



Student Evaluation Committee (SEC)

APPROVED

November 2nd 2018

Room G701H – UME Boardroom

Attendees: Drs. Kelly Albrecht, Harish Amin (teleconference), Glenda Bendiak, Janeve Desy, Jolene Haws, Laura Hinz (for Heather Baxter), Keven McLaughlin, Jacques Rizkallah, Wayne Woloschuk, Ms. Na'ama Avitzur, Ms. Kathryn Brockman, Ms. Tabitha Hawes, Mr. Arjun Maini, Ms. Sue-Ann Facchini, Ms. Shannon Leskosky, Ms. Kerri Martin, Mr. Mike Paget, Mr. Matthew Sobczak, Ms. Sibyl Tai, Ms. Danielle Goss (admin)

Regrets: Drs. Heather Baxter, Kevin Busche, Vick Chahal, Sophia Chou, Sylvain Coderre, Ron Cusano, Melinda Davis, Doan Le, Charles Leduc, Pam Veale, Ms. Sarah Smith, Mr. William Kennedy

1. Approval of Agenda

The November 2nd 2018 SEC Agenda was approved.

- **Motion: Dr. J. Hawes Seconded: Dr. L. Hinz**
- **Motion: Passed** (all in favor, none opposed, none abstained)

2. Approval of September 28th 2018 Minutes

The September 28th SEC Minutes were approved with one edit. Mr. Maini wanted to add the reason for forgoing the exam reviews after the final summative of a course. These changes were made to include that lack of resources and exam security were the reasons.

- **Motion: Ms. K. Brockman Seconded: Ms. S. Leskosky**
- **Motion: Passed** (all in favor, none opposed, none abstained)

Reports and Standing Items

a. Report From Students

Ms. Hawes discussed the recent exam of the Course I final saying the overall feel from the class is the exam was fair from what was taught and in the blueprint. Mr. Maini was questioning the content for the Blood/Pathology exam, feels that there was confusion on what materials would be covered in that separate exam. Ms. Martin stated that for next year there will be two formatives one leading up to the summative and the second for the blood pathogen portion, this is to hope ease any confusion for the two exams.

Ms. Brockman, noted that with some of the changes in the evaluation process they need to be sure to tell the students to do the feedback at the end of the exams as they are reviewed by the exam department. With the review from this feedback they do review for editing and changing questions based upon the comments from the exams they get back from students. Dr.

McLaughlin offered to send email to the classes as a reminder to ensure they are filling out the feedback section at the end of every exam.

Ms. Avitzur stated that she has two things she would like to discuss. The first item being feedback from the UCLIC students that do a rural clerkship they also do their exams at different times and feel like they don't get the same benefits as urban students. They miss out on teaching sessions that are provided during the rotations and would like those sessions be available on podcasts to help them in the exams.

Ms. Avitzur's second item is that of the LMCC prep course. She informed the committee that this year it is being grouped into two Course VIII sessions, and the reason for this is the LMCC exam starts immediately after their clerkship year ends. Dr. McLaughlin stated that the reason for the timeline being pushed back is the extra week off at Christmas time. Dr. Desy added that she is aware the prep course is being shortened by about half the time, she is hoping to be able to send out the podcasts to students from previous years. Dr. Desy also stated that the highest yield topics in the prep on non-course base topics such as ethics, pop health and advanced based medicine to be shown into the Course VIII times that they are having. Dr. Amin has suggested if there were weekend options that could work for students who weren't on call during their rotations to be able to have a more extended prep course. Dr. McLaughlin noted that there would be restrictions based on weekend learning dates more than the on call requirements that could lead to accreditation issues going forward. Ms. Avitzur then commented on the structure for the LMCC prep course this year being two Course VIII afternoons if they could be changed to doing full day prep course, if the rotations are willing to excuse the students for full days. Dr. McLaughlin informed the committee that he will bring the options forward to the next management meeting to see about the options that are available. Dr. Desy added that the information should be able to be sent to the students earlier with links to the podcasts from previous years, to help them study while they are still in their rotations. Ms. Leskosky also noted that there are options for practice exams for their use as well to help prepare and study for the LMCC exam.

b. UMEC

Nothing to present.

c. Preclerkship

In Dr. Busche's absence Dr. McLaughlin brought up his issue topic for the committee, student's taking a leave part way through a block. The example brought up was if a student starts Course II, writes an exam, but interrupted for a reason such as health issues, what happens to the mark on that midterm when they return the following year. The question options brought forward where do they restart everything over when they come back, or do they get to choose what they want to keep such as the exam scores. Dr. McLaughlin stated he favors the starting over from the beginning of the course due to changes that can be made from one year to the next such as weighting for the exams, or the course breakdown and blueprint can be slightly different. He also pointed out that if they didn't have an outstanding midterm due to the likelihood of the health reasons before the leave they will have to come back to that mark and that could be tougher for the students. Dr. Desy stated she is in favor of the option of being able to choose where the student wants to start either the start of the course or where they left off. Dr. Albrecht informed the committee that courses change from one year to the next and she feels that it is actually doing a disservice to the students by only having them pick up where they left off. She feels that there could be an option for the default is that policy states that they would have to restart but possible exceptions can be made. Ms.

Facchini stated that if every student who takes a leave has different rules for their return there is a larger chance of human error. Dr. Desy then pointed out that in the instance of a maternity leave that if the policy states they need to restart the course this policy is forcing the student to return early from their year leave. Dr. Desy moved to motion that whenever a student takes a leave for any reason the policy is to restart the course from the beginning when they return the following year.

- **Motion: Dr. J. Desy Seconded: Dr. L. Hinz**
- **Motion: Passed** (all in favor, none opposed, none abstained)

Discussion: Ms. Brockman questioned the option for flexibility in some sort that the students can know they can challenge or question the policy if they feel their circumstances are different. Dr. McLaughlin stated that there shouldn't be an exceptions will be made rule to a policy, but noted that when a student goes on a leave for maternity, health or otherwise they do sit down with an Assistant Dean and discuss their plan of return and at that time they can question what will happen when they do come back and how they choose to proceed with their learning.

d. Clerkship

Dr. McLaughlin informed the committee that there are changes set for the clerkship online formative exams. Currently, they are open for a set period of time but are closed two weeks before the summative exam. The clerkship committee determined that starting with the class of 2020 there will be a must complete by date but will no longer close therefore allowing students to still use the formatives for review and study purposes leading up to the summative exam. Mr. Paget inquired why this couldn't be done starting now for the 2019's but Mr. McLaughlin pointed out that it wouldn't be fair for the ones who've gone through a rotation and already written that summative to have the extra time to study on testing material. Mr. McLaughlin motioned to be able to keep the formative exam open for review for the clerks starting with the class of 2020.

- **Motion: Dr. K. McLaughlin Seconded: Dr. L. Hinz**
- **Motion: Passed** (all in favor, none opposed, none abstained)

e. Director of Student Evaluations

Dr. Desy let the committee know that she will be discussing three items in her presentation, attached.

Dr. Desy's first item is providing the committee with information to the new exam review update. The evaluation team removes negatively discriminating items after reviewing the student comments, the exam key, as well as the performance on the questions. They then set the MPL, make pass/fail decisions, suggest items for improvement and make remediation decisions. After the review and editing process is over the evaluation team then updates the blueprint for the following year. Dr. Desy then referred to the Heat Chart for Course V, slides 4 to 8, she described how the chart is used. It shows how exams can be revised and adjusted for the following years. The items in red will be removed or have large revisions made, yellow items may have slight review making or minor revisions, and the items in the green section don't change unless the blueprint or guidelines for the course change. Before the course begins the course chairs and evaluation coordinators remove/edit the items in the red boxes, edit the yellow examination items, and create new questions which encourages help from lecturers. Then the evaluation coordinators submit the exams greater than three months before the sitting of the exam.

Dr. Desy's next topic that was presented was on the 10% rule, slide 11. She stated that this current rule interferes with exam quality assurance, reduces exam security, and that new MPL adjusts for changes in difficulty to be fair. Dr. Desy's proposal is to no longer have the 10% rule for changing exams

- **Motion: Dr. J. Desy Seconded: Dr. J. Haws**
- **Motion: Passed** (all in favor, none opposed, none abstained)

Discussion: Dr. Rizkallah asked if there would be a maximum limit to this for changing exams, Dr. McLaughlin responded with stating that there will be no set limit for the amount of questions that can be changed for any given exam. Ms. Avitzur asked for confirmation on that if the exams get harder the same amount of students will fail because the MPL will change as the tests change. Dr. Desy confirmed that was correct and that if the examinations are getting harder or more non-discriminatory it will be a better deciding factor of finding the students who are really unsatisfactory.

Dr. Desy's next update is on the Clerkship Certifying OSCE, found from slides 12 to 17. She has noted that pass/fail decisions will still be based on a global rating scale. The changes that are being made is the checklist for the individual stations will be based on EPA's. Slide 14 gives an example of what the EPA based checklist will look like in the OSCE, has the goal of the station, the EPA(s) that are tested, and the breakdown of the checklist. Dr. Desy noted the second item changing is the inclusion of extended matching questions similar to the competency based medical questions that are seen in the MCCQE Part 2. The next item changing for the OSCE is using less standardized patients, because certain EPA's are able to be evaluated without having a standardized patient in the room. What this is doing is having each clerkship have ownership of a station, that can be updated or changed each year for better exam security and ensuring multiple assessments of each EPA. With moving towards adding all the EPA's into the OSCE there will be a big advantage in clerkship, and hopefully good results for the MCCQE Part 2. Dr. Woloschuk questions how we can include the EPA's going forward now it can help for the residency information, as in residency they are evaluated based on the EPA's and if we include that it will help our students do better in residency. Mr. Paget asked why the Big 10 hasn't been included through this as it's what's been used in the past for this evaluation, Dr. McLaughlin noted that the OSCE examinations are moving towards a global rating scale using the EPA's and that the Big 10 is our local designation that can be mapped to the EPA's.

f. Accreditation Issues

Nothing to state.

g. Academic Technologies

Mr. Paget informed the committee that Vera will be able to provide the recruitment list for possible OSCE's, by doctors looking for AMHSP hours. Course VI has launched a pilot of their pediatrics website which offers direct objectives, in the process of working towards a new logbook, working with Dolphin to structure combined data collecting with One45. Mechanical advantages of combining options for a computerized buff-sheet are signatures will then be needed online at the end of the rotation rather than having the chairs come into the UME to sign off on the rotation.

h. Evaluation Team

- Nothing to state.

New Business

a. Proposed Clerkship Exam Changes

Dr. McLaughlin presented a PowerPoint presentation, attached titled 'SEC Nov 2, 2018', to discuss the proposed changes happening in Clerkship starting for the class year of 2021. He presented two different options on how to do exams with switching to the four week block rotation schedule. The first option is to do exams every eight weeks, with some exceptions, this would work into being the students would be given two or three shorter exams in that one day or the second option being a mixed type exam which gives them only one exam but has elements from all the clerkship rotations in it. Dr. Haws questioned if the exam is the same from one sitting to the next how will it be weighted if a certain rotation hadn't been done for the students. Dr. McLaughlin stated that this will be an approximation of the MCC type exams, the option could project better for students when they complete their MCC exams as the format would be similar. Discussion took place in regards to if we should look like the MCC exams, the reason behind that is it could be more harmful for rotations if the MCC look-alike exam was to take place there could be three anesthesia questions but pass the exam meaning the student passes their anesthesia rotation without being thoroughly tested on anesthesia components, which could cause more issues going forward.

Dr. McLaughlin went to explain the work involved for the two options proposed. He stated less work would be involved for the block based exams with a short rotation base, while more work would be required if we changed the examinations to the mixed type of exams. Dr. McLaughlin also went through how the MPL should be set for the exams, stating that if the examinations were done every eight weeks with the mixed exams, the MPL would be roughly 16% if you have students getting 100% on the rotations they have done and 0% on the rotations they haven't. Dr. McLaughlin went to say that is 16% too low of an MPL.

The next, and one of the larger complications is the ownership of exams as Dr. McLaughlin pointed out, currently each rotation has their own exams they are the owners for that exam, but who would be the owner of the mixed exams. The discussion went on to say that it would be a central responsibility with different rotations in charge of their portion but there was no set person, or rotation in charge of the whole exam.

Ms. Avitzur expressed her concerns with how the CaRMS application works with the new examination and block schedule. As of now the MSPR consists of their blocks and the overall mark, the ITER mark, and the examination mark all included in the MSPR. If the option of a mixed examination is approved the ITER will still say clinically the student is satisfactory/unsatisfactory but how will the exam component be assessed for each of the blocks, because the knowledge isn't certain on what part of the exam that was passed. Mr. Paget questioned if the possibility could be to marry an exam together based on each students' individual learning up to a certain point. This would make the exam Friday's one longer exam with two or three exam components saving the students from having to do all of the exams separately on the same day. Dr. Bendiak suggested that the knowledgebase would be better for continuing in the block based examination using the rotation specific clinical assessments. Dr. McLaughlin added to these points by confirming that the goal going forward is to create individualized exams based on the students' rotations and learnings to that point. Mr. Paget questioned the remediation, rewrites, and deferrals of the exams and how that would take place with this new model. Dr. McLaughlin informed the committee that there will be two set rewrite dates, one before CaRMS and one at the end of the year, he stated that shorter exams for the individual blocks will be larger exams for the rewrites at the end of the year.

Ms. Brockman wondered how the MSPR will look with things being broken up into two different rotations for each without possibly having done the entire the rotation. Mr. Paget notified her that it will be a more combined based MSPR, that will include comments from clerkship performance ITERs and how the exam was done based on the point that the student is at before the MSPR's get uploaded. He noted that the rotations will be broken up based on when they were completed but there wouldn't be any incompletes or SARC appearances or pending marks noted unless there was a reason for them to be there.

Dr. McLaughlin's proposal is that when the clerkship curriculum moves to a four week model, we should have fixed exam dates with a combination of independent examinations rather than a combined examination.

- **Motion: Dr. K. McLaughlin** **Seconded: Dr. G. Bendiak**
- **Motion: Passed** (12 in favor, One opposed, none abstained)

Meeting adjourned at 3:05 pm

Future meeting: Friday January 25th 2019 HSC Rm G384