# Assessment Committee
August 22, 2018, 4:00 – 5:00 p.m.
Mayo B646

MINUTES

**Present:** Claudio Violato, David Jewison, Suzanne van den Hoogenhof, Sara Dohm for Kelaine Haas, Stephen Richardson, Peter Southern, Lora Wichser, Sasha Buchner, Chloe Peyton, Cynthia Johnson (administrative coordinator)
**Absent:** Kevin Diebel, Jane Miller, Eric Velazquez, Sophia Gladding, Joe Oppedisano, Scott Davenport

1. New Committee members were welcomed:
   a. Lora Wichser, Clerkship Director (Psychiatry)
   b. Sasha Buchner, MS3 Student Representative
   c. Chloe Peyton, MS2 Student Representative

2. June 27, 2018 Meeting Minutes were approved.

3. Committee membership was discussed; the following vacancies exist:
   a. LIC Appointee
   b. Affiliate Hospital Appointee

4. Working Group on Clinical Assessment Report - David Jewison
   a. MedHUB was on site last week; it would not work to put current assessments into MedHUB. Does this mandate another working group?
   b. Discussion of how to accomplish this. Current ones not linked to ? or PCRS.
   c. Dr. Richardson is working to build daily assessment for medical students, but finds they're having trouble even deciding what to include, i.e. what can students be made entrustable on in two weeks or four weeks?
   d. Dr. Pereira was talking about this at CEC; there are some big things, such as triage, communication, that should be a part of every clerkship.
   e. It's not that we're not assessing, but we're not clear enough - some students don't realize they're being assessed in certain areas. Does every med student need to be proficient in every area? We have to decide what the expectations are.
   f. A higher level view is what should be assessed in the clinical rotation. Shelf exams - should we assess cognitive knowledge, professionalism, clinical skills, etc? Are Shelf exams over-used to assess cognitive understanding?
   g. How many are familiar with EPAC; is that scalable to all rotations?
      i. Yes, but a bigger barrier is faculty not being familiar with and trained in it.
      ii. It does not include enough direct observation
      iii. But then we couldn't assess trustworthiness. In EPAC, they have nine

**Next meeting on Tuesday, September 25, at 4:00 p.m.**

months, so they can start with a lower direct observation score. In other rotations, there isn't enough time for students to improve to a point where they can achieve proficiency. Students might also fear that they won't be able to achieve an Honors grade.

 h. There should be about four areas in which they are assessed in every rotation.

 i. Wherever they go, they should be able to trouble-shoot and figure out what to do if they're the only physician on service. They should be resilient in any situation. The Clinical Working Group will continue to work on EPAs, but besides procedural skills, what other proficiencies are a little bit lacking?

 j. Information should be provided in advance in any clerkship. Students are told where to be, but otherwise they walk into a room with no expectations; residency program directors could provide this.

 k. Sasha has done three clerkships; with each one, various amounts of information was provided beforehand.

 l. Drs. Jewison and Wichser to raise this concern with the working group; separate knowledge part (material) from how you communicate, get support, etc.

 m. Dr. Violato to start a parallel task force with Drs. Peter Southern, Matt Chafee, Lisa Anderson, and Jan Norrander with the intention to have something to be approved by the end of 2018.

5. ExamSoft and MedHUB Updates - Suzanne van den Hoogenhof

 a. The Assessment team is working with MedHUB on an implementation plan

 b. ExamSoft - going full force ahead with all courses in Fall. They had planned to do only Y1, but decided to put everyone in ExamSoft for assessments for points. The SFC Taskforce will work on standardizing.

 c. ExamSoft uses Tableau data visualisation site and can filter by course director, all assessments together, or just one, and it provides exam statistics. Adam uploads and we get this without any other steps.

 d. The course director can quickly look at results and tell which items are good. They get the information they need without the complexity of former statistical data.

 e. Assessment and Evaluation is hoping to hire a new PhD psychometrics person to help with this. This is part of quality improvement for the pre-clinical environment.

 f. Eventually there will be something for clerkships, so directors can see in real time how things are going.

 g. Dr. Violato explained that his team will have to develop item banks; not all courses have this, as Dr. Southern's does. It's a huge challenge; they could buy some items, and they're thinking about hiring students who've just finished courses and having them write questions, which has worked elsewhere.

6. NBME Shelf Exams Discussion - All

 a. Revisit this next month (five clerkships use shelf exams)

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