



# Undergraduate Medical Education

## Student Assessment Committee Terms of Reference

**Approved by Curriculum Committee:** October 23, 2017

**Lead Writer:** Dr. M. Gibson

**Revision:** August 10, 2017 (revised)

August 24, 2016 (revised)

October 15, 2014 (revised)

August 10, 2017 (revised)

**Effective Date:** August 24, 2016

### Part I: Mandate and Responsibilities

#### Mandate

The mandate of the Student Assessment Committee is to ensure that student assessment practices in the Undergraduate Medical Education curriculum are designed, managed, evaluated and revised in a coordinated fashion, consistent with accreditation and current educational standards.

#### Major Responsibilities

The Student Assessment Committee functions under the authority of the Curriculum Committee, which reviews, approves and disseminates policies and procedures relevant to the overall program. The committee has oversight for all student assessment practices in the MD Program. This encompasses the following general areas of responsibility:

1. Developing and implementing policy and faculty development relevant to all formative and summative assessment methodologies utilized in the undergraduate program.
2. Adopting and applying new assessment methodologies and information technologies pertaining to student assessment, including any necessary faculty development.
3. Ensuring compliance with and providing content material for all of the following elements of the accreditation standards that pertain to student assessment (described in Appendix B):
  - 8.3 Curricular Design, Review, Revision/Content Monitoring
  - 8.7 Comparability of Education/Assessment
  - 9.4 Assessment System
  - 9.5 Narrative Assessment
  - 9.6 Setting Standards of Achievement
  - 9.7 Timely Formative Assessment and Feedback
  - 9.8 Fair and Timely Summative Assessment

4. Providing content material for accreditation reports as evidence to support the School of Medicine's compliance with the above accreditation elements.

### Specific Functions

1. Development of Policy: The Student Assessment Committee develops policies that direct assessment practices and recommends them to Curriculum Committee for review and approval. Such policies include those directing formative and summative assessment practices throughout the curriculum, overall conduct of assessment of student learning and reliability and validity of assessment methods.
2. Oversight of Assessment: The Student Assessment Committee has the responsibility for oversight of student assessment throughout the curriculum, through regular review of assessment practices in all courses, working with the Course and Faculty Review Committee where appropriate.
3. Faculty Development: The Student Assessment Committee is responsible for providing guidance and support to Course Directors and Faculty Members on appropriate assessment methods, and for providing Faculty Development as required.
4. Development of Expertise: The Student Assessment Committee will provide guidance and support to Course Directors and Faculty Members on assessment which is guided by educational research literature and best practice.

### Leadership and Membership

#### Leadership

The Student Assessment Committee is chaired by the Director, Student Assessment.

Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair, or in the absence of such an appointment, by the committee members present.

Only voting members may service as Acting Chair. The Chair, or Acting Chair, will only vote in order to break a tie.

## Membership

### *Ex-officio members*

Director, Student Assessment (Chair)  
Associate Dean, UME  
Assessment and Evaluation Consultant  
Aesculapian Society Representative

### *Appointed members*

In addition, the committee will be augmented by eight (8) appointed members, who will be nominated by the standing members and appointed by the Curriculum Committee.

Appointed members will include active faculty members representing both basic sciences and clinical departments who have demonstrated interest and/or training in assessment.

The Chair may invite such guests as are necessary to conduct the meeting.

All new members will receive the Terms of Reference and will be oriented to the position by the Chair.

### *Corresponding members*

These are non-voting members who will receive agendas and minutes from the Student Assessment Committee but will not be expected to routinely attend meetings.

Director, Teaching, Learning and Integration  
Director, Course and Faculty Review  
Director, Student Progress, Promotion and Remediation  
Directors of Year 1, Year 2, Clerkship, and Clerkship Curricular Courses  
Chair, Curriculum Committee

## Responsibilities of Members

All members will participate actively in the committee by:

- Reviewing all pre-circulated material
- Attending at least 70% of the meetings
- Participating in working groups, as required
- Communicating committee activities and decisions as appropriate.

## Term of Membership

Appointed members will normally serve a three-year term, renewable once.

### **Part III: Meeting Procedures**

#### Frequency and Duration of Meetings and Retreats

Meetings will be held quarterly during the academic year and otherwise at the call of the Chair.

Retreats will be held twice a year.

#### Quorum

Quorum for the purpose of approving minutes or passing motions will be 50% plus one of all the voting members, either present in person or via teleconference.

#### Conflict of Interest

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. They can do so either by personal declaration at a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question. The declaration and absences will be recorded in the minutes.

#### Decision-Making

Decisions that establish program policy changes or directions to subcommittees or faculty members will be discussed in the context of specific motions, passed by a majority vote of members and recorded in the minutes. The Chair will aim to build consensus, if possible (see Appendix A), but the final decision will be made by voting. Votes may be conducted electronically, if necessary.

### **Part IV: Administrative Support & Communication**

#### Administrative Support

The Secretary will be a member of the Staff of the Undergraduate Medical Education Office, appointed by a Manager.

### Agendas & Minutes

- Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.
- Minutes are normally distributed electronically to all members within two weeks of meetings.

### Reporting Relationship

The Student Assessment Committee reports to the Curriculum Committee.

The Student Assessment Committee will produce an annual report of its activities to be submitted to Curriculum Committee. That report will be written by the Chair and reviewed and approved by the committee before dissemination.

Recommendations for changes in policies and practices should initially be reviewed and approved by the Curriculum Committee.

### **Part V: Evaluation**

These terms of reference will be reviewed by the Student Assessment Committee on an annual basis and as required.

### **Part VI: Policy References**

The School of Medicine's policies are posted to <http://meds.queensu.ca/undergraduate/policies>

### **Rules of Order**

The School of Medicine's committees follow *Bourinot's Rules of Order*.

A summary of *Bourinot's Rules of Order* is available at:

<http://www.queensu.ca/secretariat/senate/rules-glance>

## APPENDIX A

### *Consensus-Based Decision Making Rules for Building a Consensus*

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but consider seriously what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and, therefore, someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony.
- Withstand the pressure to yield to views that have no basis in logic or the supporting data.
- Avoid majority voting, averaging, bargaining or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information -- so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and support it willingly.

## APPENDIX B

### *CACMS Standards and Elements Effective July 1, 2018*

#### **8.3 Curricular Design, Review, Revision/Content Monitoring**

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives. The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality. The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.

#### **8.7 Comparability of Education/Assessment**

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

#### **9.4 Assessment System**

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

#### **9.5 Narrative Assessment**

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

#### **9.6 Setting Standards of Achievement**

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

#### **9.7 Timely Formative Assessment and Feedback**

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.

**9.8 Fair and Timely Summative Assessment**

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.