

Student Assessment Sub-Committee		DATE	September 28, 2016
		ROOM	PDCS Room 4
<b>CHAIR</b>	Dr. Vernon Curran, Chair		
<b>MEMBERS:</b>  <b>2015 - 2016</b>	<p><i>Voting members:</i></p> <p><i>Dr. Amanda Pendergast, Phase 1 Lead (or delegate)</i></p> <p><i>Dr. Lisa Kenny, Phase 2 Lead (or delegate)</i></p> <p><i>Dr. Joanne Hickey, Phase 3 Lead (or delegate)</i></p> <p><i>Dr. Jason McCarthy, Phase 4 Lead (Clerkship Coordinator)</i></p> <p><i>Dr. Mike Hogan, Phase 2 Assessment/Co-Lead</i></p> <p><i>Dr. Barton Thiessen, Phase 2 Assessment Co-Lead</i></p> <p><i>Dr. Gokul Vidyasankar, Phase 3 Assessment Lead</i></p> <p><i>Dr. Catherine Mah, Member-at-Large</i></p> <p><i>Dr. Craig Moore, Member-at-Large</i></p> <p><i>Dr. Jessica Downing, PARNL Representative</i></p> <p><i>Mr. Chris Harty, Phase 4 Student Representative</i></p> <p><i>Mr. Matthew Quann, Phase 1-3 Student Representative</i></p> <p> <i>Ex officio (non-voting) members:</i></p> <p><i>Dr. Donald W. McKay, Associate Dean, UGME</i></p> <p><i>Dr. Sean Murphy, Chair, UGMS Committee</i></p> <p><i>Ms. Diana Deacon, Educational Specialist (MESc)</i></p> <p><i>Mr. Stephen Pennell, Manager, Health Education Technology and Learning</i></p> <p><i>Ms. Gerona McGrath, Educational Specialist (MESc), Program Evaluation Subcommittee</i></p>		
<b>PARTICIPANTS</b>	V. Curran, D. McKay, G. Vidyasankar, D. Deacon, C. Mah, S. Pennell, P. Pike		
<b>RECORDING SECRETARY</b>	<b><i>(Minutes Taped) Transcribed by Carol Vokey</i></b>		
<b>INVITED GUEST</b>			
<b>REGRETS</b>	A. Pendergast, S. Murphy, J. Downing, B. Thiessen, L. Kenny, J. Hickey, C. Harty, M. Quann, M. Hogan, J. McCarthy, C. Moore, G. McGrath		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
WELCOME	The Chair convened the meeting at 4:29p.m.		
#1 REVIEW & APPROVAL OF MINUTES	a) Approval of February 24, May 25, and July 13, 2016 minutes.	The minutes of the February 24, May 25 and July 13, 2016 meetings were not approved and will be tabled until next meeting.	<b>ACTION: Minutes of February 24, May 25 and July 13, 2016 meetings will be tabled for approval at next meeting.</b>

	<p>b) Follow-up on ACTION items from July 13 2016 meeting.</p>	<p>i. <u>MED 5710 Assessment Plan, Class of 2020</u> approved by UGMS  ii. <u>Phase 3 Assessment Plans, Class of 2019</u> approved by UGMS  iii. <u>Phase 4 Assessment Plans</u> approved by UGMS  iv. <u>Terms of Reference</u> D. Deacon rewrote them with PESC TOR in mind with Gerona. The main change is the update of the voting members. May need to find a delegate for J. McCarthy as he is usually unavailable on Wednesdays as well student representatives may change. D.Deacon will send to voting members not at meeting as an e-vote. Once voting is completed and updates are made, D. Deacon will send it to UGMS with track changes left in.</p> <p>It was <b>MOVED</b> by G. Vidyasankar and <b>SECONDED</b> by P. Pike to accept the updated Terms of Reference as presented.</p> <p style="text-align: center;">All were in favour and the <b>MOTION CARRIED.</b></p> <p>v. <u>Summative Assessment Procedure for Phase 4 Courses</u>: has been revised again after UGMS review and edited with K. Stringer. D. Deacon to send to J. McCarthy for review at the next Phase 4 meeting and will ask to attend in case there are questions. D. McKay explained changes in verbiage for the clinic cards and discussion followed. S. Pennell said HSIMS is reviewing work flow and they hope to utilize UCL's to secure questions from faculty members.</p>	<p><b>ACTION: It was moved by G. Vidyasankar and seconded by P. Pike to accept Terms of Reference as presented. Motion carried.</b></p> <p><b>ACTION: D. Deacon to send latest revision to J. McCarthy for review at next Phase 4 meeting and she will ask to attend.</b></p>
<p>#2 Phase 1, 2 &amp; 3 Assessment Updates (Assessment Working Group Leads)</p>		<p><u>Phase 1 – P. Pike</u>  First summative exam yielded good results with one unsuccessful grade. They are working on upcoming questions and just getting into reviews.</p> <p><u>Phase 2 – G. Vidyasankar</u>  Their first meeting was held last week and they have not started to review exams. They will be making more effort to ensure all material is covered adequately and equally.</p> <p><u>Phase 3 – J. Hickey</u>  Not present</p>	
<p>#3 Phase 4 Assessment Updates</p>		<p>J. McCarthy not present. D. McKay commented on two things:  1. Analysis of results of board exams shows correlation with Phase 2 and Phase 4 marks as well as Phase 3 and Phase 4 marks. May indicate a need to intervene earlier.  2. Phase 4 app: S. Pennell said they have been working on an app making</p>	

		sure it reflects Phase 4 verbiage. This app allows the preceptor to enter clinic card information regarding EPA's and the student can log on and read the comments and provide feedback. There was some discussion on what happens if the preceptor disagrees with the student's perception of the conversation. The release of the BETA version is very close (85% there), still working on conversation capture and ability to generate reports. He will be attending a meeting on Friday regarding another new app and have more information after this.	
#4 Student Matters		No student members present. New student reps should be ready for next meeting.	
#5 Formative/ Summative Assessment Monitoring/ Evaluation	<p>a) MCCQE Part 1 2015 Report</p> <p>b) Phase 3 Class of 2018 Assessment Reports</p>	<p>a) D. Deacon reported on the MCCQE Part 1 2015 report to the Dean in April 2016. Useful information includes the following:</p> <ul style="list-style-type: none"> <li>- average performance is significantly below the Canadian mean</li> <li>- slightly above the mean for all candidates</li> <li>- consistent with performance profile across disciplines which was below the mean</li> <li>- surgery above the Canadian mean</li> <li>- statistics are based on the old curriculum</li> </ul> <p>D. McKay pointed out change in MCC scoring standards in 2015 in which 6% of students were failed. Another point of note is the increase in class size in 2015 wherein students lower on the admissions list are accepted. An increase in class size to 80 in 2017 may show even worse results. In 2018 this exam will be no longer used. He has been working with Student Affairs to develop a "watchlist" for students with learning difficulties and he will bring data to next SAS meeting.</p> <p>b) D. Deacon said all reports have been circulated and summarized them as follows:</p> <ul style="list-style-type: none"> <li>- no outstanding issues</li> <li>- generally done well</li> <li>- 7710 Chronic Conditions: students' mean rating of assessment was improved.</li> <li>- 7720 Clinical Skills III: everyone passed with no reassessment and students gave mean rating of 4.2.</li> <li>- 7730 Special Projects III: few reassessments in the course, student response rate is up from previous year.</li> <li>- 7740 Phase 4 Preparation: all students passed the course and had positive</li> </ul>	<p><b>ACTION: D. McKay to bring "watchlist" data for students with learning difficulties to next SAS meeting.</b></p>

	c) NBME Summary Report	<p>feedback. Reports can now go to J. Hickey for review and comments.</p> <p>c) NBME Summary Report: D. Deacon presented chart “Mean NBME Scores by Year and Discipline” which shows the first cohort of the new curriculum is keeping up with the trend.</p>	<b>ACTION: D. Deacon to send assessment reports to J. Hickey for her review and comments.</b>
#6 Update on EPA Project		<p>D. Deacon reported on data from student course evaluation reports for each of the 8 rotations in MED 8710: Core Experiences. Students were given Likert-type scale questions related to assessment and the EPAs as well as open-ended questions. D. Deacon noted:</p> <ul style="list-style-type: none"> <li>- Feedback ratings are low but ok.</li> <li>- Mean scores for EPAs contribution to learning are below benchmark.</li> <li>- Generally negative comments regarding EPA’s and clinic cards.</li> <li>- Students noted concern that EPA’s will negatively affect CARMS matching.</li> </ul> <p>D. McKay: clinic cards meant to increase opportunity for preceptors to describe with subjective comments. Hopefully, some problems will be mitigated with the new scale. With regards to data entry of clinic cards, D. Deacon said they are still entering data and they are hoping to have enough Surgery cards entered by the New Year to analyze. A MUCEP student has also been hired to work 40 hours over the fall semester on this. Target completion date would be sometime next Spring. Other data entry help may come from MUCEP student in UGME as well as a graduate student.</p>	
#7 Clinical Decision-Making Questions		Tabled for next meeting.	
#8 Progress Testing		Tabled for next meeting.	
#9 Business Arising		None.	