

<b>Student Assessment Sub-Committee</b>		<b>DATE</b>	September 24, 2014
		<b>ROOM</b>	PDCS Room 4
<b>CHAIR</b>	Dr. Vernon Curran, Chair		
<b>MEMBERS: 2014-2015</b>	<i>Dr. Donald W. McKay, Associate Dean, UGME</i> <i>Dr. Barton Thiessen, Clinical Representative</i> <i>Dr. Katherine Stringer, Clerkship Coordinator</i> <i>Dr. Sean Murphy, Chair – UGMS Committee</i> <i>Dr. Amanda Pendergast, Phase 1 Assessment Working Group</i> <i>Dr. Mike Hogan, Phase 2 Assessment Working Group</i> <i>Dr. Jatin Morkar, Phase 3 Assessment Working Group</i> <i>Ms. Diana Deacon, Educational Specialist (MESc)</i> <i>Mr. Stephen Pennell, Manager, Health Education Technology and Learning</i> <i>Ms. Stephanie Power-MacDonald, Senior Student Representative</i>		
<b>PARTICIPANTS</b>	Dr. Vernon Curran, Dr. Mike Hogan, Ms. Diana Deacon, Ms. Stephanie Power-MacDonald, Ms. Gerona McGrath		
<b>RECORDING SECRETARY</b>	Ms. Elas Winter ( <b><i>Minutes Taped</i></b> )		
<b>REGRETS</b>	Dr. Donald McKay, Mr. Steve Pennell		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
WELCOME	The Chair convened the meeting at 4:00 p.m.	<ul style="list-style-type: none"> <li>Two requests to be added to agenda, one from Phase 1 Management Team. Wanted SAS to consider consistent policy around exam questions, i.e. number questions per hour, minutes per question etc. There have been practices we have had but no actual policy.</li> <li>SAS has new Terms of Reference. Currently in process of recruiting for the new committee. Waiting to hear back from junior student representative as well as resident representative. Dr. Curran has contacted the Associate Deans for BioMedical Sciences and Community Health to request that they recruit someone from each of their divisions to sit on the committee. Waiting to hear back, after their divisional meetings later this month.</li> </ul>	<b>ACTION: Two items added to agenda</b>
#1 REVIEW & APPROVAL OF MINUTES	<ul style="list-style-type: none"> <li>Item 1.a Approval of June 2014 Minutes</li> </ul>	<ul style="list-style-type: none"> <li>The Minutes from June 2014 were adopted as presented.</li> </ul>	<b>ACTION: Minutes Approved</b>

	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on Action Items</li> </ul>	<ul style="list-style-type: none"> <li>Ms. Deacon followed up with the Phase 1 leads, and reviewed and confirmed with the leads and in advance of classes circulated assessment maps by email to SAS so UGMS could approve them in their September meeting. They have all been approved.</li> <li>Assessment monitoring indicators language has been revised to reflect the new curriculum.</li> </ul>	
#2 QUALITY REVIEW OF ASSESSMENT TOOLS/ INSTRUMENTS		<ul style="list-style-type: none"> <li>Quality check of assessment tools and instruments has been done in Ms. Deacon's database copy.</li> <li>Rubrics are an on-going activity. Ms. Deacon assisting development of rubrics with specific people in specific courses, i.e. Special Projects course in particular and the Independent Project.</li> </ul>	<b>ACTION: Ms. Deacon will do a report on Phase 1 assessments when Phase 1 is completed, SAS will then review feedback, grades and marks that are received.</b>
#3 PHASE I, II & III ASSESSMENT UPDATES	<ul style="list-style-type: none"> <li>Item 3.a Review Assessment Maps – Phase I Clinical Skills and Community Engagement</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Pendergast is not available re: Phase I</li> <li>Dr. Mike Hogan does not have anything to add for assessment in Phase II (finishes 24<sup>th</sup>).</li> <li>No Phase III representative at meeting</li> <li>Reviewed Phase I assessment maps</li> <li>Main difference in Healthy Person from last year to this year is the 4 block exams, and there isn't an additional assessment before the ILS sessions. Each of exams now worth 21%.</li> <li>Was discussion of pass marks for all courses, it will stay at 75%</li> <li>Student who does reassessment gets max mark of 75% and can only be reassessed once. Maximum grade for missed assignment is also 75%</li> <li>Phase III assessment maps still being worked on.</li> </ul>	<b>ACTION: Ms. Deacon to bring report to November meeting.</b>
#4 CLERKSHIP ASSESSMENT UPDATES		<ul style="list-style-type: none"> <li>Met with Dr. Craig Stone</li> <li>Was not able to find any significant correlation between ITERS and the NBME scores</li> <li>Surgery in Clerkship NBME has been revised to be 40% of the total mark which is more in line with other clerkships</li> <li>Looking at the ITER for quality improvement is something that has been taken up with the Psychiatry rotation. They are trying to improve the validity and reliability of their ITERS by taking faculty</li> </ul>	<b>ACTION: Ms. Deacon to continue work on Psychiatry pilot with Dr. Gill.</b>

		<p>through process of identifying what a borderline student looks like, and to devise more accurate scale descriptions based on this. Ms. Deacon has had meetings with Dr. Jasbir Gill who is the clerkship coordinator for psychiatry and will be starting a pilot project. As a first step, they are finalizing a survey of faculty asking about their use of the ITER and similar assessment tools in the clerkship</p>	
#5 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 5.a. Reports from the Education Specialist</li> </ul>	<ul style="list-style-type: none"> <li>ISD II Pathology and Clinical Skills II last reports from old curriculum to review. There were no issues identified.</li> <li>Students did well on Clinical Skills and the summative assessment because of the way Clinical Skills is assessed</li> <li>Black Bag got very high rating re: student evaluations of preceptors and how they were assessed.</li> </ul>	
#5 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 5.b. Responses to reports from Course Chairs/Phase Leads</li> </ul>	<ul style="list-style-type: none"> <li>Barbara Roebathan (Nutrition and Health) responded to Ms. Deacon, no issues. Did note that students who hadn't attended the class filled out the evaluation forms.</li> <li>Dr. David Buckley (Pediatrics) responded, but there were no issues with the course.</li> <li>Ms. McGrath spoke about evaluation fatigue from the PESC side</li> </ul>	
#5 FORMATIVE AND SUMMATIVE ASSESSMENT - MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Item 5.c. Historical summary of pre-clerkship grade statistics 2009-2014</li> </ul>	<ul style="list-style-type: none"> <li>There were no significant increases or decreases in the mean grade for the courses.</li> </ul>	
#6 REPRESENTATIVE FOR PESC MEETINGS		<ul style="list-style-type: none"> <li>PESC representation on SAS; SAS representation on PESC</li> </ul>	<b>ACTION: Ms. McGrath will be the representative from PESC on the committee. Ms. Deacon will be SAS's representative on PESC.</b>
#6 BUSINESS ARISING		<ul style="list-style-type: none"> <li>Criteria for quality review and assessment tools. Ms. Deacon has started an inventory of assessment tools and instruments used across the curriculum. The next step is to do a quality review of the checklist of the tools and instruments to recommend areas for improvement.</li> <li>Dr. Curran and Ms. Deacon refined criteria from literature review to 4 basic criteria: the format, the instructions given to the</li> </ul>	<b>ACTION: Ms. Deacon to recommend some standards for the style that should be adopted across all of the tools in terms of font, headers, etc.</b>  <b>ACTION: Ms. Deacon to change</b>

		<p>assessors, the scale and the validity measurements.</p> <ul style="list-style-type: none"> <li>• Request to review In-Training Assessment Report (ITAR).</li> <li>• Request from Phase 1 Management Team to consider consistent policies and practices about exam questions, such as time allowed per question and number of questions per instructional hour.</li> </ul>	<p><b>5-7 point scale to a 4-7 point scale.</b></p> <p><b>ACTION: Ms. Deacon to review In training assessment report (ITAR). Leave on Agenda for next few meetings.</b></p> <p><b>ACTION: Ms. Deacon to find out standards for MCC exams. How long, how many questions, is there a rule of thumb about how many items should be included?</b></p>
Next Meeting	<b>4-5:30 p.m. October 29, 2014 Room PDCS 4</b>		