

UWSOM Assessment Committee

September 4, 2014

3:00-4:00

A325

MINUTES

In Attendance:

Sara Kim	Surgery
Jan Carline	Medical Education & Evaluation
Heidi Combs (Phone)	Psychiatry
Annemarie Relyea-Chew	Radiology
Doug Schaad	Medical Education & Evaluation
Michael Campion	Academic Affairs
Basak Coruh	Pulmonary & Critical Care Medicine
Karen McDonough	General Internal Medicine
Matt Cunningham	Biomedical Informatics and Medical Education
Somnath Mookherjee	General Internal Medicine
Jane Shelby (Phone)	Medical Education - WWAMI Alaska
Jon Ilgen (Phone)	Emergency Medicine
Chris Knight	General Internal Medicine
Lynne Robins	Biomedical Informatics and Medical Education
Pam Nagasawa	Medical Education & Evaluation, School of Dentistry
Tim Robinson (Phone)	Medical Education and first-year curriculum – WWAMI Wyoming

Appended at the End of the Minutes:

1. Outline of Curriculum Renewal Assessment Committee Report
2. Foundations Assessment Summary 2014-09-04

AGENDA:

- Updates - Foundations Progress, OSCE budget
- Assessment Outline for Foundations Block and Theme Leaders
- Committee member interest area for liaison to blocks and clerkships
- Potential use of NBME Comprehensive Examination for Curriculum Evaluation and Step 1 Preparation
- Outline of Assessment Committee Report

- Future Committee Retreat

Updates:

- 1) Progress re Foundations Phase – Jan noted the following:
 - The second workshop was held at the end of last month. Most of the time was spent discussing content. People were very positive about the opportunity to exchange ideas.
 - There will be another workshop Sept 24.
 - The focus currently is identifying who will be covering what content.
 - Some of the order of the Foundations blocks will be changed
 - The Patient Care phase will follow the 6-week module clerkship.
 - It was also noted that in the Patient Care Phase, each clerkship would have re-infusion of medical sciences.
 - Phase 3 has not been addressed at this time.
- 2) Schedule Compliance – it was noted that the current and planned curriculum are not in compliance with start dates/schedules. The UWSoM is currently waiting upon legislative decisions re scheduling flexibility
- 3) Leaders responsible for clinical training in the Foundations Phase have met twice. Lynne Robins attended these meetings. They need milestones in place to help with planning.
- 4) OSCE Budget for the new curriculum – an estimated budget was developed for the new curriculum. This budget involves:
 - Foundations Phase – 2 short OSCEs during the year, 1 long OSCE at the end of the year. All OSCEs would relate back to milestones and objectives.
 - Patient Care Phase – also 2 short OSCEs, 1 long OSCE, but with different time limits than the Foundations Phase. These OSCEs would be held at current locations at regional sites where students take their subject exams.

Current Testing Methods Inventory:

Matt compiled a chart which captures the current testing methods used in the Basic Sciences and ICM. This chart, *Foundations Assessment Summary 2014-09-04*, can be found in the Appendix. About 99% of Basic Sciences use multiple choice testing. Other items that could be expanded upon include oral exams, triple iii research, etc. Currently Living Anatomy uses oral exams. Jane noted that this chart was also representative of WWAMI site testing methods.

NBME Comprehensive Exam:

Members discussed the use of NBME testing in Basic Sciences as part of Step 1 preparation. This testing would involve approximately three to five hours on the computer and take two days per 100 students.

Potential Advantages of NBME Testing:

- Covers content area of Step 1.
- Students can identify strengths/weaknesses for Step 1 prep.
- Fast feedback due to computerized testing (4-day turnaround for computerized testing). Matt will check further on NBME logistics.
- Interesting potential comparisons to before/after new curriculum (if baseline exists).
- Provides data for LCME.
- Provides data to interested stakeholders.
- Standardized test with national norms.
- Illustrates how new curriculum is progressing, useful for decision-making re program evaluation.
- Costs less than developing testing from scratch.
- Regional breakouts may illustrate sites that are close to standardization.

Potential Disadvantages of NBME Testing:

- Cost (~\$50 per student plus administrative costs).
- Time taken away from curriculum (~2 days).
- Timing – needs to be after relevant material has been covered but before the end of the Foundations Phase (i.e., December or possibly January).
- If a site is less than 20 breakout scores are not compiled.
- Need to make sure students understand how to use results (e.g., not unnecessarily discourage their progress). It will be important for Jamey Cheek to be in the loop.

Outline of Assessment Committee Report:

Sara discussed the handout, *Outline of Curriculum Renewal Assessment Committee Report*. This Committee needs to submit a report in October (negotiations are underway to possibly add time).

The Committee plans to follow the guiding principles outlined in the handout:

- Should be grounded in competencies and objectives defined for each curriculum phase and course/block.
- Should be informed by emerging approaches nationally.
- Test-taking should align with the NBME exam format and test-taking experience.
- The scope of OSCEs should be dramatically expanded to reflect health care practices.
- Assessment data are indispensable tools for continuous quality improvement of curriculum and assessment approaches and should be developed and aligned as such.

But further details of the Foundations Phase will need to be added to the final report, such as specific details/recommendations on:

- Specific testing methods.
- Use of OSCEs.
- Dashboard development to showcase student performance.

- Faculty development.
- Policy re remediation (comment on resources but not responsible for actual implementation, this needs to directly involve the Student Progress Committee/administration).
- Regional Assessment Centers (will not be immediately implemented, but cost and logistical information can be outlined).
- WWAMI implementation.

Assessment Committee Liaison to Blocks and Threads

Committee members will be asked to indicate their interest in working with a specific foundations block or thread group on communications and planning for assessment methods. A doodle poll will be posted shortly.

Future Committee Retreat:

Not discussed at this meeting.

Scheduled future Meetings:

The general pattern is alternating 4th Mondays/Weds of each month **9:00-10:00** in **A-325**, specifically –

- **Mon, Oct 27**
- **Weds, Nov 26**
- **<no Dec>**
- **Mon, Jan 26**
- **Weds, Feb 25 (Location for this meeting = I-264)**
- **Mon, Mar 23**
- **Weds, Apr 22**
- **Mon, May 18 (May 25 is a holiday)**
- **Weds, June 24**

APPENDICES:

Outline of Curriculum Renewal Assessment Committee Report

1. Overall Assessment Framework

From the Charge Letter:

Guiding approaches to the report

- f. Should be grounded in competencies and objectives defined for each curriculum phase and course/block
- g. Should be informed by emerging approaches nationally
- h. Test-taking should align with the NBME exam format and test-taking experience
- i. The scope of OSCEs should be dramatically expanded to reflect health care practices
- j. Assessment data are indispensable tools for continuous quality improvement of curriculum and assessment approaches and should be developed and aligned as such

2. Proposed Content Outline

1. Foundations Phase: Method of Test/Assessment Development
 - Proposed Plan Based on Known Curriculum Design
 - Request for Implementation
2. WWAMI Regional Implementation
3. Faculty Development Approaches
4. Template for Multiple Assessment Settings
5. Dashboard Development and Implementation
6. Policy for remediation
7. Regional Assessment Center: Block Sites and Clinical Training Nodes
 - Computer lab
 - Simulation lab to accommodate x number of students
 - OSCE space
 - Faculty/staff development

UW School of Medicine
 Assessment Methods
 Basic Science Curriculum

Course	Assessment Methods										
	A	B	C	D	E	F	G	H	I	J	K
Year One											
HUBIO 510: Histology		F,S									
HUBIO 511: A&E		F,S									
HUBIO 512: Physiology		F,S									
HUBIO 513/522/535: ICM 1				X	X	X	X		X	X	X
HUBIO 514/524: Biochemistry		F,S									
HUBIO 516: SHB		F,S									
HUBIO 523: Immunology		F	S								
HUBIO 532: Nervous System		F,S	S								
HUBIO 534: Microbiology		F,S									
HUBIO 553: Musculoskeletal		F,S									
HUBIO 590: MIDM		S									
Year Two	A	B	C	D	E	F	G	H	I	J	K
HUBIO 530: Epidemiology		F,S									
HUBIO 540: Cardiovascular		F,S									
HUBIO 541: Respiratory		F,S									
HUBIO 542/550/560: ICM 2	F,S*			X	X		X	X	X	X	X
HUBIO 543: Pharmacology		F,S									
HUBIO 547/557/566: Pathology		F,S									
HUBIO 548: Medical Ethics		F,S		X							
HUBIO 551: GI		F,S									
HUBIO 552: Hematology		F	S								
HUBIO 554: Genetics		F,S		X							
HUBIO 555: MH&S		F,S		X							
HUBIO 556: H&N		F,S									
HUBIO 558: Rheumatology		S									
HUBIO 565: Reproduction		F,S									
HUBIO 567: Skin		S									
HUBIO 569: MBB		F									

F = Formative, S = Summative

Assessment Methods (as per MedBiquitous)

- Exam—Institutionally developed, Clinical Performance (e.g., OSCE)
- Exam—Institutionally Developed, Written/Computer-based (e.g., MCQs)
- Exam—Nationally Normed/Standardized, Subject (e.g., NBME custom/subject exams)
- Participation
- Clinical Documentation Review (e.g., patient notes)
- Clinical Performance Rating/Checklist (e.g., physical exam skills)
- Narrative Assessment (e.g., oral/written assessment by instructors)
- Oral Patient Presentation
- Peer Assessment
- Self-Assessment
- Stimulated Recall (e.g., video analysis of patient encounters)

Notes

*This refers to the Parts A and B of the second-year OSCE. Technically, this is not an assessment for ICM 2, but it is the course that the OSCE is most closely aligned with.