

<b>Student Assessment Sub-Committee</b>		<b>DATE</b>	February 24, 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. J. Downing, Dr. G. Vidyasankar, Dr. L. Kenney, Ms. D. Deacon, Ms. G. McGrath, Mr. S. Pennell, Ms. S. Power-MacDonald, Mr. C. Harty, Mr. M. Earle (replacing M. Quann)		
<b>RECORDING SECRETARY</b>	<i>(Minutes Taped) Transcribed by Lorna Coles</i>		
<b>INVITED GUEST</b>			
<b>REGRETS</b>	Dr. S. Murphy, Dr. M. Hogan, Dr. A. Pendergast, Dr. C. Mah, Dr. B. Thiessen, Dr. J. Hickey, Dr. K. Stringer, Dr. C. Moore, Mr. M. Quann		
<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.		
#1 REVIEW & APPROVAL OF MINUTES	<ul style="list-style-type: none"> <li>• Item 1.a Review and Approval of January 27, 2016</li> </ul>	Minutes for January 27, 2016 were approved. <ul style="list-style-type: none"> <li>➤ Moved by J. Downey, Seconded by V. Curran. All in favour.</li> </ul>	

	<ul style="list-style-type: none"> <li>Item 1.b</li> </ul> <p>Follow-up on action items</p>	<p><b>Assessment of Tutorials:</b> Tabled for next meeting.</p> <p><b>Historical mean scores of Rural Family Medicine examination:</b>  D. Deacon advised that she had received a report from HSIMS regarding the item difficulty analysis. The report compared items tested for the Class of 2015 with the Class of 2016. She stated that we do not have access to the item difficulty statistics for the National Board of Medical Examiners (NBME) examinations, therefore, for comparison purposes, she included the overall summative results for Phase 1 -3 for 2014-2015.</p> <ul style="list-style-type: none"> <li>The overall mean item difficulty for 2016 was slightly higher than 2015;</li> <li>The standard deviation, minimum and maximum item difficulties were comparable;</li> <li>Both 2016 and 2015 have a higher mean item difficulty than that for Phase 1-3 for 2014-2015, indicating that these exams are somewhat easier than phase 1 – 3 exams.</li> </ul> <p>Using the item difficulty ranges recommended by Mehrens and Lehmann (1991), the analysis found that the majority of items for both years of the exam were classified as easy (84%), while less than 20% of items were classified as average or hard. Overall, the examinations should have a more even distribution of hard, average and easy items.</p> <p>After a long discussion, it was decided to share the report with Rural Family Medicine with the recommendations that the question bank (now totaling 51 questions) be increased each year by a minimum of 10% and that they provide a blueprint for the exam. We will need to monitor and D. Deacon will get the information from Rural Family Medicine. We will follow up next year.</p>	<p><b>ACTION: Tabled for next meeting.</b></p> <p><b>ACTION: Share report with Rural Family Medicine with recommendations. Follow-up next year.</b></p>
<p>#2 Phase 1, 2 &amp; 3 Assessment Updates (Assessment Working Group Leads)</p>		<p>Phase 1 and 3 Leads were not in attendance.</p> <p>Phase 2 – Lisa Kenny</p> <ul style="list-style-type: none"> <li>No major issues.</li> <li>Discussion regarding approval of questions and objectives, making sure they are written properly and measurable action verbs are used.</li> <li>Discussion regarding complaint received from a faculty member about</li> </ul>	

		<p>exam questions – fill in the blank versus multiple choice. V. Curran advised that this issue came up last year on one of the Phase 2 exams and item analysis showed that fill in the blank questions were more difficult and had a significantly higher number of challenge cards than multiple choice questions. The recommendation at that time was that exams strictly use multiple choice.</p> <p>V. Curran stated that there may not be another SAS Committee meeting prior to the exam on this particular topic. He asked if the Committee could be agreeable to having a sub-set of the Committee comprising V. Curran, L. Kenny and D. McKay address this issue. The faculty member would be asked to send a formal request to SAS elaborating on the rationale for the request and the sub-set will review and make a decision on what our options could be. If there is another SAS meeting, it will be brought forward; if not, the sub-set will address it.</p> <p><b>ALL AGREED.</b></p>	<p><b>ACTION: A sub-set of the Committee comprising V. Curran, L. Kenny and D. McKay will be formed to address complaint.</b></p>
#3 Phase 4 Assessment Updates (K. Stringer)		Phase 4 Lead was not in attendance.	
#4 Student Issues		<p>M. Quann was unable to attend the meeting but had forwarded an email to the committee regarding exam review policy guidelines.</p> <p>M. Earle represented M. Quann at the meeting and stated that currently after grades are received, students can get a printout of all objectives that they got wrong and also a printout of questions they got wrong showing their wrong answers; however, they don't ever see the right answer. This is particularly important to students in the first 2 years.</p> <p>He advised he sits on a National committee and took questions to them to see what other schools are doing. He has heard back from 9 of the 12 schools canvassed and found out that MUN is currently the only one not giving students back correct answers. He will circulate all the information received from the various schools to the Committee.</p>	

		<p>M. Earle asked if he could go back to the other schools to inquire about their reassessment policies, curriculum design and how they deal with limited questions in the question bank. The Committee agreed to this approach. He will bring back the results to the Committee for consideration at a future meeting.</p> <p>Dr. Curran suggested changing “Student Issues” to “Student Matters”.</p>	<p><b>ACTION: Student representative to bring further information to next meeting.</b></p> <p><b>ACTION: On go-forward basis, change “Student Issues” to “Student Matters” on agenda.</b></p>
#5 Accreditation: Standard 6.2 (ED-5A) assessment		<p>This is a work in progress. D. Deacon provided a draft report to the Committee addressing standard 6.2 assessment for all to review. She will also provide a copy to Sally Ackerman to get her feedback.</p>	<p><b>ACTION: Keep on agenda for next meeting.</b></p>
#6 Formative/Summative Assessment Monitoring/Evaluation	<p>a) Reports from Education Specialist (D. Deacon)</p> <p>i. Clerkship Class of 2016 Assessment Reports.</p> <p>b) Phase 3 Exam Blueprints(D. Deacon)</p>	<p>Assessment reports for the 2014 – 2015 academic year (old curriculum) were circulated to committee members prior to the meeting.</p> <p>D. Deacon stated there were only a couple of issues:</p> <ol style="list-style-type: none"> <li>1) Students not happy with NBME exam. They are doing well and mean scores are reasonable; however there were comments about lack of relevance for our situation.</li> <li>2) Clinic Cards are not being completed by everybody. Internal Medicine – only 46% of the students completed clinic cards.</li> </ol> <p>D. Deacon will send these reports to the Clerkship Discipline Coordinators for review and response.</p> <p><b>Phase 3 Exam Blueprints</b></p> <p>Block 4 exam Phase 3:</p> <ul style="list-style-type: none"> <li>• Had 3 topics that didn’t have any items on the exam and 3 that had fewer items than required.</li> <li>• That info was given to V. Curran and he was in touch with phase 3 Lead.</li> <li>• Meeting scheduled for next week trying to get better response.</li> </ul>	<p><b>ACTION: D. Deacon will send reports to Clerkship Discipline Coordinators</b></p>
#7 Update on EPA Project		<p><b>Evaluation Study on new EPA assessment system:</b></p> <p>D. Deacon advised she will be interviewing students tomorrow and the successful candidate will start the process of entering all clinic card data into</p>	<p><b>ACTION: Keep on agenda as a standing item.</b></p>

		<p>a centralized database.</p> <p>V. Curran advised that a small group has been put together to develop multi-media materials re EPAs that can be shared to all preceptors involved.</p> <p>S. Pennell advised they are actively working on putting the clinic cards in digital format.</p>	
#8 Clinical Decision-Making Questions		<p>D. McKay stated this is an on-going matter and needs to be kept on the agenda.</p>	<p><b>ACTION: Keep on agenda for next meeting</b></p> <p><b>ACTION: D. McKay to contact Clerkship Discipline Coordinators about clinical decision-making questions for Back to Basics course.</b></p>
#9 Business Arising		<p>D. Deacon tabled an issue which arose from the PESC meeting held yesterday regarding peer assessment: are we asking too much? Is it too global? Should we be using Likert scores or coaching comments? L. Kenny commented that in the ILS response report, peer assessment was rated very low at 2.5. D. Deacon was asked to bring the matter to SAS to request a change in process. L. Kenney would like to see peer assessment taken out of ILS.</p> <p>V. Curran suggested we ask HSIMS to run off a summary of scores across the students and then SAS would make a recommendation to UGMS. D. McKay said we should make it consistent with Phase 4 by using coaching comments rather than the Likert scale. G. McGrath said ILS is not necessarily a venue for this; a suggestion was made that it may be better suited to Clinical Skills.</p>	<p><b>ACTION: D. Deacon to coordinate summary of peer assessment scores and report to next meeting.</b></p> <p><b>ACTION: D. McKay to form a cross-phase working group to address effectiveness of peer assessment.</b></p>