

<b>Student Assessment Sub-Committee</b>		<b>DATE</b>	March 23, 2016
		<b>ROOM</b>	PDCS Room 4
<b>CHAIR</b>	Dr. Vernon Curran, Chair		
<b>MEMBERS:</b>  <b>2015 - 2016</b>	<i>Dr. Amanda Pendergast, Phase 1 Lead</i> <i>Dr. Lisa Kenny, Phase 2 Lead</i> <i>Dr. Joanne Hickey, Phase 3 Lead</i> <i>Dr. Katherine Stringer, Phase 4 Lead (Clerkship Coordinator)/ Dr. Norah Duggan, Acting for K. Stringer</i> <i>Dr. Amanda Pendergast, Phase 1 Assessment Lead</i> <i>Dr. Mike Hogan, Phase 2 Assessment/Co-Lead</i> <i>Dr. Barton Thiessen, Phase 2 Assessment Co-Lead</i> <i>Dr. Gokul Vidyasankar, Phase 3 Assessment Co-Lead</i> <i>Dr. Catherine Mah, Member-at-Large</i> <i>Dr. Jessica Downing, PARNL Representative</i> <i>Dr. Donald W. McKay, Associate Dean, UGME</i> <i>Dr. Sean Murphy, Chair, UGMS Committee</i> <i>Ms. Diana Deacon, Educational Specialist (MESc)</i> <i>Mr. Stephen Pennell, Manager, Health Education Technology and Learning</i> <i>Mr. Chris Harty, Phase 4 Student Representative</i> <i>Ms. Stephanie Power-MacDonald, Clerkship Student Representative</i> <i>Dr. Craig Moore, Member-at-Large</i> <i>Mr. Matthew Quann, Phase 1-3 Student Representative</i>		
<b>PARTICIPANTS</b>	Dr. V. Curran, Dr. D. McKay, Dr. M. Hogan, Dr. A. Pendergast, Dr. C. Mah, Dr. K. Stringer, Dr. C. Moore, Ms. D. Deacon, Mr. S. Pennell		
<b>RECORDING SECRETARY</b>	<b><i>(Minutes Taped) Transcribed by Carol Vokey</i></b>		
<b>INVITED GUEST</b>			
<b>REGRETS</b>	Dr. S. Murphy, Dr. J. Downing, Dr. G. Vidyasankar, Dr. B. Thiessen, Dr. L. Kenny, Dr. J. Hickey, Ms. S. Power-MacDonald, Mr. C. Harty, Mr. M. Quann, Ms. G. McGrath		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
WELCOME	The Chair convened the meeting at 4:05p.m.		

<p>#1 REVIEW &amp; APPROVAL OF MINUTES</p>	<ul style="list-style-type: none"> <li>Item 1.a Review and Approval of February 24, 2016 minutes</li> </ul>	<p>Minutes for February 24, 2016 were not approved as there were no students present.</p>	<p><b>ACTION: Minutes of the February 24, 2016 meeting to be presented for approval at the next SAS meeting.</b></p>
	<ul style="list-style-type: none"> <li>Item 1.b Follow-up on action items</li> </ul>	<p><b>Assessment of Tutorials</b></p> <ul style="list-style-type: none"> <li>- There should be a guide for tutors</li> <li>- One person should be submitting questions for tutorials</li> <li>- A template could be created for a tutorial guide</li> <li>- V. Curran to bring forward to next UGMS Committee meeting</li> </ul> <p><b>Rural Family Medicine examination</b></p> <ul style="list-style-type: none"> <li>- D. Deacon took the report regarding increasing the item bank in order to present a better spread of difficulties in questions that was presented at the last SAS meeting to Family Medicine was told by L. Power that they will be looking at and implementing recommendations</li> <li>- K. Stringer said Family Medicine may hold off as they are waiting on the national item bank (SHARC-FM).</li> </ul> <p><b>Peer Assessment</b></p> <ul style="list-style-type: none"> <li>- Last meeting a complaint from faculty member regarding the use of fill in the blank items on exams for Phase 2 was discussed</li> <li>- NBME guidelines for Summative exams MCQ items only are preferred</li> <li>- D. McKay said UGMS has shown a consensus that MCQ items are preferred and he is waiting on hearing from Administration</li> <li>- D. McKay to contact and update the faculty member on discussions and will copy G. Paterno.</li> </ul> <p><b>Student Matters</b></p> <p>M. Quann not present today but will discuss next meeting information compiled from other schools on how feedback is shared regarding exam reviews.</p> <p><b>Clinical Decision Making</b></p> <p>D. Deacon and K. Stringer met regarding clinical decision making questions. K. Stringer said she will update after the CCME workshop on this. D. McKay has contacted the Medical Council of Canada to if existing faculty could give train-the-trainer sessions if they are already involved with MCC and if they</p>	<p><b>ACTION: V. Curran to bring issue to next UGMS Committee meeting. Item to be removed from future SAS agendas.</b></p> <p><b>ACTION: D. McKay to contact and update faculty member on discussions to date and copy G. Paterno.</b></p> <p><b>ACTION: Add student issue of information compiled regarding sharing exam reviews to next meeting agenda.</b></p> <p><b>ACTION: Keep Clinical Decision Making on agenda.</b></p> <p><b>ACTION: D. McKay to follow up</b></p>

		<p>would they be willing to hold a train-the-trainer workshop here. There has been no reply yet, and he will follow up. V. Curran offered K. Stringer support to organize a workshop and asked to keep this item on the agenda.</p> <p><b>Peer Assessment</b>  V. Curran explained that peer assessment was introduced as a new form of assessment in the new curriculum and its effectiveness was questioned in a previous meeting. D. Deacon has compiled statistics on peer assessment looking at an aggregate summary of scores as well as frequency of responses. The numbers show a lack of effectiveness due to the process not being discretionary enough. D. McKay said changing the format would make it more meaningful by encouraging students to use a coaching model instead of numbers. Making it more narrative would prepare them for Clerkship and provide them with examples. V. Curran suggested revising the form and presenting it to UGMS as well as a small instruction session for students on how to complete it. D. Deacon to put together and A. Pendergast, G. Vidyasankar and M. Hogan to assist and review. Once complete, D. Deacon will email revisions to V. Curran to review.</p>	<p><b>with MCC regarding train-the-trainer sessions and workshop.</b></p> <p><b>ACTION: D. Deacon to revise peer assessment form with help from A. Pendergast, G. Vidyasankar and M. Hogan. Once complete, D. Deacon to email revision to V. Curran for review.</b></p>
#2 Phase 1, 2 & 3 Assessment Updates (Assessment Working Group Leads)		<p><b>Phase 1 – A. Pendergast</b></p> <ul style="list-style-type: none"> <li>Both concerns (fill in the blank questions and peer assessment) addressed earlier in meeting</li> <li>Everything else going well</li> </ul> <p><b>Phase 2 – M. Hogan</b></p> <ul style="list-style-type: none"> <li>Moving along well</li> <li>Question selection process going well</li> </ul> <p><b>Phase 3 – L. Kenny (not present)</b></p>	
#3 Phase 4 Assessment Updates (K. Stringer)		<p><b>Phase 4 – K. Stringer</b></p> <ul style="list-style-type: none"> <li>First progress assessment meeting on April 21 and will have feedback after that.</li> <li>Clinic card assessment tool is showing lack of feedback. S. Pennell updated regarding pilot for app version of the clinic card. This should be ready April/May.</li> </ul>	<p><b>ACTION: K. Stringer to update Committee after April 21 Progress Assessment meeting.</b></p>

#4 Student Matters		M. Quann was unable to attend the meeting but had forwarded an email to the committee regarding exam review policy guidelines.	<b>ACTION: Item to be kept on agenda for next meeting.</b>
#5 Accreditation: Standard 6.3 (ED-5A) assessment		D. Deacon said the report is with S. Ackerman now.	<b>ACTION: Keep on agenda for next meeting.</b>
#6 Formative/ Summative Assessment Monitoring/ Evaluation	<p>a) Reports from Education Specialist (D. Deacon)</p> <p>i. Phase 1 Class of 2019 Assessment Reports</p> <p>b) Phase 2 and 3 Exam Blueprints(D. Deacon)</p>	<p><b>Phase 1 Assessment Reports</b>  Assessment reports for the Phase 1 Class of 2019 were circulated to committee members prior to the meeting. D. Deacon said through the Healthy Person there were no big issues. Reports were discussed, and D. Deacon will email these reports to A. Pendergast for review and signature. A. Pendergast said it would be helpful if Phase 1 students could get narrative comments on essays. E. Winter said, in the past, faculty were not writing comments on assignments but now they are. D. McKay said students should get rubrics back as well and that, going forward, E. Winter can attach the rubrics to assignments to be given back to the students. If students who have already gotten back assignments ask for rubrics, they are to be given to them.</p> <p><b>Phase 2 and 3 Exam Blueprints</b>  D. Deacon presented information and will send information on topics without questions and topics with fewer questions than required to V. Curran. V. Curran brought attention to the assessment report presented on Phase 1 for the Healthy Person, student satisfaction rating for the course was 4.5 out of 5 with 65% response rate. This is the highest student satisfaction rating of all the courses which suggests the blueprints are helping.</p>	<p><b>ACTION: D. Deacon will send reports to A. Pendergast for review and signature.</b></p> <p><b>ACTION: D. Deacon to send information on topics without questions and topics with fewer questions than required to V. Curran for review.</b></p>
#7 Update on EPA Project		A student has been hired to input clinic card information, and the UGME office is de-identifying. K. Stringer is concerned about the lengthy timeline to complete the project. E. Winter said it is taking longer than expected as there some issues such as deciphering signatures. D. McKay will work on ways to expedite the process.	<b>ACTION: D. McKay to work on ways to expedite the process of inputting clinic cards and de-identification.</b>
#8 Clinical Decision-Making Questions		Covered in 1.b).	<b>ACTION: Keep on agenda for next meeting</b>

<p>#9 Progress Testing (K. Stringer)</p>		<p>K. Stringer recently participated in a teleconference with representatives from the Netherlands and the European Board of Medical Assessors regarding progress testing. Essentially it is giving an MCQ exam at the same level of questions numerous times during the year. It has been used extensively across the world though not yet in Canada. Advantages include:</p> <ul style="list-style-type: none"> <li>• fosters longitudinal learning and retention of information</li> <li>• identifies individuals who are doing well and those who have concerns early on</li> <li>• great preparation for MCC exam</li> <li>• detailed review of results (portfolio) which helps students focus their learning and is kept for 4 years</li> <li>• fits well with our spiral curriculum</li> <li>• discount offered if you supply questions</li> <li>• 80% of questions are from international bank and 20% are local questions</li> <li>• done in addition to discipline specific block exams</li> <li>• can be paper or electronic</li> </ul> <p>D. McKay commented that there are other options available. K. Stringer will review options and bring a recommendation back to the Committee.</p>	<p><b>ACTION: K. Stringer to review options and bring recommendation back to the Committee.</b></p>
<p>#10 Return of Rubrics to Students</p>		<p>Discussed above in 6. a).</p>	
<p>#11 Clinical Skills write-ups: Issues with one45</p>		<p>S. Pennell said he has contacted Joshua Bragg and they have determined the issue was caused by a formatting issue. The tutor who made the complaint will be contacted for follow up.</p>	
<p>#12 Business Arising</p>		<p>There was no new business and the meeting adjourned at 1727h.</p>	