely submission of questions.	<b>ACTION: Dr. McKay will report on feedback with regard to the timely receipt/submission of examination questions.</b>
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	Dr. Stringer has reviewed the assessment policies that exist for formative and summative assessment during clerkship and has ensured that the clerkship committee is aware and mindful of the policy when planning the clerkship rotations.	
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	Dr. McKay has forwarded the proposed changes for version 11 of the CACMS Standards to all committee members. Any comments or suggestions should be forwarded to Dr. McKay.	
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	An email was sent to the Chair of UGMS recommending that the remediation and reassessment policy needed reconsideration during the policy revision process.	
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	The assessment group is monitoring all previous content questions.	
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items (Continued)</li> </ul>	Additional results from the Medical Council of Canada examinations will be received from UGME for review during the fall of 2014.	

	<ul style="list-style-type: none"> <li>Item 1.b</li> </ul> <p>Follow-up on Action Items (Continued)</p>	<p>A shell has been developed on the SharePoint site for SAS Committee documents. D. Deacon is currently working with staff to determine who should have access and what documents will be included on the SharePoint site. It is hoped that the site will be functional when the SAS Committee reconvenes in September.</p>	
#2 Phase 1 and 2 Assessment Updates	Phase 1	<p>Dr. Pendergast reported that all marks have been submitted and all students have been promoted to Phase 2.</p> <p>Some difficulties encountered during Phase 1:</p> <ul style="list-style-type: none"> <li>Population of the question bank base. This should become less of an issue during subsequent years as the bank is built up.</li> <li>In some instances, the exam questions and objectives did not reflect what had occurred during the lecture.</li> <li>Remedial assessment had not been anticipated and a short-term plan was developed. A long-term solution is currently being created. This will include a request for additional questions to facilitate remedial assessment.</li> <li>Plans for the earlier engagement of faculty are being put in place for the next class.</li> <li>Some students were quite late in presenting assignments and remedial examinations.</li> </ul>	<p><b>ACTION: Phase 1 Assessment Maps will be available for review during the June meeting.</b></p> <p><b>ACTION: Phase 1 examination blueprints will be available for review during the fall of 2014.</b></p>
#2 Phase 1 and 2 Assessment Updates	Phase 2	<p>The Chair suggested that the Phase 2 assessment maps and examination blueprints should be reviewed prior to the next iteration of Phase 2.</p> <p>Dr. Hogan reported that the third summative examination is scheduled for this week.</p> <p>Notices for the submission of eight to nine questions are being forwarded to lecturers very early during the phase. It is hoped that this will ensure sufficient questions to administer any formative, summative, and reassessment. It is also hoped that this will also ensure sufficient questions to carry forward from block to block, as needed.</p> <p>The Phase 2 Assessment Team meets weekly to review all questions that have been submitted. All acceptable questions are matched to the appropriate objectives and any questions that are not acceptable are</p>	<p><b>ACTION: Phase 2 Assessment Maps and Examination Blueprints should be reviewed prior to the phase start date.</b></p>

		<p>returned to the preceptor. During the weekly meeting the team also determines which faculty need to be contacted personally to provide any missing or late question submissions. This process ensures that the summative exam is populated on a weekly basis.</p> <p>With regard to remediation, the team has been able to maintain 25 to 30% new content questions. From block to block about 10% of questions are carried forward with a view to ensuring that the questions are as general and as clinically relevant as possible.</p> <p>The Phase 2 Assessment Team will continue to meet on a weekly basis as required during the summer months.</p>	
<p>#3 CLERKSHIP ASSESSMENT UPDATES</p>	<p>3.a. Review of Core Clerkship Assessment Maps</p>	<p>D. Deacon provided an update on changes to the assessment maps for the six core clerkships. The assessment maps were circulated for the Committee's review prior to their inclusion in the 2014/2015 clerkship handbook. There were no significant modifications from the previous year. Some of the revisions include:</p> <ul style="list-style-type: none"> <li>• Internal Medicine <ul style="list-style-type: none"> <li>○ Addition of a mini-CEX as a formative assessment.</li> <li>○ Changes to percentages as listed on assessment map.</li> </ul> </li> <li>• Obstetrics/Gynecology <ul style="list-style-type: none"> <li>○ No change</li> </ul> </li> <li>• Pediatrics <ul style="list-style-type: none"> <li>○ Addition of formative mini-CEX during the first part of the rotation.</li> <li>○ Addition of a 10% mini-CEX as part of the summative evaluation.</li> <li>○ Addition of an essay on the health advocacy role.</li> <li>○ Changes to percentages as listed on the assessment map</li> </ul> </li> <li>• Psychiatry <ul style="list-style-type: none"> <li>○ No change</li> </ul> </li> <li>• Rural Family Medicine <ul style="list-style-type: none"> <li>○ No change although a mini-CEX was previously added as a formative assessment.</li> </ul> </li> <li>• Surgery <ul style="list-style-type: none"> <li>○ Addition of a mini-CEX as a formative assessment.</li> <li>○ Addition of a mini-CEX in place of the oral examinations.</li> </ul> </li> </ul>	<p><b>ACTION: The Chair will bring forward the discrepancy in NBME values across core disciplines to the UGMS Committee.</b></p> <p><b>ACTION: T-Res should be included in all Assessment Maps.</b></p> <p><b>ACTION: Blueprints should include the mapping to accreditation's direct educational outcomes.</b></p>

		<p>A question was raised as to the discrepancy between values assigned to the NBME examinations between core rotations.</p> <p>It was noted that that T-res is used in all core clerkship assessments and the assessment maps should be updated to reflect this.</p> <p>The blueprints identify the learning objectives, competencies and methods of assessment that are used. D. Deacon noted that the documents have been included for review but that there have been very few changes from the previous year.</p> <p>It was noted that mapping to the direct education program outcomes is missing from the blueprints.</p>	
#3 CLERKSHIP ASSESSMENT UPDATES	3.b. Mini CEX Study Report	D. Deacon reports that the mini-CEX seems to be a positive experience which has been received well. Evaluation tools used by the various disciplines as well as background documentation with regard to the mini-CEX was circulated.	
#4 FORMATIVE AND SUMMATIVE ASSESSMENT QUESTION WORKFLOW		<p>Work continues on the procedure for obtaining questions from preceptors for the examination bank.</p> <p>S. Pennell presented a flowchart outlining the workflow and action plan to ensure the timely receipt of questions.</p>	<b>ACTION: The flowchart will be posted to the faculty's website.</b>
#5 SUMMATIVE ASSESSMENT POLICY UPDATE		An ad hoc group created by UGMS has begun the revision process with regard to assessment policies. Formative, summative, clerkship, pre-clerkship and the four phases will be incorporated into one assessment policy. Once completed, UGMS will forward the policy to SAS for review.	
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 6.a Reports from the Education Specialist</li> </ul>	<p>Student assessment report forms were circulated prior to the meeting and D. Deacon provided an overview of each course. Highlights were as follows:</p> <p><u>Phase 1, Healthy Person</u></p> <p>The four summative examinations had similar means and ranges of item difficulty. The performance of the exams was fairly even. The reliability coefficient were quite good and these were provided within the</p>	<p><b>ACTION: Reports for Phase I Healthy Person and Clinical Skills will be forwarded to V. Maddalena for review and comment.</b></p> <p><b>ACTION: Reports from ISDII –</b></p>

	<p>documentation. The response rate was 69% and evaluation by students occurred at two points in the course.</p> <p><u>Phase 1, Clinical Skills</u> Clinical skills generally went very well and all students passed. The response rate for this evaluation was 66%.</p> <p><u>ISDII Women’s Health</u> Response rate to the evaluation form was 33.8%. Formative assessment and the summative examination were both rated above the guideline of 3.5 and there were only a few comments. Historical comparisons indicate a consistency across the last three years.</p> <p><u>ISDII Infectious Disease</u> Response rate was about 30%. Historical trends are steady. Only one question was identified as problematic. Few comments were provided and generally students found the assessment good. The formative and summative assessment workflows were both rated above 3.5%.</p> <p><u>ISDII Endocrinology</u> The final examination means and standard deviations have been fairly steady and well within the targeted ranges. The item difficulty was reasonable. There were no problematic questions and about 40% of the students responded to the course evaluation form. The formative and summative assessment workflows were both rated above 3.5%.</p> <p><u>ISDII Musculoskeletal</u> The examination mean was lower than most of the others and the pass mark had to be lowered to 56% from 65% indicating that students had problems with this examination. Historically, the trend has been around the same. At completion of the item analysis – 29 questions on the examination were identified as problematic according to the assessment policy. Nine of the 29 were flagged due to difficulties below .4 (meaning fewer than 40% of students answered correctly). Twenty were flagged due to difficulties between .4 and .7 but this may have been due to favouring of students who did poorly on the test overall. All students were credited for one question – none of the other questions were adjusted.</p>	<p><b>Women’s Health, Infectious Diseases, Endocrinology, and Musculoskeletal will be forwarded to course/subject chairs for review and comment.</b></p>
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#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 6.b. Summative exam blueprints for Phase 2: The Patient</li> </ul>	The exam blueprints were circulated for review. The examinations noted have already been written. For the first examination, there was good coverage for all sessions but there were three to four sessions that were not covered explaining the 0% that are included in the document. The blueprints ensure that issues can be addressed prior to the next phase 2 iteration.	
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 6.c. Inventory &amp; quality assurance monitoring process for assessment tools &amp; instruments.</li> </ul>	A quality assurance process is in the planning stages. This process will entail having an inventory of assessment tools and instruments contained in a central repository. Currently, the items are housed on the MESC common drive.	<b>ACTION: D. Deacon to set up repository files and organize/collect tools and instruments.</b>
#8 BUSINESS ARISING		There being no business arising from the Minutes, the meeting adjourned at 5:40 p.m.	
Next Meeting		June 25, 2014	