

Student Assessment Sub-Committee		DATE	January 31, 2018
		ROOM	PDCS Room 5
CHAIR	Dr. Vernon Curran, Chair		
MEMBERS: 2017 - 2018	<p><i>Voting members:</i> <i>Dr. Pam Pike, Phase 1 Assessment Lead</i> <i>Dr. Mike Hogan, Phase 2 Assessment Lead</i> <i>Dr. Gokul Vidyasankar, Phase 3 Assessment Lead</i> <i>Dr. Norah Duggan, Phase 4 Lead/ Dr. Tom Laughlin, Phase 4 Assessment Lead (alternate)</i> <i>Ms. Mais Nuaaman, Phase 1-3 Student</i> <i>Mr. Mackenzie Turpin, Phase 4 Student</i> <i>Dr. Samantha Woodrow, PARNL Resident</i> <i>Dr. Craig Moore, Member-at-Large</i> <i>Dr. Maisam Najafizada, Member-at-Large</i></p> <p><i>Ex officio (non-voting) members:</i> <i>Dr. Tanis Adey, Associate Dean, UGME</i> <i>Dr. Sean Murphy, Chair, UGMS Committee</i> <i>Ms. Gerona McGrath, PESC</i> <i>Ms. Diana Deacon, Educational Specialist, Assessment</i> <i>Mr. Stephen Pennell, Manager, Health Education Technology and Learning</i> <i>Ms. Elas Winter, Support Staff, UGME</i> <i>Ms. Carol Vokey, Support Staff, UGME</i></p>		
PARTICIPANTS	V. Curran, P. Pike, G. Vidyasankar, M. Nuaaman, M. Turpin, S. Woodrow (dial in), C. Moore, N. Duggan, M. Najafizada, T. Adey, G. McGrath, D. Deacon, S. Pennell		
RECORDING SECRETARY	<i>(Minutes Taped) Transcribed by Carol Vokey</i>		
INVITED GUEST			
REGRETS	M. Hogan, T. Laughlin, S. Murphy		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME	The Chair convened the meeting at 1610h.		
#1 REVIEW & APPROVAL OF MINUTES	a) Approval of November 29, 2018 minutes. b) Follow-up on ACTION	<p>The minutes of the November 29, 2018 minutes were reviewed.</p> <p>It was MOVED by N. Duggan and SECONDED by M. Nuaaman to approve the November 29, 2018 minutes as presented.</p> <p style="text-align: right;">All were in favour, and the MOTION CARRIED.</p> <p>- Phase 2 Block 5 exam has been moved as per discussion.</p>	<p>ACTION: N. Duggan moved and M. Nuaaman seconded the approval of the November 29, 2018 minutes. Motion carried.</p> <p>ACTION: P. Pike to discuss</p>

	<p>items from November 29, 2018 meeting.</p>	<ul style="list-style-type: none"> - V. Curran brought reference to “leader” in the Physician Competencies assessment plan to UGMS and it will be changed if/when the new CANMEDs competencies are adopted for outcomes. - P. Pike will discuss rescheduling of Healthy Person exams on Friday mornings at next Phase meeting on February 22. - D. Deacon checked with MCC regarding time allotted for exam questions and they use 1.1 minute per multiple choice question and clinical decision making questions are allowed 6 minutes each. We use 1.5 m/question so we are actually over MCC time. M. Najafizada suggested Community Engagement and Epi/Biostats exam questions having an analytic case nature or containing calculations should be considered clinical decision making questions and be allocated 6 minutes. Agreed and D. Deacon will figure this into calculations. - D. Deacon has put process in place where she reviews rubrics for accuracy and consistency before they go into D2L. - D. Deacon said the 3 levels of pass for Physician Competencies are only used by instructor and are not relevant in grading as only the score is documented. - D. Deacon and N. Duggan are working on a Phase 4 tip sheet for students to capitalize on preceptor feedback. - D. Deacon said the reports she compiles and presents were never sent to phase leads in past so this action item will be removed. - Low percentage of clinic cards for Pediatrics – flagged for information for N. Duggan who will follow up. Quality and quantity is improving because of the new app but it is a work in progress. - 61% rating on timely summative assessment in Anesthesia, D. Deacon said this was due to administrative issues and that Anesthesia scheduling was more sporadic. - Pass mark question – M. Nuaaman gave results of surveyed schools showing average is 60. Our pass mark with Hoftsee is between 60 and 70. - N. Duggan MED 8720 Table 7 low OSCE scores – J. Leonard said students do not like the OSCE. - Low scores in Table 10 Practice Continuum online modules is probably due to the fact students are meant to complete one module per month of Clerkship but they are usually left until the end to do. The issue was presented and emphasized at Clerkship Orientation and reminders will be sent out. 	<p>rescheduling of Healthy Person exams on Friday mornings at next Phase meeting February 22.</p> <p>ACTION: D. Deacon will change calculations for Community Engagement and Epi/ Biostats exams to show 6 minutes per question having an analytic case nature or containing calculations.</p> <p>ACTION: N. Duggan will follow up with Pediatrics re low percentage of clinic cards.</p>
<p>#2 PHASE 1 – 4 ASSESSMENT UPDATES (Assessment</p>		<p>Phase 1 – P. Pike said nothing to update. D. Deacon said assessment reports have been compiled for this meeting.</p> <p>Phase 2 – M. Hogan not present. D. Deacon reported that exam preparation is proceeding smoothly.</p>	

Working Group Leads)		<p>Phase 3 – G. Vidyasankar said things are running well. Only issue will be discussed in Item 5.</p> <p>Phase 4 – N. Duggan said they are reading ITARS to ensure succinct and relevant comments. They are continuing to work on faculty development and are seeing improvements. Streams will be released to students soon.</p>	
#3 STUDENT MATTERS		<p>M. Nuaaman said Phase 2 students would like a list of all lectures included in every formative quiz on d2l. S. Pennell said that should already be available on d2l.</p> <p>Phase 3 students concerned that rubric is different than handbook for the Chronic Patient self-directed learning essay as well as the word limit is not feasible. D. Deacon to talk to J. Gill for clarification.</p> <p>Changing exams to Friday has not been well received by Phase 3 students, and they are wondering why the change was made. M. Turpin said this ties into the issue of cut off for material covered for exams. MUN policy is 24 hours and Medical School averages 36 hours. S. Pennell explained that many things would be impacted by having longer than 36 hours. Monday is the best exam day for Phases 1, 2 and 3, but they could alternate. T. Adey said this is a very old issue and both arguments are legitimate. Changes will be considered for future classes.</p> <p>Clinical Skills 3 Peer Assessment component has raised some issues including small groups potentially causing some loss of anonymity which could make it uncomfortable. Also, students are given individual counts as well as an average score, rather than an aggregate score only. D. Deacon will follow up on the aggregate reporting. P. Pike asked if anyone is screening comments, and D. Deacon said K. Zipperlen in UGME does. D. Deacon will follow up with K. Zipperlen on this. V. Curran said a survey will be done on the peer assessment process in May/June.</p> <p>M. Turpin said students are working hard to get good quality feedback. Some ITARS in Pediatrics may not be accurate as students have found some duplication. N. Duggan wondered if there was an error in transcription, and will look into it further.</p>	<p>ACTION: D. Deacon clarify with J. Gill re difference between rubric and handbook for Chronic Patient self-directed learning essay as well as word limit.</p> <p>ACTION: D. Deacon will follow up on lack of aggregate reporting for Clinical Skills 3 Peer Assessment and will discuss screening of comments with K. Zipperlen.</p> <p>ACTION: N. Duggan will look into possible duplication of Pediatric ITARS.</p> <p>ACTION: N. Duggan will take concern regarding NBME pass or fail being included on MSPR to next Phase 4 meeting.</p> <p>ACTION: N. Duggan will talk to Emergency Medicine Clinical Discipline Coordinator regarding rolling exam, and will consult with AFMC Clerkship group to see if other schools are using this system.</p>

		<p>Some students are concerned that whether or not you pass the NBME appears in ITAR and if it is beneficial to appear on the MSPR (Dean's Letter). N. Duggan will take the concern back to the next Phase 4 meeting.</p> <p>This is the first year the Emergency Medicine exam is being administered on a rolling basis, depending on when rotations are complete, and some students feel disadvantaged by this if it occurs before they complete other core rotations. The mandatory sessions are also not well received as they seem incomplete. N. Duggan will bring the concerns to the Emergency Medicine Clinical Discipline Coordinator. S. Pennell said the exam system is odd and was tested some years ago as a "one of" but kept being used. N. Duggan will check with AFMC Clerkship group to see if any other schools are using this system.</p>	
#4 Summative Procedure for Phases 1 – 3 Addition (D. Deacon)		<p>V. Curran said they have had to make a slight change to the summative assessment procedure to reflect which mark stands if a student has reassessed and receives a lower mark. This has been discussed at UGMS and now the updated procedure is being presented for approval. M. Turpin asked when the whole procedure will be reviewed in full as he has some comments, and V. Curran said the committee will look at it again May/June.</p> <p>It was MOVED by V. Curran and SECONDED by G. Vidyasankar to approve the update to the summative assessment procedure as presented.</p> <p style="text-align: right;">All were in favour, and the MOTION CARRIED.</p>	<p>ACTION: It was moved by V. Curran and seconded by G. Vidyasankar to approve the updated summative assessment procedure. Motion carried. D. Deacon to update website.</p>
#5 Timing of End of Blocks Prior to Summative Examinations		<p>G. Vidyasankar recommended adherence to the MUN policy on timing of end of blocks prior to summative examinations instead of having a separate Faculty of Medicine policy, and all agreed.</p>	
#6 Formative/ Summative Assessment Monitoring/ Evaluation (D. Deacon)	<p>a) Phase 1 and 3 exam blueprints b) Phase 1 Class of 2021 assessment reports c) LMCC Part 1 scores report d) Assessment tool quality review (Phases 1 and 2)</p>	<p>D. Deacon reviewed reports a), b) and c). No issues identified. D. Deacon will distribute Phase 1 Class of 2021 assessment reports to Phase Lead and copy to Associate Dean and Phase 1 Assessment Lead.</p> <p>d) D. Deacon presented and said there were no major issues identified. She will go on to look at Phases 3/4 and report on it at next meeting.</p>	<p>ACTION: D. Deacon will distribute Phase 1 Class of 2021 assessment reports to Phase Lead and copy to Associate Dean and Phase 1 Assessment Lead.</p> <p>ACTION: D. Deacon will present assessment tool quality review for Phases 3 and</p>

			4 at next meeting.
#7 Progress Testing		<p>As N. Duggan will be taking over for T. Laughlin on this Committee, she updated as follows:</p> <ul style="list-style-type: none"> - D. McKay is still working with MCC on progress testing - one option is to use NBME which is not ideal but may be used in the interim - another option is to use a local exam which is a huge amount of work to create and run. T. Laughlin is working with Dalhousie to see if there can be a collaboration but no decision made yet. <p>V. Curran will email N. Duggan a study from the UK regarding higher volume testing. M. Turpin commented that using the NBME would not be the best option as it contains so much American content.</p>	ACTION: V. Curran will email UK study on higher volume testing to N. Duggan.
#8 Periodic Review		N. Duggan said the LIC students and Phase 4 students who need coaching get periodic review.	ACTION: Keep on agenda.
#9 Assessment Continuum for Canada White Paper		Can be removed from agenda.	ACTION: Remove from agenda.
#10 Update on EPA Project		Keep on agenda. N. Duggan has been invited to speak to AFMC Clerkship group on EPA's.	ACTION: Keep on agenda.
#9 Business Arising		No business arising.	

The meeting adjourned at 1745h, and the next meeting is scheduled to take place on February 28, 2018.