Student Acc		nt Sub Comm	ittaa	DATE	December 18, 2013	
Student Assessment Sub-Comm				ROOM	PDCS Room 4	
CHAIR		Dr. Vernon Curran,	Chair			
MEMBERS:		Dr. John McLean, BioMedical Sciences Representative				
		Dr. Barton Thiessen, Clinical Representative				
2013 - 2014		Dr. Weldon Bonnell, Humanities Representative				
		Dr. James Valcour, Community Health Representative				
		Dr. Jason McCarthy, Clerkship Coordinator				
		Dr. Bruce Sussex, Pre-Clerkship Coordinator (Dr. Tanis Adey)				
		Ms. Diana Deacon, Educational Specialist				
		Mr. Steven Pennell, Senior Instructional Design Specialist				
		Dr. Donald W. McKay, Associate Dean, UGME				
			hair – UGMS Committee			
		Ms. Saghar Sadeghi, Clerkship Student Representative				
		Ms. Stephanie Power-MacDonald, Pre-Clerkship Student Representative Ms. Melody Marshall, UGME Coordinator				
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PARTICIPANTS Dr. V. Curr		Dr. V. Curran, Dr. W	V. Curran, Dr. W. Bonnell, Dr. J. Valcour, Ms. D. Deacon, Mr. S. Pennell, Ms. S. Power-MacDonald			
RECORDING SECRETARY		Ms. Jane Stevens (Minutes Taped)				
INVITED GUEST Dr. M		Dr. Maria Goodridge, Phase II Course Chair				
REGRETS		Dr. B. Thiessen, Dr.	J. McCarthy, Dr. B. Sussex, Dr. D.W. McKay, Dr. S. Murphy, Ms. S. Sadeghi, Ms. I	M. Marsha	all	
			MINUTES			
AGENDA		ITEM	DISCUSSION		ACTION	
WELCOME	Dr.	Curran (Chair)	Call to order.			
	con	vened the meeting	Quorum in attendance.			
	at 4	:10 p.m.				
#1	•	Item 1.a	 The Minutes from November 2013 were adopted as presented. 	ACTION	: Motion to approve the	
REVIEW &	Арр	proval of November			of the November 2013	
APPROVAL OF 2013 Minutes		.3 Minutes	It was MOVED by S. Power-MacDonald, Seconded by J. Valcour, to accept	meeting		
MINUTES			adopt the Minutes of the November 2013 meeting as presented.			
			All were in favour and the MOTION CARRIED			
		ltem 1.b	 D. Deacon has contacted Family Medicine with regard to their 		: D. Deacon to follow-up	
		ow up on Action	internal exam and the new software. Family Medicine is continuing		2014 with regard to	
	lter	ns	with the existing software with plans to switch over to the new		ank items for the	
			software at the beginning of the next academic year. They have	clerkshi	p exam.	

		 also not started any new item writing for the exam bank. D. Deacon reports that the flowchart may be available for January 2014. The Chair will present a revised Terms of Reference for consideration later during the meeting. A column outlining the number of course hours has been added to the summative assessment blueprints. 	ACTION: Flowchart on exam development, implementation, and follow-up should be available for January's meeting.
#2 CLINICAL SKILLS COURSE ASSESSMENT	Dr. M. Goodridge Presentation	 The Chair introduced Dr. Maria Goodridge, Course Chair for Clinical Skills, who then presented an update of changes in assessment for clinical skills: Students must pass each phase before they can continue on in the program. During Phase 2, which occurs from March through October, the first assessment will be the summative communication assessment. This should occur after the first six weeks of Phase 2. In June, the students will be required to complete a two-station, formative OSCE. This OSCE is intended to provide experience in what an OSCE is like. In October, before they finish Phase II, the regular 10-station summative OSCE will be completed. This OSCE was previously held in January. Students will have to pass both summative assessments to pass Phase II Clinical Skills. If they do not pass, then they will be required to complete remediation. There was some discussion regarding the draft schedule for Phase II. An example was offered that the head and neck clinical skills is offered in March but that the students have not completed the head and neck anatomy module at that point. It was also noted that the schedule is not yet available. This is causing some concern that clinicians and tutors need to be contacted and arranged. The Chair requests that any changes to the assessment map/plan should be forwarded to the Committee for review. 	ACTION: D. Deacon to follow-up with Dr. Goodridge to obtain a summary of the assessment map for Clinical Skills.

#3 TERMS OF REFERENCE		 The Chair reviewed proposed changes to the Terms of Reference for the Committee. Appropriate accreditation standards have been listed under the purpose section. Committee membership has been revised to reflect the new curriculum. Changes include: Faculty members from Phase 1 and 2. Faculty members from Phase 3 and 4 as these phases are implemented. Clerkship and pre-clerkship representatives would be included until the new curriculum is fully implemented. One student from Clerkship or phase 4. One student from pre-clerkship (not phase 4). One PGY1 or PGY2 resident who is a graduate of Memorial University. One or two faculty members at-large which could be clinician or non-clinician faculty. These should be individuals with an interest in medical education or assessment. Attendance requirements will be set at 75% of meetings per calendar year. Addition of clause under responsibilities – specific areas, which states: "collect and monitor data/metrics pertinent to accreditation standards on assessment." The Chair would like to retain the current sub-committee members until June 2014. 	ACTION: MOTION to accept the revised Terms of Reference as amended.
#4 ASSESSMENT RUBRIC TEMPLATE	Assessment Rubric Template	 The Chair explained that the purpose of the Assessment Rubric Template is to introduce consistency within Phase 1 and Phase 2 during assessment. The rubrics are intended to be used by instructors and faculty in non-cognitive and non-MCQ types of assessment; for example, essays and reflective essays. The dimensions represent the areas being assessed. Alternate terminologies are provided for scale assessment. 	ACTION: J. Valcour to review rubric terminology. ACTION: D. Deacon to present Sample Rubric Template to the Phase Management Teams.

#5 CGQ RESULTS SUMMARY	Assessment	 D. Deacon presented the Canadian Graduate Questionnaire (CGQ) Results Summary. Students fill out the AAMC's CGQ upon graduation. There was a 96% student response rate. 	ACTION: The Chair will notify UGMS of areas of concern emerging from the Canadian Graduate Questionnaire. ACTION: D. Deacon to obtain Clerkship evaluations for Obstetrics and Gynecology and Internal Medicine for the last three years.
#6 REVIEW OF SUMMATIVE ASSESSMENT BLUEPRINT	• Item 6.a. Phase 1 Courses	 D. Deacon presented the new Summative Assessment Blueprint. The Blueprint has been updated to include the number of course hours for each objective. Assessment blueprints are reviewed by the respective phase lead and assessment working group for each course. Concerns were raised about the testing of students on material that was learned in a previous block. The process of using the blueprints during planning and validating exams is working well. The NBME writing manual is available on the website. The Royal College website contains a section about writing good MCQ's. 	ACTION: The Chair will write Victor Maddalena and Amanda Pendergast to enquire about re- testing of subject matter from previous blocks on exams.
#7 FORMATIVE & SUMMATIVE ASSESSMENT MONITORING & EVALUATION	• Item 7.a. Reports from Educational Specialist	 D. Deacon presented a summary of feedback of the results of a mid-phase I student evaluation. The reports should be forwarded to the Phase 1 Lead with a note saying that they have been reviewed by SAS. The response rate for the evaluation was 69%. The three main areas of concern with regard to the Phase 1 Healthy Person course were as follows: The students felt that the summative exams were not matched well enough with the course objectives. They noted a large focus on clinical material in the summative 	ACTION: D. Deacon to email reports to V. Maddalena, copied to the Chair, explaining that the reports have been reviewed by SAS. ACTION: A process should be developed to ensure the timely notification to those responsible for supplying exam questions.

	 exam questions despite the stated curricular focus on the healthy person. They felt that the balance of the exam could be improved by giving more weight to important material.
	 The Quality Improvement Survey was given to student groups during the Integrated Learning Sessions. Each group is asked to list positives and negatives from the previous weeks. Essentially, the comments mirror the comments made in the student evaluation forms.
#8 BUSINESS ARISING	There was no further business.
#7 ADJOURNMENT	The Student Assessment Sub-Committee adjourned at 5:55 p.m.
Next Meeting	January 22, 2014