

## Assessment Package for Year 3 Class of 2025, 2023-24

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All formative and summative assessment modalities are mandatory, with the exception of optional Practice Quizzes. Failure to complete or attend any mandatory assessments may lead to failure of the course.

#### **MDUP** Assessment and Grading Overview

All students within the MD Undergraduate Program are graded on a pass/fail basis. All assessments are designed to measure the achievement of specific objectives related to each course in fulfillment and overall successful completion of the program. Students must pass each assessment modality (see below) to pass the course.

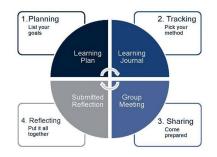
Failure of an assessment modality will result in a detailed review of performance by the Regional Student Promotions Subcommittee (RSPS). The student will be offered a supplemental exam or assignment (if available) by the RSPS.

The following **assessment modalities** are used in the MD Undergraduate Program:

- Written Exams
  - <u>Progress Tests</u>: Students are required to complete all scheduled multiple choice-based Progress Tests. This exam is mapped to graduation level competencies. The results of Progress Tests allow students to track their learning trajectory and identify areas for improvement and emphasis. It is an expectation that students will approach the Progress Tests with professionalism and integrity and make a concerted attempt to answer all questions presented to them to the best of their ability. Marks from the progress test are not used in promotions decisions. However, to ensure that students are well supported, the marks will be reviewed by site Faculty. Students who score 2 Standard Deviation below their class mean will be contacted by site Faculty to offer optional academic support.
  - <u>Course-based Multiple Choice Questions (MCQs)</u>: Students are required to take scheduled summative written exams during the course (Block Exam or Comprehensive Written Exams (CWE)). Exams consist of MCQs to assess their application of knowledge. Students must achieve a cumulative score of ≥60% in this modality to pass. The questions in these exams are mapped to Academic Session Objectives and Clinical Learning Objectives.
  - <u>Practice Quizzes:</u> Students are provided *optional* MCQ quizzes designed to help test their applied knowledge prior to the course-based MCQ. There are 4 quizzes, organized according to the Rotational blocks. It is recommended that students complete these independently. Individual results of the quizzes will not be used in grading students and will not be available to other faculty members.

- Portfolio
  - The Portfolio is structured around cycles of self-regulated learning (SRL). Students are organized into small groups and are assigned a faculty coach that meets several times throughout the year. Students repeatedly engage in stages of planning, tracking, sharing, and evaluating (reflecting on) learning. Students are responsible for demonstrating evidence of learning and are supported in developing longitudinal competencies via guidance and formative feedback from a faculty coach. Students are also encouraged to

## Portfolio Cycle



make use of assessment data in a way that is meaningful and useful to the achievement of their goals in an intentional and purposeful way.

 Students are required to attend their scheduled Portfolio group sessions and submit a variety of portfolio artifacts. Artifacts may include narrative assignments, reflections, critiques, etc. Assignments are considered complete if they meet the minimum standard set in the Portfolio rubric. Assignments must be submitted by the deadline.

#### • Workplace Based Assessments (WBAs)

- WBAs are linked to the MEDD 431 Course Learning Outcomes. They consist of 3 components:
  - 1. Direct Observations (DOs) of mandatory clinical tasks and procedures linked to Year 3 clinical milestones;
  - Logging of Patient Encounters and Clinical Procedures (Must SEEs/Must DOs) in One 45; and
  - 3. Mid and End of Rotation Assessments (Rotational) or Clinical Performance Reviews/CPRs (ICC).
- Students who achieve the Course Learning Outcomes and complete mandatory DOs and logging of patient encounters and clinical procedures will pass the WBA component of MEDD 431.
- See <u>WBA Reference Guide</u> for complete details
- Objective Structured Clinical Examination (OSCE)
  - <u>Formative</u>: Students are required to take a formative OSCE during the course using standardized simulated clinical scenarios. Students will perform specific clinical tasks such as history-taking, physical examination, or counselling, reflective of an appropriate level of skill development, and receive verbal feedback from the examiner about their performance immediately following the clinical encounter.
  - <u>Summative</u>: Students are required to take an OSCE at the end of the course using standardized simulated clinical scenarios. Students will perform specific clinical tasks

such as history-taking, physical examination, or counselling, reflective of an appropriate level of skill development. A pre-set number of summative OSCE stations are required to be passed; the passing score for each station is  $\geq$ 60%. There will be no verbal feedback provided after each clinical encounter, but written feedback will be provided on the Individual Score Reports.

#### Formative and Summative Assessments:

**Formative**: assessment activities that are designed to enable students to use the assessment process and/or outputs to guide their own learning; also known as **Assessment for Learning**.

**Summative**: assessment activities designed to indicate to the Faculty whether a student has achieved course learning outcomes and/or year-level milestones; also known as **Assessment of Learning**. Results of assessments of learning have an impact on whether a student passes a course or is promoted to the next year in the MD program.

For more information, see Year 3 & 4 WBA Orientation

## MEDD 431 (Rotational) Assessment Schedule

Assessment Modalities	Frequency	Programmatic Week	Date	Details	Formative / Summative
	2	Week 72	Monday, Jun 5	PT: 8:30 am -11:30 am (150 questions) PT: 1:00 pm - 4:00 pm (150 questions)	Formative
	Progress Tests (PT)	Week 108	Monday, Feb 26		Formative
		Exam 1: Week 83	Friday, Aug 25		
Written Exams	4	Exam 2: Week 95	Friday, Nov 17	<b>Block Exams:</b> 8:30 am - 11:30 am (Approx. 180 questions)	Summative
	Block Exam	Exam 3: Week 107	Friday, Feb 23		Summative
		Exam 4: Week 119	Friday, May 17		
	4 Practice Quizzes	All Practice Quizzes available Week 79	Release on July 28	Available on ENTRADA No close date	Optional
		Portfolio Small Group Meeting	Portfolio Submission		
Portfolio <sup>2</sup>	4 sessions/ per student throughout MEDD 431 Site-specific details will be provided to you.	Portfolio 3.1:           Week 77 or           Week 78 or           Week 79           Portfolio 3.2:           Week 89 or           Week 90 or           Week 91           Portfolio 3.3:           Week 101 or           Week 103           Portfolio 3.4:           Week 113 or           Week 115	Portfolio 3.1:           Week 78 or           Week 79 or           Week 80           Portfolio 3.2:           Week 90 or           Week 91 or           Week 92           Portfolio 3.3:           Week 102 or           Week 104           Portfolio 3.4:           Week 114 or           Week 115 or           Week 116	Please refer to each Portfolio Module for details on when/if additional submissions are required.	Summative
Workplace Based Assessment (WBA) <sup>1</sup>	Ongoing throughout Rotations	<ul> <li>50 Direct Observations (DOs): student-driven using Qualtrics tool         <ul> <li>See <u>Direct Observation Domain and Requirements</u> for a detailed list of what is required</li> </ul> </li> <li>Logging of 151 Patient Encounters/Clinical Procedures (Must SEEs/Must DOs) in One45</li> <li>End of Rotation (EoR) Assessments: one per rotation         <ul> <li>Mid-rotation Assessment as applicable for rotations 4 weeks or more in duration</li> </ul> </li> </ul>			Summative
OSCE	1	Week 95	Saturday, Nov 18	~5 stations	Formative
000L	1	Assessment Week	Saturday, May 25	~8 stations	Summative

#### <sup>1</sup>see the <u>WBA Reference Guide</u>

Every effort is made to deliver your End of Rotation assessment to you within three weeks after the rotation completion date, noting the accreditation standards state six weeks.

<sup>2</sup> Portfolio assignment submission dates are 1 week after the small group meetings. Students who are unable to attend their scheduled a Portfolio session or meet the deadline for submission of an assignment should refer to the Portfolio Missed Session Procedure on Entrada. Missed/late assignments will be tracked by the program. Any concerns around patterns of submission of assignments and attendance may result in this information being presented at the RSPS. Students have call-protection on the day of their Portfolio sessions starting from 4 pm through until -7 am the following morning in order to allow them to attend on time to their scheduled Portfolio sessions. *Students are expected to attend their scheduled evening Portfolio session if they are post-call on the day of their scheduled Portfolio session assignment.* 

## MEDD 431 (Integrated Community Clerkship - ICC) Assessment Schedule

Assessment Modalities	Frequency	Programmatic Week	Date	Details	Formative / Summative
	2	Week 72	Monday, Jun 5	<b>PT:</b> 8:30 am -11:30 am	
	Progress Test			(150 questions)	Formative
	(PT)	Week 108	Monday, Feb 26	<b>PT:</b> 8:30 am -11:30 am (150 questions)	
	2	Exam 1:		<b>CWE 1:</b> 8:30 am -11:15 am	
Written	2 Comprehensive	Week 98	Monday, Dec 4	(Approx. 160 questions)	
Exams <sup>1</sup>	Written Exam	Exam 2:		<b>CWE 2:</b> 8:30 am -12:00 pm	Summative
		-	Monday, Apr 8	•	
	(CWE)	Week 114		(Approx. 200 questions)	
	4	All Practice		Available on ENTRADA	
	Practice Quizzes	Quizzes available	Release on July 28	No close date	OPTIONAL
		Week 79			
		Portfolio Small	Portfolio		
		Group Meeting	Submission	4	
		Portfolio 3.1:	Portfolio 3.1:		
		Week 77 or	Week 78 or		
		Week 78 or	Week 79 or		
	4 sessions/	Week 79	Week 80		
	per student	Portfolio 3.2:	Portfolio 3.2:		
	throughout	Week 89 or	Week 90 or	Please refer to each Portfolio	
Dortfalia <sup>3</sup>	MEDD 431	Week 90 or	Week 91 or	Module for details on when/if	Summativa
Portfolio <sup>3</sup>		Week 91	Week 92	additional submissions are	Summative
	Site-specific details	Portfolio 3.3:	Portfolio 3.3:	required.	
	will be provided to	Week 101 or	Week 102 or		
	you.	Week 102 or	Week 103 or		
		Week 103	Week 104		
		Portfolio 3.4:	Portfolio 3.4:		
		Week 113 or	Week 114 or		
		Week 114 or	Week 115 or		
		Week 115	Week 116		
			rations (DOs): student-c	Iriven using Qualtrics tool	
Workplace				and Requirements for a	
Based	Ongoing		list of what is required		
Assessment	throughout the			al Procedures (Must SEEs/Must	Summative
(WBA) <sup>2</sup>	year	DOs) in One45	arent Encountersy clinic		
			nce Reviews every 6 we	eeks	
	1	Week 95	Saturday, Nov 18	~5 stations	Formative
OSCE⁴					

Exam Details	Departmental Content	# of Questions (Regular Exam)
	Emergency Medicine	46
	Orthopaedics	23
CWE 1	Family Practice	46
(~#160 questions) Monday, Dec 4	Anesthesia	23
Monuay, Dec 4	Dermatology	11
	Ophthalmology	11
	Surgery	40
CWE 2	Internal Medicine	40
(~#200 questions)	Psychiatry	40
Monday, Apr 8	Obstetrics and Gynecology	40
	Pediatrics	40

#### <sup>1</sup>CWE Distribution of Marks

<sup>2</sup>see the WBA Reference Guide

<sup>3</sup> Portfolio assignment submission dates are 1 week after the small group meetings. Students who are unable to attend their scheduled a Portfolio session or meet the deadline for submission of an assignment should refer to the Portfolio Missed Session Procedure on Entrada. Missed/late assignments will be tracked by the program. Any concerns around patterns of submission of assignments and attendance may result in this information being presented at the RSPS. Students have call-protection on the day of their Portfolio sessions starting from 4 pm through until -7 am the following morning in order to allow them to attend on time to their scheduled Portfolio sessions. *Students are expected to attend their scheduled evening Portfolio session if they are post-call on the day of their scheduled Portfolio session; if they cannot participate, they must submit an absence form and complete a missed session assignment. Note: Students in the ICC will remain in their originally assigned Portfolio group and will join via Zoom.* 

ICC OSCE Deliv	ICC OSCE Delivery Location			
ICC Site	ICC Home Site	Formative OSCE location	Summative OSCE location	
Chilliwack	Vancouver Fraser Medical Program (Vancouver)	Vancouver	Vancouver	
Duncan	Island Medical Program (Victoria)	Victoria	Victoria	
Fort St. Johns	Northern Medical Program (Prince George)	FSJ	Prince George	
Terrace	Northern Medical Program (Prince George)	Terrace	Prince George	
Trail	Southern Medical Program (Kelowna)	Kelowna	Kelowna	
Vernon	Southern Medical Program (Kelowna)	Kelowna	Kelowna	

<sup>4</sup>ICC students are expected to complete their OSCEs at their ICC Homesites as outlined below:

## • MEDD 431 (Rotational and ICC) Deferral Assessment Schedule

MEDD 431 (Rot	ational and ICC) – Deferral Ex	am Information		
Assessment Modalities	Ехат Туре	Date/Time	Details	Formative / Summative
	Progress Test 1		<b>PT:</b> 3 hrs.	Formative
	Progress Test 2		(150 questions)	Tormative
	CWE 1		CWE 1: TBD	Summative
Written Exams	CWE 2	Scheduled on a case-by-case basis	<b>CWE 2:</b> TBD	Summative
	Block Exam 1		<b>Block Exams:</b> TBD	Summative
	Block Exam 2			
	Block Exam 3			
	Block Exam 4			
Portfolio	Summative	TBD	Missed session- participate in an alternative activity	Summative
	TBD	Missed assignment- complete the assignment by a new deadline	Summative	
OSCE	Formative	Scheduled on a case-by-case basis	~ 5 stations	Formative
	Summative	Monday, Jun 26	~ 8 stations	Summative

### MEDD 431 (Rotational and ICC) Requirements to Pass Assessment Modalities

Assessment Modalities	Formative/ Summative	Requirement to Pass Modality	If Requirement Not Met
Written exam (Progress Test)	Formative	Required to complete.	Deferral will be scheduled
Written exam (Course-based MCQ)	Summative	Rotational: Cumulative score of all 4 Block Exam is ≥60% ICC: Cumulative score of both CWE is ≥60%	Supplemental will be scheduled
Portfolio	Summative	Completion of all Portfolio assignments to meet minimal criteria set in the Portfolio rubric by deadlines <sup>1</sup> .	Supplementary assignment will be scheduled
WBA	Summative	Students who achieve observable Year 3 clinical milestones (as laid out in the EOR for rotational or Progress Assessment for ICC) and have completed all required Direct Observations and logging (Patient Encounters and Clinical Procedures) will pass the WBA. See <u>WBA Reference Guide</u> .	No supplemental scheduled
	Formative	Required to complete.	Deferred exam will be scheduled
OSCE	Summative	Each station is scored individually. The passing score for each station is $\geq$ 60%. Students will be required to pass a pre-set number of summative OSCE stations, which is equal to approximately 60% of the total number of stations. <sup>2</sup>	Supplemental will be scheduled

<sup>1</sup>On rare occasions, marking of the Portfolio may be deferred to a new deadline pending revision of the assignment

<sup>2</sup>Students will be informed prior to the exam of the number of preset stations required to be passed.

The written exam scores are adjusted scores calculated using the Cohen method of standard-setting. A weighted average (based on the number of questions) of the standard set written exam scores will be used to calculate the combined score on the written exam. For details on exam scoring and standard-setting, refer to the end of this assessment package.

#### In summary:

Students need to pass each assessment modality to pass the course. A failure in one modality will lead to failure of the course.

# MEDD 431 (Rotational and ICC) Information for Supplemental Exams and Assignments

All supplemental exams/assignments will be granted by the RSPS.

MEDD 431: Supple	MEDD 431: Supplemental Activity by Assessment Modality			
Assessment Modalities	Supplemental Activity and Requirement to Pass	If Requirement Not Met		
	Rotational: Completion of MEDD 431 supplemental written exams (all four block exams). Cumulative score across supplemental written exams is ≥60%.	MEDD 431 is failed		
Written Exam	ICC CWE: Completion of MEDD 431 supplemental written exams (CWE 1 and CWE 2). Cumulative score across supplemental Comprehensive Written Exams (CWE) is ≥60%.	MEDD 431 is failed		
Portfolio	Supplementary Assignment. Completion of supplementary Portfolio assignment which was failed (marked as incomplete); must be submitted by the new deadline and meet minimal Portfolio criteria set.	MEDD 431 is failed		
WBA	No supplemental offered.	MEDD 431 is failed		
Summative OSCE	Supplemental OSCE. Pre-set number of supplemental OSCE stations is required to be passed. The passing score for each station is ≥60%	MEDD 431 is failed		

MEDD 431 – Supplen	MEDD 431 – Supplemental Exam Calendar and Details Information: JUNE 2024				
Assessment Modalities	Date/Time	Details	Formative / Summative		
	CWE 1: Monday, Jun 17	CWE:			
	CWE 2: Wednesday, Jun 19	TBD			
Written Exam	Block Exam 1: Monday, Jun 17		Summative		
whilen Exum	Block Exam 2: Wednesday, Jun 19	Block Exams:	Summative		
	Block Exam 3: Friday, Jun 21	TBD			
	Block Exam 4: Monday, Jun 24				
OSCE	OSCE: Tuesday, Jun 25	~8 stations	Summative		

#### Year 3 WBA Reference Guide

#### What is Workplace Based Assessment?

Workplace Based Assessment (WBA) is one of the four modalities of Assessment used in Year 3. The WBA is aligned with the Course Learning Outcomes.

WBAs comprise of 3 components:

- 1. Direct Observations (DO)
- 2. Logging of Patient Encounters and Clinical Procedures in One 45
- 3. End of Rotation Assessment (Rotational) or Progress Assessment (ICC) forms.

#### 1. Direct Observations (DOs):

Students will be responsible for being observed by their supervisors in performing a required number of clinical tasks in each rotation (Table 2 and Table 3). These clinical tasks fall under 14 clinical task domains (Table 1). **Faculty will review DO data at the midpoint of a rotation**. **Students should contact their supervisor if they are having difficulty completing DOs in a timely manner**. The RSPS will review students with incomplete DOs periodically during the year. This may lead to a recommendation of an 'incomplete' grade or 'failure.' Please see the Year 3 WBA Review + Support Process for details.

- DOs address only a small aspect of a clinical task being observed and should take no more than 5-10 minutes.
  - In domains where observation is based on learner-patient interaction, the interaction must be DIRECTLY observed (i.e., history, physical, tasks involving communication or providing education, or performing procedural tasks).
  - Observing a history or physical exam does NOT require observation of a COMPLETE history or physical. Observing a FOCUSED patient history or physical is sufficient (e.g., observing a neurological exam).
- *How to complete a DO?:* 
  - DO assessment forms are completed electronically via a survey tool. Links to the DO survey tool can be found in Table 2 and Table 3 and will also be provided at rotation orientations.
  - The DO form can be completed using either the Student's or the Preceptor's mobile device. The student may input the preceptor's verbal feedback into their own device and obtain permission to authenticate on the preceptor's behalf.
- On rare occasions, if a DO is missed a student may complete the missed domain in another rotation using the 'missing DO link'.

Direct Observation Domains and Requirements:

Table 1.	MEDD 431: Direct Observation Domains
DO #	Direct Observation Title
1	Obtain a history adapted to the patient's clinical situation
2	Perform a physical examination adapted to the patient's clinical situation
3	Formulate and justify a prioritized differential diagnosis
4	Formulate an initial plan of investigation based on the diagnostic hypotheses
5	Interpret results of common diagnostic and screening tests
6	Formulate and implement an appropriate care plan
7	Present oral and written reports that document a clinical encounter
8	Provide and receive the handover in transitions of care, for example, handing over patient clinical status and tasks prior to leaving for an academic half day
9	Recognize the urgency of unstable vital signs and participates in stabilization. Seeks help when needed.
10	Communicate care plans with patients and their caregivers in an empathetic manner
11	Collaborates as a member of an interprofessional team
12	Contribute to a culture of safety and improvement
13	Educate patients on disease management, health promotion, and preventive medicine
14*	<ul> <li>Perform general procedures of a physician</li> <li>a) CPR (performed or simulated)</li> <li>b) Bag Mask Ventilation</li> <li>c) IV insertion</li> </ul>

Table 2 and Table 3 outline the **mandatory Direct Observations** that **must be completed** within <u>Rotational</u> and <u>ICC program</u>s. Direct Observations will be tracked and periodically monitored for the completion of required DOs.

*Please note that there may be additional rotation-specific expectations that will be communicated to you at the time of the rotation.* 

Direct observations submission link					
Block	Rotation	Dire	ect Observation (DO) #s	Total #	
	Emergency	DO 1	DO 9 (x2)	5	
	Medicine	DO 2	DO 14a	5	
	Family Practice	DO 1	DO 3	4	
		DO 2	DO 13	4	
	<u>Dermatology</u>	DO 3		1	
	<u>Ophthalmology</u>	DO 2 (x2)			
Ambulatory		Complete 1 of each:		2	
		Slit Lamp Examination	1	2	
		<ul> <li>Direct Ophthalmoscop</li> </ul>	•		
	Internal Medicine -		students during their IM experience and must		
	Ambulatory	be obtained during both am			
		-	e completed per week in both IM AMB (2) and		
		CTU (6). All 8 DOs must be c		- 8	
	Internal Medicine -	DO 1	DO 5	Ũ	
	<u>CTU</u>	DO 2	DO 6		
		DO 3	DO 7		
Brain and		DO 4	DO 8		
Body	<u>Psychiatry</u>	DO 1	DO 4		
		DO 2 (Mental Status	DO 6	6	
		Exam)	DO 10	_	
	<u> </u>	DO 3	205		
	Surgery (General &	DO 1	DO 5		
	Sub Specialties)	DO 2 DO 3	DO 6	8	
Surgical and		DO 3 DO 4	DO 7 DO 12		
Perioperative	Anasthasialagu		0012		
Care	<u>Anesthesiology</u>	Complete 1 of each:		2	
	Orthopaedics		DO 14b and 14c		
	Orthopaedics	DO 1 DO 2		2	
	Obstetrics and	DO 1	DO 4		
	<u>Gynecology</u>	DO 1 DO 2	DO 6	6	
	Gynecology	DO 3	DO 11	0	
Women's		DO 2 (x2)	DO 1		
and	Pediatrics	Complete 1 of each:	DO 3		
Children's	Feulatiles	Physical examination of	DO 6		
Health		a child	DO 11	6	
		<ul> <li>Physical examination of</li> </ul>			
		a newborn			
	I		u were unable to complete a required DO		
			e this form to make it up in the next rotation.		
Missed Direct (	Observation		te the same number of DO that is incomplete.	N/A	
			en get a DO 9 done in another rotation)		
Total Complete	ed DOs			50	

Direct obse	rvations submission link		
	DO 1 (x7)	DO 8 (x1)	
	DO 2 (x10) <sup>1</sup>	DO 9 (x2)	
Total	DO 3 (x6)	DO 10 (x1)	
Completed	DO 4 (x4)	DO 11 (x2)	
DOs: 50	DO 5 (x2)	DO 12 (x1)	
	DO 6 (x4)	DO 13 (x1)	
	DO 7 (x6) <sup>2</sup>	DO 14 (x3) *see Table 1	

<sup>1</sup>Must complete 1 of each of the following:

- Physical examination of a child
  - Physical examination of a newborn
  - Slit lamp examination

<sup>2</sup>ICC students are required to present 6 formal oral case presentations in order to fulfill the requirements of the 6 mandatory WBA DO 7's. These case presentations will be presented during Academic Half Days (AHD) and will be spaced out over the course of the academic year as scheduled by the site Program Administrator. The ICC Site Director will sign off on each of the WBA DO #7 surveys.

#### 2. Logging of Patient Encounters and Clinical Procedures (Must SEEs/Must DOs) in One 45

- Students are expected to log Patient Encounters and Clinical Procedures regularly (please see the "Logging (one45)" folder under in Entrada under MEDD431 → Assessments → Assessment Resources.
- To pass the MEDD 431, the Patient Encounters and Clinical Procedures log must be completed by the end of the year. Students with incomplete logs at the end of the course will be reviewed by the RSPS. This will lead to a recommendation of an 'incomplete' grade or 'failure' of the WBA modality.
  - Rotational: students who have unsatisfactory logging (<70% of items) at the end of the Block 3 will be referred to the RSPS
  - ICC: logging will be reviewed as part of a Clinical Performance Review (CPR) every 6 weeks.

#### 3. End of Rotation Assessments (Rotational) or Clinical Performance Reviews (ICC)

#### • End of Rotation Assessments (Rotational)

 Using assessment data and information about the students' applied knowledge, skills, and attitudes gathered from all sources within the department and Direct Observations, the Discipline Head Assessors will complete End of Rotation (EoR) Assessment forms via One45. The domains in the EOR form are aligned with the MEDD 431 Course Learning Outcomes.

- Mid-Rotation assessment forms are completed for disciplines with 4 weeks of rotation or greater and focus on formative feedback to students.
- If the overall performance of a student is found to be 'Not on Track' to meet the end of Year 3 milestones related to the Course Learning Outcomes, the student will be referred to the RSPS. If a student is found to be 'Not on Track' in the same domain in 2 rotations, they will be referred to the RSPS.
- Clinical Performance Reviews/CPRs (ICC)
  - Students will meet with their ICC Site Director every 6 weeks to review that they are meeting the MEDD 431 Course Learning Outcomes.
  - CPR is an opportunity for overall check-in on student performance and review of the listed modalities:
    - Departmental feedback and Progress Assessment form
    - Direct Observations,
    - Case presentations,
    - Departmental feedback,
    - Logging,
    - Exam performance
  - Using assessment data and information about the students' applied knowledge, skills, and attitudes gathered from all sources within the department, CPR forms and Direct Observations, the ICC site directors also complete the End of Rotation (EoR) Assessment forms via One45.

#### Summary of WBA Referral and Monitoring by RSPS for ICC and Rotational based Year 3

- At the end of the course, the RSPS will review all students under monitoring at year-end and all students who have incomplete elements or deficiencies which require completion or remediation. They will recommend a grade based on the following criteria:
  - A <u>passing grade</u> if the student has achieved Year 3 milestones related to the Course Learning Outcomes (as laid out in the EOR form) and has completed the incomplete elements.
  - A <u>failing grade</u> if Year 3 milestones related to Course Learning Outcomes have not been achieved or if incomplete elements cannot be remediated before the start of Year 4 unless a Leave of Absence (LOA) or other policy applies.
    - The RSPS may consider recommending a *course failure* to the SPRB before the end of MEDD 431 if serious concerns persist despite support and monitoring at or after 24 weeks of the course.
  - An <u>incomplete grade</u> is if a student has incomplete elements (such as logging and Direct Observations) that can be completed before the start of year 4.

#### **Links to Resources**

• Year 3 & 4 WBA Orientation

#### Assessment-Related MDUP Policies:

**Deferral Policy:** To outline the conditions and procedures by which a student may request a deferred assessment.

<u>Assessment, Grading, and Standards of Achievement</u>: To inform medical students and Faculty about the Assessment, grading, and standards of achievement for all years.

Advancement, Promotion, Graduation, and Academic Standing: To describe the criteria for advancement, promotion, graduation, and academic standing and the consequences for students who do not meet the criteria.

**Exam Conduct:** To provide students, Faculty, and staff with the expectations of student conduct during formal examinations in the MD Undergraduate Program.

<u>Bring Your Own Device (BYOD)</u>: To provide guidelines for students when purchasing devices to support their learning experience.

<u>Student Examination Accommodations Procedure</u>: To provide information on procedures specific to MD Undergraduate Program students requiring Assessment for and implementation of accommodations.

Attendance Policy & Absence Procedure and Negotiated Absence Guideline: To provide students, Faculty, and staff with the expectations for attendance in the MD Undergraduate Program and the procedure to be followed in the event of absences. Reference CACMS Standards 12.4.

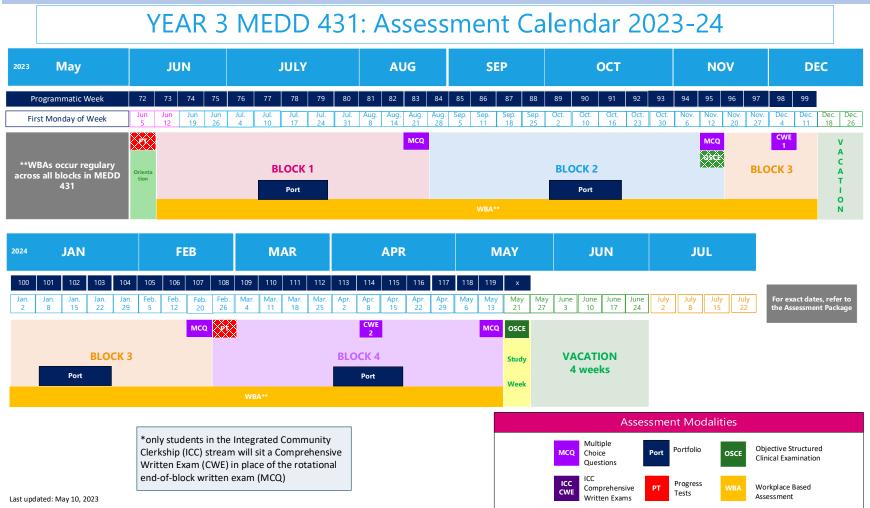
<u>Leave of Absence</u>: To provide students, Faculty, and staff with information regarding the types, duration, consequences, and procedures for a Leave of Absence from the Undergraduate Medical Education program.

<u>Delivery Disruption of Examinations</u>: Describes when and how examinations are rescheduled if extreme weather or other disruptions occur at one or more of the Undergraduate Medical Education program sites, including Integrated Community Clerkship sites.

<u>Assessment of Teachers by Learners</u>: To provide rules and procedures for the Assessment of teachers by learners and the subsequent feedback to faculty members.



## MEDD 431: Assessment Calendar



## MDUP Written Exams Scoring & Standard Setting Process

Exam Scoring					
Based on raw scores, scoring for students with a score of below 60% and the highest scorer is rechecked.	Duestions are flagged for faculty review based on statistics and /or if flagged as ambiguous by the students	Rescoring Re-scoring may involve all or some of the following: question/s removed from final scoring; rescoring with alternate correct answer; rescoring with more than one correct answer	Standard Setting Performance of top 95th percentile of test score is used as a bench mark as it is the best indication of what is possible to achieve on the actual test If the exam is easy the final scores decrease and if the exam is difficult the final scores increase as compared to the raw scores. *The direction of the change in score remains constant for all the students in a class, however the magnitude varies depending upon the raw score.	Score reporting below 65% on the cumulative, the lab exam scoring for all lab exam components is reviewed by the lab leads The new score is used to recalculate the cumulative score and pass/ fail decisions are made on this updated score	

## MDUP OSCE Development, Scoring & Standard Setting Process

Membership	Detailed checklist review by OSCE Pillar Lead				
<ul> <li>Chaired by OSCE PIllar Lead; Representation from OSCE Site Leads, Clinical Skills and Family Practice leads, and SP program across sites and years</li> <li>Purpose: <ul> <li>Selection and review of cases based on a detailed blueprint covering tasks and competencies appropriate for the level of training</li> <li>New case development</li> <li>Update existing cases</li> </ul> </li> </ul>	Goals - Ensure that the checklist items are appropriate with respect to the task and competencies tested on each station and for the level of study - Format is user friendly for the examiners	OSCE pre-standard setting <sup>1</sup>			
		Goals - Calibrate each station's scoring to ensure that the checklist items are weighted (assigned scores) based on the importance and difficulty of the item - Pre-standard set cut-off is calculated	OSCE Scoring & Post OSCE standard setting		
			Scoring - Each station is scored based on pre-standard set item weights - Station score is calculated using an average of the scores on checklist items and competency ratings. For stations with a post encounter probe (PEP), the station score is an average across checklist items, competency ratings & PEP score. Standard setting <sup>1</sup>	Post OSCE Reporting	
				Scoring - Raw scores are finalized and rescaled based on the standard set cut off for each station - Pass /Fail standing is determined for each station (>60% as Pass) - Total number of stations passed calculated and overall OSCE standing determined (students need to pass 60% of the total number of stations. France C (10 or 5 (1))	
			- Student performance reviewed by experts including site OSCE Leads with discussion lead by OSCE Pillar Lead	For e.g. 6/10 or 5/8) Reporting	
		- Primary goal is to review student performance on individual stations and determine acceptable level of performance i.e. Pass cut-off for each station	Rosters released for promotions     Students in academic difficulty     identified     Individual Score reports created     and distributed		