



**PEAS Minutes**  
**February 28, 2017 (12:00 - 1:00 p.m.)**

**Voting Members in Attendance:**

Bill Wright, PhD  
Dennis Wolff, PhD  
Mark Carithers, MD  
Jennifer Trilk, PhD (via phone)  
Brian Jones, M3  
Jamie Zink, M2

**Other Attendees:**

Gail Hardaway  
Jennifer Knight, MD

**Not in Attendance:**

Bill Kelly, MD  
Rick Hodinka, PhD

- I. **Review of 01.24.17 Meeting Minutes**
  - a. There was a motion to approve the minutes from the January 24, 2017 Meeting. The motion was seconded and all were in favor.
  
- II. **Hem/Onc to End of Module Report – Jennifer Knight, MD**
  - a. Dr. Knight began her overview of the Hem/Onc End of Module Report.
  - b. Dr. Knight commented that the implementation of faculty access to ExamSoft was very beneficial to her and the module faculty members when it came to editing and creating questions.
  - c. Dr. Wolff commented that we should be sure to have our skilled question writers (core faculty) writing questions instead of guest lecturers.
  - d. Dr. Knight commented that she attended all of the sessions with a guest lecture so that she could be sure to write questions on their behalf to ensure that she wrote questions based on the content taught.
  - e. Jaime Zink asked if faculty could sit in on a session on how to review NMBE appropriate questions.
  - f. Dr. Wright commented that we do provide this for our core faculty members.
  - g. Dr. Knight began wrapping up her discussion of the Hem/Onc End of Module Report by letting the committee know that she decided to increase the number of questions on the Summative examination this year and students greatly appreciated it. She presented 2-3 questions per testable hour for the Hem/Onc Summative examination.

- h. Jaime Zink commented that he preferred 80 or more questions on examinations instead of fewer than 80 questions.
- i. Dr. Wright asked the committee members if they had any additional questions or concerns over the Hem/Onc End of Module Report.
- j. No other questions were presented.

**III. Neuroscience Assessment Status for Academic Year 2016-2017 – Dr. Wright**

- a. Dr. Wright updated the PEAS Subcommittee members on the Neuroscience Assessment Status for Academic Year 2016-2017. He let the committee know that no major changes would be occurring for this academic year.

**IV. IPM4 Detailed Assessment Report – Dr. Wright (on behalf of Dr. Rebecca Russ-Sellers)**

- a. Dr. Wright spoke on behalf of Dr. Rebecca Russ-Sellers who was unable to attend the meeting last minute.
- b. Dr. Wright presented an email from Dr. Russ-Sellers for the Committee to read regarding the assessment of IPM4. The email said the following: *“We did revise/remove selected SLOs based on a compressed time frame (IPM4 Core moved from 3 weeks to 2 weeks) and based on student and faculty feedback of the 2015-2016 Intensification. IPM4 uses a combination of Multi-Rater Observation Checklists (M1) and Small Group Faculty/Peer Evaluation (M2) for Assessment. M1: Please see the attached example of an MultiRater Observation Checklist for IPM for simulation observation. The observations and checklist will be different for all 10 afternoons of IPM4 and are completed by clinical faculty. The checklists link information presented in the morning didactic sessions and afternoon experiential learning in the afternoon. For example, an afternoon case checkoff may require knowledge of hypertensive medications that were reviewed in a morning didactic session. Please note that morning and afternoon sessions may not "match" in terms of information presented, so students may review hypertensive medications on Monday morning and not see that information in a case until Tuesday afternoon. M2: Small Group Faculty/Peer Evaluation will be formatted much as we do for IPM3 student led case presentations. The information presented in classes that are mapped to this type of assessment are case-based with student feedback evaluated throughout the morning by faculty and peers. For example, in the documentation and coding/admissions and discharges sessions, students will be presented with a case and asked to work in small groups to appropriately document for medical necessity and resident level assessment.”*
- c. Few committee members had questions or concerns about the DAR concerning whether or not there would be a summative type of assessment or will students just be graded on participation.
- d. Dr. Wright said that he would follow up with Dr. Russ-Sellers to address the questions.
- e. Dr. Wolff asked to what extent does the DAR match up to the program level objectives.

- f. Dr. Wright again mentioned he would touch base with Dr. Russ-Sellers to go over the presented questions

**V. Correlation CBSE Exams/End M1 NBME CBSE – Dr. Wright**

- a. Dr. Wright began his discussion of the Correlation CBSE Exams and specifically the End-M1 NBME CBSE.
- b. Dr. Wright showed the committee a summary and data plot.
- c. The plot is not yet overlapped with previous years to compare. This plot is fairly similar to what we saw in the past. Some of the information on this report is new because it was not reported in the past years.
- d. Dr. Wright mentioned that he asked the committee to begin thinking about the end M1 NBME CBSE and whether or not we still needed to have this examination.
- e. This academic year we eliminated the beginning of the year exam for M1 students. Do we also want to eliminate the end of year exam for M1 students?
- f. We are only 1 of 2 schools that still offers this exam in the first year. Every other school only offers it once during the M2 year.
- g. Dr. Wright commented that while there is value in students seeing exam questions multiple times is truly beneficial especially since the data is more strongly correlated with Step 1 scores with the CBSE exam in the M2 year as opposed to the CBSE exam in the M1 year.
- h. This decision is open for discussion.
- i. Jamie Zink commented that he found the end M1 exam more useful than the beginning one.
- j. Brian Jones commented that he believes that we should do subject tests as the end of M1 year instead of a CBSE exam. He commented that this type of examination would be more indicative of where the weaknesses are based on student performance.
- k. Dr. Wright commented that while Brian Jones has a great point the downside to having subject exams is that it harder to figure out where the deficiencies are from a curriculum standpoint because the content is so limited.
- l. Brian Jones commented that from a student’s perspective the subject exams are more helpful to know what areas of study needs improvement.
- m. Dr. Wright also mentioned that if we go to subject exams we will have to logistically ask when we should use that type of assessment.

**VI. PEAS End of Year Report – Dr. Wright**

- a. Dr. Wright briefly asked the committee if they had any comments or concerns over the PEAS End of Year Report.
- b. Brian Jones asked where the range of Board and Step scores were within the report this year because he did not see it.
- c. Dr. Wright commented that Dr. Buchanan requested that this data be removed within this report.
- d. No further questions or concerns were addressed for the PEAS End of Year Report.

- e. Dr. Wright let the committee know that this report would move on to the Curriculum Committee next week.

**VII. M3 Mid-Year Clerkship Report – Dr. Wright (on behalf of Dr. April Buchanan)**

- a. Dr. Wright began discussing the M3 Mid-Year Clerkship Report on behalf of Dr. April Buchanan.
- b. Dr. Wright commented that this is a very important report to help plan and look at the future year.
- c. Dr. Wright states that this report matches feedback from Clerkships. We do not have a comparison of the data from Columbia students that did their Clerkships here.
- d. Dr. Wolff asks if the scores are in a bi-modal distribution like the ones we see in Step 1.
- e. Dr. Wright explained that the histogram within the report is uni-modal and says that these are good scores for our first ever report and overall they are very encouraging.
- f. Jamie Zink noted that it is interesting that blood and lymph was highest on the Step 1 report and is now one of the lowest disciplines in this Step 2 report.
- g. All agree that this report may be helpful for clerkship directors and M3 and M4 subcommittees.
- h. Dr. Wolff states that the cardiovascular discipline will improve because we are improving that module.
- i. Jamie Zink commented that a lot of EKG and heart sound sessions are available to students, but since they are not tested on Step 1, students don't attend the lectures.
- j. Dr. Wright says that clerkships will appreciate this data for the end-of-year clerkship report, and that this data will help to optimize clerkships.

Meeting Adjourned at 1:03 p.m.