

Student Assessment Sub-Committee		DATE	January 22, 2014
		ROOM	PDCS Room 4
CHAIR	Dr. Vernon Curran, Chair		
MEMBERS: 2013 - 2014	<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>Ms. Diana Deacon, Educational Specialist (MESc)</i> <i>Mr. Steven Pennell, Senior Instructional Design Specialist</i> <i>Dr. Donald W. McKay, Associate Dean, UGME</i> <i>Dr. Sean Murphy, Chair – UGMS Committee</i> <i>Dr. V. Maddalena, Phase 1 Lead</i> <i>Dr. Lisa Kenny, Phase 2 Lead</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. B. Thiessen, Dr. W. Bonnell, Dr. J. Valcour, Dr. V. Maddalena, Ms. D. Deacon, Mr. S. Pennell, Ms. S. Power-MacDonald		
RECORDING SECRETARY	Ms. Jane Stevens (<i>Minutes Taped</i>)		
INVITED GUEST	Dr. Amanda Pendergast, Chair of the Assessment Working Group		
REGRETS	Dr. D.W. McKay, Dr. K. Stringer, Dr. B. Sussex, Dr. S. Murphy, Dr. L. Kenny, Ms. S. Sadeghi, Ms. M. Marshall		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME	Dr. Curran (Chair) convened the meeting at 4:00 p.m.	<ul style="list-style-type: none"> • Call to order. • Committee members were introduced for the benefit of new members. • Quorum in attendance. 	
#1 REVIEW & APPROVAL OF MINUTES	<ul style="list-style-type: none"> • Item 1.a Approval of December 2013 Minutes 	<ul style="list-style-type: none"> • The Minutes from December 2013 were adopted as presented. <p>It was MOVED by J. Valcour, Seconded by B. Thiessen, to accept the Minutes of the December 2013 meeting as presented.</p> <p style="text-align: center;">All were in favour and the MOTION CARRIED</p>	ACTION: Motion to approve the Minutes of the December 2013 meeting.

	<ul style="list-style-type: none"> Item 1.b Follow up on Action Items 	<p>D. Deacon presented a flowchart on exam development and implementation and follow-up from the phase 1 development process. The flowchart outlines how questions are received and submitted. It was noted that there are still items to be added on either side, particularly in terms of how exam questions are handled.</p>	<p>ACTION: D. Deacon to follow-up in April 2014 with regard to exam bank items for the clerkship exam.</p> <p>ACTION: Final revisions will be made to the flowchart to include the item analysis and challenge cards. The flowchart will be posted to the website as a PDF.</p>
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>D. Deacon followed up with Dr. Maria Goodridge to obtain a summary of the assessment map for clinical skills. A draft map has been developed but further consultation will need to take place. It is hoped that the summary will be available for the next meeting of the Committee.</p>	<p>ACTION: D. Deacon to obtain a summary of the assessment map for Clinical Skills.</p>
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>The Chair forwarded the revised Terms of Reference to UGMS for their consideration. Follow up will be made with UGMS Committee.</p>	<p>ACTION: V. Curran will follow up with UGMS regarding the revised Terms of Reference.</p>
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>The review of rubric terminology has been included as an agenda item.</p>	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>D. Deacon and the Phase 1 representatives in attendance will provide feedback on the sample rubric template later during the meeting.</p>	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>The Chair has been working with PESC to draft a letter summarizing observations from the Canadian Graduate Questionnaire (CGQ). The letter will be forwarded to the Chair of the UGMS Committee upon its completion.</p> <p>D. Deacon reviewed the clerkship evaluations from the last three years for obstetrics and gynecology. Generally, the clerkship evaluations are increasing and the scores were not as low as the CGQ scores. It was decided</p>	<p>ACTION: The Chair will notify UGMS of areas of concern emerging from the Canadian Graduate Questionnaire.</p>

		that no issues would be flagged on the obstetrics/gynecology clerkship evaluations.	
	• Item 1.b Follow-up on Action Items (Continued)	Dr. Maddalena will discuss the issue of re-testing of subject matter from previous blocks on exams later during the meeting.	
	• Item 1.b Follow-up on Action Items (Continued)	The PESC summary of feedback on assessment has been forwarded to Dr. Maddalena for his information and review.	
	• Item 1.b Follow-up on Action Items (Continued)	The process to ensure the timely notification to those responsible for supplying exam questions has been put in place and was previously discussed during the presentation of the flowchart.	
#2 PHASE 1 AND 2 ASSESSMENT		<p>This item will be added as a standing item to subsequent meetings of the SAC Committee. Under the new Terms of Reference, Phase 1 and 2 representatives have been added as voting members of the SAC Committee.</p> <p>Dr. V. Maddalena, Phase 1 Management Lead and Dr. A. Pendergast, Phase 1 Assessment Lead provided information to the committee with regard to the implementation of Phase 1.</p> <ul style="list-style-type: none"> • Students are generally pleased with Phase 1. • Several issues with assessment became evident as the Phase was implemented • The development and oversight of assessment in Phase 1 required considerable time and commitment from faculty and staff on the Assessment Working Group. • Remedial assessments in the Healthy Person course created some problems. It is recommended that Phase 2 assessment planning should include MCQ-type remedial examinations for summative examinations in the Acute and Episodic Illness course. • Questions arose with regard to the re-testing students on 10% of information covered during previous blocks in the Healthy Person course. This was intended to promote spiral learning in keeping with the curriculum model. SAS recommends that these questions should be more general in nature. • Expectations from assessment policies were clear. They were useful to the extent that they addressed immediate problems but should be revised to reflect the new curriculum more closely. 	<p>ACTION: Review of policies to ensure the issue of remediation is addressed.</p> <p>ACTION: Refer recommendation on re-tested material to Assessment Working Group for action.</p>

		<ul style="list-style-type: none"> • A more structured approach is needed in regard to liaison with the phase leads, SAC, and UGMS with regard to issues arising and to assist with development of solutions. • Feedback from QI sessions should provide valuable insight to any concerns. 	
#3 ASSESSMENT RUBRIC TEMPLATE		<p>A rubric template has been developed to promote better consistency and standardization across the curricula when rubrics are being used.</p> <ul style="list-style-type: none"> • A five-level rubric template has been developed which includes adaptive terminology. • The rubric is proposed for use in phase 1 and phase 2. • It was suggested that the rubric would be very useful for assessments that are of a non-MCQ or test format (e.g., essays, presentations) . • Dr. Valcour reviewed the terminology and presented proposed changes to the assessment rubric template. • The assessment rubric template will be forwarded to faculty by the assessment working group. • Clinical Skills has developed their own rubric and will be exempt from using the Assessment Rubric Template. 	
#4 SUPER OSCE - CLERKSHIP		<p>D. Deacon provided a brief update on the Super OSCE for Clerkship.</p> <ul style="list-style-type: none"> • Dr. J. Leonard has been named Super OSCE Lead by the Clerkship Committee. • A pilot plan has been developed for April of 2014, during the Back to Basics Course. The pilot will not be graded this year. The first official final version will be available for 2015. • A bank of OSCE stations and questions is being developed. • The Super OSCE is intended to assess beyond the medical expert CANMEDS role, as well as across the discipline. 	<p>ACTION: Super OSCE will be retained as a standing item on the SAC agenda.</p> <p>ACTION: D. Deacon will collaborate and follow the development of the Super OSCE.</p>

<p>#5 FORMATIVE / SUMMATIVE ASSESSMENT MONITORING AND EVALUATION</p>	<ul style="list-style-type: none"> • Item 5.a. Reports from Educational Specialist (D. Deacon) Assessment 	<p>D. Deacon indicated that assessment reports were received.</p> <ul style="list-style-type: none"> • ISD II Pediatrics <ul style="list-style-type: none"> ○ The students felt that the final exam was very fair. ○ They gave high ratings to the summative and formative assessments. ○ Dr. Buckley reported that there were no issues to address. • Year 3 Pediatrics <ul style="list-style-type: none"> ○ No issues identified with regard to pediatrics. ○ The students gave it a reasonable assessment. They felt that their performance was assessed against the learning objectives, supervisors observed them performing histories and physicals, and they received constructive feedback. ○ The lowest overall mean ratings were for the NBME subject exam; the highest were given to the oral exams. ○ Dr. Mary Jane Smith, Discipline Coordinator, noted that they will be making a proposal to UGMS to change the oral exam to two mini-CEX's, decrease the value of the NBME and add an essay on the non-medical expert CANMEDS role to address some of the issues that have been raised over the past year. • Year 3 Surgery <ul style="list-style-type: none"> ○ There were no significant issues identified. ○ Ratings on student evaluations form were well within acceptable ranges. ○ They are continuing to work on concerns with the NBME. ○ The oral exam format has changed; they will now use a witnessed history and physical and have developed an evaluation form from the mini-CEX for that. ○ The students brought forward a concern that the oral exams were very inconsistent in terms of length, venue, difficulty level, etc. Some of those issues will be addressed by the introduction of the mini-CEX. <p>It was noted that the Committee has previously contacted the UGMS with regard to the NBME clerkship problem.</p>	
<p>#6 BUSINESS ARISING</p>		<p>There was no business arising.</p>	

#7 ADJOURNMENT		The Student Assessment Sub-Committee adjourned at 5:30 p.m.	
Next Meeting		February 26, 2014	