Assessment Committee

August 27, 2019
4:00 – 5:00 PM
Mayo B620

Chair: David Jewison
Co-Chair: Claudio Violato (absent)
Members Present: Sarah Benton, Jess Blum, Kevin Diebel, Sophia Gladding, Becca Kimyon, Peter Southern, Maxwell Uetz,
Members Absent: Kirby Clark, Esther Dale, Scott Davenport, Kelaine Haas, Samuel Ives, Joe Oppedisano, Stephen Richardson, Eric Velazquez, Lora Wichser
Others Present: Jackie Gauer, Liz Sopdie
Administrative Coordinator: Cynthia Johnson

MINUTES

1. New student members Becca Kimyon and Sarah Benton were welcomed and introductions were made. According to Kevin Diebel, Pedro Fernandez-Funez has decided to step down from the Assessment Committee. Kevin is actively recruiting another faculty representative from Duluth.

2. Approval of the June 25, 2019 Meeting Minutes was postponed until the September meeting.

3. Report on Focus Groups
   - Dr. Wichser, who has been working on the focus groups, is starting with the required clerkships. At the next meeting, we will talk more about focus group results and things we want addressed in the focus groups.

4. Dr. Jewison opened the floor to a discussion with the new student representatives of how students are assessed in Years 3 and 4.
   - Do students have a clear understanding of what to expect when beginning a clerkship?
     - There is usually a good sense of goals and objectives but students didn't know criteria for the observation part or see the rubric until after the clerkship.
     - The Canvas site prompted to goals and objectives. Competencies go well with objectives.
   - Dr. Jewison read the AAMC definition of EPAs; they involve leadership, communication with patients, and a student's professional interests. In training they don't usually learn these things until residency, but we want these things to flow across the continuum from medical training to residency.
     - MyProgress is the tool used to assess students in the clinical environment. A surprising finding of the initial focus groups was that preceptors said they would be uncomfortable taking a student's personal phone to log an assessment.
     - If EPAs are meant to be longitudinal but the clerkships are not longitudinal, how to translate the trajectory across the two years?
     - EPAs need to be assessed independent of the skills needed for each clerkship. It will take time to get this right, and it will force preceptors to develop realistic objectives.
     - The Assessment Committee could develop guiding principles that help clerkships to

set reasonable expectations.
    - Activities might differ from one specialty to another but the principles are the same.
    - Grades are separate from this process, although the number of observations might be tracked in grading. This puts the emphasis on development of a skill. It could be that EPAs are assessed at the institutional level separate from clerkships.
- Are students given enough information up front about how they will be assessed?
    - There is a lot of variety. Internal Medicine laid out expectations in first days, but not all do that. Students would have appreciated an orientation on the first day for each clerkship. They mainly based expectations from reading on Canvas, and didn't get much information from other students. Not knowing the expectations up front made for a poorer learning experience.
    - This underscores the variability across sites and the need to minimize it. With MedHub, the implementation team has seen that even those using EPAs are modifying them to fit their clerkship.
    - Some clerkships provided a textbook and others didn't. The Shelf exam was always a significant part of the assessment for the course. While taking tests, such as NBME Subject Exams, is part of becoming a doctor, we want students to be assessed on direct observation as well. We want them to be taught so they can pass the test, but also how to become a good physician. According to Kevin Diebel, they don't cover that at all in Duluth; it is part of the transition program and the Becoming a Doctor intersession course.
- Is scheduling an issue?
    - Yes, some students are in Step 1 study, so there were two transitions with one for those going straight into Step. The transition program is very interactive, so live participation is preferable, but it is recorded for those who miss both.
- Clerkships need to assess what students learn in the specialty but also overall qualities of a good doctor.
    - Some schools graduate on EPAs, some do better with hard skills, and it's up to a residency to define what students need. The hardest part of advancing any change will be reconciling all of that.
    - Master Assessors are not affiliated with any clerkship, but they follow the students through. A clear rubric is necessary, and it puts the onus on students to make sure they get the feedback they need. A student should be able to say, "I need more practice at this – will you help me?"
- When students meet their preceptor at the start of a clerkship, should they be asked about past experiences?
    - Concerns were expressed about bias if students had a less than stellar previous experience.
- Any discussion of how to implement changes should include course managers and members of the Assessment team.

Next meeting on September 24, 2019