		Student	DATE	January 27, 2016		
Assessment	Sub-Committee		ROOM	PDCS Room 4		
CHAIR	Dr. Vernon Curra	n, Chair				
MEMBERS:		dergast, Phase 1 Lead				
	Dr. Lisa Kenny, P					
2015 - 2016	Dr. Joanne Hicke	Dr. Joanne Hickey, Phase 3 Lead				
	Dr. Katherine Str	Dr. Katherine Stringer, Phase 4 Lead (Clerkship Coordinator)/ Dr. Norah Duggan, Acting for K. Stringer				
	Dr. Amanda Pen	Dr. Amanda Pendergast, Phase 1 Assessment Lead				
	Dr. Mike Hogan,	Phase 2 Assessment/Co-Lead				
	Dr. Barton Thiess	Dr. Barton Thiessen, Phase 2 Assessment Co-Lead				
	Dr. Gokul Vidyas	Dr. Gokul Vidyasankar, Phase 3 Assessment Co-Lead				
		ıh, Member-at-Large				
		Dr. Jessica Downing, PARNL Representative				
		Dr. Donald W. McKay, Associate Dean, UGME				
		Dr. Sean Murphy, Chair, UGMS Committee				
		Ms. Diana Deacon, Educational Specialist (MESC)				
	· · · · · · · · · · · · · · · · · · ·	Mr. Stephen Pennell, Manager, Health Education Technology and Learning				
	, ,	Phase 4 Student Representative				
Ms. Stephanie Power-MacDonald, Clerkship Student Representative						
	, Member-at-Large					
Mr. Matthew Quann, Phase 1-3 Student Representative						
PARTICIPANTS	Dr. V. Curran, Di	c. C. Mah, Dr. J. Downing, Dr. K. Stringer, Ms. D. Deacon, Ms. G. McGrath, Mr. S.	Pennell, Dr.	C. Moore, Mr. M. Quann		
RECORDING SECR	RETARY (Minutes Taped)	Transcribed by Lorna Coles				
INVITED GUEST						
REGRETS	Dr. D. McKay, Dr Harty	. S. Murphy, Dr. M. Hogan, Dr. A. Pendergast, Dr. G. Vidyasankar, Dr. B. Thiesse	n, Ms. S. Pov	ver-MacDonald, Mr. C.		
		MINUTES				
AGENDA	ITEM	DISCUSSION		ACTION		
WELCOME	The Chair convened					
	the meeting at					
	4:05p.m.					
#1	• Item 1.a	Minutes for November 25, 2015 were approved.				
REVIEW &	Review and Approval	Moved by C. Mah, seconded by J. Downing. All in favour				
APPROVAL OF	of November 25, 2015					

MINUTES	and December 23, 2015 Minutes	Minutes for December 23, 2015 were approved.  Moved by C. Moore, Seconded by V. Curran. All in favour	
	<ul> <li>Item 1.b</li> <li>Follow-up on action items</li> </ul>	Assessment of Tutorials: M. Hogan not present and D. Deacon had no update so this was tabled for next meeting.	ACTION: Tabled for next meeting.
	items	Historical mean scores of Rural Family Medicine examination: D. Deacon spoke to David Stokes (HSIMS) who advised he had found a way to get the item difficulty analysis but was having difficulty getting the full test analysis done. He will send a report to Diana for her review and this should be ready for the next meeting.  D. Deacon will co-ordinate with Rural Family Medicine. Can start the process to get feedback and then do on annual basis.	ACTION: D. Deacon to follow up with D. Stokes (HSIMS) regarding Family Medicine exam item analysis. She anticipates having a report to present at the next meeting.
		<b>Accreditation: ED-5A Assessment</b> : D. Deacon reported that nothing had been done on this report since the last meeting. Information for this report is continually being compiled and will be ready in the Fall of 2016.	ACTION: D. Deacon will continue to work on this status report.
		Phase 2 Class of 2019 Assessment Plans: S. Pennell said that Anatomy lab exam going back to the way it was and will have to be a part of the block exam.	
		Clinical Skills Assessment Plan:  New provisional pass mark of 80% Formative assessment feedback	
		V. Curran said that M. Goodridge came to the UGMS meeting last week and offered some clarification on the changes in the Clinical Skills assessment plan. Some changes were made in the process – new formative assessment form being introduced in the Clinical Skills course for Phase 2 and students are going to be asked to provide that to the tutor and have the tutor complete the form and sign off on it. She provided V. Curran and D. Deacon with a draft copy of the form. V. Curran said he would meet with M. Goodridge early next week and will provide an update at the next meeting.	ACTION: V. Curran will meet with M. Goodridge and provide an update at the next meeting.

		Special Project Changes No report for the meeting  Community Engagement D. Deacon reported that the Phase 2 Assessment Plan has been approved by UGME. They have now put it in the Student Handbook and are in the process of getting it on D2L. Any changes in dates, etc. will have to be corrected before students are given access to the Handbook.  Grade Review Process D. Deacon reported that she is still looking into this. It makes sense to add to course assessment reports and she is looking at that.	
#2 Phase 4 Assessment Updates (K. Stringer)	#2 Phase 4 Assessment Updates (K. Stringer) and #9 EPA update.	<ul> <li>V. Curran suggested combining Item #2 and #9K for discussion purposes.</li> <li>Phase 4 Assessment Updates</li> <li>K. Stringer said: <ul> <li>Assessment update within 6 months on Phase 4 (at the half way mark) so won't have information until the end of March.</li> <li>She will have a Promotions Meeting mid-April and another one scheduled for 9 months and 12 months later.</li> <li>No Promotions Meeting yet for Phase 4.</li> <li>Issue re clinical assessments – largely linked to faculty development re instilling confidence in this process. Working on that. V. Curran offered to ask the staff of professional development to prioritize that. S. Pennell would like to be involved in any meetings regarding clinic cards.</li> </ul> </li> </ul>	ACTION: Keep as standing item on agenda
		EPA project consists of 2 parts:  1) S. Pennell is looking at whether Clinic cards can be done in digital format;  2) The other aspect of the project is to evaluate use of the Clinic Cards.  In order to do an evaluation we need all information entered into a centralized database. D. Deacon is in the process of hiring a new student to enter all clinic cards into a centralized database to help evaluate the reliability of the cards. D. Deacon has form ready, still checking to see if we need to go through Ethics before hiring a student. The MESC office is	ACTION: Keep the EPA update on the agenda as a separate item

		working on the ethics application – pretty close to having it completed. The Committee agreed these were two separate things and we should go ahead with hiring a student. D. Deacon will send the form to the MUCEP office.  V. Curran said one important message to get out is what EPA is and how it is linked into assessment — looking at creating a broadcast – brief interactive video interesting and fun to watch – no more than 3 minutes pointing out key points and concepts with link to Faculty Handbook.	ACTION: D. Deacon to follow-up with MUCEP office.
#3 Phase 1, 2 & 3 Assessment Updates (Assessment Working Group Leads)		<ul> <li>No Phase 1, 2 and 3 Leads attended meeting.</li> <li>D. Deacon reported that:</li> <li>Phase 1 will be finished next week. In the process of getting marks together. No word when the Promotions Meeting will be held.</li> <li>Phase 2 will be starting next week. Review Committee has been put together.</li> <li>Phase 3 going very smoothly. Reviewing that next week.</li> </ul>	
#4 Accreditation	ED-5A Assessment	A form containing a number of questions has to be filled out as part of accreditation review and D. Deacon is working on the form. A draft was distributed at the last meeting and Diana will bring another draft to the next meeting for review.	ACTION: D. Deacon will continue to work on this status report and bring a draft to the next meeting.
#5 Student Assessment Subcommittee Terms of Reference (TOR)		<ul> <li>V. Curran explained that accreditation is moving from LCME to CACMS standards and the TOR needs to be modified to mirror the CACMS standards.</li> <li>D. Deacon noted two small changes: <ol> <li>The organization that nominates the resident representative is PARNL.</li> <li>A bullet point has been added under "Responsibilities" stating "Advise on and monitor opportunities for professional development for faculty members in the area of student assessment".</li> </ol> </li> <li>Moved by M. Quann, Seconded by C. Moore to adopt these revisions. All in favour.</li> </ul>	

		<ul><li>G. McGrath pointed out a redundancy regarding Clerkship and reference to Clerkship should be taken out of the TOR.</li><li>V. Curran asked Diana to forward the draft version to him (with track changes left in) and he will send to UGME.</li></ul>	
#6 Assessment Procedures: % New on Reassessment Examinations		At the last meeting V. Curran and D. Deacon recommended lowering the percentage of new items on reassessment examinations from 50% to 40% in view of the fact that the item bank is still being built up. This can be reviewed at a later date once the bank is sufficiently built up.  Moved by M. Quann, Seconded by J. Downing to approve changing the	
		percentage from 50% to 40% while building up bank. All in favour  This change will be made on the procedures document and posted on the Policies and Procedures website.	
#7 Student Issues		<ul> <li>M. Quann canvassed students for feedback and overall everything going pretty good.</li> <li>Big concern is inconsistency with Tutorials and PBL – partially because of different facilitators and also materials are not always covered. Students are requesting that all tutors have a master sheet so that all testable materials can be covered. V. Curran said this is an issue for UGMS and he will forward to UGMS Chair, Dr. Murphy, requesting that it be brought up at the UGMS meeting.</li> <li>Another item the students need clarification on is peer assessment from ILS. Wasn't clear if students receive marks for those. D. Deacon said the only way those are assessed is through the peer assessment reflection assignment. Completing the forms is mandatory because students depend on them to get feedback. This is a very important element and students should be encouraged to give feedback. M. Quann will share this message with his peers.</li> </ul>	
#8 Formative/Summat ive Assessment	a) Reports from Education Specialist (D. Deacon)	Assessment reports were provided to committee members prior to the meeting.	ACTION: Add to next agenda.
Monitoring/Evaluat	(2. 3000)	Diana reviewed the following reports for Phase 2:	

on	b) Phase 1 and 3	> MED6750 The Patient	
	Exam Blueprints (D.	Summary of overall scores very good.	
	Deacon)	Overall mean for 2018 consistent with 2017.	
		Student evaluation response rate 38%.	
		➤ MED6760 Clinical Skills	
		Majority of students were at the competent level.	
		Historical trends are consistent with previous classes.	
		Student evaluation response rate 39%.	
		<ul> <li>Mean rating very high for effectiveness of assessment – 4.5</li> </ul>	
		Diana advised that the OSCE for current Phase 2 students is scheduled	
		before students leave for summer break.	
		MED6770 Special Projects	
		Overall, students did well in course assessments.	
		Only Biostatistics/Epidemiology exam had MCQs; Item difficulty	
		quite high – 91%.	
		Student evaluation response rate 38%	
		> Community Engagement	
		Handbook assessment for community visit scores quite good.	
		Some concern about number of students to be reassessed for	
		Community Visit photo essay; has well-constructed rubric.	
		Compares with last year's class.	
		Student evaluation response rate 40%.	
		Student evaluation response rate 40%.	
		Diana advised these reports will be sent to L. Kenny requesting a response	
		report within 30 days. Diana will bring response reports back to the meeting	
		when received.	
		Phase 1 and 3 Exam Blueprints	
		D. Deacon briefed the meeting on these reports for information purposes.	
		V. Curran said we need to make sure there is a broad coverage of topics.	
		Diana will continue to track topics for which we don't receive any items.	

#9 Update on EPA Project	Covered with #2 above.	ACTION: Keep on Agenda as a standing item.
#10 Clinical Decision-Making Questions	Tabled for next meeting.	ACTION: Keep on Agenda for January meeting
#11 Business Arising	No business arising.	