

**STATEMENT: Assessment Process in the MD Program
Undergraduate Medical Education**

Created: June 2019

Approved: August 2019

I. PURPOSE

All students enrolled in the Doctor of Medicine (MD) Program (the “Program”) in the Schulich School of Medicine & Dentistry (Schulich) at Western University carry out their curricular learning within a university, hospital, community or other education site, at the appropriate stage of learning and in accordance with the relevant professional expectations and subject to the policies and procedures of Schulich, Western University and affiliated education sites or institutions.

This Policy outlines the rules governing the assessment and promotion of students enrolled in MD Program learning at Schulich in Western University and applies to both time-based residency programs and competency based medical education (CBME) curriculum. This Policy applies to all Schulich MD Program student learning at Western University or while on elective learning in another Canadian or international learning site.

This Policy does not apply to students registered in undergraduate medical education programs at other Canadian or international institutions who are accepted for elective rotations in a Western University program within the Schulich School of Medicine & Dentistry.

It is the responsibility of each student to read and fully understand this document and be familiar with its content from the start of their MD Program curriculum.

II. DEFINITIONS

1. In addition to other terms defined elsewhere, the following terms have the following meanings:

Academic Coach is a faculty mentor assigned to the student longitudinally over the time in studies in the Program. Coaches are advisors, supporters, and mentors who do not assess the learner and whose recommendations are not binding to the student or Program except in issues of student professionalism.

Associate Dean Undergraduate Medical Education or AD UME is the senior faculty officer responsible for the oversight of undergraduate medical education within the Schulich School of Medicine & Dentistry or their delegate.

Course Faculty is a member of Schulich faculty who oversees the student during a Curriculum Experience and where applicable, approves a summative assessment for the learner.

College of Physicians and Surgeons of Ontario (CPSO) is the professional licensing body for physicians in Ontario.

Committee on Accreditation of Canadian Medical Schools (CACMS) is the body responsible for MD Program accreditation.

Competency Based Medical Education Program (CB MD Program) is the MD Program curriculum, starting in September 2019 that is planned and organized around competencies required for practice.

Course is a Senate approved learning experience of the MD Program curriculum that is within or crosses a stage of learning.

Course Chair is the individual responsible for the overall conduct of a Senate approved MD Program Course module and is responsible to the Associate Dean UME. All references to “Course Chair” in this Policy mean “Course Chair or delegate”.

Curriculum Committee is the overall governance and decision-making body overseeing all aspects of the MD Program.

Curriculum Experience is a learning activity designed to address the required educational objectives and/or key and enabling competencies at a stage or level of the MD Program. Core, elective, and selective Curriculum Experiences may be organized in blocks of time or arranged longitudinally throughout all or part of the MD Program.

Dean refers to the Dean of the Schulich School of Medicine & Dentistry.

Formative Assessment is assessment for learning which allows learners to measure their progress in attaining the learning objectives and/or key and enabling competencies with sufficient time to identify and address any gaps or deficiencies in learning before summative assessments.

LEW refers to the Learner Equity & Wellness Office of the Schulich School of Medicine & Dentistry.

MD Program Advisory Board (MD AB) is a committee constituted by the Associate Dean UME that is responsible for approving remediation plans and probation plans, and upon request, assisting in the design of individual learning plans, remediation plans and probation plans.

Competence Committee (CompC) is a governance committee of the Curriculum Committee (CC) of the MD Program, responsible for reviewing student’s readiness for increasing professional responsibility, promotion, and transition to residency, and such other responsibilities as may be delegated by the CC. The CompC is responsible for approving remediation plans and probation plans, and upon request, assisting in the design of individual learning plans, remediation plans and probation plans.

Student is a learner registered in an MD Program undergraduate medical training at Schulich in Western University.

Schulich MD Program Appeals Committee is a committee that hears appeals from decisions of the MD Program Competence Committee and decisions of the Course Chairs and/or Associate Dean UME.

Summative Assessment is an assessment of a student performance, readiness for increasing professional responsibility, and/or achievement of objectives and/or competencies. A Summative Assessment will be required at the end of an Educational Experience. Summative Assessments are also prepared by courses as part of their assessment of student progress and achievement of competencies and/or objectives for the respective stage or level of training.

Time-Based MD Program (TB MD Program) is the MD Program for Medicine 2019, 2020, 2021 and 2022 that is organized around educational objectives linked to required experiences.

III. ASSESSMENT PROCESS

1. Each Course has a curriculum plan that complies with the specific standards, designated outcome competencies and educational objectives of the MD program from the Curriculum Committee.
2. At the beginning of each Course, the Course Chair must ensure that the Student is provided with a course syllabus that contains:
 - i. Objectives and/or competencies for the course
 - ii. An orientation to the Course outline and expectations
 - iii. A description of Course assessment tools, weighting and timing.
3. Students in the TB MD Program and CB MD Program will receive regular, timely feedback on their performance and progress in a Course and related required learning experiences. Such feedback may use a variety of tools and criteria to assess students. These tools may include formal examinations (written, oral, clinical and/or national standard), direct observation and written assessments from multiple observers during and after Curriculum Experiences, and Summative Assessments prepared by Course Chairs and Course faculty. Students will be informed in advance in the Course syllabus of the methods by which they will be assessed and the Program's performance expectations. The results of these assessments form part of a Student's academic file and will be provided to Students in a timely manner that fits with Program requirements.
4. Students in the CB MD Program are assessed formally and informally on an ongoing basis in every stage of the MD Program, to determine attainment of Program competencies and/or objectives. The assessments may be formative or summative and are conducted in accordance with requirements of the Curriculum Committee overseeing the Program.
5. Courses will have a course committee that oversees all decisions related to course learning and ongoing improvement (each a "Course Committee"). Such committees are responsible for following actions in this policy. These committees make recommendations to the Course Chair for action and feeding forward to the Competence Committee, or AD UME where applicable. Course faculty educators or preceptors should make every effort to provide ongoing, informal, verbal feedback to Students throughout the TB or CB MD Program Course. Feedback should be specific to the Student and include both strengths and weaknesses, with advice and assistance/resources for improvement where applicable. Students are also responsible for actively seeking feedback from their MD Program Course educators during a Curriculum Experience.

6. If serious student performance concerns are identified at any point during the Course, the Course Faculty should bring them to the attention of the Student and the Course Chair promptly. This should be documented by the Course Faculty and Course Chair in written correspondence to the Student and Competence Committee and entered into the Student's academic file.
7. The following procedures are specific to the *TB MD Programs*:
 - i. Documented mid-course assessments are required at the mid-point of a course. In the case of an unsatisfactory performance by a Student, the Course Chair must meet in person with the Student to provide detailed feedback and must note in the Student's academic file that this meeting occurred. A copy of the assessment must be reviewed by the Course Chair with the Student.
 - ii. All Course assessment recommendations should generally be completed within four weeks of completion of a Course. The Student should receive electronic notice of Course progression after Course review by the Competence Committee.
 - iii. After the approval of the final grades by the Competence Committee, an in person meeting shall occur generally within two weeks between the Course Chair and any Student in a Course who received a grade of FAIL.
8. The following procedures are specific to the *CB MD Curriculum*:
 - i. There will be multiple documented formative assessments of Students' progression through stages of competencies and required learning objectives throughout Courses. Where appropriate, assessments will be provided, as outlined in the Course syllabus, by multiple clinical observers on a regular basis. The number of assessments will vary depending on the Course.
 - ii. Such formative assessment results will be shared with the Course Committee, Student, Academic Coach and Competence Committee.
 - iii. In addition to formative assessments, Courses will utilize Summative Assessments at various points of each Course as outlined in the Course syllabus and as approved by the Curriculum Committee.

IV. PROGRESSION

1. The Competence Committee will determine that a Student progresses to the next stage of MD Program curriculum if it is satisfied that the Student has achieved all the competencies and/or objectives for their current course or stage. These assessments may be made either at regular meetings or at special meetings of the Competence Committee, including meetings held at a Student's expected transition time between levels or stages of the MD Program.

2. The Competence Committee will meet at least twice per semester to review all the Students' progress in achieving the required Program competencies and/or objectives. The Competence Committee will prepare a Summative Assessment of the Students' progress based on the evidence contained in each Student's assessment file. Students in the CB MD Program will receive a global rating of "PASS as Expected", "Not Progressing as Expected", or "FAIL to Progress". Students in the TB MD Program will receive a grade of "PASS", "FAIL" or "SUPPLEMENTAL REMEDIAL PRIVILEGES". The decision will be shared with the Student generally within two (2) weeks.
3. If the Competence Committee determines that a Student's assessment is "Not Progressing as Expected" or "FAIL to Progress" or "FAIL", the AD UME or delegate shall communicate this decision in an in-person meeting with the Student and shall review with the Student the concerns identified by the Competence Committee. This meeting must be documented by an independent staff witness and attended by a LEW office representative.

V. PROFESSIONAL CONDUCT

1. Students are expected to adhere to the standards of ethical behaviour for the medical profession, School and Western University as outlined or referred to in this Policy and Code of Student Conduct (the "Policies").
2. Students' participation and performance in learning activities are expected to comply with these Policies. Behaviour which violates these principles may result in remediation, probation, suspension or expulsion from the program.
3. Assessment of Student professional conduct will be guided by the following expectations:
 - i. The Student must display adequate skill at communicating and interacting appropriately with faculty, staff, other learners, patients, families, and allied health care professionals in all interactions.
 - ii. Students should demonstrate:
 - respect, empathy and compassion for patients and their families;
 - concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;
 - awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness;
 - respect for the patient as an informed participant in decisions regarding his/her care, wherever possible;
 - an understanding of the appropriate requirements for involvement of patients and their families in research;
 - respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues;
 - a willingness to teach and learn from and with others in medicine, as well as other allied health care professionals;

- recognition of the importance of self-assessment and lifelong learning for the maintenance of competent performance;
 - academic integrity throughout the MD Program, including all assessments.
4. A non-exhaustive list of behaviour not acceptable to the Program is identified in Appendix “A”.
 5. Students are required to comply with the professional standards mandated by the Schulich School of Medicine and Dentistry (e.g. Charter on Medical/Dental Professionalism; Four Pillars of Professionalism; Policy and Guidelines for Interactions between Schulich School of Medicine & Dentistry and Industry), as well as those issued by the College of Physicians and Surgeons of Ontario, and the Canadian Medical Association.
 6. If a Student has been identified as engaging in unprofessional conduct, notification should be made to the LEW Office.
 7. A Student’s professional conduct is assessed during all Courses and other program related activities and is a mandatory component of TB MD and CB MD Program Course progression.
 8. Concerns about a Student’s conduct within a Course should be reported to the Course Faculty or Course Chair. A Student must pass in each Course – BOTH –academic requirements and Professionalism. A Student will FAIL a Course for a FAIL in Professionalism as determined by the Competence Committee on recommendation of the Course Committee.
 9. A Student’s unprofessional conduct during other program related activities shall be immediately reported to the AD UME, who shall review the Student’s conduct. If the AD UME determines that the Student’s conduct in a other program related activity was unprofessional, the AD UME may require remediation or probation or suspend or dismiss the Student from the program.
 10. Concerns about a Student’s conduct outside of a Course or other program related activity may be reported in accordance with the Code of Student Conduct.

VI. INCOMPLETE EDUCATION EXPERIENCES

1. It is expected that a Student obtain sufficient Curriculum Experience to meet the stage or Course requirements for competencies and learning objectives as outlined in the course syllabi and Program requirements and to allow Course Faculty an adequate opportunity to assess a Student’s performance.
2. If a Student is absent for part of a Program or Course due to unexpected illness, leave (personal, medical or academic), or as granted by the LEW Office, the Schulich MD Program Appeals Committee or AD UME, the Competence Committee may determine that the Curriculum Experience of the Student was insufficient for the Student’s attainment and assessment of the required competencies and curricular objectives. In such case, the Course Chair and

Competence Committee will set out the remediation for the Student's completion.

3. Remediation will be based on the performance of the Student, the nature of the leave, the Student's status within the curriculum and the continuity of the Student's program experience. The timing and duration of the remediation will be determined by the Competence Committee in consultation with applicable school leadership.

VII. SHARING OF PERFORMANCE DATA

1. Assessment data of Student performance may be shared, as necessary, across the MD Program to support the Student's educational objectives.
2. Information on Student performance may also be shared with Postgraduate Medical Education programs or provincial regulatory bodies as outlined by regulations of the profession at graduation. Students will be involved in the preparation of documents for information sharing.
3. Students will be encouraged at graduation to disclose important information that may impact their learning in Postgraduate Medical Education with their Program Director and provincial regulatory bodies.

VIII. INDIVIDUAL LEARNING PLANS

1. A Student may have an Individual Learning Plan (ILP) in response to a variety of issues that impact learning and progression across the Program. Such plan may be created at entrance to the Program to meet identified accommodations or in response to a Student's need identified from Program outcome data and processes.
2. Such ILP's may be for:
 - i. The Competence Committee may require an ILP for a Student at any stage of curriculum if it decides that the Student is not progressing as expected in key competencies or the Student requires further development in a specific Course.
 - ii. The Program may consider implementation of an ILP upon request from a Student who self-identifies as in need of accommodation and provides all necessary professional documentation that supports an accepted learning need.
3. An ILP is developed by the Competence Committee in consultation with any relevant Course Chairs, the AD UME, the LEW Office and Western University resources. The Student will be seen as an active partner in its development and implementation.
4. An ILP may include modifications of Courses (e.g. additional time in a specific module); coaching; counselling; or any other form of educational enrichment.

5. An ILP will generally include the following information:
 - i. purpose of the ILP, and the specific competencies/objectives to be achieved;
 - ii. educational strategies/learning experiences;
 - iii. location and duration;
 - iv. assessment methods;
 - v. potential outcomes and consequences; and
 - vi. evaluations of and ongoing improvement to this modality of learning.
6. Students with an ILP should receive regular, informal feedback throughout the implementation of the ILP.
7. If the Competence Committee decides that the Student has not met the objectives of the ILP, it may require the Student to begin a remediation program.
8. The actions to oversee and report on the ILP from the Competence Committee set out in sections 1 to 7 above may be delegated to the Course Committee. The Competence Committee may make recommendations to the Course Committee relating to the need for an ILP, the development of the ILP, and its success markers.
9. Except in exceptional circumstances, as determined by the Competence Committee, a Student will have no more than one ILP at each stage of curriculum. The AD UME will be notified if a student requires more than one ILP during their learning in the MD Program.

Approvals:	UME Curriculum Committee	[August 30, 2019]
	Executive Committee Schulich Council	[insert date of approval]

This Policy supersedes the 2012 Student Assessment and Appeal Policy.

Appendix "A"

Behaviour unacceptable to the professional practice of medicine includes but is not limited to:

- breach of any of the principles, objectives, and/or competencies set out in policies and procedures listed above;
- referring to oneself as, or holding oneself to be, more qualified than one is;
- behaviour or inappropriate judgement which adversely affects the medical education of others;
- commission of a criminal act;
- failure to be available while on call;
- failure to adhere to Program or Course timelines for learning or assessments
- failure to respond to communication from Program staff, leadership or faculty
- unapproved absences from Program or Course required learning modules or experiences
- failure to respect patients', colleagues', other health professionals or any individual' rights;
- breach of confidentiality in patient care;
- failure to provide transfer of responsibility for patient care;
- failure to keep proper medical records;
- falsification of medical or other records;
- falsification of academic records, cheating, or other academic misconduct;
- sexual impropriety with a patient;
- being under the influence of alcohol or drugs while participating in any required curricular learning experience, patient care or on call;
- sexual or other harassment of colleagues or other members of the health care team;
- conduct prohibited by professional governing bodies including the College of Physicians and Surgeons of Ontario;
- disrupting the effective functioning of organizations or individuals within the university or health care system;
- inappropriate use of verbal and non-verbal communication including face to face, written, electronic or social media;
- dress or personal appearance that is not consistent with Program or profession guidelines
- any conduct unbecoming of a practising physician as outlined in the referred codes of conduct in this document.