

Assessment Committee

March 26, 2019

4:00 – 5:00 PM

Mayo B620

Chair: David Jewison

Co-Chair: Claudio Violato

Committee Members: Cassaundra Burt, Kirby Clark, Kevin Diebel, Pedro Fernandez-Funez, Sophia Gladding, Samuel Ives, Adam Kneepkens, Stephen Richardson, Peter Southern, Eric Velazquez, Lora Wichser, Student Representatives

Medical School Staff: Jess Blum, Esther Dale, Scott Davenport, Kelaine Haas, Joe Oppedisano, Amy Seip

Administrative Coordinator: Cynthia Johnson

MINUTES

- Introductions were made and the minutes of the March 26, 2019 meeting were approved.
- Dr. Violato provided a review of our Assessment Framework/EPAs.
- Drs. Jewison and Wichser provided an update of the proposal the Task Force has been working on. The taskforce has been working to match EPAs to the required clerkships, so that all EPAs are covered in the context of where students are most likely to have opportunities to learn and practice them
- Committee members participated in an EPA review activity based on the Task Force proposal. The following served as a starting point:
 - Psychiatry (4) 1,4, 5, 6, 9
 - Neurology (4) 3, 7, 12
 - Med (8) 2, 4, 6, 7, 9
 - Peds (4) 1, 8, 10
 - OBST (4) 8, 9, 11, 12
 - Surg (8) 3, 11, 12
 - FM (4) 1, 2, 5, 7, 10
 - EMMD (4) 2, 3, 11
 - ICU (currently may also include Gen Med) (4) 8, 9

The following points were discussed:

- EPAs that only happen in certain clerkships
 - Progressive EPAs; i.e. where one needs to be done before another
 - Questions about implementation
 - LICs were not included on the list, because this will be implemented next year for them, as it won't be as straightforward as for the block clerkships, but VALUE and EPAC already do this.
 - Eventually we will consider assessment as it applies to the MSPE letter and residencies.
 - The goal is to define things so there is a product at the end that students want and so they know what to expect.
- Committee members participated in an exercise to revise the assignment of EPAs to specialties. The following points were made:
 - We might put certain expectations on certain clerkships, but there is always the opportunity to teach and assess ALL OF IT. A certain number of assessments will be required, but it preserves some autonomy for the clerkships to let them teach their material in a way that defines EPAs.
 - It is better to give them a starting point, and then ask them to help fine-tune it. Once this is implemented, data starts flowing in, and we can build a system that is almost live; we will be able to see where the holes are across the clerkships.
 - This method of assessment is independent of the lanes. It doesn't matter where students are in terms of the order of their clerkships; they will receive the same assessment over time.
 - Entrustability has scale; assessors will learn it and have it handy when assessing students. The criteria become clear quickly. Initially it will require a lot of adjustments.
 - Ob is an example of having a discussion and deciding about surgery; there must be a balance between true primary care and procedural medicine, such as surgery.
 - It may be hard to accomplish this using the MyProgress app. Could OSCEs be used for some EPAs? They might be used for cases where the students don't get everything they need during their clinical experience, but it's important to preserve authenticity.
 - According to Dr. Mustapha, Director of Clinical Coaching, some students could be struggling in a clinical setting due to issues of equity; clerkship assessors will probably not be as diverse as our student population.
 - The timeline is for this proposal to go to CEC next week, and to Ed Council by Fall 2019.
 - The meeting adjourned at 5:10.