

Student Assessment Sub-Committee		DATE	June 25, 2014
		ROOM	PDCS Room 4
CHAIR	Dr. Vernon Curran, Chair		
MEMBERS: 2013 - 2014	<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 (MESD)</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>		
PARTICIPANTS	Dr. V. Curran, Dr. J. McLean, Dr. W. Bonnell, Dr. J. Valcour, Ms. D. Deacon, Dr. B. Sussex, Dr. K. Stringer		
RECORDING SECRETARY	Ms. Jane Stevens (Minutes Taped)		
INVITED GUEST	Dr. C. Stone		
REGRETS	Dr. D. McKay, Dr. V. Maddalena, Ms. Stephanie Power-MacDonald		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME	The Chair convened the meeting at 4:15 p.m.	<ul style="list-style-type: none"> • Call to order. • Quorum in attendance. 	
#1 REVIEW & APPROVAL OF MINUTES	<ul style="list-style-type: none"> • Item 1.a Approval of May 2014 Minutes 	<ul style="list-style-type: none"> • The Minutes from May 28, 2014 were adopted as presented. <p>It was MOVED by J. Valcour, Seconded by W. Bonnell to accept the Minutes of the May 28, 2014 meeting as presented.</p> <p>All were in favour and the MOTION CARRIED</p>	ACTION: Minutes Approved

	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items 	Phase 1 assessment maps must be reviewed and confirmed with the Phase 1 Lead. The Lead will then provide feedback to the assessment lead for the Phase. This should be completed in advance of the start of classes. Specific attention will be paid to in-Phase remediation.	<p>ACTION: D. Deacon will follow up with Phase 1 Lead.</p> <p>ACTION: Meeting date to be agreed upon for the review of assessment maps via email.</p>
#2 MONITORING INDICATORS 2014-2015		Metrics collected and reviewed	<p>ACTION: Change the naming of Pre-Clerkship to Phases 1-4 for item 1. And for item 2. remove “pre-clerkship and clerkship” to the words “the phases”</p> <p>ACTION: Update the Assessment Evaluation Indicators chart and review again next meeting.</p>
#3 SUMMARY AND QUALITY REVIEW OF ASSESSMENT TOOLS/ INSTRUMENTS		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. The work is in progress.	<p>ACTION: Add a column to the Quality check of assessment tools and instruments table entitled Rubric.</p> <p>ACTION: Promote rubrics to all faculty members on the basis of evaluation objectivity and consistency. Provide a template.</p>
#4 PHASE I & II ASSESSMENT UPDATES	<ul style="list-style-type: none"> Item 4.a Review Assessment Maps – Phase I Clinical Skills and Community Engagement 	D. Deacon provided an update. UGMS has not yet approved phase remediation rules. A new Assessment policy is in development.	
#5 CLERKSHIP ASSESSMENT UPDATES		<p>C. Stone (Discipline of Surgery Coordinator) gave a historical account of the percentage value of the NBME that he inherited.</p> <ul style="list-style-type: none"> Currently the NBME is worth 60% while in other rotations the NBME is worth approximately 30%. There has been a correlation between the failing of this exam and 	<p>ACTION: Compare student NBME marks to other assessment components of Surgery</p> <p>ACTION: Convene a small group meeting to review the above</p>

		<p>students who perform poorly on their ITERS. Additionally, those who fail this exam tend to struggle across the rest of the rotations.</p> <ul style="list-style-type: none"> • Unfortunately, this exam does not match objectives for core Surgery and has a high number of Internal Medicine questions. • If the percentage value of the exam were less than 60%, no one would fail the rotation. The option of making the overall value of the exam less with a mandatory pass was discussed but it was determined that to put a fail on the Dean's letter with a pass after remediation was punitive if their ITERS were outstanding. 	<p>comparisons</p> <p>ACTION: D. Deacon will look at the ITER for quality improvement.</p>
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> • Item 6.a. Reports from the Education Specialist 	<p>Student assessment report forms were circulated prior to the meeting and D. Deacon provided an overview of each course.</p> <ol style="list-style-type: none"> ISD II Pathology W14 - Next meeting ISD II Geriatrics ISD II Pediatrics - Pass mark lowered to 61 CS II Full Year report - (future meeting) CH II Critical Appraisal/Research Methods CH II Occupational Health CH II Nutrition in Community Health 	
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> • Item 6.b. Responses to reports from Course Chairs/Phase Leads 	<ol style="list-style-type: none"> Infectious Disease – Dr. Natalie Bridger ISD II Women's Health – Dr. Sarah Healey Phase 1 Clinical Skills – Dr. Victor Maddalena Phase 1: The Healthy Person – Dr. Victor Maddalena <p>The chain of distribution includes the Assessment Lead, the Phase Lead and the Associate Dean.</p>	
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> • Item 6.c. Summative exam 3 blueprint for Phase 2: The Patient 	<p>The exam blueprint was circulated for review. The blueprint ensures that issues can be addressed prior to the next phase 2 iteration.</p>	
#7 BUSINESS ARISING		<p>There being no business arising from the Minutes, the meeting adjourned at 5:45 p.m.</p>	
Next Meeting			