

Minutes / Action Items – Student Assessment Sub-Committee Meeting

MEETING	STUDENT ASSESSMENT SUB-COMMITTEE MEETING MINUTES		
CHAIR	DR. VERNON CURRAN		
DATE	September 25, 2013, Wednesday, PDCS Meeting Room 4 , 4:00pm -5:30pm		
MEMBERS AS OF September 2012	Members: Dr. Vernon Curran, Dr. Don McKay, Dr. John McLean, Dr. Barton Thiessen, Dr. Weldon Bonnell, Dr. James Valcour, Dr. Jason McCarthy, Dr. Tanis Adey, Dr. Sean Murphy, Ms. Diana Deacon, Mr. S. Pennell Students: Saghar Sadeghi UGME Rep: Minutes Taped		
PARTICIPANTS	Attendees: Dr. Vernon Curran, Dr. James Valcour, Dr. John McLean, Dr. Barton Thiessen, Dr. Weldon Bonnell, Dr. Bruce Sussex, Ms. Diana Deacon, Mr. S. Pennell UGME Office: Ms. Elas Winter		
REGRETS	Dr. Donald McKay, Ms. Saghar Sadeghi, Dr. J. McCarthy, Dr. S. Murphy		
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME / MEETING START TIME	V. Curran opened meeting at 4:10 p.m.	<ul style="list-style-type: none"> Quorum attained. Dr. Murphy has been approached to recruit another clinician educator. One student has completed her term on the committee and another will soon be elected to fill that vacant position. 	Action: Elas Winter will contact the student representatives with other options for attending meetings.
ADDITIONS TO THE AGENDA	Agenda	<ul style="list-style-type: none"> Reviewed Agenda <ul style="list-style-type: none"> D. Deacon will present changes to the clerkship program evaluation and summative assessment report findings. 	
#1	1a) Review and approval of minutes	<ul style="list-style-type: none"> Approval of May 2013 Minutes 	MOTION: It was MOVED by Dr. J. Valcour and SECONDED by Dr. W. Bonnell to approve minutes of the May 29 th meeting. All were in favour and the Motion carried.
	1b) Follow-up on action items	<ul style="list-style-type: none"> D. Deacon and V. Curran met with Dr. Duggan and Dr. Stringer with regard to the family medicine clerkship exam and to offer advice to enhance validity and reliability aspects of the exam. Family medicine is the only core clerkship that constructs its own exam. D. Deacon completed a follow-up with HSIMS on the item analysis and the current items that were offered in D2L and reported that the information required is not available through D2L. With regard to the family medicine exam moving to the new software - S. Pennell states that is a possibility, but the firewall protection prevents 	Action: D. Deacon will follow up with family medicine to determine if any progress has been made on constructing new test items. Action: S. Pennell will follow up with C&C and advise the committee when family medicine will be able to convert the exam to the new software.

		<p>anyone outside of campus from accessing the exam. He will follow up with C&C with regard to security checks and other issues.</p> <ul style="list-style-type: none"> • Dr. Curran prepared and forwarded a letter to Dr. Murphy, Chair of UGMS concerning student evaluation ratings of the NBME in clerkship. 	
#2 Review of Assessment Maps and Assessment Rubrics (New curriculum – Phase 1)	#2.	<ul style="list-style-type: none"> • As per the current assessment policies, assessment maps and blueprints are presented for the four new Phase 1 courses. 	
	2a) Healthy Person	<ul style="list-style-type: none"> • The <u>Healthy Person Course Assessment Plan</u> and <u>Phase 1 Integrated Learning Sessions - Peer Assessment Tools</u> documents were presented to the committee for discussion, clarification, and review. D. Deacon provided a general overview of the documents. • It was noted that policy changes are underway with regard to formative assessment. • A blueprint will be submitted to SAS for each of the summative exams. The first blueprint will be circulated to committee members prior to the first exam. 	<p>Action: Dr. Curran to consult with Dr. Maddalena to find out how the reflection on peer assessment will be graded and what the procedure for remediation will be.</p> <p>Action: D. Deacon to provide a summary of the reflections on the peer assessments that the students complete.</p>
	2b) Clinical Skills	<ul style="list-style-type: none"> • There have been two minor changes to the <u>2013/2014 Pass/Fail Criteria: Clinical Skills 5720</u>. Professionalism has been added to the SAR and FAR. • The pass/fail criteria are taken from the previous Clinical Skills I and Clinical Skills 2. • D. Deacon, V. Curran and M. Goodridge reviewed the rubrics over the summer. There has been no significant change to clinical skills, they are basically using the same assessment methods as in previous years. 	
	2c) Community Engagement	<ul style="list-style-type: none"> • D. Deacon noted that in terms of assessment tools, the <u>Assessment Community Engagement Phase 1</u> document has not changed significantly. • The community placement has been placed in different times throughout Phase 1 for different groups. This change has been made, largely to accommodate the increased number of students. • Within the current policy there is no requirement for rubrics in the non-MCQ or knowledge type of exams. 	<p>Action: Rubrics should be developed and reviewed by the SAS committee.</p> <p>Action: D. Deacon to contact Dr. Donovan for further information on assessment rubrics</p>
	2d) Special Projects	<ul style="list-style-type: none"> • The <u>Special Projects Assessment Map</u> was circulated for discussion. D. 	<p>Action: Rubrics should be developed for</p>

		<p>Deacon explained that Special Projects was specifically intended to ensure that we are providing coverage of the non-medical expert CanMeds roles.</p> <ul style="list-style-type: none"> • The pass mark for the Special Projects course has been set at 75% in all components. • It was agreed that rubrics are needed for the Special Projects Course. • D. Deacon advised that the PESC Evaluation Forms have been developed. 	the Special Projects Course.
#3 Review of Summative Examination Assessment Blueprint.	<ul style="list-style-type: none"> • Item 3 	<ul style="list-style-type: none"> • Due to time constraints, this item has been deferred to the October 23rd, 2013 meeting. 	
#4 Review of Summative Assessment Blueprint.	<ul style="list-style-type: none"> • Item 4.a Reports from Education Specialist (D. Deacon) 	<ul style="list-style-type: none"> • Due to time constraints, this item has been deferred to the October 23rd, 2013. 	
#5 Clerkship evaluation form.		<ul style="list-style-type: none"> • D. Deacon outlined changes that have been made to the <u>Clerkship Evaluation Form</u>. • B. Sussex pointed out criticisms made by accreditors in the last two accreditations regarding the witnessed history and physical. Dr. Sussex questioned why the Clerkship or UGMS Committees have not amended the document. D. Deacon indicated that this is currently in the implementation phase for mini-clinical exams – mini CEX. • D. Deacon is planning to meet with all of the Discipline coordinators to assist in the development of customized mini-CEX for each rotation. 	<p>MOTION: It was MOVED by Dr. W. Bonnell and SECONDED by Dr. J. Valcour to approve the Clerkship Evaluation Form as presented.</p> <p>All were in favour and the Motion carried.</p> <p>Action: D. Deacon will inform the program evaluation person within MESC of the committees Motion.</p>
#6 Formative-Summative Assessment Monitoring/Evaluation		<ul style="list-style-type: none"> • Due to time constraints, this item has been deferred to the October 23rd, 2013. 	
#7 Business Arising		<ul style="list-style-type: none"> • MELT and UGMS have asked the committee to offer advice on a tentative decision to change grade reporting from a numerical system to a pass/fail system. Much discussion ensued on the pros and cons of the pass/fail system. • The chair recommends that the committee review: 	<p>Action: D. Deacon to:</p> <p>a) review literature aimed at providing supporting evidence that the use of pass/fail grading versus numerical grading is a more positive system, as</p>

		<ul style="list-style-type: none"> ○ Literature aimed at providing supporting evidence that the use of a pass/fail grading system, versus a numerical grading is a more positive system. As well, investigation into the philosophical basis for making such a move – based on literature aimed at the post-secondary, professional level as opposed to the K-12 system. ○ Undertake an environmental scan of what other medical educational institutions are doing at the undergraduate level. ○ Explore the possible implications/ramifications are with regard to dean’s letters and applications for residency, etc. ○ Form a student focus group to discuss the student’s viewpoint. 	<p>well as the philosophical basis for making such a move – based on post-secondary, professional education as opposed to K-12 education,</p> <ul style="list-style-type: none"> b) undertake an environmental scan of what other medical schools are doing at the undergraduate level, c) to explore the possible implications/ramifications are to scholarship, dean’s letters, applications for residency, etc.; and, d) to form a focus group of students to get the students’ perspective.
<p>Adjournment</p>		<p>The meeting adjourned at 5:50 p.m.</p>	
<p>Next meeting – October 23, 2013 in PDCS, Meeting Room 4 at 4:00pm.</p>			
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