

Assessment Package for Year 3 Class of 2026, 2024-25

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

MDUP Assessment and Grading Overview

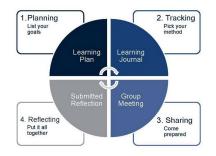
All students within the MD Undergraduate Program are graded on a pass/fail basis. All assessments are designed to measure the achievement of specific objectives related to each course in fulfillment and overall successful completion of the program. Students must pass each assessment modality (see below) 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 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 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 and Northern and Rural Integrated Clerkship) or Clinical Performance Reviews/CPRs (ICC and NRIC).
- 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 Year 3 WBA Reference Guide for complete details
- Objective Structured Clinical Examination (OSCE)
 - <u>Formative</u>: Students are required to <u>complete</u> a formative (low stakes) 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, and receive verbal feedback from the examiner about their performance immediately following the clinical encounter.

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 enabling and exiting competencies; 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 10	PT: 8:30 am -11:30 am (150 questions)	Formative
	Progress Tests (PT)	Week 108	Monday, Mar 3	PT: 8:30 am -11:30 am (150 questions)	Formative
		Exam 1: Week 83	Friday, Aug 30		
Written Exams	4	Exam 2: Week 95	Friday, Nov 22	Block Exams:	
	Block Exam	Exam 3: Week 107	Friday, Feb 28	8:30 am - 11:30 am (Approx. 180 questions)	Summative
		Exam 4: Week 119	Friday, May 23		
	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 ²	4 sessions/ per student throughout MEDD 431 Site-specific details will be provided to you.	Portfolio 3.1: Week 76 or Week 77 or Week 78 Portfolio 3.2: Week 88 or Week 89 or Week 90 Portfolio 3.3: Week 100 or Week 102 Portfolio 3.4: Week 112 or Week 114	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 102 or Week 103 Portfolio 3.4: Week 113 or Week 115	Please refer to each Portfolio Module for details on when/if additional submissions are required.	Summative
Workplace Based Assessment (WBA) ¹	Ongoing throughout Rotations	 50 Direct Observations (DOs): student-driven using Qualtrics tool See <u>Direct Observation Domain and Requirements</u> for a detailed list of what is required Logging of 151 Patient Encounters/Clinical Procedures (Must SEEs/Must DOs) in One45 End of Rotation (EoR) Assessments: one per rotation Mid-rotation Assessment as applicable for rotations 4 weeks or 		Summative	
OSCE	1	more in du Assessment Week	Saturday, May 31	5 stations	Formative (Low stakes)

¹see the <u>WBA Reference Guide</u>

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

² 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) and Northern and Rural Integrated Clerkship (NRIC) Assessment Schedule

Assessment Modalities	Frequency	Programmatic Week	Date	Details	Formative / Summative
	2	Week 72	Monday, Jun 10	PT: 8:30 am -11:30 am	Formative
	Progress Test	WEEK 72	Wollday, Juli 10	(150 questions)	
	(PT)	Week 108	Manday Mar 2	PT: 8:30 am -11:30 am	
	(PT)	Week 108 Monday, Mar 3	(150 questions)		
14/	2	Exam 1:	Mandau Das 2	CWE 1: 8:30 am -TBD	
Written	Comprehensive	Week 97	Monday, Dec 2	(Approx. 177 questions)	Summative
Exams ¹	Written Exam (CWE)	Exam 2:		CWE 2: 8:30 am -TBD	
		Week 113 Monday, Apr 7	(Approx. 183 questions)		
		All Practice			
	4	Quizzes available	Release on July 28	Available on ENTRADA	OPTIONAL
	Practice Quizzes	Week 79		No close date	
		Portfolio Small	Portfolio		
		Group Meeting	Submission		
		Portfolio 3.1:	Portfolio 3.1:	-	
		Week 76 or	Week 77 or		
		Week 77 or	Week 78 or		
	4 sessions/	Week 78	Week 79		
	per student	Portfolio 3.2:	Portfolio 3.2:	-	
	throughout	Week 88 or	Week 89 or	Please refer to each Portfolio	
	MEDD 431	Week 89 or	Week 90 or	Module for details on when/if	Cumum ating
Portfolio ³		Week 90	Week 91	additional submissions are	Summative
	Site-specific details	Portfolio 3.3:	Portfolio 3.3:	required.	
	will be provided to	Week 100 or	Week 101 or		
	you.	Week 101 or	Week 102 or		
		Week 102	Week 103		
		Portfolio 3.4:	Portfolio 3.4:		
		Week 112 or	Week 113 or		
		Week 113 or	Week 114 or		
		Week 114	Week 115		
		• 50 Direct Observ	vations (DOs): student-c	Iriven using Qualtrics tool	
		o See Dire	ct Observation Domain	and Requirements for a	
Workplace	Ongoing	detailed	list of what is required		
Based	throughout the	 Logging of 151 Pa 	atient Encounters/Clinic	al Procedures (Must SEEs/Must	Summative
Assessment	year	DOs) in One45			
(WBA)²	,		nce Reviews every 6 we	eeks	
				per rotation at end of year	
			,		Formative

Exam Details	Departmental Content	# of Questions
	Emergency Medicine	46
	Orthopaedics	23
CWE 1	Family Practice	46
(~#177 questions) Monday, Dec 4	Pediatrics	40
wonday, Dec 4	Dermatology	11
	Ophthalmology	11
	Surgery	40
CWE 2	Internal Medicine	40
(~#183 questions)	Psychiatry	40
Monday, Apr 8	Obstetrics and Gynecology	40
	Anesthesia	23

¹CWE Distribution of Marks

²see the <u>WBA Reference Guide</u>

³ Portfolio assignment submission dates are 1 week after the small group meetings. Students who are unable to attend their scheduled 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 and NRIC will remain in their originally assigned Portfolio group and will join via Zoom.

⁴NRIC students will complete their OSCE at NMP

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

⁴ICC students are expected to complete their OSCEs at their ICC Home Site as outlined below:

• MEDD 431 (Rotational, ICC and NRIC) Deferral Assessment Schedule

MEDD 431 (Rot	ational, ICC and NRIC) – Defe	rral Exam Information		
Assessment Modalities	Exam Type	Date/Time	Details	Formative / Summative
	Progress Test 1		PT: Time: TBD	Formative
	Progress Test 2		(150 questions)	
	CWE 1		CWE 1: Time: TBD (Approx. 177 questions)	– Summative
Written Exams	CWE 2	Colored all and a	CWE 2: Time: TBD (Approx. 183 questions)	Junnative
	Block Exam 1	Scheduled on a case-by-case basis		
	Block Exam 2		Block Exams: Time: TBD (Approx. 180 questions)	Summative
	Block Exam 3			
	Block Exam 4			
Portfolio	Summative		Missed session- participate in an alternative activity	Summative
Γοιτμοπο	Summative		Missed assignment- complete the assignment by a new deadline	Summative
OSCE	Formative		5 stations	Formative

MEDD 431 (Rotational, ICC and NRIC) 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 $\ge 60\%$ ¹ ICC & NRIC : Cumulative score of both CWE is $\ge 60\%$	Supplemental will be scheduled
Portfolio	Summative	Completion of all Portfolio assignments to meet minimal criteria set in the Portfolio rubric by deadlines ² .	Supplementary assignment will be scheduled
WBA	Summative	Students who achieve observable Year 3 clinical milestones (as laid out in the EOR and have completed all required Direct Observations and logging (Patient Encounters and Clinical Procedures) will pass the WBA. See Year 3 WBA Reference Guide.	No supplemental scheduled
OSCE	Formative	Required to complete but the OSCE will not factor into the promotions decisions. Each station is scored individually. The passing score for each station is_60% or more. Students who do not pass approximately 60% of the total number of stations, usually 3 out of 5 will receive mandatory academic support ³	Deferred exam will be scheduled There will be no supplemental offered; mandatory academic support will be provided ³

¹The 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.

²On rare occasions, marking of the Portfolio may be deferred to a new deadline pending revision of the assignment.

³ Students who do not the pass the required number of stations on any OSCE will receive mandatory academic support consisting of:

- 1. An automatic SDSS meeting
- 2. Development and completion of a mandatory academic plan which may include academic advising.

In summary:

Students must meet the requirements to pass written exams, WBA and portfolio to pass the course. A failure in one modality will lead to failure of the course.

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

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

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 and NRIC 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	

MEDD 431 – Supplemental Exam Calendar and Details Information: JUNE 2024			
Assessment Modalities	Date/Time	Details	Formative / Summative
	CWE 1: Monday, Jun 17 CWE 2: Wednesday, Jun 19	CWE: Time & number of questions: TBD	
Written Exam	Block Exam 1: Monday, Jun 17 Block Exam 2: Wednesday, Jun 19 Block Exam 3: Friday, Jun 21 Block Exam 4: Monday, Jun 24	Block Exams: Time & number of questions: TBD	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 and 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" option from the dropdown selection on the DO form'.

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*	 Perform general procedures of a physician a) CPR (performed or simulated) b) Bag Mask Ventilation c) IV insertion

Table 2 and Table 3 outline the **mandatory Direct Observations** that **must be completed** within Rotational, ICC and NRIC programs. 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.

Block	Rotation Emergency Medicine Family Practice Dermatology Ophthalmology Internal Medicine - Ambulatory Internal Medicine - CTU	DO 1 DO 2 DO 1 DO 2 DO 3 DO 2 (x2) Complete 1 of each: • Slit Lamp Examination • Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am <i>As a minimum, 1 DO must b</i> <i>CTU (6). All 8 DOs must be c</i> DO 1	by students during their IM experience and must abulatory and CTU rotations e completed per week in both IM AMB (2) and	Total # 5 4 1 2
Ambulatory	Medicine Family Practice Dermatology Ophthalmology Internal Medicine - Ambulatory	DO 2 DO 1 DO 2 DO 3 DO 2 (x2) Complete 1 of each: • Slit Lamp Examination • Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	DO 14a DO 3 DO 13 DO 13 DO 13 DO 13 DO 13 DO 13 DO 13 DO 14 DO 13 DO 14 DO 14 DO 14 DO 14 DO 14 DO 14 DO 13 DO 14 DO 15 DO 16 DO 16	4 1 2
Ambulatory	Family Practice Dermatology Ophthalmology Internal Medicine - Ambulatory Internal Medicine -	DO 1 DO 2 DO 3 DO 2 (x2) Complete 1 of each: • Slit Lamp Examination • Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	DO 3 DO 13 by students during their IM experience and must abulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	4 1 2
Ambulatory	Dermatology Ophthalmology Internal Medicine - Ambulatory Internal Medicine -	DO 2 DO 3 DO 2 (x2) Complete 1 of each: • Slit Lamp Examination • Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am As a minimum, 1 DO must be CTU (6). All 8 DOs must be c DO 1	DO 13 by students during their IM experience and must abulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	2
Ambulatory	Ophthalmology Internal Medicine - Ambulatory Internal Medicine -	DO 3 DO 2 (x2) Complete 1 of each: Slit Lamp Examination Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	by students during their IM experience and must abulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	2
Ambulatory	Ophthalmology Internal Medicine - Ambulatory Internal Medicine -	 DO 2 (x2) Complete 1 of each: Slit Lamp Examination Direct Ophthalmoscop DOs 1-8 are mandatory for side obtained during both am As a minimum, 1 DO must bis CTU (6). All 8 DOs must be composed by CTU (6). All 8 DOS must be composed by CTU (6). 	by students during their IM experience and must ubulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	2
Ambulatory	Internal Medicine - Ambulatory	Complete 1 of each: • Slit Lamp Examination • Direct Ophthalmoscop DOs 1-8 are mandatory for s be obtained during both am <i>As a minimum, 1 DO must b</i> <i>CTU (6). All 8 DOs must be c</i> DO 1	by students during their IM experience and must ubulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	
Ambulatory	Ambulatory	 Slit Lamp Examination Direct Ophthalmoscop DOs 1-8 are mandatory for sibe obtained during both am As a minimum, 1 DO must bis CTU (6). All 8 DOs must be composited of the site of th	by students during their IM experience and must ubulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	
	Ambulatory	Direct Ophthalmoscopy DOs 1-8 are mandatory for so be obtained during both am As a minimum, 1 DO must be CTU (6). All 8 DOs must be co DO 1	by students during their IM experience and must ubulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	
	Ambulatory	DOs 1-8 are mandatory for s be obtained during both am As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	students during their IM experience and must abulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	
	Ambulatory	be obtained during both am As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	bulatory and CTU rotations e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	
	Internal Medicine -	As a minimum, 1 DO must b CTU (6). All 8 DOs must be c DO 1	e completed per week in both IM AMB (2) and ompleted over the 8 weeks.	_
		CTU (6). All 8 DOs must be c	ompleted over the 8 weeks.	
		DO 1		-
				- 8
	CTU	DO 2		0
		DO 2	DO 6	
		DO 3	DO 7	
Brain and Body		DO 4	DO 8	
	<u>Psychiatry</u>	DO 1	DO 4	
		DO 2 (Mental Status	DO 6	6
		Exam)	DO 10	
		DO 3	205	
	Surgery (General &	DO 1	DO 5	
	Sub Specialties)	DO 2	DO 6	8
Surgical and		DO 3	DO 7	
Perioperative	Anasthasialasu	DO 4 DO 12		
Care	<u>Anesthesiology</u>	Complete 1 of each: DO 14b and 14c		2
	Orthopaedics			
	Orthopaeulcs	DO 1 DO 2		2
	Obstatries and	DO 1	DO 4	
	Obstetrics and Gynecology	DO 1 DO 2	DO 6	6
	Gynecology	DO 2 DO 3	DO 11	6
Women's		DO 2 (x2)	DO 1	
and	Pediatrics	Complete 1 of each:	DO 3	
Children's	Peulatrics	Physical examination of	DO 6	
Health		a child	DO 11	6
		Physical examination of		
		a newborn		
	I		u were unable to complete a required DO	
			e this form to make it up in the next rotation.	
Missed Direct O	Observation		te the same number of DO that is incomplete.	N/A
			en get a DO 9 done in another rotation)	
Total Complete	1.50			50

Direct obse	rvations submission link		
	DO 1 (x7)	DO 8 (x1)	
	DO 2 (x10) ¹	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) ²	DO 14 (x3) *see Table 1	

¹Must complete 1 of each of the following:

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

² ICC and NRIC 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 spaced out over the course of the academic year as scheduled by the site Program Administrator. The ICC Site Director (for ICC students) or Rural Regional Site Lead (for NRIC students) 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 MEDD 431, the Patient Encounters and Clinical Procedures must be completed and logged 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 and NRIC: 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 primary preceptor 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.

• End of Rotation Assessments (ICC and NRIC)

- **ICC:**
 - ICC site directors complete the End of Rotation (EoR) Assessment forms one for each discipline via One45 at the end of the academic year
 - Form is completed 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.
- NRIC:
 - For students starting at UHNBC, each rotation will end with a mid-rotation assessment completed by the Rural Regional Site Lead (RRSL) and the final end of rotation assessments will be completed by the RSSL's at the end of the year.
 - For students starting in community, the RSSL's will complete mid-rotation assessments for each discipline and the final end of rotation assessments will be completed by the DSSL's at the end of the year.

• Clinical Performance Reviews/CPRs (ICC and NRIC)

- Students will meet with their ICC Site Director or Rural Regional Site Lead every 6 weeks to review that they are meeting the MEDD 431 Course Learning Outcomes.
- CPR is an opportunity for an 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

Summary of WBA Referral and Monitoring by RSPS for Rotational, ICC and NRIC 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
- Entrada link for Quizzes

Assessment-Related MDUP Policies:

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

Assessment, Grading, and Standards of Achievement: 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.

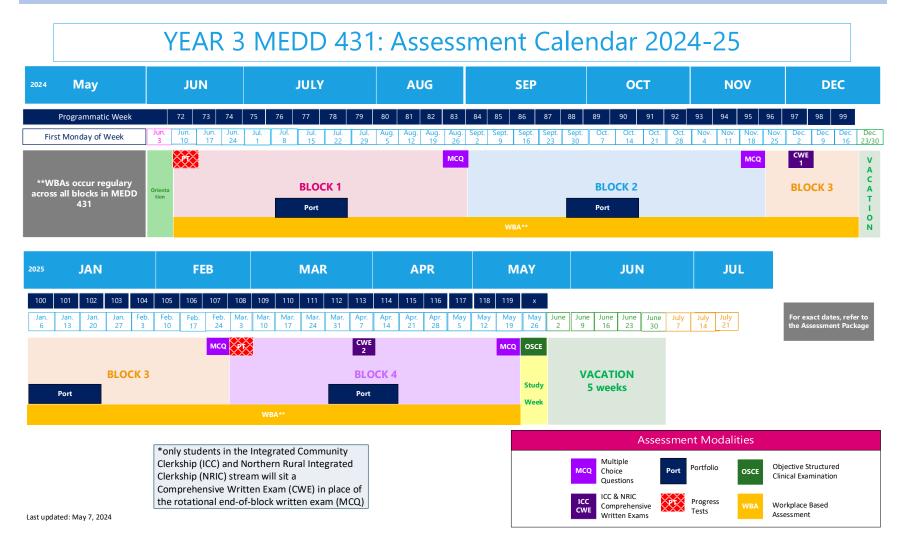
<u>Leave of Absence</u>: To provide students, Faculty, and staff with information regarding the types, duration, consequences, and procedures for a Leave of Absence from the Undergraduate Medical Education program.

<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. Lab bubbles for students scoring less than 65% are automatically remarked by the faculty members	Item statistics review Questions are flagged for faculty review based on statistics and /or if flagged as ambiguous by the students	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 For all students scoring 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	

