UWSOM Assessment Committee
11/26/14
9:00-10:00
A325

MINUTES

In Attendance:

Name	Department
Sara Kim (phone)	Surgery
Jan Carline	Medical Education & Evaluation
Annemarie Relyea-Chew (phone)	Radiology
Doug Schaad	Medical Education & Evaluation
Michael Campion	Academic Affairs
Matt Cunningham	Biomedical Informatics and Medical Education
Somnath Mookherjee	General Internal Medicine
Amanda Kost (phone)	Family Medicine
Jane Shelby (phone)	Medical Education - WWAMI Alaska
Lynne Robins (phone)	Biomedical Informatics and Medical Education
Pam Nagasawa	Medical Education & Evaluation, School of Dentistry

Appended at the End of the Minutes:

1. Foundations Phase Roll Out Assessment Plan
2. Scheduled Future Meeting Dates

AGENDA:

1) October minutes approved by members present
2) Final discussion and vote on Roll Out Report
3) News/updates
4) Next Steps: Discussions of major assessment tasks

Final Discussion and Vote on the Foundations Roll Out Report:

Members discussed the final version of the roll out report. A catalyst survey was produced prior to the meeting so that those not present could also vote and provide input:
https://catalyst.uw.edu/webq/survey/coleval/254345
The following discussion points re this document were explored:

- Jan and Sara received comments from 12 committee members prior to this meeting, and have incorporated some of this input into the document.
- Michael Ryan and Marj Wenrich have shared concerns to Jan and Sara that not all things could be implemented immediately and simultaneously in the new curriculum, so the move from competency to mastery-based grading will be experienced throughout the year rather than all on day one.
- The phase in approach will also involve Block leaders consensus on how assessment will roll out at a practical level.
- There is a committee that will address the old policies and procedures of student progress and new policies and procedures. There will be evolving policies throughout the roll out of the Foundations Phase's first year.
- This document acknowledges that every assessment item will be mapped to an objective. This will in turn make it easier to pull up data for mastery assessment.
- The arbitrary 70% passing rule has been removed from this document. Instead of percentage numbers, curves, gaps and distribution of items will be explored.
- Reassessment will focus on specific objectives once we are mastery focused.
- This report will go to Michael Ryan and Marj Wenrich. Then it will go to Block, Theme and Thread leaders of the Foundations Phase
- Elizabeth Frisen from AMBiT will work with Jan and Lynne and each Block leader to identify objectives, formative and summative assessments. This document will assist their endeavors.
- The contents of this document will be expressed in the Student Handbook for students beginning Fall 2015 and subsequent new cycles.
- Many details for assessment in the Foundations of Clinical Medicine of the phase – Immersion, Clinical Skills, Primary Care and Continuity Clerkship, College mornings - have not been defined at this point. Amanda will work with Karen, Som, Basak, Jan and Sara to create an addendum to the report which addresses Foundations of Clinical Medicine clerkship and immersion needs. This will be circulated to the full committee for approval.
- Doug will share the information from the document with the student representatives in the year 1 and 2 Curriculum Committees.

10 members present, and 4 on-line (using a Catalyst Web-Q survey), voted to adopt the report, with the addition of a cover letter noting further Foundations of Clinical Medicines clarification that will be outlined in the subsequent months.

News/updates shared:

1) A Patient Care Phase Retreat was held recently. Participants adopted the Physician Competency Reference Set (PCRS) of competencies use in the Patient Care Phase. Further work to implement the (PCRS) for teaching and assessment in both the Foundations of Clinical Medicine and Patient Care phases will continue with a retreat on December 9th.
2) This committee will be addressing the Patient Care Phase and Career Exploration Phase, so it is especially important that we have input from our clinician-experienced members.

Next Steps: Discussions of Major Assessment Tasks:

The following tasks were briefly outlined for future Assessment Committee explorations:

1) Develop a Rollout Assessment Plan for the Patient Care Phase
2) Regional Testing Centers – Basak and Som will present their work at our next meeting in January
3) Scope of the Dashboard/Student Portfolio – Michael Campion will discuss this with members at a subsequent meeting
4) Overall assessment of student competency at the end of the curriculum (holistic view of the program)
5) How members will be deployed to assist others (on-going contribution)
6) What the committee's role is relating to actual policy

January's Meeting:

The January meeting will cover:

1) Basak and Som's presentation on Regional Testing Centers
2) Jan and Sara will indicate the status of the roll out report (i.e., accepted/adopted, modified by whom)
3) Jan will provide feedback from the Telaris Retreat

APPENDICES:

Foundations Phase Rollout Assessment Plan

The **Overall Plan for Assessment in the Foundations Phase** is based in the following principles: Assessment activities will

- Assess student mastery of the objectives for each block, thread, and clinical course;
- Use multiple assessment methods (including multiple choice tests, short answer or essay items, observations or performance, or simulations) matched to the skill being evaluated;
- Emphasize formative assessments to make students aware of their strengths and limitations and to allow for early identification and remediation of deficits;
- Focus summative assessments on the students' abilities to apply concepts to understanding and solving problems in human health and illness;
- Use equivalent assessment methods and grading practices across all teaching sites within a given course, block, or clinical course.

The Role of the Assessment Committee

As a subcommittee of the Curriculum Committee, the Assessment Committee will work with the Curriculum Committee to develop and implement assessment policy and practices in the curriculum. The committee members, along with faculty and staff from Medical Education and Evaluation, will also work closely with faculty and staff from blocks, threads, and clinical courses to further develop, implement, and evaluate assessment activities in the curriculum. Review and refinement of the assessment plan will be an on-going responsibility of the Committee.

During the roll-out year, the Committee will also continue to plan for further development of assessment activities, such as the Student Performance Portfolio, and the refinement of assessments suggested in this document. The Committee will work with the Director of Educator Development to provide faculty development in assessment skills.

Structure and Implementation of this Plan

This document begins with a set of definitions of terms used, and proceeds with strategies and policies for assessment to be adopted in the Foundations Phase. Most of these strategies and policies will be in place beginning with the first block of the phase, specifically those included in sections: **II. Assessing Student Mastery: General Strategies, III. Equivalence of Assessment Activities Across Sites, IV.**

Formative Assessments, V. Summative Assessments and Grading, VIII General Assessments in Foundations Phase, and **IX. Student Conduct During Assessment Sessions**. Members of the Assessment Committee, faculty and staff of the Division of Medical Education and Evaluation, and Curriculum Office staff will be available to assist in the implementation of these policies and procedures.

The organization of blocks in the Foundations Phase makes current practices of reassessment of students failing courses at the end of a course in the HuBio curriculum problematic. Sections **VI. Reassessment of Performance,** and **VII. Reassessment of Performance in a Curricular Thread or Theme** are included in this document as a possible set of new procedures for reassessment that will be further explored during the initial roll out of the phase. We will also be exploring a full mastery based approach to grading mention in section V. 11. The Assessment Committee will also consider, on a case by case basis, requests to accommodate other assessment practices on an experimental basis as long as they are consistent with the overall principles set out in this report.

I. Definitions for Assessment Activities

Assessment is the collection of information to document the progress of a student in meeting the objectives of a course. Instruments used to collect this information may include multiple choice examinations, essays, simulations, standardized patient examinations, global ratings of performance, peer or self-ratings, or other generally accepted assessment methods.

Mastery refers to the acquisition of the skills needed to solve a problem, apply a concept, perform a task, or correctly answer questions related to a subject.

Formative Assessment is aimed at informing students of their progress toward mastery so that they may better focus their own learning activities. Formative assessment also provides instructors with information about student deficits and misconceptions, allowing instruction to be focused for student mastery. Formative assessments are not included in any grade or final evaluation of the student. They may be formal in nature, such as quizzes or other written tests, or more informal, such as providing students with verbal commentary on their performance.

Summative Assessment is the collection of information for a formal and graded evaluation of student mastery. These assessments may be aimed at a student's performance during or at the end of a session or module in a course, or as final examination of progress. All summative assessments are considered in the final grade given to students.

An **Assessment Instrument** is a tool, such as a test or rating form, used to collect and document performance information. Assessment instruments range from multiple choice items, essay and short answer items to assess problem solving and reasoning skills; performance checklists, simulations, and Objective Structured Clinical Examinations to assess procedural, communication, and clinical reasoning skills; and direct observation of performance and student reflections to assess attitudes and professional development. All assessments should aim to identify the complex cognitive, interpersonal, and technical skills inherent in expert performance, beyond simple recall of facts or rote completion of performance checklists.

An **Objective** is a statement of expected student performance as a result of instruction and or study. Medical Education Program Objectives describe the expected knowledge, behaviors, skills and attitudes of our students as they complete the medical degree. The Liaison Committee on Medical Education (LCME) standards for accreditation require objectives for the medical education program, blocks and clinical courses. These general objectives guide the overall structure of the curriculum and the objectives within all components of the curriculum. Block and clinical course objectives describe the specific expected performance outcomes for students completing these units of the curriculum. Session objectives represent the student outcomes for units or modules of instruction within blocks or clinical courses. Session level objectives must map to block or clinical course objectives, and block and clinical course objectives must map to Medical Education Program Objectives.

A **Competency** represents an observable ability of a physician that integrates multiple components of knowledge, skills, values and attitudes. Competencies are arranged in domains of physician behavior. Competency domains adopted by the Association of American Medical Colleges include: Patient Care, Knowledge for Practice, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, System-Based Practice, Interprofessional Collaboration, Personal and Professional Development. A student progresses from novice performance to mastery of a competency as he or she moves forward in the medical curriculum and grows in knowledge, skills, and attitudes relevant to the profession. The LCME standards for accreditation require the definition of the competencies to be achieved by medical students, and the relationship of these competencies to program objectives.

A **Milestone** represents an expected level of competence within a domain at the end of a unit of a curriculum or as expectation of behavior needed to enter the next level of the curriculum. In the University of Washington School of Medicine curriculum, milestones would be appropriate for each competency domain at each phase, including the Foundations Phase.

II. Assessing Student Mastery: General Strategies

1. All assessment items within a block or course will be specifically mapped to objectives and milestones included in the block. Learning module / session objectives will be related to block or clinical course level objectives.
2. Assessments will include all content specific to the block or clinical course, including content from threads and themes. Individual assessment items will integrate content from multiple disciplines represented in the block or clinical course.
3. Assessments will use a variety of assessment methods appropriate to the objective and competency to be measured. Assessment methods might include: Multiple choice tests, short answer and essays may be used for assessment of knowledge for practice, while simulations should be used to assess physical examination and procedural skills; Objective Structured Clinical Examinations should be used to evaluation the integration of a variety of skills into more complex interactions with patients; Observations of performance, reflective essays, and peer evaluation should be considered for the evaluation of attitudes and professional behavior; Projects and research activities may provide appropriate assessments of skills in quality improvement or interprofessional team behavior; Logs of patient encounters and experiences may be used to document the breadth and depth of clinical exposure experienced by the student.
4. Assessments will be computer-based whenever the technology is appropriate to the assessment method being used.
5. If multiple choice items are used in an assessment, at least 80% of the items must be in United States Medical Licensure Examination (USMLE) format: one best answer, patient or experimental scenario-based, and requiring the application of knowledge rather than simple recall. The pacing of multiple choice item tests will be 40 items per hour, slightly slower than the 50 items per hour used in USMLE examinations.
6. Observational assessment of milestones related to competencies in Patient Care, Interpersonal and Communication Skills, Professionalism, Interprofessional Collaboration, and Personal and Professional Development will be developed and deployed in blocks and clinical courses as appropriate, including simulations, checklists, reflective essays or other relevant methods. Rating scales for assessment of more general performance, i.e., interpersonal communication with patients, professional attitudes, or general approach to problem solving, will be adopted or developed for use across multiple educational and patient settings.

III. Equivalence of Assessment Activities Across Sites

1. All summative and formative assessments within a block will be exactly the same across all sites.

2. All summative assessments will occur on the same day across all sites, although the exact time may vary due to time zone and schedule differences.
3. All assessment instruments will be developed with the cooperation of faculty from all teaching sites, including block, thread and theme leaders.
4. Individual items will integrate basic science, clinical science, and appropriate content from threads and themes.
5. All assessment instruments will be developed at least two months before the beginning of the block, and available for review and revision by all site block directors, thread and theme leaders, and testing personnel in Medical Education and Evaluation.
6. The contribution of assessments to grades for a block will be the same across all sites.

IV. Formative Assessments

1. Formative assessments should be sufficiently frequent to inform students of their progress and allow faculty to track their progress towards mastery during the block or clinical course before the final assessment.
2. Formative assessments will not be included in the determination of a grade.
3. Formative assessments will normally take place during scheduled block hours.
4. Reporting of formative assessment results to students should be done immediately after completion of the assessment by all students.

V. Summative Assessments and Grading

1. Summative assessment instruments will be considered secure, except for those instruments such as skills checklists and rating scales that are used for instruction as well as assessment.
2. The amount of summative assessment activities will be related to the number and type of objectives and milestones to be assessed and the total hours devoted to a course.
3. Summative assessments for a block may take place outside of the usual time scheduled for the block, but no more than two hours for two calendar weeks of instruction.
4. Reporting of summative assessment results to students should be done immediately after completion of the assessment by all students. Reporting will provide an indication of overall performance, as well as sub-scores for each objective, theme and thread included in the assessment.
5. Most assessments will reflect the content and objectives covered in the block in the period since the previous assessment. Cumulative assessments, covering more than one instructional period, are acceptable if the skills to be assessed build on skills assessed earlier.

6. Post hoc analysis of all assessments will be conducted for quality assurance purposes and potential changes in scoring and grading of assessments based on generally accepted psychometric methods.
7. All summative assessment results, including sub-scores by objectives, threads and themes will be collected and reported. In the future, this information will be stored in an electronic student performance portfolio.
8. All summative assessments, including those elements relating to threads and themes, will be considered in the determination of the grade for the block or clinical course.
9. The grades in the foundation phase will be pass / fail (credit / no credit).
10. In the initial roll out of the Foundation Phase, the determination of grades will be based on a review of the quality of the summative instruments, the performance of students, and other concerns conducted by the block and site leaders. The grade criteria will be the same for all students at all sites.
11. During the initial roll out of the Foundation Phase, the use of mastery of objectives by the students rather than a set percentage of correct answers or other similar guidelines will be investigated as a potential for future decisions on grades.

VI. Reassessment of Performance

1. Reassessments will be required for all failures to meet set passing or mastery criteria on summative assessments within or at the end of a block or clinical course.
2. Any failure to meet passing or mastery criteria will be reported immediately to the student, pointing out the specific objective or competency that has not been met.
3. Reassessment within a block or clerkship:
    - Reassessment of individuals who did not satisfactorily complete a scheduled assessment may be scheduled outside of normal block hours.
    - Reassessment of a failure to meet criteria will be done as soon as possible for summative assessments, typically within three days. The number of attempts to meet criteria will be noted in the student record.
    - Reassessment will be completed by administration of a previously developed equivalent alternate form of the assessment or a predetermined alternate instrument that includes content assessing the same objectives as in the original assessment.
    - A student’s need for multiple reassessments within a block will be referred to the Student Progress Committee for discussion. Multiple reassessments within a block may require an additional period of study and full reassessment of mastery for some students.

- Reassessments will be reported to the student's College mentor, the appropriate site Dean, and the Dean for Student Affairs.

4. Failure on an end of block or clerkship assessment will be referred to the Student Progress Committee for further action. Reassessment may be delayed until an intersession period to allow for additional study time.

VII. Reassessment of Performance in a Curricular Thread or Theme

1. Student performance on curricular threads and themes will reviewed and reported to students and faculty in March of the first academic year and December of the following year.
2. Failure to meet criteria for mastery within a thread or theme at the March review will be referred to the Student Progress Committee. Such failures may require additional study and reassessments, potentially remediated during the summer break period.
3. Failure to meet criteria for mastery within a thread or theme at the December of the second calendar year review will be referred to the Student Progress Committee. Such failures may require additional study and reassessments, and potentially be remediated during the following months of January, February or March.

VIII. General Assessments in Foundations Phase

1. Performance Assessments – Objective Structured Clinical Examination (OSCE) Program in the Foundations Phase
    a. In addition to the use of simulations, audio and video recordings, and check lists for the assessment of clinical skills during the phase a formative OSCE will be conducted at each site during the April or May of the first academic year with at least five stations and two patient stations. The intent of this OSCE will be to provide students with assessments of their progress in mastery of skills as well as familiarize students with a major assessment method that will be included in licensure and certification examinations in their future.
    b. An end of phase OSCE will be conducted at all sites sometime between the second January and February of the Foundations phase, with at least eight stations and five patient stations.
    c. Failure to meet expected competencies in the end of phase OSCE may result in specific remediation activities to be accomplished before the student enters clerkship.
    d. The content of both OSCEs will be based on the specific competency milestones established for the phase.

e. In the future, a third short OSCEs will be deployed for formative purposes. The short OSCEs will be scheduled for roughly the end of the first fourth months (December) and the end of the eight month (April) of the phase, consisting of four or five stations including at least two patient stations.

2. Comprehensive Basic Science Examination
    a. The National Board of Medical Examiners Comprehensive Basic Science Examination will be administered to all students immediately after the completion of the final block in the phase. Use of this test will be primarily aimed at assisting students in judging their level of preparation for the USMLE Step 1 Examination, and secondarily as an assessment of the success of the Foundations basic science curriculum.
    b. Although completion of the test will be required of all students and individual results will be reported to the administration, it will be treated as 'no fault' without expectation for level of performance or any consequence of a low score.
    c. Interpretive and academic counseling services will be available to assist students in understanding their performance and planning for review prior to taking the USMLE Step 1 examination.
3. Students will take the USMLE Step 1 examination at the end of the phase and before beginning the Patient Care phase.

IX. Student Conduct During Assessment Sessions

1. Students will be expected to arrive on time and be prepared for all assessments.
2. Unless otherwise noted, assessments will be considered to be secure and students will follow generally accepted policies of conduct to ensure that security. This may include (but is not limited to) the exclusion of all electronic devices, extraneous materials, food, books or papers, etc. from the immediate area where the assessment is conducted.
3. Instructors may set specific behavioral expectations for assessments taken outside of the classroom and those using student groups.
4. Students arriving late, up to one quarter of the allotted assessment time, may be allowed to begin the assessment with the consent of the instructor. The student will be expected to complete the assessment within the allotted assessment period, with no extension of time because of late arrival. No points will be deducted for late arrival.
5. Assessments missed during a block or clerkship because of illness or personal emergency must be completed as soon as possible after initial scheduled date. The instructor must be notified in advance of the absence. All other requests for rescheduling of an assessment must be referred to the Dean of Student Affairs.

6. Missed final assessments will be rescheduled at the discretion of the Site Dean and the Dean of Student Affairs.
7. Students are expected to adhere to all aspects of the honor code regarding behavior in assessments.

Scheduled future Meetings:

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

- **<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**