# Assessment Committee March 28, 2018 4:00 – 5:30 PM Mayo B646

Chair: David Jewison
Co-Chair: Claudio Violato

Committee Members Present: Kelaine Haas, Kelly Hallowell, Jane Miller, Brooke Nesbitt,

Stephen Richardson, Peter Southern, David Jewison, Claudio Violato

**Committee Members Absent:** Cassaundra Burt, Kevin Diebel, Sophia Gladding, Suzanne van den Hoogenhof, Alicia Johnson, Joe Oppedisano, Aubrey Thyen, Eric Velazquez

**Administrative Coordinator:** Cynthia Johnson

#### **MINUTES**

- 1. Minutes from the February 28, 2018, meeting were approved unanimously.
- 2. ExamSoft update Dr. Southern and Kelly Hallowell reported on CBT in his course.
  - Four assessments were given with better than a 95% success rate.
  - There were some challenges with technology, but overall Peter was pleased with how it went, and Kelly said students had no complaints.
  - Lessons learned include the needs for both PC and Mac support, the challenge of incorporating high-quality images into exams for some courses, and the need for more staff to enter questions into ExamSoft as we ramp up.
- 3. Working Group on Clinical Assessment Dr. Violato moderated a brief discussion of the procedures to be worked on in small groups:
  - Standardization (across sites and clerkships)

    This is one of the guiding principles approved by Ed Council. Students say every time they go into a new clerkship they don't know what to expect. There should be some common elements, such as direct observation and some way of rating. POCC has something on their phones, created by My Progress. A consistent tool helps students, but it is also a good reminder to the preceptor to make sure they cover certain things, even if they don't appear during that day or week.
  - Instruments
    - Part of this committee's work will be to determine whether the ones we're using are effective.
  - Direct Observations
    - Discussion of EPAC approach and Mini CEX, which has high cost implications.
  - Grading (e.g. Honors, letters grades, etc.)
  - Number of Components for Grade
    - Should anything be more than 1/3 of the weight? Too much weight on any one component skews measurement.
    - David to chair a sub-committee of four to five people to make recommendations to this committee, which will be taken to CEC, then to Ed Council, and then implemented. CEC will focus on required clerkships, but the changes will affect all courses, including electives.
  - Shelf Exams

Desire to make Shelf exams Pass/Fail, that is, necessary but not part of the grade. There's an argument that Shelf exams are just another measure of cognitive knowledge, not clinical performance.

4. Working Group on Clinical Assessment - Dr. Jewison asked the Committee to break into three groups to work on procedures:

## Group 1 – Standardization across clerkships

- My Progress uses a cell phone app; whatever is used should be readily accessible, quick, and easy to navigate.
- Focus on giving them a tool, but allow some flexibility.
- Daily assessments or procedure assessments would work better on some rotations, such as Anesthesiology, where they might not see the resident again vs. Pediatrics, where they're with the team for a week.

#### Group 2 - Direct Observations

- Need for pre-set expectations for both learners and preceptors.
- Skill development can be done with real patients and simulations.
- Communication skills should actually be practiced, such as typing notes into a computer while talking with a patient; need to show caring, empathy, and attention to the patient while gathering the information.
- If a student is with a different preceptor every day, assessment needs to happen every day, but otherwise at the end of the week.
- Grading even though it contributes to stress, there may be some merit in bringing back honors to Years 1 and 2. Duluth eliminated Years 1/2 Honors.
- Some electives are P/F, so there's an implication that the student hasn't earned honors.
- Most students seem in favor of keeping some sort of Honors; the issue is subjectivity
- Duluth did away with Honors; it didn't seem to rank very highly there and doesn't impact things such as AOA selection.

### Group 3 - Grading

- Standardization would be helpful. The cons are that too few components might skew grades a certain way.
- Shelf Exams pros are that they test things not previously covered.
- If you have weight on the Shelf exam, should you have two required quizzes that lead up to it to make content along the way?

#### 5. Other Business

David will chair a working group from here, CEC, and other sources. If anyone really interested in working on this over the next few months.