

Assessment Committee

June 25, 2019

4:00 – 5:00 PM

Mayo B620

Chair: David Jewison

Co-Chair: Claudio Violato

Present: Kirby Clark, Kevin Diebel, Sophia Gladding, Samuel Ives, Peter Southern, Maxwell Uetz, Esther Dale, Kelaine Haas, Jackie Gauer

Absent: Eric Velazquez, Lora Wichser, Pedro Fernandez-Funez, Stephen Richardson, Jess Blum, Scott Davenport, Joe Oppedisano

Administrative Coordinator: Cynthia Johnson

MINUTES

1. Max Uetz was welcomed to the Committee, and introductions were made. Members decided to meet in August, although Dr. Violato will be out of the office.
2. The May 28, 2019, Meeting Minutes were approved with one correction.
3. Update on Competencies Required for Graduation (PCRS)
The UMN Medical School adopted the 8 domains that determine 56 competencies “as is”, but recognized a need to customize them, as was the intention when they were rolled out. Many groups, including CUMED, SFC, and CEC did a lot of work on this, and we will probably have 35 competencies, which will most likely be called Institutional Goals. The work doesn’t have to be approved by the Assessment Committee, because it was taken forward to the Education Council from the Education Steering Committee for final approval for implementation in AY20. Syllabi will have to be adjusted accordingly. There is still some discussion about what to call them; institutional goals or graduation competencies, for example, and the name could be an acronym. The document is still available if anyone would like to take another look at it.
4. Grading Policy for Scientific Foundations
A year or so ago, a new grading policy was developed for the Scientific Foundations courses. Major areas of change were:
 - No single component should be worth more than 40%.
 - Double Jeopardy should be eliminated. Typically to pass a course a student had to pass 70% of all weightings of all elements plus pass the final exam with 70%. S/he could pass everything and still fail the course. Under the new policy, a student only needs to pass 70% of the total course value. The change became controversial until last December when the Education Council passed it with a proviso to pilot it this

spring and make a final recommendation.

- A part of the new policy that was implemented stipulates that if a student fails the final exam, it triggers an informal review by the course director, Assessment and Evaluation staff, and a second course director, instead of triggering an automatic course failure and referral to the Committee on Student Scholastic Standing (COSSS). The benefit of the doubt goes to the student. This happened a few times, and usually it went in favor of the student, but when it doesn't, it goes forward to the COSSS process.
- The changes are still sitting as a policy without having resolved the Double Jeopardy issue.
- It has been proposed that similar principles be applied to the new grading policy for clerkships.

5. Grading Policy for Clerkships

The Committee will need to vote on a new grading policy for the clerkships, with the goal of implementing it in AY20, which starts in May for clerkships. Drs. Jewison and Wichser are conducting focus groups around the new policy, and it should go to the Education Council this fall. There will be five components to clerkship grades:

- Direct observation, following the EPAC model will represent 40% of the total grade. Faculty members seconded from other departments will be trained to assess students according to the EPAs, and onsite faculty will also be trained. All of those assessments will be collected by the Office of Assessment in as close to real time as possible using portable electronic devices. Students will see their own progress, and will be pinged if any EPAs are missing. This is an important piece, because what should be assessed in the clinical environment is clinical skill. Shelf exams are not really a measure of clinical skill, but rather of cognitive performance. Shelf exams could still be used as a clerkship-specific assessment, however.
- Multisource Feedback – standardized across clerkships (self, residents/attendings, other staff, patients)
- Clerkship-specific activities
- Rating scale
- Case presentations

Discussion:

- It's an ambitious ask, but it will be refined over time. Family Medicine reduced the weight of the Medicine Shelf exam, and Pediatrics plans to do it next year.
- Being evaluated by faculty is a little "squishy", because it is not standardized, whereas the Shelf is something a student can control. Under the new policy, the Master Assessor won't actually do the assessment. The rater's information will be evaluated by a committee to make the assessment arms-length and less partial. The scale is done at the end by the clerkship director.
- There might be some tension between a student's day to day experience and what the Master Assessor sees. For example, as interactions go down in number, each interaction is higher stakes. EPAC does more than 200 assessments using EPAs.
- We have to figure out a way to bring the longitudinal experiences to the same

expectations as short-term clerkships.

- Merits of P/NP vs. Honors, etc.
- Things will change each year as we assess and reassess, and this reflects best practices in assessment. A major benefit will be transparency; students will know what to expect going into a new clerkship. There should be no hidden agendas. Fairness; perceived real from students perspective, as well as preceptors.
- The ISA survey from the LCME, comments on the ACRs, and data from the GQ show that one of the top questions students have is about fairness, i.e. the validity of assessment in their clinical experience, whereas assessments that are working right should be non-issues, not what students talking about. Students should be talking about what they're learning from their preceptors, etc.

6. Entrustable Professional Activities to be discussed at the next meeting.

Next meeting August 27, 2019. There will be no Assessment Committee meeting in July.