## **Assessment Committee**

February 26, 2019 4:00 – 5:00 PM Mayo B620

**Present:** Claudio Violato, David Jewison, Kirby Clark, Sasha Buchner, Kevin Diebel, Sophie Gladding, Adam Kneepkins, Peter Southern, Eric Velasquez, Esther Dale, Kelaine Haas, Amy Seip **Absent:** Cassaundra Burt, Pedro Fernandez-Funez, Samuel Ives, Chloe Peyton, Stephen Richardson, Lora Wichser

## **MINUTES**

- 1. Approved January 22, 2019 Meeting Minutes
- 2. Welcomed Esther Dale/Introductions
- 3. Physician Competency Review Set (PCRS), Dr. Violato
  - a. Need to discuss overarching governing framework for assessment in Years 3&4, across campuses could be PCRS.
  - b. Educational institutions should have institutional goals.
  - c. Eight domains were developed by AAMC; the Medical School added a ninth domain called Scientific and Clinical Inquiry.
  - d. PCRS needs to be revised. The Assessment Committee to do this and take revisions to Ed Council, showing how PCRS maps to EPAs.
    - i. In healthcare we entrust health professionals to do certain things that the assessors have certified they are eligible to do.
    - ii. There are degrees of entrustability, and EPAs are based on levels of entrustability.
    - iii. We want to formally adopt 13 EPAs.
    - iv. The goal is to train assessors to assess EPAs. There will be a scale and assessors (maybe 50 part-time people) will be trained. Each student should receive up to 100 formative assessments over the course of a clerkship. A separate committee of 5 will determine the evaluative component (grades). We will be able to determine entrustability over time.
- 4. Overall Assessment Framework/EPAs
  - a. If we keep these, we are contractually bound to teach them and to assess that they are taught, so when students graduate we can show that they can do the things we say they can do. Residencies expect alignment with EPAs; we should align PCRS to EPAs.
  - b. The ideal study would be to do a randomized national study.
  - c. Esther looked as PCRS that maps to all competencies.
  - d. Results of ISA says that the curriculum is not focused enough on Step 1.

- e. This is how the PCRS is stated by the AAMC; maybe we need to invent our own, but for now this is a way to get started. All PCRS assess at least one EPA.
- f. A working group from the Assessment Committee will make a recommendation for which 40 or so we keep and send to Ed Council.
- g. The timeframe for the taskforce to adopt new institutional educational objectives is the beginning of the next academic year. Students will be assessed at least once for each EPA. The LCME is fine with changes, as long as there is a plan. Decide on taskforce before next meeting; maybe joint with SFC and CEC. Kelaine has is working with AHCIT to pull data on what we're already doing on both campuses. Kelaine to report back at next Assessment committee meeting what that looks like.
- 5. Results of Delphi Study
- 6. Other Business