STATEMENT 3.3.1 – Assessment of Student Learning in the MD Program
Undergraduate Medical Education

PLEASE ALSO SEE:
Program Requirements of the MD Program (Senate Policy),
Statement 1.3.7 – Statement on Academic Challenges, Remediation & Appeals

PURPOSE

Students enrolled in the Doctor of Medicine (MD) program at the Schulich School of Medicine & Dentistry will be assessed for purposes of self-development and academic progression.

I. STRUCTURE OF ASSESSMENT IN THE MD PROGRAM
   a. Students will be assessed according to a Pass or Fail grading system.
      i. Individual assessment component marks (e.g. assessment results) will be given a numerical mark registered for student access in OWL.
      ii. Individual assessment component marks will not appear on transcripts or other documentation provided by Undergraduate Medical Education (UME) to external individuals or institutions.
      iii. Final Grades will be recorded on transcripts as Pass/Fail according to the following:
          1. Pass: 60% or above
          2. Fail: 59% or below
      iv. Students must pass all course work, assignments and examinations within each course or rotation in the year as defined by the Course Chair(s).
   b. Operating Principles in the Creation of Student Assessments
      i. It is the responsibility of Course Chairs with the Course committee & instructors to identify the learning objectives appropriate for assessment.
      ii. A description of course requirements and weighting of the assessments towards the final mark must be stated in course syllabus posted on Western’s learning management system, OWL and must explained to the students on the first day of each course or rotation.

II. STUDENT ASSESSMENT IN PRE-CLINICAL LEARNING
   a. Assessment “type” and “weight” will be identified for each course in the syllabus and presented on the first day of class. Progression requirements are identified in the MD Program Requirements Senate Policy.
   b. Assessment in regular, didactic courses will generally be weighted on a combination of grades earned through: Patient Centered Context Integration and Application (small group case-based learning), a written assignment, the end of course test and the end of semester exam.
   c. Assessment in shorter courses will be based on assignments during and at the end of the course, with the majority of grades being allocated to the end of semester exam.
   d. Written Assignments
      i. Assignments provide opportunities for students to develop higher order learning skills, beyond basic declarative knowledge and comprehension. These higher order skills include analysis, application, synthesis, and evaluation of information.
         1. Assignments should assist students with integration of content, developing problem-solving skills, application of concepts and provide opportunities for
students to develop strong information gathering skills including advanced use of literature searching, use of library resources, application of critical appraisal skills, evaluation of web-based information etc.

ii. Assignments should require a written submission and be constructed to achieve the core objectives of the course. Through the assignment, the student will demonstrate an outcome that is defined by a core objective(s).

iii. The assignments should require integration and synthetization of knowledge and skills rather than require students to make lists or answer questions based directly on course notes or class lectures. In most cases students should have to read beyond the basic information that can be provided in a lecture to complete an assignment.

iv. A high standard of writing should be expected. Assignments should require references and should be evaluated for clarity, style, and quality.

v. To be assured of originality and fairness ‘Turn-it-in’ will be used to detect plagiarism.

vi. Group assignments can also be useful. The group must accept that they will all receive the same grade for the assignment and that a higher standard might be applied for an assignment completed by more than one individual.

vii. In all cases, assignments must be submitted on time.
   1. Assignments that are late will receive a grade of zero.
   2. Even if late, assignments must be submitted.
   3. Failure to submit an assignment by the last day of the course will result in an overall grade of FAIL on the course.

e. **End of Course Test & End of Semester Examination**
   i. All exams and tests must be in fully finished format before the course begins. Full year courses will have the first term completed before the course begins.
   ii. All exams and tests will be validated through correlation of exam questions with course objectives.
   iii. Exams and tests will be identical at all sites in terms of content, timing and grading, all of which will be appropriately based on course length and curricular material.
   iv. Best practices require that a test or examination have no more than one multiple choice question per minute, with fifteen minutes of flexible time for question review and consideration.
   v. The End of Course test and the End of Semester Exam should be comprised of no more than 80% multiple choice and extended match questions. Short and long answer questions should comprise at least 20% of the exam.
   vi. Minimum of 20% short answer questions and a maximum of 80% MCQ/Extended match/Key Feature questions.
   vii. The Curriculum Oversight Division of the Undergraduate Medical Education Office can provide support in the design and development of assessment questions for the End-of-Course Test and the End of Course Exam and will review and approve all new questions before they are implemented.

III. **STUDENT ASSESSMENT IN YEAR THREE: CLERKSHIP**

a. **Rotation & Course Assessment**
   i. Students must meet expectations in the final assessment of each rotation to receive a pass in the clerkship.
   ii. The final assessment for each rotation will consist of an end of rotation assessment of clinical performance using the standard end of rotation form.
   iii. The Clinical Clerkship has a grade of Pass/Fail for the overall Clerkship.
   iv. The performance in individual rotations is assessed as Meets Expectations or Does Not Meet Expectations.
   v. Rotation assessment tools may include case reports, chart reviews, written and oral examinations, multi-station examinations, peer evaluation, or other methods at the discretion of the departments.
vi. Each rotation director will inform the students of the components of the final evaluation for the rotation. Clinical clerks will also receive formative feedback intended to help them improve their skills and make them aware of how well they are doing.

vii. Mid-rotation feedback must be given and documented part way through each major rotation to ensure that students not meeting the expectations of the rotation have an opportunity to work on their areas of weakness.

viii. There will be an exam at the end of every rotation.

b. **Failure in Clerkship (See Also the Statement on Academic Challenges, Remediation & Appeals)**

i. When determining the final assessment using the standard form, a student will be deemed to “Not Meet Expectations” according to the following criteria:

1. If the clerk “Does Not Meet Expectations” on any **one** of the following two competencies and associated subcomponents:
   a. **Medical Expert**
      i. Clinical Reasoning and the Application of Basic Knowledge
      ii. Patient Assessment – History Taking
      iii. Patient Assessment – Physical/Mental Examination
   b. **Professional**
      i. Ethical and Social Behaviour
      ii. Reflective Practice

2. If the clerk “Does Not Meet Expectations” on any **two** of the remaining five competencies and associated subcomponents:
   a. **Communicator**:
      i. Relationships
      ii. Conveying Information
   b. **Collaborator**:
      i. Interprofessional Healthcare Team
      ii. Conflict Prevention and Resolution
   c. **Manager**:
      i. Healthcare System
   d. **Health Advocate**:
      i. Patients, Communities, Populations
   e. **Scholar**:
      i. Life-long Learning
      ii. Evaluation and Application

3. Detailed information (including mid-rotation assessment) must be provided for any student who “Does Not Meet Expectations”.

4. At the end of each rotation, it is the responsibility of the department to ensure that all final assessments are submitted to the appropriate clerkship section coordinator for review.

5. A student who fails more than one rotation will not be offered remediation, as per Program Requirements, and will be asked to withdraw from the program.

IV. **STUDENT ASSESSMENT IN YEAR FOUR: CLINICAL SCIENCE ELECTIVES & INTEGRATION & TRANSITION**

a. **Clinical Science Electives (Medicine 5401)**

i. In order to pass the course, a student must satisfactorily complete all 8 blocks (16 weeks).

ii. The student is expected to be present at a Clinical Elective every working day during each elective block.

iii. Electives may be 2 or 4 weeks in length subject to departmental availability. Four week electives at Schulich must be taken in a calendar month.

iv. Students are not permitted to take Clinical Electives under the supervision of an individual where there is a conflict of interest.
b. **Objectives Structures Comprehensive Examination (OSCE)**
   
i. Assessment for progression in Clinical Science Electives is tested via the Year 4 Objectives Structured Comprehensive Examination (OSCE). The OSCE will test students' mastery of the overall objectives of the clerkship and clinical electives. This evaluation will assess students' knowledge, clinical skills, professional conduct and clinical reasoning using real and/or simulated clinical settings.

   ii. The purpose of the Comprehensive OSCE (Objective Structured Clinical Examination) is to ensure that the primary objectives of the clerkship and electives have been met.

   iii. Students will complete the OSCE while enrolled in Integration & Transition.

       1. The OSCE will not be rescheduled for individual testing or remediation. Should a student be required to remediate the OSCE, their graduation will be delayed by one calendar year.

   iv. As per Progression Requirements, successful completion of the OSCE is required (an overall grade of PASS) to pass Clinical Science Electives and to graduate from the Doctor of Medicine (MD) Program.

       1. To receive a grade of Pass on the OSCE students must pass 70% of the total number of stations (for example, 7 out of 10) and receive an overall grade of 60% on the examination.

   v. The examination will be approximately three hours long. The student will be presented with approximately ten clinical scenarios.

   vi. The result will be reported as Pass/Fail.

       1. A student who receives a grade of FAIL on the OSCE may be offered remediation at the discretion of the Course Chair.

       2. As per the Program Requirements, remediation in the Doctor of Medicine program is a privilege and may not be offered upon failure of the OSCE.

       3. Failure on the OSCE without remedial privilege will require a student to withdraw from the program.

       4. If remediation is offered, and a score of FAIL is achieved on the remediation, a student will be asked to withdraw from the program.

c. **Integration & Transition**
   
i. Assessment in the Integration & Transition course is based on a special project, assignments, written evaluations and a learning portfolio.

       1. Failure to complete all course components may result in remediation and delay on graduation, regardless of Residency Match status.

V. **EXAMINATION ADMINISTRATION**
   
a. In all cases, the MD program will we defer to the Western Policy on Administration of Examinations.

   i. Candidates arriving later than thirty minutes after the commencement of the examination will not be permitted to write the examination without the consent of one the Manager, Undergraduate Medical Education or a designate.

       1. If consent is not given, the candidate will receive a grade of zero.

       2. If consent is given, the candidate will not receive additional time to complete the examination.

   ii. For in-class assessments students will not be permitted to enter the classroom once the assessment has begun without the consent of the Manager, Undergraduate Medical Education or a designate.

       1. If consent is not given, the candidate will receive a grade of zero.

       2. If consent is given, the candidate will not receive additional time to complete the in-class assessment.

b. The integrity of the assessment process is paramount and respect for peers and proctors will be adhered to. All Western Proctors in an assessment report to the Chief Proctor who is responsible for all issues that arise in administering that assessment. The Chief Proctor is given authority to address any issues that arise in the assessment that may affect the overall class or individual student outcome of the examination.
c. The following process pertains to all examinations and in-class assessments:
   i. All examinations and in-class assessments will be facilitated by ExamSoft (SoftTest) software.
   ii. Students who have a granted accommodation by the LEW Office will be allowed to eat in the examination.
   iii. Beverages consumed must be in spill-proof containers.
   iv. Food may not be consumed in the examination room unless accommodated by the LEW Office.
   v. Students will not be allowed to leave their assigned seat doing the examination process to access food or a snack unless accommodated by the LEW Office.
   vi. Students will be permitted to use the washroom in accordance with the Western Policy on the Administration of Examinations. While absent from the examination, students may not access their locker, back-pack, refreshment, etc. and must be accompanied by a Proctor.
   vii. Students leaving the examination must do so quietly without communicating with others.
   viii. Students are required to leave the hallway outside the examination room.
   ix. Any student in violation of this process will be identified by the Chief Proctor who will report to the program Registrar.