

Code of Practice on Assessment and Examination MB BS Phase 1

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<u>Contents</u>	<u>Page</u>
1. Introduction	3
2. Student Assessment	3
2.1. Management Responsibility	3
2.2. Formative Assessment	3
2.3. Summative Assessment – Core Curriculum	3-5
2.4. Written Assessments: Integrated Medical Sciences	5
2.5. Practical Assessment	6
2.6. Assessment Grades	6
3. Reassessment – Core Curriculum	7
4. Assessment of Student Selected Components (SSCs)	7
5. Recognition of High Achievement	8
6. Progression within the MB BS Programme	10
7. Academic Misconduct	10
8. Processing of Assessment Results	10
9. Role of External Examiners	11
10. Appeals about assessment	12

Appendices

1. Guidelines for setting written papers in the Integrated Medical Sciences assessment	12
2. Scoring of Written Papers	13
3. Objective Structured Clinical and Practical Examination	14
4. The Assessment of Clinical Consultation Skills (Year 2 only)	15
5. The Student Portfolio/workbook (to be completed)	17
6. Grading of Outcomes	19

1. Introduction

This Code of Practice prescribes the conduct of student assessments in Phase I of the MB BS curriculum of the Hull York Medical School (HYMS). Details of the responsibilities of various boards and committees which relate to this Code of Practice can be found at <http://www.hyms.ac.uk/about/codesofpractice.asp>

2. Student Assessment

2.1. Management Responsibility

2.1.1. Co-ordination of assessments in Phase I is the responsibility of the MB BS Examinations Working Party serviced by the Medical Education Unit.

2.2. Formative Assessment

2.2.1. Both formative and summative assessment will be conducted throughout the MB BS programme. These terms are explained in the Student Handbook. Notwithstanding their formative intent, formative assessments that highlight serious issues of attendance, illness, inappropriate behaviour or neglect of academic obligations may be brought to the attention of the Academic Progress Committee or the Fitness to Practice Committee.

2.2.2. Students will receive oral feedback from their PBL tutor at the end of each PBL case and at regular intervals throughout the course. This will be largely about the process of group working and the student's contribution to this, and will be formative.

2.2.3. Mock Integrated Medical Science papers (see below) will be taken in November and April/May of each year. These will be formative. Since feedback is an essential part of the educational process, attendance will be required.

2.2.4. Students will maintain a portfolio/logbook of their experience in the course particularly in clinical placements and the clinical skills laboratory (see appendix 8). Part of this document (the Personal Portfolio) will be for the student's own reflection on the learning process. The Personal Portfolio is private to the student, the student's personal tutor and selected members of HYMS staff. No-one else may see the Personal Portfolio without the agreement of the student. The remainder (the Record of Achievement) will be subject to inspection to meet the summative assessment requirement below.

2.3. Summative Assessment – Core Curriculum

2.3.1. Summative assessment of students in all System and Theme elements of the core curriculum will be by a series of integrated assessments using methods which represent current accepted good practice in respect of validity, equity and reliability. Assessments in Phase I will normally take place in June of each academic year.

2.3.2. Throughout the programme, summative assessment will map to each Theme in approximate proportion to its course content. Each part of each question in the Integrated Medical Sciences papers and in the Objective Structured Clinical and Practical Examination (OSCPE) will be labelled as assessing one of the three Theme Clusters (see 2.3.3 below) (see appendices 4 & 6). It will be clear to students which parts assess which themes.

2.3.3. Assessment of the seven Themes will be concentrated into three Theme Clusters as follows:

Theme Cluster A Themes 1 & 2 Life Sciences; Clinical Sciences;

Theme Cluster B Themes 3 & 5 Clinical Techniques and Skills; Person -Centred Care;

Theme Cluster C Theme 4, 6 & 7 Evidence Based Decision Making; Population Health and Medicine; Managing Resources for Quality and Efficiency.

2.3.4. In Phase I, a diet of summative assessments is held at the end of Years 1 and 2. Candidates are permitted to enter only if they have fulfilled all other requirements of the programme, including satisfactory attendance, professional behaviour, and diligence in academic performance, to the satisfaction of the HYMS Board of Examiners

2.3.5. In year 1 assessment will consist of the following components:

- appropriate attendance and performance in the core elements of the course (see sections 2.3.8-2.3.12);
- satisfactory completion of the Record of Achievement (RoA).
- written Integrated Medical Science papers (see Appendix 1); each not exceeding 2 hours in duration
- a clinical and practical assessment consisting of an Objective Structured Clinical and Practical Examination (OSCPE) (see Appendix 3);

2.3.6. In year 2 the assessment will include the components described for year 1, and, in addition, independent Assessments of Clinical Consultation Skills (ACCS) which must be passed at a satisfactory level according to the description given in appendix 4. Students who remain unsatisfactory after remediation and re-examination will be considered to have failed to meet the requirements for Progression to Phase II.

2.3.7. The marks for each student in the written papers and OSCPE will be totalled by Theme cluster and will be presented to the Phase I Board of Examiners. In each year, in order to progress, students will be required to demonstrate a satisfactory level of achievement in each of the three Theme Clusters considered separately. (see Appendix 3).

2.3.8. Attendance at, and performance in, clinical placements and clinical skills training will be subject to continuous assessment, conducted by clinical placement and clinical skills tutors. Satisfactory performance will be required to allow a student to proceed to the end of year summative assessment. The instrument of continuous assessment will be the Record of Achievement (RoA) section of the Portfolio.. It

is the responsibility of the student to ensure timely submission of the appropriate documentation for the RoA

2.3.9. Students for whom satisfactory reports are received will be deemed to have progressed satisfactorily in these domains during the attachment.

2.3.10. Reports giving rise to concern will be forwarded to the Academic Progress Committee. On receipt of any unsatisfactory report, the Academic Progress Committee may

- make recommendations for remedial work;

or

- make recommendation to the Phase I Board of Examiners, where appropriate, that a student who has failed to meet requirements of the programme, including satisfactory attendance, professional behaviour, and diligence in academic performance, be not allowed to enter the end of year summative assessment

or

- in the case of serious concern about the health or conduct of a student which it is thought might pose potential risk to patients, make a disclosure to the Fitness to Practise Committee (*See HYMS Code of Practice for Fitness to Practise Medicine*).

2.3.11. Students who are absent from assessments for good reason such as illness will take an equivalent assessment at a later date. A Medical Certificate or other supporting documentation must support absence from a summative assessment.

2.3.12. It is the responsibility of students to inform the School Office when they are ill. Details of procedures to be followed for illness and other reasons for absence are in the HYMS Code of Practice on Absence.

2.4. **Written Assessments: Integrated Medical Sciences**

Written assessments will be in the form of **Integrated Medical Sciences papers** of up to two hours duration each. The formats used will be single best answer multiple choice questions, extended matching questions, and/or modified essay questions. Any individual paper may contain more than one format. Progress towards most outcomes from the course may be tested in Integrated Medical Sciences papers. In particular, they will assess progress towards achievement of outcomes in health promotion & disease prevention, information handling skills, understanding of social, basic and clinical sciences and underlying principles, appropriate decision making skills, and clinical reasoning and judgement, and the role of the doctor within the health service.

(programme outcomes 4, 5, 7, 8, 10, 11) Further details of the written assessments are in appendices 1 and 2.

2.5. **Practical Assessments**

Practical assessments will evaluate in particular progress towards achievement of clinical skills, competence in practical procedures, patient investigation, communication, information handling skills, practical demonstration of the understanding of social, basic and clinical science and appropriate attitudes, ethical understanding and legal responsibilities (programme outcomes 1, 2, 3, 6, 7, 8, and 9) In Phase I, the practical assessment will consist of:

Performance in an OSCPE

Satisfactory completion of a portfolio/workbook
Additionally, in Year 2, an Assessment of Clinical Consultation Skills (ACCS)
Details of the format of these assessments are at appendices 3, 4 and 5.

2.6. Assessment Grades

Each student will be awarded a grade in each Theme Cluster based on the aggregated results of the Integrated Medical Sciences papers and the OSCPE. These grades will be:

Excellent:	The student has demonstrated attainment at a very high standard in the learning outcomes assessed.
Satisfactory:	The student has demonstrated attainment above the required standard in learning outcomes assessed.
Borderline:	In the learning outcomes assessed, the student has performed at a level where doubt exists as to whether or not they have achieved the required standard.
Unsatisfactory:	The student has not demonstrated attainment to the required standard in the learning outcomes assessed.

(see also appendix 6)

2.7. Mitigating Circumstances

- 2.7.1 A student who feels that her/ his performance in an examination or assessment was affected by illness or other extenuating circumstance should register a claim in mitigation with the invigilator, or with the HYMS office, normally by the end of the day of the examination. He/she should then submit a written statement, accompanied by a medical certificate or information from a source other than her/himself to confirm the circumstances claimed, within 7 days of the examination, or assessment deadline.
- 2.7.2. The responsibility for making a decision on acceptance or otherwise of a submission in mitigation rests with the HYMS Board of Studies, on the recommendation of the Board of Examiners and the Academic Progress Committee.

3.0 Re-assessment – Core Curriculum

3.1 A student whose performance is insufficient to satisfy the Phase I Board of Examiners will normally be required to resit either the whole of the examination or such parts of the examination as may be prescribed by the Board of Examiners. Criteria by which the Board of Examiners will regard a performance as satisfactory and the criteria by which students will be required to resit the whole or parts of the examination are given in Appendix 6. Such examination will take place not less than 6 weeks from the time of the first examination

3.2 Failure to complete the academic year
Any student who fails to satisfy the Board of Examiners within a single academic year but has submitted a plea in mitigation which is accepted by the Board of Studies shall be offered the opportunity to register and repeat all or part of that year of the

programme in the following academic year. No previous results may be carried forward. The student will be required to sit all summative assessments and attain the standards set out in section 6. Re-assessment will be as described in section 3.1.

4 Assessment of Student Selected Components (SSCs)

4.1 To support the core curriculum, SSCs must encourage students to:

Learn about and begin to develop and use research skills

Have greater control over their own learning and develop their self-directed learning skills

Study in depth topics which interest them outside the core curriculum

Develop greater confidence in their own study skills and abilities

Present the results of their work verbally, visually or in writing

Consider potential career paths.

4.2 Each SSC will be assessed by one or more of the following completed and submitted by the specified deadline:

Essay/ written dissertation;

Presentation to peers and tutor(s);

Presentation of a learning resource produced by the student

e.g. web-based tutorial, poster, model, etc;

Formal tutor or peer review and discussion.

A written test

4.3 Grades

4.3.1 Students will be awarded one of four grades, **Unsatisfactory, Borderline, Satisfactory or Excellent**, on the basis of

Process e.g. effort and organisation in the course of the work and/or final presentation, appropriate use of resources; and

Outcome e.g. evidence of learning through demonstration of new skills, production of the final report, critical review.

4.4 Ensuring fairness in assessment of SSCs

4.4.1 All SSC submissions which may merit the award of grade other than **Satisfactory**, and all SSCs assessed by oral presentations/performances will be assessed by two examiners. The first examiner will be the tutor supervising the SSC. **The second examiner should be a suitably qualified person, who has been approved as a member of the (teaching) team for the SSC.** The second examiner need not be subject specialist.

4.4.2 Disagreement between first and second examiners will be referred to the Chair of the Phase I Board of Examiners acting as arbitrator. The recommendation on grade will be by majority amongst the three examiners.

4.4.3 Any SSC with an oral presentation or performance component will be assessed throughout by two examiners.

- 4.4.4 An SSC leading to the production of an artifact (essay etc) but without an oral presentation or performance component will initially be marked by the tutor who has supervised the SSC. If the submitted artifact is considered worthy of a grade of **Satisfactory**, no second marker will be involved. If the tutor grades a submitted artifact as worthy of consideration of a grade of **Excellent**, the submission will be assessed by a second examiner. The outcome will be that either a grade of **Excellent** is awarded, or that the submission is judged to be **Satisfactory**.
- 4.4.5 In an SSC leading to the production of an artifact (essay etc) but without an oral presentation or performance component, if the first examiner grades the submitted artifact as likely to lead to a grade of **Borderline/Unsatisfactory** the submission will be read by a second examiner. The outcome may be that a grade of **Unsatisfactory** is awarded, or that the submission is confirmed as **Borderline** (see section 4.4.6).
- 4.4.6 If an SSC, assessed either by a submitted artifact or by presentation/performance is judged by two examiners to be **Borderline**, further prescribed work will be undertaken by the student, followed by a second assessment carried out by two examiners. Following re-submission and re-assessment, a grade of **Unsatisfactory** or **Satisfactory** may be awarded.
- 4.4.7 A grade of **Unsatisfactory** agreed by two examiners will lead to a student being required to undertake further prescribed work in the summer vacation.
- 4.4.8 Following a **Borderline** assessment the examiners will:
- 4.4.8.1 Arrange and document a meeting with the student to provide guidance and agree remedial action.
 - 4.4.8.2 Provide a written copy of this guidance and remedy to the student and the relevant SSC Co-coordinator or deputy Co-coordinator.
 - 4.4.8.3 Provide any necessary extension to allow the student to remedy the performance to date. This extension is limited to a maximum of three weeks without medical certification and subject to the normal rules governing late submission

5. Recognition of high achievement

Students may be graded 'Excellent' in:

- Each of the 3 Theme Clusters in Year 1;
- Each of the 3 Theme Clusters in Year 2;
- Each of the 3 SSCs in Year 1;
- Each of the 3 SSCs in Year 2

The Phase I Board of Examiners, advised by the Examinations Working Party, will set thresholds relating to the accumulation of 'excellent' grades so as to be able to award an overall grade of 'merit' or 'distinction' in Phase I of the course. An accumulation of 'excellent' grades will ultimately contribute to the award of the MB BS degree with Honours.

The award of 'merit' will normally be considered for those students achieving four or more 'excellent' grades in the twelve categories above with no grades of 'unsatisfactory'. The award of 'distinction' will be reserved for achievement of grades of 'excellent' in eight or

more of the twelve categories with no grades of 'unsatisfactory'.

6. Progression within the MB BS Programme

To progress within Phase I of the MB BS programme, a student must have satisfied the requirements of the relevant Phase I Board of Examiners and those of the HYMS Fitness to Practise Committee, both of which will make recommendations to the HYMS Board of Studies. The requirements are:

- A satisfactory level of attendance and performance within the course (see sections 2.3.8 to 2.3.12)
- Achievement of a satisfactory outcome in each theme cluster examination as described in 2.4 and 2.5 above and in Appendix 6.
- Achievement of at least a grade of Satisfactory in the assessments in all of the three Student Selected Components (see section 4).
- Be in good standing with the Fitness to Practise Committee (see section 1).

To progress from Phase I to Phase II of the MB BS programme students must satisfy the above criteria and in addition achieve a:

- Satisfactory performance in the assessment of clinical consultation skills as in Appendix 4.

Students not eligible to progress will normally have their course terminated subject to any appeal.

7. Academic Misconduct

Students must not, in relation to assessed work at any stage of their programme, cheat, collude, fabricate, personate or plagiarise. All assessments will be subject to the *HYMS Code of Practice on Academic Misconduct*, where further details are available.

The Phase I Board of Examiners will take account of any breach of the requirements in determining a mark for the work affected. This may result in a mark of zero in the assessment component involved, and/or an Unsatisfactory grading in the assessment as a whole. If the examiners believe that the case is of particular gravity, they may also recommend that further disciplinary penalties, such as suspension, termination of registration in the MB BS programme, or suspension or exclusion from the University.

8. Processing of Assessment Results

8.1. Documentation of Marks and Grades

8.1.1. It is the responsibility of the MB BS Examinations Working Party to oversee, in line with policies, the preparation of assessment materials, the operations of the assessment systems, the provision of timely information to external examiners and the presentation of assessment results to the Board of Examiners.

8.1.2. The Curriculum and Assessment Manager will be responsible for arranging the security of scripts, the timely marking of papers, the collation of marks and grades using double entry where appropriate and the presentation of the aggregated materials to the MB BS Examinations Working Party.

8.2. Aggregation of information for Board of Examiners

The MB BS Examinations Working Party will receive the results of the summative assessments, collate these with any application from individual students in plea of mitigation for sickness or personal circumstances, confirmation of satisfactory attendance and any other relevant information and provide the material with recommendations to the Phase I Board of Examiners.

8.3. Board of Examiners Meetings and Publication of Results

A meeting of the Board of Examiners will be held as soon as practicable after the last component of each diet of summative assessment. This will be according to a pre-determined schedule and in sufficient time to allow dissemination of the results, subject to ratification by the HYMS Board of Studies. The date and time of the publication of the results will have been made known to the candidates in advance. Results are also subject to the approval of the Joint Senate Committee

9. Role of External Examiners

The role of external examiners will be:

- 9.1. To comment and give advice on programme content, balance and structure
- 9.2. [To report on good practice they have identified](#)
- 9.3. To report on the standards of student performance in those programmes or parts of programmes which they have been appointed to examine, and on the comparability of the standards with those of similar programmes or parts of programmes in other UK higher education institutions;
- 9.4. To report on the extent to which its processes for assessment, examination, and the determination of awards are sound and have been fairly conducted, with reference to HYMS procedures and Codes of Practice. One of the external examiners (designated Chief External Examiner) will have particular expertise in the processes of setting of valid and reliable examinations in the medical field. His/her term of office will normally be of such a duration as to afford oversight of the whole undergraduate programme.
- 9.5. To act as moderators of the conduct of and decisions based on the results of summative assessments, including on-going assessment of attendance and performance.
- 9.6. To participate as full members of the Board of Examiners in the setting of appropriate thresholds of achievement

- 9.7. To participate in decisions by the HYMS Board of Studies on suspected or proven cases of academic misconduct (cheating/assessment offences by students). Normally the Chief External Examiner will fulfil this role.
- 9.8. To submit a written report on an annual basis to the Vice-Chancellors including commentary and judgements on the validity, reliability and integrity of the assessment process and the standards of student attainment.

10. Appeals about assessment

10.1. Academic Judgment

- 10.1.1. Please see section 4 of HYMS Code of Practice on Academic and Fitness to Practise Appeals

10.2. Grounds for Appeal

- 10.2.1. Please see section 13 of HYMS Code of Practice on Academic and Fitness to Practise Appeals

10.2.2.

10.3. Allowable appeals

- 10.3.1. Please see section 12 of HYMS Code of Practice on Academic and Fitness to Practise Appeals

Appendix 1

Guidelines for setting written papers in the Integrated Medical Sciences assessment

- The papers will, normally each address one Theme Cluster; each will include a combination of Extended Matching Single Best Answer and/or Modified Essay Question Format.
- Theme Cluster A paper may be divided into two parts
- Each question should concentrate on an important concept or concepts and as far as possible will be based around a clinical or other 'vignette' so as to support the PBL process.
- Each question will as far as possible assess application of knowledge.
- Questions must test a broad range of curriculum objectives; a blueprinting exercise will be carried out to ensure that the examination as a whole maps adequately to each Theme in approximate proportion to its course content. It will be clear to students which parts assess which Theme Clusters.
- Each question will address issues from a single Theme Cluster.
- All questions will have pre-determined marking schemes.
- It is the responsibility of the Examinations Working Party advised by the external examiners, to ensure appropriate spread of subject content across the papers to sample the curriculum objectives as effectively as possible.
- It is the responsibility of the Examinations Working Party to review and select questions, based upon suggestions from as wide a range of staff as possible.

Single Best Answer and Extended Matching Questions.

The guidelines '*Constructing Written Test Questions for the Basic and Clinical Sciences*' 3rd Ed. Case and Swanson. NBME, will be used in the construction of these questions.

Modified Essay Question format

- Each case study question will be in a standard format consisting of the case study scenario, known as the 'stem' of the question, followed by up to six sub-questions integrated around this case study.
- The majority of the questions will require brief answers to the sub-questions. For these questions the number of components required for the student to be awarded full marks will be clearly indicated. Only the first answers given up to the number required will be marked. It must be clear from the paper rubric that where candidates write more than the specified number of answers to a sub question the excess replies will be ignored, even if they are correct and the preceding answers incorrect or irrelevant.
- a minority of questions may require discursive answers written in a prose style. Where such answers are required this will be clearly indicated to candidates and the approximate length of answer required will be indicated. Answers to these questions will be marked against specified marking criteria.

Appendix 2

Scoring of written papers

For those parts of the examination which cannot be marked in simpler ways, the Examinations Working Party will appoint a 'Scoring Group' to mark the questions. This will apply mainly to the Modified Essay Question format.

- the Scoring Group will normally consist of a number of teams each of two or three staff. The membership of the group and of the teams will be chosen to reflect a wide range of disciplines and specialties. The scoring group will include at least one person who is medically qualified.
- all marking will be undertaken with all members of the scoring group together
- scripts will be divided into individual questions for scoring
- scoring procedure within teams will be as follows:
 - o each team appoints a team leader, who will first review the question and the model answers with the team and suggest acceptable answers. This will be done *a priori*
 - o each member of the team marks 10 scripts according to the specified marking criteria
 - o student answers in this sample are then reviewed to produce an agreed marking schedule
 - o the schedule is then applied rigidly to all scripts, including the initial 10
 - o data from all scoring teams will be entered to a central database

The scripts of students graded as Borderline or Unsatisfactory will be reviewed by external examiners.

Appendix 3

Objective Structured Clinical and Practical Examination (OSCPE)

This assessment will consist of a 16-20 station Objective Structured Clinical and Practical Examination (OSCPE). The examination will be the responsibility of the Assessment Committee who may delegate it to appropriate clinical members of staff.

In an OSCPE students rotate around stations. At each they perform a task which is assessed, usually by direct observation. Stations will be chosen to reflect the range of competencies that students may be expected to demonstrate by the stage of each examination and will include some or all of:

- assessment of communication skills
- assessment of basic physical examination/practical procedures (for example use of a ophthalmoscope, taking of blood pressure, venepuncture of model arm, recording of electro cardiogram, surface and living anatomy)
- 'spotters' (identification of labelled structures) relating to human morphology, histology and embryology
- data interpretation exercises – e.g. simple epidemiological data
- other tasks as appropriate to the curricular objectives

Additional 'rest' stations may be included. Competencies best tested in written format should be included in the Integrated Medical Sciences paper not in the OSCPE. Clear marking guidelines, based on rating scales or checklists as appropriate to the material, will be produced for each station.

Stations involving observation will normally have one assessor.

Appendix 4

The Assessment of Clinical Consultation Skills Examination (Year 2 only)

Each student will be observed taking a history from and examining patients. The examination may take place both in hospital and in general practice. This examination forms the first part of an integrated progressive examination system which continues to the end of the course.

Conduct of the Examination

- assessment will normally be by one assessor unless a third patient is seen in which case there will be two assessors (see below)
- the assessor(s) will introduce the patient with a standard introduction giving basic information.
- the student will be observed taking a history from the patient for 10 minutes.
- the student will be asked what is the most appropriate physical examination to perform based upon the history obtained. The assessor(s) will have agreed in advance what this is, and will direct the student if their response is incorrect.
- the assessor(s) then observe the student perform the specified physical examination for 10 minutes.
- the assessor(s) will then ask the student to describe their findings and identify the possible underlying disease processes and give the reason for their suggestions, and suggest how the case may be investigated further . (10 mins)

The assessor(s) will grade performance according to defined descriptors consistent with the 'Calgary Cambridge' approach to consultation skills training. These descriptors will be organised into Categories of Competence as below.

Categories of competence

History taking

Physical Examination

Problem Solving

Relationship with patients

Grades

Students will be separately graded on each category of competence according to the following grade descriptors.

- A Capable in all components to a high standard
- B Capable in all components to a satisfactory standard and a high standard in many
- C+ Capable in all components to a satisfactory standard
- C- Capable in a majority of components to a satisfactory standard, inadequacies in some components
- D Capable in several components. No serious defects
- E Demonstrates inadequacies in many components, and one or more serious defects

Threshold

All students will be examined on two patients. Those obtaining more than one D or E grade across both patient encounters (i.e. cumulative across eight grades) will be regarded as unsatisfactory in the assessment and will need to see a third patient. A further agreed D or E

grade on this occasion will lead to the student being required to be re-examined after a further period of clinical experience and remediation.

This re-examination will take place not less than 4 weeks following the time of the written and practical examinations and will be in the same overall format as the original examination. (i.e. will consist of two further patient encounters.). Those obtaining more than one D or E grade on this occasion across both patient encounters (i.e. cumulative across eight grades) will be regarded as unsatisfactory in this re-assessment. This will lead to the student being required to be again re-examined after a further period of clinical experience and remediation, which will consist of three further patient encounters. Students who obtain more than two D or E grades across all three patients (i.e. cumulative across 12 grades) on this final occasion will be regarded as unsatisfactory in the assessment, and will not be allowed to progress to Phase II.

Organisation

The examination will normally be conducted in the last or the last two Blocks of the second year. It will be conducted in clinical areas so that one of the two patients is seen in a primary care setting in one Block and the other in a hospital setting in the other Block. The examinations will be conducted by a clinical placement tutor other than that normally responsible for the student. If examination of a third patient is necessary, at least one of the two examiners will be a senior clinical academic.

The resit examination will normally be held at one time and in one place.

Appendix 5

The student portfolio/workbook

The student portfolio will consist of two separate but related exercises.

The purpose of the Record of Achievement (RoA) is to gain reliable evidence for fulfilment of learning outcomes that are difficult to appraise in other ways, mostly to do with development of professional behaviour and values, but also to develop the skills of the students to assess their own strengths and weaknesses in these areas. The content of the RoA is available for inspection, such inspection forming part of summative assessment.

The purpose of the Personal Portfolio (PP), is to begin to cultivate an attitude within students of being aware of their own development, being comfortable with discussing difficult issues such as failures and fears, and gaining the skills of giving and receiving constructive criticism and using it to guide their own personal development, as they will continue to need to do when they become doctors. The PP remains personal to the student and will be seen only by the student's personal tutor or certain selected members of HYMS staff. The PP will be needed by the student to furnish evidence for the RoA.

The RoA will contain

Evidence for developing clinical competencies and professional behaviour by regular reports by clinical placement and clinical skills tutors.

Summary of evidence for developing personal and professional behaviour arising from meetings with PBL facilitators . twice each year. Evidence will be drawn from clinical skills and clinical placement reports, from peer and self evaluation exercises, reflective exercises by students and from the facilitator's own judgement. This exercise will require the student to refer to examples in their personal portfolio but will not assess the personal portfolio directly.

- Evidence of attendance as attested by PBL facilitators, clinical skills facilitators and clinical placement teachers

- Reports from the SSC supervisors on progress and achievement in the SSC including reports on professional behaviour

The PP should contain

- Everything that is also in the RoA

- Results of formative assessments

- Structured forms relating to student involvement in the PBL process. At the end of each Block PBL facilitators and students as a group will, following discussion fill out forms tied to specific learning outcomes.

- 'Tear-out' sheets (colour coded) available within the Study Guide asking for reflective notes on each placement and on the PBL process. The student will need these notes to prepare for the interviews with their PBL facilitator (see above). In particular these notes will include

- Reflection on the PBL process
 - Analysis of critical incidents
- Personal learning plans in the SSCs
- Videos of interaction with patients or simulated patients

Photocopying or other inclusion of named patient data in a portfolio is a breach of professional confidentiality and of the Data Protection Act. (See Section 10.2 of the HYMS MB BS Student Handbook) and *HYMS Code of Practice on Acceptable Use of Information Technology*)

Appendix 6

Grading of Outcomes

The outcome of an assessment will be one of:

Excellent:	The student has demonstrated attainment at a very high standard in the learning outcomes tested by the assessment(s) concerned
Satisfactory:	The student has demonstrated attainment above the required standard in learning outcomes tested by the assessment concerned
Borderline:	The student has performed at a level where doubt exists as to whether or not they have achieved the required standard
Unsatisfactory:	The student has not demonstrated attainment to the required standard in the learning outcomes tested by the assessment concerned.

Threshold for Satisfactory Performance - Years 1 and 2

The Examination Working Party will recommend to the Board of Examiners thresholds using internationally recognised methods or modifications thereof for

- a) the marks that must be obtained in each Theme Cluster for the candidate to be regarded as at least Borderline in that Cluster.
- b) the marks that must be obtained in each Theme Cluster for the candidate to be regarded as at least Satisfactory in that Cluster.

The methods used are systematic ways of gathering value judgements from a variety of sources, reaching consensus and expressing that consensus as a score.

Decisions about the overall result of the examination and the need for students to resit individual Theme Clusters will be by reference to the following table. The Board will regard those students who achieve a pass decision according to this table as having satisfied their requirements in the Integrated Medical Science papers and the OSCPE.

Result by Theme Cluster	Decision in Year 1	Decision in Year 2
Satisfactory in 3	Pass	Pass
Satisfactory in 2 Borderline in 1	Pass	Pass
Satisfactory in 1 Borderline in 2	Pass	Resit 2
Satisfactory in 2 Unsatisfactory in 1	Resit 1	Resit 1
Satisfactory in 1 Borderline in 1 Unsatisfactory in 1	Resit 1 (unsatisfactory)	Resit 2
Satisfactory in 1 Unsatisfactory in 2	Resit 2	Resit 2

Borderline in 3	Resit 3	Resit 3
Borderline in 2 Unsatisfactory in 1	Resit 3	Resit 3
Borderline in 1 Unsatisfactory in 2	Resit 3	Resit 3
Unsatisfactory in 3	Resit 3	Resit 3

The Resit Examination

For the resit examinations in Year 1 the Board of Examiners will require students to achieve the following standards in order to be regarded as satisfactory in the appropriate sections of Integrated Medical Sciences papers and the OSCPE.

If resitting 1 Theme Cluster; at least a grade of Borderline

If resitting 2 Theme Clusters; at least 2 grades of Borderline

If resitting 3 Theme Clusters; at least 1 grade of Satisfactory and 2 grades of Borderline

Students not achieving these standards will normally be deemed to have failed the assessment

For the resit examinations in Year 2 the Board of Examiners will require students to achieve the following standards in order to be regarded as satisfactory in the Integrated Medical Sciences papers and the OSCPE.

If resitting 1 Theme Cluster; at least a grade of Borderline

If resitting 2 Theme Clusters; at least 1 grade of Borderline and 1 grade of satisfactory

If resitting 3 Theme Clusters; at least 2 grades of Satisfactory and 1 grade of Borderline

Students not achieving these standards will normally be deemed to have failed the assessment

Criteria for award of grade of Excellent

The Examination Working Party will recommend to the Board of Examiners thresholds for the marks that must be obtained in each Theme Cluster for the candidate to be regarded as Excellent in that Cluster.

'Excellent' grades will not be available for resit candidates