Assessment Committee

February 28, 2018
4:00 – 5:30 PM
Mayo B646

Chair: David Jewison
Co-Chair: Claudio Violato
Committee Members Present: Sophia Gladding, Kelaine Haas, Jane Miller, Brooke Nesbitt, Stephen Richardson, Peter Southern, Suzanne van den Hoogenhof
Committee Members Absent: Cassaundra Burt, Kevin Diebel, Kelly Hallowell, Alicia Johnson, Aubrey Thyen, Joe Oppedisano, Eric Velazquez
Administrative Coordinator: Cynthia Johnson

MINUTES

Discussion of attendance. Hard to get clinicians here any time, and this is as good a time as any. There is a need to replace some members, as David is the only one from the clerkships. Suzanne is willing to make some contacts. Decision to table this for now and see what happens over the next couple of months.

Distribution is going through approval at Ed Council - the Committee should consist of 17 members representing all stakeholders; a student from every year, clinicians and clerkship directors. The vision is that representatives from this committee will give updates in other meetings, and the SFC and CEC will frequently be asked to provide people to work on projects.

1. Approve Minutes from January meeting
   Discussion about going to full ExamSoft by Fall 2018. Decision to strike that from the January minutes and continue to discuss.

   A motion was made to approve the meeting minutes from January 24, 2018, and the vote to approve was unanimous.

2. ExamSoft Update - Suzanne and Peter
   Suzanne reported on use of the CBT software. Adam, Assessment Systems Analyst, worked with Peter to get all his Microbiology exams and questions set up. The software itself seems to be working; all but three students used it to test. There are still some barriers to a full rollout; the Medical School doesn't have big computer labs, the auditorium doesn't have enough outlets, there were a few problems with individual computers, etc, but most students were happy with it, and it looks very impressive. There are some logistical challenges, such as students with accommodations, since the DRC is too far away. In spite of no tech support on-site, most problems could be solved in the moment. The Medical School has committed to having at least 10 back-up computers and extension cables available. One student started with only a 50% charge in battery, so it's critical to emphasize what's on the

instruction sheet, but the bulk of the feedback was very positive.

Claudio said he was really happy with the results; he expected more speed bumps. He plans to hold a half-day retreat at the end of May for course directors and others to discuss this and other topics, and an introduction to CBT could be done there. His team is also working on a psychometric analysis dashboard. He predicts that in five year everyone will be doing this, and we want to be there, too.

3. Review of ACRs - Claudio

   The Committee looked at two reviews of real clerkships which were de-identified for this discussion. The external reference is Step 2 CK. Internally, we have these rotations with multiple sites, so we can see what students say about them. We're also looking at the graduation questionnaire to capture the big picture. Some key questions and observations centered around:
   - transparency at different sites (some small private/community placements with less than five students are not reported, because they are too easily identifiable)
   - how residencies might or might not skew results at some sites - could they be lumped by system?
   - students are well below where they should be given their MCAT scores, so they are not performing up to their abilities, although they graduate and match
   - importance of preparing students for Step exams
   - how the data can be used to improve the clerkship experience, and how to ensure consistency across the sites
   - continuous quality improvement and constant course corrections
   - Stephen said with a short rotation, it's a challenge to educate people. Many things are experiential; it helps to keep in perspective that students will be expected to know more than they learn while they're with you. What should they know how to do by the time they leave the rotation, even if it means the resident should show them something they don't experience with patients in the four or six weeks?

4. Working Group on Clinical Assessment - David
   - Standardization
   - Instruments
   - Direct Observations
   - Honors
   - Number of Components
   - Shelf Exams

5. Other Business