

**University of Florida College of Medicine
Committee on Evaluation
October 20, 2014**

Minutes

Members in Attendance: John Aris, Lou Ann Cooper, Joseph Fantone, Catherine Gonsalves (MS2), Yasmin Islam (MS2), Lynne Meyer, Maureen Novak, Hunter Pattison (MS2), Louis Ritz, Matthew Ryan, Carolyn Stalvey, Zareen Zaidi, Taylor Zak (MS2)

Conference Call: Frank Genuardi

Recorded by: Ikiah Young

I. Opening Remarks

- Dr. Cooper opened the meeting by introducing the new student committee members; Catherine Gonsalves, Yasmin Islam, Hunter Pattison and Taylor Zak.

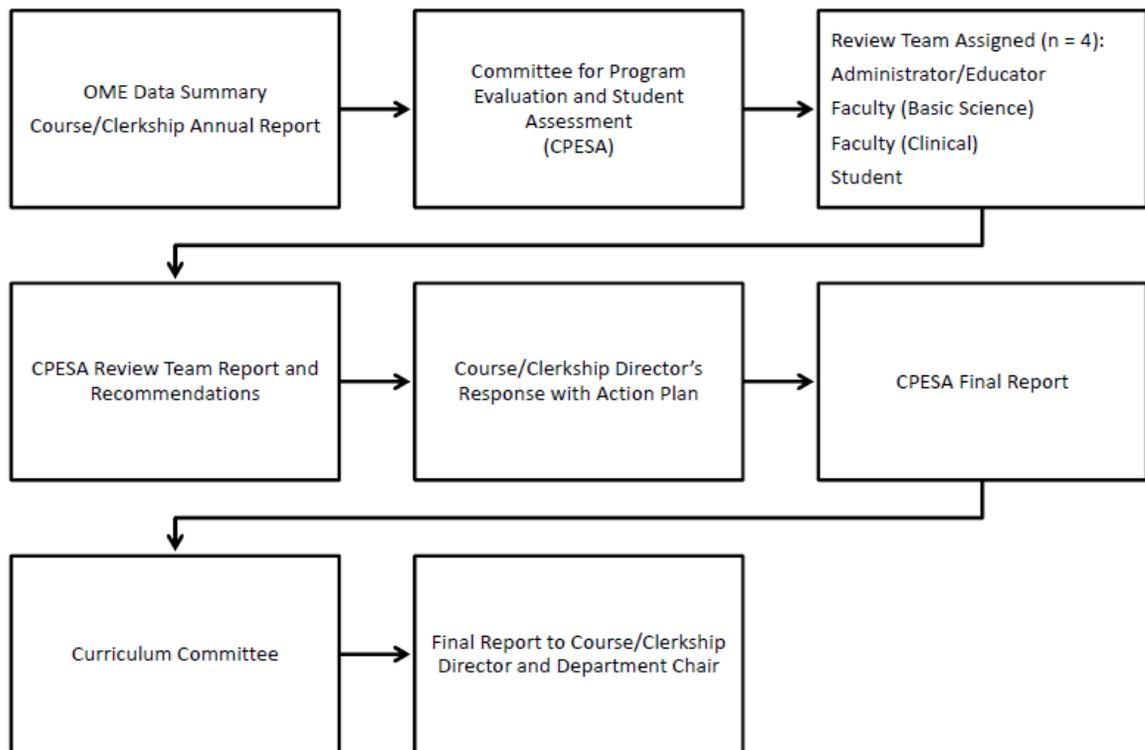
II. Feedback from Mock LCME site visit

- Dr. Cooper said from her evaluation plan in the past it was said they would do comprehensive reviews on a three year cycle. The mock site visitors said that is not good enough. Dr. Cooper said they have to look at course objectives and make sure they link to the graduation objectives and the course director needs to provide some kind response to the student evaluations. The debriefings are the public disclosure of everyone's thoughts but Dr. Novak added that we do not have the final response by the course director. We need to do a better job closing the loop.
- Dr. Ritz wondered what has to be done as far as the LCME, will they look at last year's and this year's data. Dr. Novak replied yes to both.

III. Review Plan for the Evaluation of Courses and Clerkships

- Dr. Cooper said that unfortunately when you look at the amount of work that falls to this committee we have 25 phase 1 courses, intensives and preceptorships to examine. We also have 7 required clerkships in the 3rd year, 4 required 4th year clerkships in addition to electives and CSEs to review.

- Dr. Novak said Dr. Cooper has brought together a data set with all the information of courses including the evaluations and the debriefings. Dr. Novak would like for committee members to take all that information and highlight things that they would like to see the course director to address. We would provide pre-populated questions that all course directors would have to answer as well as those highlighted items. Course directors would need to provide their course report answers to the committee within three months.
- Dr. Meyer said she encountered a similar situation with the graduate medical education program. She said there are over 70 programs that are reviewed every year. Each program is required to evaluate all of last year's data and to write a report that then gets forwarded to their evaluation committee. It is like an action plan.
- Dr. Cooper showed a course review schematic.



- Dr. Novak said box #3 and #4 should be combined.
- The timeline for Dr. Cooper's office to provide a data summary would be within two weeks to a month following the debriefing. The report goes to the evaluation committee where it is reviewed and the expected turnover would be two weeks. The course director will have one month to present their action plan back to the committee. Once the committee reviews the action plan they will determine if it is reasonable or if they have

addition concerns that would need to be addressed. The final draft will go as a report to the curriculum committee and to the course director.

- It was proposed that clerkships be evaluated halfway through the year. Dr. Ryan agreed that it would be a good time to do that for a lot of clerkships since the midpoint would be in the beginning of November. Dr. Novak said the committee would get the information from Dr. Cooper in November and have until January 1st to get it back as an action plan for implementation for May. Dr. Stalvey said they would be receiving their CSE results around that time as well which could also be tied in.
- Dr. Genuardi was unsure of this proposal. He said they may need to push back the course director's retreat (to March) and suggested the possibility instead to having clerkships be evaluated two-thirds of the year instead of the halfway point. Dr. Novak said that would be a good window. End of January/early February would be considered two-thirds of the year.

IV. OME Data Summary (Genetics and Health 2014-2015)

- Dr. Cooper commented that in general according to her calculations exams are too easy. The exams need to demonstrate a level of reliability and Dr. Cooper's concerns is that a range of difficulty needs to be in exams in order to demonstrate this. There may need to be more faculty development to address this issue across all courses.
- There were only 9 questions on this exam (Genetics) that were of both adequate difficulty and adequate discrimination out of 59. For a four week course 59 questions is not a lot, this could be remedied by adding more questions. Dr. Novak is concerned that there are not enough assessment points in a four week course (Genetics). Dr. Meyer said in general there needs to be a variety of strategies and methodologies in assessments.
- Dr. Zaidi wondered if there was a question bank because she felt it was extremely challenging to develop highly discriminatory test questions. Dr. Aris said he does not think it is difficult to write discriminatory questions and he felt that course directors purposefully wrote easier questions because they are targeting an exam that performs in the 85-90% range. Dr. Cooper wondered if that is the case why course directors would do that. Dr. Zaidi replied that it could be due to the difficulty of writing discriminatory questions especially with clinical material.
- Dr. Meyer mentioned questions that scored 100% may be so because the course director considered them to be core concepts. Dr. Cooper said that may be true but it needs to be reviewed and confirmed by the course director that those are foundational concepts. Dr.

Aris added that Genetics is a course where students may have encountered this content in undergrad which also could explain the general higher performance.

- Dr. Stalvey said the primary concern should be student competency and if they are learning the material and who is failing or at risk of failing. Dr. Aris said data shows a very nice correlation of STEP1 and that it is the gold standard for finding out multiple measures within a course, across different courses and across different years.
- Dr. Aris wondered how quiz performance is doing in correlation to the exams. Dr. Novak replied that in recent years there is little correlation between quizzes and exam performance. Dr. Novak said the correlation is going away since many students are simply googling the correct answers for quizzes. Dr. Cooper asked the student committee members what they thought of the quizzes. Yasmin replied that she thought it helped retain course material and differentiate what needed to be focused on in a lecture. Catherine added that she had seen two or three quiz questions verbatim on an exam.
- It was recommended that Dr. Harfe review his assessment techniques, implement other ways of assessment, increase the length of his exam by adding more questions and to review test questions that were too easy.

V. Closing Comments

- Dr. Aris mentioned what he found most helpful from course evaluations were the narrative comments.
- Hunter suggested that in order for a student to complete a course evaluation they should also provide a written explanation as to why they rated the course as they did. He believes some students would just rate a course randomly just so they could show that they have completed a course evaluation. Dr. Cooper replied that she thought that was a very interesting point. Dr. Fantone commented that you had to be careful about putting mandates in evaluations. Dr. Cooper said especially when you have 20 members of faculty you need to evaluate it would become very time consuming to write comments for every single one.
- Dr. Meyer made a point that how someone rates an 8 could vary between person to person so there would need to be behavioral anchors or descriptors behind those ratings.
- Catherine said there is a need for updated photos of lecturers. She said they see photos of these faculty members and many just rate them well because they do not remember or recognize them.

- Dr. Ritz, Taylor and Kathy will look at the genetics data summary and highlight things that would be of concern so that Dr. Cooper can then formulate a report. The report will come as a recommendation from the committee to be sent to Dr. Harfe.