

## Assessment Committee

September 25, 2018

4:00 – 5:00 PM

Mayo B620

**Present:** David Jewison, Claudio Violato, Sasha Buchner, Cassaundra Burt, Kirby Clark/Brinsley Davis, Kelaine Haas, Samuel Ives, Chloe Peyton, Peter Southern, Eric Velazquez, Lora Wichser, Cynthia Johnson (Administrative Coordinator)

**Absent:** Scott Davenport, Kevin Diebel, Sophia Gladding, Jane Miller, Joe Oppedisano, Stephen Richardson, Suzanne van den Hoogenhof

### MINUTES

1. New Committee members were welcomed
  - Kirby Clark (alternate Brinsley Davis)
  - Samuel Ives
2. A motion was made to approve the August 22, 2018, minutes. The motion was approved unanimously.
3. Assessment in the Clinical Environment - Working Group Report, Dr. David Jewison
  - Group members are David, Lora, Cassandra, Chris Fallert, Nersi Nikakhtar; they will meet every two weeks until November.
  - The group met and made plans to get a survey out in the next two weeks.
  - They plan to present work to the CEC in November.
  - They plan to make a big ask for direct observations as a way to shift the focus of clinical assessments.
  - Committee members are welcome to attend any working group meetings.
  - Next month David's group will share their report
4. Assessment in Science Fundamentals - Task Force Report, Dr. Claudio Violato
  - Claudio presented update on Committee at Ed Council on 9/18/18.
  - The huge variability and lack of assessment in the clinical environment is not unique to the University<sup>1</sup>.
  - Use of 'Honors' varies, but it is important for students competing for Residency Match. In some schools only 2% receive honors, while others it is up to 98%, and it varies even within the same school from clerkship to clerkship from 18% to 81%. The reason is probably a combination of factors.
  - 97% of students were awarded the top three grades, regardless of the number of categories.
  - The *2017 State of Education*<sup>2</sup> report shows the percentage of students who received honors identifies variants in the assessment itself (this is not a

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<sup>1</sup> Alexander EK, Osman NY, Walling JL, Mitchell VG. Variation and imprecision of clerkship grading in U.S. medical schools. *Acad Med.* 2012 Aug;87(8):1070-6. doi: 10.1097/ACM.0b013e31825d0a2a.

<sup>2</sup> Violato C, van den Hoogenhof S, Gauer J. 2017 Annual State of Undergraduate Medical Education Report, Office of Assessment and Evaluation, University of Minnesota Medical School, 2018. Page 45

one-year blip, but a trend over the past 10 years).

- Every school will say that each clerkship awards honors differently, but we are trying to create consistency for honors in each specialty. Our goal isn't to make the numbers more the same, but rather to create consistency in the way students are assessed, i.e. to provide very clear expectations so students trust the grade they receive. Data from student surveys shows that students have to relearn expectations for rotations each time they start a new clerkship. There is the additional complication of multiple sites.
- We are striving to make clinical assessments competency-based using EPAs (Entrustable Professional Activities) linked to institutional goals, so we can say our graduates have certain professional competencies. Then when we do the MSPEs (Medical School Performance Evaluations - formerly referred to as the Dean's Letter) we will have the psychometric data to back it up.
- We want to make this an example for the rest of the country. NBME has already produced subject-level exams (shelf exams) for clinical practice that are psychometrically sound and we can compare our students with national results.
- Clinical performance is difficult to do, so clerkship directors have relied too much on shelf exams vs. doing proper assessment, such as direct observation (a case history with the patient, a clinical exam or mental history). 30%-40% of students across the board say they don't feel they had enough direct observation.
- We don't necessarily want to do away with shelf exams but rather to make them "necessary, but not sufficient".
- Clerkship directors feel the shelf exams are more objective. There are a lot of grade appeals, but you can't appeal the grade you got on the shelf.
- We should keep shelf exams, but reduce their power in clinical assessment, maybe by changing to P/NP. Cassaundra said there's a connection between how you studied and the outcome of a shelf exam; it helps you prepare for Step 2. She is in favor of keeping them, even if the grading were to change to P/NP, the styles of the questions on the shelf exams help students to prepare for Step 2.
- With the number of components, more is better; the reliability of assessment is based on the number until the saturation point. The sweet spot depends on several factors, maybe four or five. and one of those should be direct observation, because the shelf doesn't measure things like professionalism.
- RPAP is trying My Progress to do 360 on the fly; they wrote their own questions.
- What about students assessing each other on things like being on time, being prepared, directing/leading group? Is that authentic/valid? In a group of eight students, what if everyone had to rate everyone else and self on an anonymous instrument? This could be adapted to various environments, and discrepancies could be big learning opportunity.
- Concern was expressed about the incentive to underrate others if it contributes to a grade that is used in the Match. Not all clinical environments have cohorts; maybe different years could rate each other, because they're not competing against each other in the Match. Classmates probably have more insights than directors.
- Mini CEX is a rating scale of 8-9 where the Attending observes a situation with a

real patient, and there's an immediate debrief after; it's a kind of standardized and formalized direct observation.

- Raters don't have to be trained, but training reduces the margin of error. Training can be done by good/medium/horrible examples of interaction.
- Grading system offers opportunity to introduce something new, such as a four-point scale (honors/pass/satisfactory/fail) or letter grades.
- EPAC uses small assessments that take just a few minutes. Would this work with 240 students over 8 or 9 locations over a year? How many assessors are required for adequate reliability?

**Next Meeting Tuesday, October 23, at 4:00 p.m. in Room B620**