



Student Assessment Sub-Committee Minutes

Wednesday, December 22, 2021, 4:00 pm
via WebEx

Attendees: H. Coombs, V. Curran, S. Drodge, N. Duggan, S. Pennell, R. Perrier, P. Pike, C. Pye, M. Wahl, E. Winter, K. Zipperlen

Regrets (in alphabetical order): T. Hearn, C. Langmead, E. Maxwell, M. Najafizada, S. Reid

| Topic | Details | Action items and person responsible |
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| Introduction and Welcome | V. Curran welcomed the group. | Call to order at 4:06pm |
| Agenda review -Review for COI -Confirmation of Agenda | No COI declared. Agenda was approved | |
| Review and approval of November 24, 2021 minutes | <i>It was MOVED by M. Wahl and SECONDED by R. Perrier to approve the minutes of the November 24, 2021 minutes as presented. MOTION CARRIED.</i> | |
| 1. Business arising | | |
| 1.1 Review of action items | | |
| Action items from April 28, 2021 meeting: ACTION: S. Pennell and K. Zipperlen to look at next steps regarding possibility of using Navigate to monitor academic progress in Phase 1 to 3. Navigate is a learner support system used on main campus that would be used as a formalized electronic system to track learner progress such as reassessments and record meeting notes. <u>Update:</u> K. Zipperlen said they were ready to implement and are working on permissions and training. | | ACTION: Ongoing |
| ACTION: K. Zipperlen to look at onboarding for new SAS members to ensure compliance with accreditation standards. K. Zipperlen and M. Wahl working on this. <u>Update:</u> New graphic to be presented in January meeting. | | ACTION: Ongoing |
| ACTION: K. Zipperlen to develop template for formative question explanation. Share with Phase leads and BMS to encourage and promote providing explanation for formative exam questions. <u>Update:</u> K. Zipperlen said the template is ready to go. M. Wahl has spoken with BMS colleagues, and they are ready. | | ACTION: Ongoing |
| Action Items from September 22, 2021 meeting | | |
| 2.3.1 Phase 2 course assessment reports (Class of 2024) Learners would like more feedback, and Zipperlen will talk to S. Shorlin about working with E. Winter on TA training. <u>Update:</u> K. Zipperlen said this was moving forward, S. Shorlin to produce a short instruction video | | ACTION: Ongoing |
| Action Items from November 24, 2021 | | |
| ACTION: Discuss feedback by S. Drodge at upcoming SAS meeting. | | ACTION: Ongoing |



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| <p>S. Drodge provided written feedback that there needs to be a process to track and flag faculty / questions with issues (e.g. not enough questions, poorly written questions, faculty not responding to emails for new questions or the need to edit questions).</p> <p><i>Update:</i> V. Curran will discuss with UGMS for recommendations on how to prompt faculty to respond, will update in January. S. Drodge recommended course webinar on good question writing. K. Zipperlen said it was suggested at last PESC meeting having an additional content expert to help faculty with questions. H. Coombs explained that different faculty teach the same content in different ways which makes it more confusing for learners.</p> | |
| <p>ACTION: K. Zipperlen will copy the relevant table regarding timely summative assessment into report for the next UGMS meeting where V. Curran will present.</p> <p>When B. Kerr presented the annual accreditation monitoring report, he highlighted the issue with timely submission of final grades for Core Experiences for Class of 2022 where the percent of learners within 6 weeks compliance is very low for the disciplines of Internal Medicine, Obstetrics/ Gynecology, Pediatrics and LIC.</p> <p><i>Update:</i> V. Curran presented this at last UGMS meeting and there are action items in place to address delays in completing submission of final grades. N. Duggan said it was discussed at the last Phase 4 meeting as well, and they will implement strategies to fix the problem. Shortened rotations made ITAR completion time shorter, assessments were close together, some disciplines didn't have APAs for a time, and high preceptor clinical load all added to the problem.</p> | <p>ACTION: Ongoing</p> |
| <p>1.2 EPA assessment working group report – review and recommendations</p> <p>V. Curran thanked everyone for their work on this report. He presented the report and made some notes re recommendations to bring forward for discussion:</p> <ol style="list-style-type: none"> 1. Instead of learners initiating clinic card completion, the faculty member needs to complete and submit with a copy going to the learner. N. Duggan asked to have both processes (the learner can write “field notes” going to the faculty, but the faculty member can also write these notes to go to the learner) as options to see which works better or if it would be a good combination. S. Pennell said faculty completing clinic card is possible with T-res and has been available for several years. R. Perrier felt both processes should be done simultaneously. M. Wahl will reach out to some colleagues for ideas. After discussion, it was decided changing the process of who completes and submits won't fix the problem. N. Duggan would like to bring all recommendations back to Phase 4 to get feedback from each discipline. 2. Including a checklist item to ensure interaction occurred: S. Pennell said when the clerk initiates, the assessor gets a notification they must accept so adding a checkmark is redundant. It doesn't indicate if interaction was virtual or in person, and S. Pennell said it would be possible to build this in. K. Zipperlen said we need to give further thought to the fact that preceptor and learner are not in the same room. No major objections to this point. N. Duggan to bring to Phase 4 for feedback. | |



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3. Regularly monitor clinic card completion data by faculty, looking at submission (number, time to complete) and approval (who is submitting, which preceptors doing submissions and approvals for each discipline). Provide reports to CDCs, Phase 4 Lead, Discipline Chairs and SAS. Agreed.

4. Regularly monitor clinic card completion data by learners (e.g. time to complete) and provide report to CDCs and Phase 4 Lead. S. Pennell said HSIMS used to regularly sent reports to disciplines based on schedule, but now APAs request them. N. Duggan suggesting not accepting cards submitted after 48 hours. S. Pennell will ask Resilience about sending 2-3 reminders a couple of days apart as per P. Pike's suggestion. N. Duggan will bring back to her group for feedback.

5. Incorporate e-clinic card formative feedback with midpoint review and document completion: K. Zipperlen said Family Medicine is the only discipline that uses EPA based ITAR but other disciplines could use the same. Agreed.

6. Establish Assessment Leads for each core rotation to assist CDCs with assessment workload: N. Duggan to present to Phase 4. S. Pennell suggested points 3 and 4 might also be covered by this person.

7. Faculty development re giving effective feedback: create a mandatory e-learning module for preceptors and provide credit for completion. All agreed.

8. Review ITAR forms: all agreed.

9. Streamline processes and forms: already being discussed.

10. Correct misalignment of scales across forms: review of items and scales to ensure alignment by K. Zipperlen working with CDCs. S. Pennell cautioned changes to clinic card scale could be problematic if done during the academic year as it will disrupt historical reporting, suggested any changes should be made prior to the new academic year.

11. Aligning discipline orientations on assessment with handbooks and websites: different resources have different information. Agreed

H. Coombs brought up the time factor for clinical faculty to complete forms. S. Pennell said the key issue is "in the moment capture". R. Perrier said both assessor and learner should be able to initiate the assessment conversation. M. Wahl asked how much training preceptors are getting on the completion of clinic card, and N. Duggan said Family Medicine has robust sessions, but she's not sure about other disciplines. M. Wahl said lack of faculty development is also something to be addressed. P. Pike said maybe learners need to learn to recognize teachable moments.

ACTION: S. Pennell to inquire with Resilience software about automatic reminders for clinic cards pending approval.



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| <p>V. Curran to send a clean copy to N. Duggan and asked her to bring to Phase 4, make notes and bring back to the Committee. N. Duggan said she really appreciates the help.</p> | <p>ACTION: V. Curran to send copy of recommendations to N. Duggan who will bring to Phase 4 then back to this committee.</p> |
| 2. Standing Items | |
| <u>2.1 STUDENT MATTERS</u> | |
| <p><u>Phase 1-3</u>: C. Langmead not present to report.</p> <p><u>Phase 4</u>: E. Maxwell not present to report.</p> | |
| <u>2.2 ASSESSMENT MONITORING AND EVALUATION</u> | |
| <p>2.2.1 Phase Lead response to Phase 3 course assessment reports Deferred to next meeting</p> | <p>ACTION: Deferred to next meeting.</p> |
| <p>2.2.2 Core Experiences course assessment report K. Zipperlen presented course assessment report for Phase 4 Class of 2022 MED 8710 Core Experiences course which goes to N. Duggan for Phase 4 response. H. Coombs said PESC is considering not including the midpoint feedback as it's misleading and causes confusion. Most times learners complete these forms at different locations before their midpoint evaluation occurs and N. Duggan suggested looking at the timing of this.</p> | <p>ACTION: Deferred to next meeting.</p> |
| <p>2.2.3 Exam blueprints Phases 1 and 3 Deferred to next meeting</p> | <p>ACTION: Deferred to next meeting.</p> |
| Next Meeting: Next scheduled meeting is January 26, 2022. | Adjourned at 5:35 pm. |