Student Assessment Sub-Committee					November 25, 2015			
	C221116	1		ROOM	PDCS Room 4			
CHAIR		Dr. Vernon Curran,	, Chair					
MEMBERS:		Dr. Victor Maddalei	•					
		Dr. Lisa Kenny, Phas						
2015 - 2016		Dr. Joanne Hickey, Phase 3 Lead						
		Dr. Katherine Stringer, Phase 4 Lead (Clerkship Coordinator)/ Dr. Norah Duggan, Acting for K. Stringer						
		Dr. Amanda Pendergast, Phase 1 Assessment Lead						
		Dr. Mike Hogan, Phase 2 Assessment/Co-Lead						
		Dr. Barton Thiessen, Phase 2 Assessment Co-Lead						
		Dr. Gokul Vidyasankar, Phase 3 Assessment Co-Lead						
		Dr. Catherine Mah, Member-at-Large						
		Dr. Jessica Downing, PARNL Representative						
		Dr. Donald W. McKay, Associate Dean, UGME						
		Dr. Sean Murphy, Chair, UGMS Committee						
		Ms. Diana Deacon, Educational Specialist (MESC)						
		Mr. Stephen Pennell, Manager, Health Education Technology and Learning						
		Mr. Chris Harty, Phase 4 Student Representative						
		Ms. Stephanie Power-MacDonald, Clerkship Student Representative						
		Dr. Craig Moore, Member-at-Large						
		Mr. Matthew Quann, Phase 1-3 Student Representative						
PARTICIPANTS		Dr. V. Curran, Dr. A.	. Pendergast, Dr. C. Mah, Dr. J. Downing, Ms. D. Deacon, Mr. S. Pennell,	Ms. G. McGrath				
RECORDING SEC	RETARY	(Minutes Taped) Tr	anscribed by Carol Vokey					
INVITED GUEST		Mr. A. Sisco						
REGRETS		Dr. D. McKay, Dr. J. Morkar, Dr. N. Duggan, Dr. S. Murphy, Dr. M. Hogan, Dr. V. Maddalena, Dr. G. Vidyasankar, Dr. B. Thiessen, Ms. S. Power-MacDonald, Mr. C. Harty, Mr. M. Quann						
			MINUTES					
AGENDA		ITEM	DISCUSSION		ACTION			
WELCOME	The	Chair convened						
	the	meeting at						
	4:0	5p.m.						
#1	•	Items 1.a	Minutes for October 28, 2015 were approved:	ACTION	: Minutes approved.			
REVIEW &								
APPROVAL OF MINUTES	ROVAL OF of October 28, 2015		Moved by J. Downing; Seconded by A. Pendergast.					

	Minutes		
	• Item 1.b Follow-up on action items (D. Deacon)	 i. Summative Assessment Policy and Procedure for Phases 1-3: Approved by UGMS and will be added to website. 	ACTION: Jacinta to add to website.
	items (5. 2 cason)	 OSCE Provisional Pass Mark: Clinical Skills request to change Provisional Pass Mark to 80%. V. Curran updated UGMS last week, and there were no objections raised. D. Deacon to send updated assessment plans for Clinical Skills courses showing change. 	ACTION: D. Deacon to send updated Clinical Skills assessment plans to UGMS.
		iii. Community Engagement Rubrics: issue last meeting that proper information wasn't on D2L. Correct rubrics have now been uploaded.	ACTION: Completed
		 iv. Assessment of Tutorials: M. Hogan not present so this was tabled for next meeting. 	ACTION: Tabled for next meeting.
#2 Accreditation	ED-5A Assessment	D. Deacon explained this will be reported on in a year from now in the accreditation process, and information will be collected over the next year. Accreditation Manager has sent material from previous year for reference. D. Deacon to bring self-report form to next meeting for information.	ACTION: In progress. Item to be included on next meeting's agenda. D. Deacon to bring self-report form to next meeting.
#3 Phase I, II & III Assessment Updates (Assess-		A. Pendergast said Phase I is going well with good quality questions. All students passed their second lab exam. No issues at this time.	
ment WG Leads)		Phase II & III Leads were not present to report.	
#4 Phase 4 Assessment Updates (N. Duggan)		N. Duggan not present to report.	
#5 Student Issues		J. Downing had no issues to present. V. Curran explained question submitted by M. Quann asking if NBME scores were curve or raw score. D. Deacon said the new score scale that was introduced in August of 2015 is an equated percent correct score that represents mastery of the content domain assessed by the examination. It is calculated as the percentage of items in the total content domain that would be answered correctly based on an examinee's proficiency level. The subject examination scores are	

		equated across test administrations and are statistically adjusted for variations in test form difficulty.	
#6 Formative/ Summative Assessment Monitoring/ Evaluation	a. Reports from Education Specialist (D. Deacon)	i. NBME Subject Exam Report, 2009-2015: D. Deacon presented scores for 5/6 core rotations from 2009 to 2015 and will bring scores for Rural Medicine to future meeting. V. Curran explained they were looking for anomalies and consequently flagged scores in Medicine, Obs/Gyne & Peds from last year as these marks dropped considerably from previous year. This will be presented for information to the UGMS Committee at their next meeting.	
		 ii. Course Evaluation Forms, Phase 1-4: D. Deacon said they have been revised for Phase 4 and are now being used. V. Curran identified items 4, 5, 6, 11, 12 and 16 as relevant to Assessment which SAS should be monitoring. G. McGrath suggested revisiting the forms yearly to make updates. 	
	b. Phase 1 and 3 Exam Blueprints (D. Deacon)	Blueprints for Phase 1 Exam 3 and Phase 3 Exam 1 were reviewed. All topics for Phase 1 exam had questions. Topics Population Genetics, Seizures Tutorial and Neurological Clinical Skills did not have questions on Phase 3 Exam. V. Curran will inform UGMS when there are no questions received on topics.	
#7 New Business	Update on EPA Project	S. Pennell updated on the Clinic Card project saying there has been a meeting with APAs to introduce what they need to do and that they were happy with system. A. Sisco said form should be ready early next week to go over with APA's. S. Pennell said they next have to plan for errors as well as developing a One45 app for smartphones. This will be brought to UGMS at next meeting.	
#8 Clinical Decision-Making Questions		D. Deacon said MCQE Part I has easy online access (sent to D. McKay). The MCC website has a for-fee practice test to help students become familiar with the format and style of questions. CFPC has no sample questions at undergrad level but they do offer something similar to the MCC questions with more information and a free online demo. Another option is to look at training Clinical Faculty to do our own sample questions. D. McKay has been given this information, and D. Deacon said she is awaiting his direction.	ACTION: D. Deacon to email S. MacDonald, cc D. McKay and V. Curran re outcome. Keep this item on agenda for next meeting. ACTION: D. McKay to provide direction on approach.
#9 Business Arising		No new business.	

Adjournment		The meeting adjourned at 5:00 p.m.	
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