

Student Assessment Sub-Committee		DATE	March 26, 2014
		ROOM	PDCS Room 5
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. Stephen Pennell, Manager, Health Education Technology and Learning</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. D. McKay, Dr. B. Thiessen, Dr. W. Bonnell, Dr. J. Valcour, Dr. K. Stringer, Dr. B. Sussex, Dr. L. Kenny, Dr. V. Maddalena, Ms. D. Deacon, Mr. S. Pennell, , Ms. Elizabeth Faour in place of Stephanie Power-MacDonald		
RECORDING SECRETARY	Ms. Jane Stevens (<i>Minutes Taped</i>)		
INVITED GUEST			
REGRETS	Dr. J. McLean, , Dr. S. Murphy, Dr. L. Kenny, Ms. S. Sadeghi, Ms. M. Marshall		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME	The Chair convened the meeting at 4:05 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 January 2014 Minutes 	<ul style="list-style-type: none"> • The Minutes from February 26, 2014 were adopted as presented. <p>It was MOVED by B. Thiessen, Seconded by V. Maddalena, to accept the Minutes of the February 26, 2014 meeting as revised.</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 	D. Deacon to follow-up in April 2014 with regard to the exam bank items for	ACTION: D. Deacon to follow-up in April 2014 with regard to

	Items	the clerkship exam.	exam bank items for the clerkship exam.
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	The UGMS is in receipt of the revised SAS terms of reference and they have been included as an agenda item for their next meeting	ACTION: V. Curran will follow up with UGMS regarding the revised Terms of Reference.
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	The Chair has forwarded correspondence to the UGMS related to observations from the 2012 Canadian Graduate Questionnaire.	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	The Clinical Skills Assessment Maps for Phase 2 have been included as an agenda item.	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	Follow-up is ongoing with regard to testing objectives and the provision of questions for remediation.	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	<p>K. Stringer updated the Committee on the status of the Super OSCE.</p> <ul style="list-style-type: none"> J. Leonard is the lead for the Super OSCE and the Back to Basics Course. There is one OSCE for Clerkship scheduled to occur during the Back to Basics Course. This will occur during the last two weeks of mandatory courses. For the current year, the OSCE will be purely formative. Attendance and participation will ensure a passing grade. A proposal will be forthcoming which will include plans for one formative and one summative OSCE, as well as changes to the timing. 	<p>ACTION: K. Stringer to follow up with a proposal for subsequent Super OSCE.</p> <p>ACTION: The Super OSCE will be retained as a standing item.</p>
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	The Medical Council of Canada Blueprint has been added as an agenda item.	
	<ul style="list-style-type: none"> Item 1.b Follow-up on Action Items (Continued) 	The reports on Phase 1 assessment have been included as an agenda item. The Women's Health assessment report will be available during the next meeting of the SAS Committee	ACTION: Assessment reports from Women's Health will be available for next meeting.

<p>#2 PHASE 1 AND 2 ASSESSMENT UPDATES</p>		<p>V. Maddalena provided an update to Phase 1 Assessment:</p> <ul style="list-style-type: none"> • Phase 1 ended on February 28th. • Remedial work is being completed by a few students. • Revisions to Phase 1 are ongoing. • Reports on the Phase 1 Assessment for two of the four courses have been added as an agenda item. <p>L. Kenny provided an update to Phase 2 Assessment:</p> <ul style="list-style-type: none"> • The first summative exam for phase 2 was completed on Friday, March 21. • Faculty engagement with regard to the submission of exam questions has been very challenging. A process has been developed in conjunction with the Associate Dean to rectify this issue. • Assessment maps have been included as an agenda item. 	<p>ACTION: A flowchart outlining the action plan for submission of exam questions will be provided.</p>
<p>#3 CLERKSHIP ASSESSMENT UPDATES</p>		<p>K. Stringer provided updates from Clerkship.</p> <ul style="list-style-type: none"> • ED-27 – the need for direct observation is being assimilated into each discipline, mainly by structuring the witnessed history and physical into the mini-CEX. Most disciplines have incorporated this into the assessment in some manner. • ED-30 – assessments must be returned to the students within 42 days of the completion of a rotation. The APA sends out reminders beginning very early in the six week period. Assistance from the discipline chairs and the associate dean is solicited if needed. Much of the assessment requires the submission of items from students which can cause delays in this regard. An “incomplete” option has been added to the ITER for faculty if they are waiting on student submissions. • ED-31 – early feedback to enable timely remediation. Summative feedback has been occurring, but there was an issue with data capture in regard to when the process was occurring. The form on One45 has been adjusted to include the date of the actual meeting between the student and the faculty member. • Back to Basics and Super OSCE – getting a formative and summative OSCE into the 21 month clerkship (when all of the students are in attendance) has been challenging. Work continues on timing. <p>D. McKay indicated that changes will be made to the structure of several</p>	

		committees. These changes are required to ensure that communication with regard to these three standards is ongoing. Invitations to a town hall meeting to discuss the new structure will be forthcoming.	
#4 FORMATIVE AND SUMMATIVE ASSESSMENT QUESTION WORKFLOW		<p>S. Pennell continues working on the creation of a flowchart which outlines an action plan to ensure the timely receipt of questions.</p> <p>This item has been tabled pending receipt of further information from the Associate Dean, UGME.</p>	ACTION: Associate Dean compiling suggestions from faculty and the Dean with regard to the timely receipt of questions.
#5 SUMMATIVE ASSESSMENT POLICY UPDATE		<p>An ad hoc group created by UGMS met several weeks ago to begin the revision process with regard to assessment policies. Formative, summative, clerkship, and pre-Clerkship and the four phases will be incorporated into one assessment policy. Once completed, UGMS will forward the policy to SAS for review.</p> <p>The Chair requested that Clerkship Coordinator review the Clerkship Assessment Policy to ensure that it is in line with current accreditation standards and that it represents the new curriculum.</p> <p>D. McKay provided a short overview of Accreditation Standards and process as well as changes to LCME/CACMS.</p> <p>A recommendation was put forward that a reassessment and remediation policy should be created. Currently, it is included under the promotions policy.</p>	<p>ACTION: K. Stringer to review the Clerkship Assessment Policy.</p> <p>ACTION: D. McKay will forward documents with regard to the public consultation period for the proposed CACMS standards, version 11.</p> <p>ACTION: The Chair will recommend to UGMS that a remediation and reassessment policy which is separate from the policy on assessment be drafted.</p>
#6 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> Item 6.a Phase II Assessment Maps 	<p>Due to time constraints, the assessment maps have already been brought forward to UGMS Committee. In future, documentation should follow the formal process prior to presentation to the UGMS Committee.</p> <p>The assessment maps will be monitored by the Student Assessment Subcommittee on a go-forward basis.</p> <p><u>Acute and Episodic Illness</u> This assessment map is very similar in structure to the phase 1 assessment</p>	ACTION: The assessment committee will monitor questions that are submitted to evaluate previous content questions.

		<p>map:</p> <ul style="list-style-type: none"> - There are four summative blocks. - The Acute and Episodic content will be completed by June 27th. Finishing the summative blocks at this time ensures there is ample time to receive marks and complete remediation after reassessment. - An emerging disease component has been included in block one. Marks will be given for participation in this session. - Students get points for completing formative quizzes and for participating in the ILS sessions. - An attempt is made to integrate content from the previous blocks on an increasing basis from block to block. - In order to be successful in a block a student must achieve a mark of 75%. - For promotion purposes as student must achieve 75% in three out of four blocks with an average mark (for all four blocks) of 75%. <p>It was noted that agreement was reached during phase 1 with regard to retesting during the summative portion, and that retesting specific knowledge is not a key requirement in a spiral curriculum. The students feel it is not overly helpful to have previous content on the summative exams, because of the amount of new information. The phase leads explained that the retesting is more general as opposed to specific questions and that it is an attempt at integration of content throughout the whole phase. The assessment working group is easily able to differentiate between general and specific questions.</p> <p><u>Clinical Skills</u> This is the same assessment map that has been used in previous years.</p> <p><u>Special Projects</u> UGMS has requested that this assessment map has been re-worked a number of times prior to their approval.</p> <ul style="list-style-type: none"> - Specific details have been provided on assessment methods, including due dates. - Assessment reflects the amount of time spent on the content. This will be monitored on an annual basis by the phase lead and SAS 	
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		<p>committee.</p> <ul style="list-style-type: none"> - Details of each assignment are included. - A student version of this map has been posted to D2L. <p><u>Community Engagement</u> This assessment map is very similar to the phase 1 assessment map.</p> <p>It was noted that SAS has made a recommendation on the use of rubrics for assignments that involve essays or papers, etc. A template is available for use by faculty. The rubrics will ensure commonality and standardization across the phases.</p>	
	<ul style="list-style-type: none"> • Item 6.b.i Healthy Person Report from the Education Specialist 	<p><u>Community Engagement – Phase 1</u> Student feedback and most of the marks have been received.</p> <ul style="list-style-type: none"> - Comparison between historical trends was not possible since this is the first offering of the course. - Item analysis was not applicable to the course because it does not utilize MCQ exams. - 64% of students responded to the course evaluation form. - Effectiveness of assessment received a mean rating of 3.2/5. A benchmark of 3.5 is normally used. No comments were provided making it difficult to determine what component of the assessment was not effective. - Overall marks were fairly good. - Many students experienced difficulty with the community health assignment which was worth 40%. Average marks were lower than expected. 	
	<ul style="list-style-type: none"> • Item 6.b.ii Special Projects Report from the Education Specialist 	<p><u>Special Projects</u> Numerical data has been provided.</p> <ul style="list-style-type: none"> - Overall results are well within expectations. - Students did very well on the independent projects which were significant component of the Special Projects course. - Some of the components were graded on a pass/fail basis and for various reasons did not have a numerical grade. It is hoped that for Phase 2 a numerical grade will be possible. - Effectiveness of assessment received a mean rating of 3.2/5 which is below benchmarks. Comments from students indicate that poor 	

		communication of expectation for assignments, assessment timing in relation to other work, and lack of advanced organization were cited. The main issue seemed to be about balance and timing and scheduling of the work.	
	<ul style="list-style-type: none"> Item 6.c Quality Improvement Session Feedback on Assessment 	<p>The quality feedback was collected during the ILS sessions and pertains to student feedback from the seven sessions that took place in phase 1.</p> <ul style="list-style-type: none"> Students felt that the modification of the pass mark within Healthy Person to the block format was very effective. They like the formative assessments. Students experienced confusion around timelines and expectations. Students were unhappy with the large volume of content tested over a few items, scheduling of make-ups, re-testing of specific rather than general questions, and the number of assignments and reflections. Amount of work due just before the end of the phase should be taken into account. The fifteen page community engagement paper which was worth 40% was seen to be too long and the guidelines were not communicated well. Too much testable material in the week before some summative exams. <p>Suggestions for improvement include:</p> <ul style="list-style-type: none"> Peer assessment is unnecessary. A calendar of assessments (with updates) should be provided to students. This has been completed for phase 2. 	
7. MCC BLUEPRINT PROJECT		<p>Information was circulated with regard to the Medical Council of Canada's Blueprint Project. D. McKay will attend a meeting in Montreal during the month of June. This meeting will outline the next iterative phase for the undergraduate deans.</p> <ul style="list-style-type: none"> The Medical Council of Canada exam in 2017 will be very different than the current exam. The current exam is based on specialties, i.e. obstetrics, psychiatry, internal medicine. 	ACTION: Dr. McKay to provide additional MCC exam information after the June meeting.

		<ul style="list-style-type: none"> - The basic framework of the new exam will consist of a 4X4 matrix - health, acute, chronic, and psychosocial issues X medical expert, communicator, professional, and manager. There will be percentages assigned to each. - While the new curriculum is in line with this approach, the academic half day within phase four will be edited to address the CANMEDS competencies. - The Medical Council of Canada website includes additional information about the project. 	
#8 BUSINESS ARISING		<p>Discussions around the use SharePoint for storage of documents.</p> <p>Discussion surrounding the flow of information from UGMS to committees.</p>	ACTION: D. Deacon will investigate use of SharePoint for SAS meeting documents and materials.
ADJOURNMENT		The meeting adjourned at 5:55 p.m.	
Next Meeting		April 30, 2014	