Call to Order
The meeting was called to order @ 1:05 p.m. by Dr. J. Desy (Chair). Dr. Desy reminded members that clickers will be utilized for voting on motions, with exception of Agenda/Minute approval. She noted the clicker definition is, A = Yes, B = No, C = Abstain.

1. Approval of Meeting Agenda

MOTION: Moved by Ms. Leskosky. Seconded by Ms. Suzanne George
That the SEC Committee approve the Agenda for the January 22nd, meeting.

CARRIED

2. Approval of Minutes from November 22, 2019 Meeting
The following bolded items were corrected in the minutes:

- Page 2, Item Private ‘Ballad’ System, should read Private ‘Ballot’ System. Motion: We use a private ballot system…” should read Motion: We use a private ballot system…”
- Page 3, Item 4. Class of 2020: “….Class of 2020 just completed the CaRMS interview process…” , should read “….Class of 2020 just completed the CaRMS application process…”

MOTION: Moved by Dr. Amin. Seconded by Ms. Leskosky
That the SEC Committee approved the amended minutes as noted above for November 22, 2019.

CARRIED

Introduction of New Members and Approval of TOR
Everyone introduced themselves. Dr. Desy pointed out new members and their roles: Dr. Kent Hecker, Teaching Research & Wellness in Dept. of Veterinary and Clinical Diagnostics Sciences and has interests in medical and veterinary education, program evaluation and assessments, psychometrics, etc. His title will be the OHMES representative. Ms. Karen Chadbolt, UME Finance Manager has been added to the membership
(non-voting) and can attend on an ad-hoc basis and is here from a financial perspective. Dr. Mike Walsh is the Resident Representative, who is currently doing a Masters in Educational Research. Dr. Harish Amin from Pediatrics, and on the Royal College for Assessment and Exam Development. Dr. Wayne Rosen, Dr. Deirdre Jenkins, Faculty Representatives. Dr. Adrian Harvey has taken over from Dr. Wayne Woloschuk who will be retiring soon.

TOR (Terms of Reference)
The Terms of Reference were pre-distributed. The new members/roles includes the following changes to the TOR (with non-voting noted, others voting):

- Dr. Wayne Woloschuk will be retiring soon, and is no longer a member. Dr. Adrian Harvey has taken over the position as Director, Program Faculty and Student Evaluation (new role).
- Dr. Kevin McLaughlin has been added as the Medical Education and Research Representative (new role).
- Dr. Wayne Rosen has begun his term as Faculty Representative, now as of January (not May 2020) (new role).
- Dr. Deirdre Jenkins, Faculty Representative (new role).
- Dr. Kent Hecker, OHMES representative (new role).
- Ms. Karen Chadbolt, UME Manager (new role, on an ad hoc basis, non-voting).
- Dr. Mike Walsh, Resident Representative (new role).
- Dr. Heather Jamniczky (role added to Course Representative – on sabbatical until June 2020), added to the Four Course/Clerkship Representatives, now Five in total.

Dr. Desy asked for a motion to approve the SEC TOR with the above amendments. **Action:** Dr. Desy will forward these to UMEC for final approval.

**MOTION:** Moved by Dr. Amin. Seconded by Dr. K. Busche
That the SEC Terms of Reference are approved with the above amendments, as noted above.

**CARRIED**

3. **Standing Items**

3.1 **Other Committees:** UMEC – no report to date. Pre-Clerkship – no report to date. Clerkship – Dr. Busche noted the different structure for duration of rotations, with most of the rotations split into two blocks, and split in time. The single evaluation of the clerkships will be completed once they have ended the two blocks. The Internal Medicine OSCE will not occur this year due to the scheduling changes. This is due to the numerical impossibility without other clerkships giving up clinical time. Another formative OSCE may be proposed in a different way. A mid-way OSCE is being explored in the curriculum, with an introduction of a practice OSCE before the real OSCE. This may be reduced to a shorter version and may fit in with Course 8, however, it is also dependent upon the budget.

3.2 **Student Reports:** Ms. George, Class of 2022 have received feedback on Course II evaluations, and begun AEBM, with upcoming mid-terms. She noted there are some courses without blueprints for some of the examinations. This will be discussed later in the Agenda.

3.3 **Academic Technologies:** No report to date.

3.4 **Exam Team:** Nothing new to report.

4. **Old Business/Updates:**

**Length of Med Skills | Communication OSCE Stations:** Dr. Desy reminded members that they were reviewing the length of this OSCE in order to try to shorten and align it to the duration of the other OSCEs. She suggested in the interim to taking the previous 20 minute station to two 18 minute stations, as per the slide (attached). The final decision can be made when Dr. K. McLaughlin returns in May, as it was part of his initial recommendation. Discussion ensued, noting that some stations were too long. **This was agreed upon in the interim.**
Update on Reappraisal/Appeal Process: Dr. Desy reported that a new Faculty Appeals Committee has been created and they will hear appeals from students. The current reappraisal committee will be restructured. This process has changed as the FAC is an extra level above what we had before. Lawyers from the main campus will be coming to a future SEC meeting to provide a formal update. It will then be distributed to the students on how to file an appeal and the steps thereof. Students will provide input to the TOR as well for these committees.

Action: The final TOR for the Reappraisal Committee and the Appeals Committee will be sent to UMEC for final approval, after the lawyers have provided input, at a future SEC meeting.

5. Reports – Not applicable.

6. New Business

Best Time for SEC Meetings: Dr. Desy noted that historically, the SEC meetings used to be on Friday afternoons, but it doesn’t work with her clinical schedule. It is imperative that Dr. Harvey attend, therefore, Tuesday afternoons appear to be the best day for future meetings, moving forward. It was noted that the Year 1 students will be at AEBM on Tuesday afternoons (however, not all Tuesday’s), and Year 2 students will be on electives, during the first few months of the calendar year. Dr. Desy noted that the vote from the 1st or 2nd year, could be done through the other student that is present. There is a window of time from January to graduation where the students are away. Ms. Facchini will look at the student’s schedule and provide information for best Tuesday dates coming up the next 6 months. Action: A future SEC meeting will be scheduled accordingly.

Policy on Items that Require Deletion, Post Exams have been printed: Dr. Desy noted that occasionally a course chair will ask that an exam question (with answer key) be deleted from the exam, after it has been sent for print to main campus. It is not possible to delete it from the exam booklet. She asked members and recommended asking students to cross out an exam question and answer key before the start of the exam. This cannot be done half-way through the exam, so as not to miss anyone who left earlier. The question would then be dropped on future exams.

MOTION: Moved by Dr. W. Rosen. Seconded by Dr. K. Busche
That if a course/clerkship requests that an exam question (and answer key) be deleted from their exam, prior to the exam, this will be announced at the beginning of the exam to all students writing that exam.
CARRIED

Blueprints for All Summative Exams: Dr. Desy noted that all multiple choice exams should be blueprinted, providing goals and objectives for students to utilize to guide their studying. She noted that some exams (mid-point or quizzes) do not have a blueprint, and therefore, the students do not know what to focus their studies on. Most blueprints are ready prior to the start of a course, or 10 days before the exam date. Students suggested it be available earlier. It was noted that the OSCEs are EPA based.

MOTION: Moved by Dr. K. Busche. Seconded by Ms. S. George
That all summative exams have a blueprint.
CARRIED

Recommended minimum # of Questions on MCQ Summative Exams: Dr. Desy noted that the MPL is set for the course, after compilation of multiple exams which results in one MPL for the course. This improves the validity of the overall assessment process. We provide results for each exam during each course and we set an MPL as an estimate on how the student is doing in the course. This is important to help students know how they are progressing through a course. However, providing valid assessments for individual tests can be difficult when the number of questions on those examinations is limited. Dr. Desy asked for a rule or guideline from the members about a recommended number of items of MCQ on an individual test. Reliability measures level of concordance
between true and observed score (as noted on the attached slide). Ms. Desy suggested that if we are providing students a pass/fail, 30 questions might be a reasonable number, with the understanding that at the end of the course we are combining many tests into a course pass/fail decision. Dr. Naugler suggested that with a given score on a midpoint MCQ examination, we could look at predicting odds of final course failure at the midpoint of a course and provide this to students as opposed to giving a pass/fail designation at the midpoint. It was generally agreed that we should suggest to the courses via the course chairs and evaluators, to have 30 or more questions on any individual examination.

**MOTION: Moved by Dr. K. Busche. Seconded by Dr. W. Rosen**
That the advice of SEC to all PreClerkship Evaluation Coordinators is that their multiple choice exams have a minimum of 30 questions when possible.

**CARRIED**

**Policy for Deferral MPLs:** Dr. Desy noted this came up in relation to changing to the Hofstee compromise method of setting the MPL. Students who defer an exam, have to rewrite it and do not write the exact same examination as their peers. After combining the components, they are bringing a different MCQ score, which deviates from the other students. Dr. Desy proposed that if there is no significant different in mean between the two versions of the examination from year-to-year, utilize the same MPL for rewrite students. If there is a significant difference in means, then adjust the passing threshold (for this % of course) by difference between means (and round down, as we always do for the Hofstee compromise method). The mean is from the year before. Dr. Desy noted that despite updating and changing exams, there is no significant change from year-to-year in MPL for each individual format of an examination. It was suggested by Dr. Hecker to review the standard area of measurement as well as standard deviation, and review differences between the two, which would provide a showing of any significance of difference. It was suggested to look at standard error of measurement.

**Action:** Dr. Desy will arrange a meeting with Dr. Hecker and Dr. McLaughlin to discuss this further and this agenda item will be brought forth to SEC, after more discussion.

**Policy for Clerkship MPLs (Anesthesia):** Ms. Desy noted that she has been working with Dr. MacLaughlin on a Policy for Clerkship MPLs. The current policy is as noted on the attached slide. Ms. Desy noted they have recently changed the Pre-clerkship MPL, to the Hofstee compromise method. She noted exams are created or updated in Clerkship before clerkship begins and the students write them in blocks. Overall scores for the entire class are not available when setting an MPL for the year. Dr. Desy noted that Dr. MacLaughlin analyzed the UME pre-clerkship MPLs and presented it to SEC and the result was to utilize the Hofstee compromise method. If a student is one standard error of measurement above the MPL or lower, they are then encouraged to go to the Success program (a mentorship program). It is proposed to utilize the same Hofstee compromise method for the Clerkship, utilizing historical performance data to set these in advance of the year. First, we will ensure no significant variation in mean over past 3-5 years. We will then use the mean performance over the past 3-5 years to define the upper and lower borders for the Hofstee method (mean -1 SD and mean -2SDs). We will then map historical performance to determine the MPL, and the passing threshold, as always, will be set at 1 standard error of measurement below this MPL. This is a work in progress and further updates will be provided at future meetings.

**Discussion on MCQ Tasks:** Dr. Desy asked members to reflect on how to best blueprint exams to standardize across the curriculum. She is working hard to have a standard clinical presentations’ list created, that is agreed on by all pre clerkship and clerkship chairs. She has sent out a list of objectives and would like everyone to weigh in and agree on these objectives (for example, an objective would be something like “anemia”). She is working on identifying appropriate “tasks” that for each objective (these could be things such as diagnosis, treatment, investigation, etc.) The hope is that the tasks could be the same for MCQ type examinations and for other types of assessment tools like EPAs. One possibility is using the 12 EPAs as the tasks, or potentially the big 10 graduation objectives. A benefit of having clearly defined objectives and tasks is that we can then map out our
entire question bank to the objectives and tasks and have a better understanding of what we are testing our students on throughout their curriculum. Another benefit is that we could automatically generate blueprints for every examination that are accurate and don’t need to be updated by the evaluation coordinators year to year. Another option is creating a unique list that incorporates information from both. We will continue to discuss this concept at future meetings.

7. Next Meeting – TBA – March 18 – cancelled due to OSCE. Topics to be Discussed:
   • UME Student Evaluation and Maintenance Policy – to be reviewed before next meeting
   • Policy for rewrite MPLs
   • Policy for clerkship MPLs

Meeting was adjourned @ 2:50 p.m. by Dr. Desy (Chair).

Minutes by: Lily Oakenfold
Minutes Edited by: Dr. J. Desy