

*University of Calgary*

*Mini-DCI*

*Status Report due December 1, 2021*

*For review at the January 2022 meeting of CACMS*

*Based on DCI for schools with visits in 2020-2021*

## ***INSTRUCTIONS FOR COMPLETING THE MINI-DCI***

Further to feedback received on the CACMS Data Collection Instrument (DCI) templates, the CACMS Secretariat has simplified the forms by removing all text boxes.

In order for the Committee to easily identify the material entered by schools, we ask that it **ALL** be entered in **BLACK**.

The DCI template has been formatted as follows:

- Supporting data sections. All tables are formatted in black.
- Narrative response sections: the DCI requests are in **BLUE** font followed by blank spacing for schools' responses, pre-formatted to appear in **BLACK**. The spacing inserted between each request will expand as text is entered. Once completed, you can remove the extra spaces.

### **IMPORTANT**

These instructions should be forwarded to any group/individuals completing the mini-DCI or sections of the mini-DCI.

If you have any questions please feel free to contact us at [cacms@afmc.ca](mailto:cacms@afmc.ca).

**9.7 TIMELY FORMATIVE ASSESSMENT AND FEEDBACK (Satisfactory with a need for monitoring)**

*A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.*

Definition taken from CACMS lexicon  
 - *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

**Finding:**

The provision of timely feedback has improved in all disciplines but remains low in Surgery. The school has undertaken a pilot to enhance meaningful feedback to students. The provision of timely feedback for surgery requires monitoring.

**SUPPORTING DATA**

Table 9.7-1 | Mid-Point Feedback

Source: AFMC GQ

Provide data from the AFMC Graduation Questionnaire (AFMC GQ) on the percentage of respondents that <i>agree/strongly agree</i> (aggregated) with the following statement: "I received feedback early enough in this experience to allow me to improve my performance". Add rows as needed for each campus.					
Campus		School %			
		2018	2019	2020	2021
	Emergency Medicine	94.1	95.7	91.1	94.4
	Family medicine	95.7	100	96.6	95.2
	Internal medicine	90.6	94	92.8	94.5
	Obstetrics gynecology	95.7	92.6	96.5	95.1
	Pediatrics	96.6	84.7	91.5	91.0
	Psychiatry	97.4	97	95.8	98.6
	Surgery	78.8	81.3	86.8	76.0

Table 9.7-2 | Mid-Point Feedback

Provide student data on the percentage of respondents that agreed (responded Yes) that they received mid-point feedback for each listed required clinical learning experience. Provide administrative data if available, documenting the provision of mid-point feedback for each required clinical learning experience. Specify the data source. Add rows as needed for each campus.					
Campus		AY 2019-2020		AY2020-2021 up to October 2021	
		% student	% administrative	% student	% administrative
	Emergency medicine	96.23%		92.94%	
	Family medicine	95.24%		91.32%	
	Internal medicine	96.30%		90.33%	
	Obstetrics/gynecology	93.62%		83.18%	
	Pediatrics	86.54%		79.78%	
	Psychiatry	98.44%		87.12%	
	Surgery	66.04%		63.41%	
Data Source: AY 2019-2020 data from the End of Rotation Survey: Mid-rotation feedback to discuss your performance was provided (Yes/No) AY 2020-2021 data from the End of Block Survey: "I received actionable feedback about my performance (verbal or written) (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree) Choices of Agree or Strongly Agree were counted as affirmative.					

## Notes on internal data:

- Family Medicine has a midpoint form completed by the attending.
- The core rotation for Internal Medicine has a midpoint form completed by the attending (MTU)
- Adult Psychiatry has a midpoint form completed by the attending
- OG has a midpoint form completed by the attending
- Emergency Medicine has a supervised history and physical, as well as daily evaluations
- Anesthesia has daily evaluations
- The Surgical rotation is currently made up of 3 discrete sub-rotations and students receive ITERs for each sub-rotation
- The Pediatric rotation is currently made up of 3 discrete sub-rotations and students receive ITERs for each sub-rotation

NARRATIVE RESPONSE

- a. Provide an update on the mini-clinical evaluation exercise pilot introduced in 2019-2020. Describe the effectiveness of this pilot in improving the mid-point feedback in the surgery rotation.**

There is a process in place that is working to try to increase the feedback provided to the students, but as of yet, the impact (based on the data we have available) has not been as successful as we would like. There is interest in replicating/expanding the mini-clinical evaluation exercise (mini-CEX) project but that at present our educational leaders in the

sections of the department of surgery are dealing with more immediate issues, related both to education (providing more space for learners) in the midst of significant limitations due to the pandemic related closures of OR space.

**b. Provide the school's analysis of the data in the Tables above. Describe action steps taken if the percentage of students receiving mid-point feedback remains suboptimal for any required clinical learning experience.**

The provision of timely feedback in general across all rotations has increased slightly in 2020 (mean = 93.01% in 2020 vs 92.19% in 2019). Surgery has shown consistent increases for the years 2018-2020 and is the only rotation to demonstrate this pattern (See Supporting Analysis Figure 1). Although Surgery remains the lowest of the seven mandatory rotations, this difference is now non-significant, lying within the 95% confidence interval of the mean for the percentage of feedback across all seven mandatory rotations (See Supporting Analysis Figure 2). We will continue to monitor closely using both GQ Survey and internal data. A full analysis of 2021 GQ data was not completed but 2021 GQ data shows that gains made in 2021 have not been maintained. This will require additional attention especially if this trend continues post-pandemic.

## Supporting Analysis

Figure 1. Comparison of Percentage of students agreeing/strongly agreeing "I received feedback early enough in this experience to allow me to improve my performance" by mandatory rotation and year of GQ Survey. Surgery was the only rotation showing consistent year over year increases for the period 2018-2020.

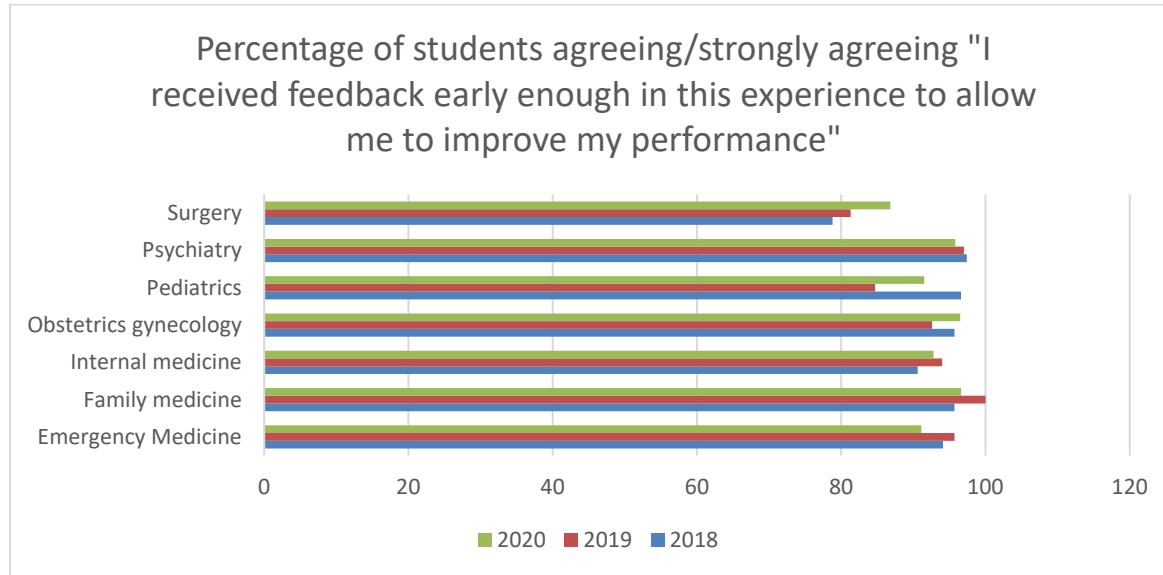


Figure 2. The same 2020 GQ data shown in Figure 1, with 95% confidence intervals superimposed. This shows that while Surgery still has the lowest percentage of students agreeing, this difference is now non-significant (falling within 2 standard deviations of the mean of the percentage for all seven mandatory rotations).

