Assessment Committee

November 27, 2018
4:15 – 5:00 PM
Mayo B620

Chair: David Jewison
Co-Chair: Claudio Violato
Committee Members: Sasha Buchner, Cassaundra Burt, Kirby Clark, Kevin Diebel, Sophia Gladding, Samuel Ives, Adam Kneepkens, Jane Miller, Chloe Peyton, Stephen Richardson, Peter Southern, Eric Velazquez, Lora Wichser
Medical School Staff: Jess Blum, Scott Davenport, Kelaine Haas, Joe Oppedisano
Administrative Coordinator: Cynthia Johnson

Present: David Jewison, Claudio Violato, Cassaundra Burt, Kevin Diebel, Kelaine Haas, Samuel Ives, Chloe Peyton, Peter Southern, Lora Wichser, Jess Blum, Adam Kneepkens, Amy Seip, Sophia Gladding, Stephen Richardson, Kirby Clark Cynthia Johnson (Administrative Coordinator)
Absent: Scott Davenport, Jane Miller, Joe Oppedisano, Eric Velazquez, Sasha Buchner, Brinsley Davis, Sam Ives

MINUTES

1. Minutes of the October 30, 2018 meeting were approved.

2. Dr. Jewison led a discussion of the Clinical Experience Workgroup Recommendations for Assessment in Years 3 & 4.

David, Lora, Nersi, Chris Fallert, and a student representative have met several times. A round table discussion was conducted to decide how and what to move forward with to determine what to present to CED for third and fourth years. Lora and David to present to CEC in December, bring back feedback to Assessment Committee in January, and present to Ed Council after that.

Dr. Violatio provided context for why we're doing this. He said the most difficult part of our work is assessment in the clinical environment. Across the country, there is 2-97% variability across 150 med schools in the US and within schools by clerkship or specialization. This presents a problem for students who don't know what to expect due to lack of standardization. At the University, the Shelf exam receives disproportionate emphasis (it is kind of used as a crutch). The Shelf is decent for what it is; a declarative test of clinical knowledge, much of which is already done in first two years. Ideally, although students would have to pass it, because it samples materials and helps students prep for Step 2, it would not be counted toward their grade. Standardization would take away a great deal of uncertainty for students from clerkship to clerkship. Honors designation also varies greatly and needs to be addressed.

Next Committee meeting on January 22, 2019 (no meeting in December)

Dr. Jewison's team will create a document after this meeting, to include:

- Recommendation for use of direct observation for assessment of students - who performs it, how often, how much weight, etc.
  - 40% of grade could be direct observation. Once or ideally twice per week with a faculty member to equal 4, 6, 8, or 12 observations, depending on the length of the clerkship. Several things count as direct observation.
  - 20% of grade could be a presentation and/or project. Both would be do-able in 6-week clerkships; some clerkships might require just one.
  - 20% could be whatever else the clerkship decides, such as a Shelf exam, closing sutures in ER, etc. This would give cherkships some leeway.
  - 360 evaluations are used in HR at many companies; similarly, questions regarding entrustability, etc. could go to multiple people. There is no plan to remove Honors at the moment, but this can be revisited later.
- Discussion of Using Direct Observation
  - 40% for direct observation is lower than what most clerkships are doing right now; most are probably at 60-70%. To make clinical assessment more accurate through more direct observation, it could be 70/10/10/10.
  - Where do the numbers come from? You need a carefully calibrated scale. Dr. Violato said the Mini CEX is an instrument we could use.
  - Most specialties, especially in hospitals where students most of their time with residents and attendings have no idea what's going on with the students. Should we allow for some residents to do some of the assessing?
  - Is it possible to get an attending physician to evaluate students once per week? And what value does that have, if the attending doesn't know the student well?
  - Much of what we're suggesting is geared toward the department/faculty, but also toward the students so they learn how to step up; it becomes a platform for them to participate in the conversation.
  - Chloe MyProgess in POCC; the first weeks were uncomfortable, but once students know and get used to it, it's good. Instead of a resident presenting to the attending, they asked her to do it and gave her evaluation afterward, which she found to be a good learning experience. Attendings never seemed to know in the beginning that MyProgress existed so she had to explain what it was. Knowing whom to ask at a new job is an important skill to learn. Myprogress is an app downloaded to a student's phone. The preceptor clicks two areas to evaluate for that day (history, physical, plan, note) and signs off. It creates a simple expectation and a positive way to keep preceptors aware that providing direct feedback to students needs to be done at the end of the day. Which tool would be used and would this committee need to approve the tool?
- Discussion of How Grading Will Work
  - What will it actually look like for faculty to have every student do a presentation that has to be graded?
    - The same rubric for presentations would be used in all clerkships
    - Examples of projects might include M&M (morbidity and mortality). Providing some ideas to faculty will be helpful. Existing projects

(like Grand Rounds) might be hard to fit in for all students. A suggestion was made to provide mentoring and oversight to make activities meaningful for students and residents/faculty.
- We are moving from eValue to MedHub.for reporting, but the concept is the same – we need to think about what we would like to add to MyProgress.
- Clerkships have to *document* direct observation.

Action item for David and Lora to lead discussion at CEC (with CV's support).
- projects/presentation requirement
- overall grading categories for clerkships
- role/future of eValue, honors, shelf exams
- development of direct observation tool, similar to MyProgess

3. No Other Business

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