2018 MB ChB Programme of Assessment

Policies and Procedures

Change Summary from 2017 Edition:

- **Awards for Distinguished Performance in ALM in Medicine, and in Obstetrics & Gynaecology introduced**
- **ELM in-course assessments to contribute 20% to MICN201/301 grades**
- **Provision of Alternative allowances in ELM in-course assessments**
- **Special Consideration for in-course assessments**
- **Admission to Special (re-sit) examinations**
- **Declaration of potential conflicts of interest**
- **Deferred Terms and Specials now classed as Incomplete or Re-sit**
- **Core Drug List and associated policy updated**
- **Abbreviations for use in Assessment list updated**
- **ALMS students are advised the MICN501 written examination reserve day is Friday 2 November, for which they must be available**
- **The Assessment of Professional Conduct doc updated and appended**
This document is a guide for students and staff involved with the University of Otago MB ChB course. Although every effort will be made to keep this guide up to date, details of actual assessments may vary from those described in this guide. Students will be informed of further details within course handbooks, and by module conveners.

Prepared by the

MB ChB Assessment Sub-Committee (MASC) of the MB ChB Curriculum Committee (MCC), in collaboration with the Boards of Censors.

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1 Assessment in the Otago Medical School
1.1 Principles of assessment at the University of Otago

These University of Otago assessment principles are currently under review.

The assessment of student performance at the University of Otago follows four principles:
1. All internal assessment should inform learning;
2. Assessments will centre on essential knowledge and skills;
3. Both internal assessment(s) and final examinations will usually be necessary;
4. The workload associated with assessment requirements will be reasonable and the tasks will be fully described early enough to give students time to fit them in alongside their other commitments.

The tenets that have informed development of the current MB ChB assessment system are:

1. The Medical School has a responsibility to assure students, staff, the profession, and the public that graduates have achieved the outcomes of the medical degree course.
2. All assessment events should guide individual student’s learning, i.e. be an assessment for learning; most assessment events will also inform decisions on student progress, i.e. be an assessment of learning; some assessment events will be an integral part of student learning, i.e. assessment as learning.
3. Where appropriate, the assessment processes should encourage co-operative learning.
4. The assessment processes should encourage and acknowledge excellence.
5. The assessment processes should be clear so that students know well in advance what they need to do to pass and/ or to obtain higher results. The timing and mode of each assessment event and the core elements of the Curriculum Map to be assessed should be made explicit at an appropriate time.
6. The combination of assessment methods used must provide a comprehensive assessment of the core elements defined in the Curriculum Map for the medical degree course.
7. The evidence used to support progress decisions should be aligned to the purpose of the assessment events.
8. Assessment methods should promote the integration and application of information, principles, and concepts.
9. Whenever possible, assessment methods should closely match “real-life” situations. This should include frequent observations of students interacting with patients.
1.2 Overview of assessment in the MB ChB programme

Refer also to Appendix 6, Assessment of Professional Conduct.

Medical students are responsible, motivated adults who are expected to participate actively in assessing their own learning progress, guided by staff, fellow students, patients and others, and to uphold the Medical School’s Student Code of Conduct.

The four broad headings of student behaviours in the Code are:

1. interactions with patients and their families
2. personal and professional values
3. relationships with staff and colleagues
4. commitment to professional standards and continuing improvement in self and others.

A student’s professional conduct is considered at each progression point: in the awarding of Terms and in making Pass/Fail/Distinction decisions. The three main sources of information to support judgments for professional behaviour are:

Two sources of information are routinely gathered:

1. observations/judgments made on all students during or in relation to defined formal assessments (such as OSCEs, written work)
2. systematic collated observations of all students by University staff, and staff from healthcare and other institutions

On source of information will occur in exceptional circumstances:

3. reports of incidents of either a lapse in professional behaviour or of meritorious behaviour.

For each year (2-6), Terms decisions are based on the aggregated information across a number of modules and/or in-course assessment events. In order to progress from one year to the next, a student must meet the Terms requirements, have no outstanding concerns re professional conduct, and in addition, in Y2, Y3 and Y5 meet the required standard in Common Component Examinations (CCE). Hence each student must usually have met or surpassed the pass criteria from each of the components of ELM2, ELM3 or ALM4/5 in order to achieve Terms and sit the relevant CCE. There are no CCE for ALM6, as progression-to-practice decisions are informed by module assessment events, and in exceptional circumstances, a further assessment event where additional information is required, usually at the end-of-year.

In exceptional circumstances and at the discretion of the relevant Board of Censors (BoC), students who have not yet achieved Terms will be allowed to sit end-of-year examinations with Terms deferred.

The combination of assessment methods used must provide a comprehensive and valid assessment of the core elements (core professional activities, core presentations, core conditions) defined in the Curriculum Map domains of the medical degree course.

The modules in ALM4 and ALM5 vary across campuses. Thus, it is not possible, nor desirable, to have identical assessments at identical stages in the course. Instead, the aim is to have equivalent assessment decisions by using a broad range of assessment tools mapped against Curriculum Map domains and core elements. The modules in ALM6 have more in common, but assessment at this stage of the course is based more on performance than competence, and there is greater reliance on supervisor reports combined with a variety of other assessment events.

Students achieving Distinction should have demonstrated satisfactory performance in all assessment events and excellent performance in sufficient assessment events to support this decision being made.
1.2.1 Award of MB ChB with Distinction

The decision to award the MB ChB with distinction is made by the BoC6 under delegated authority from the Otago Medical School Academic Board. To obtain a degree with distinction a student should achieve a distinction in:

- ALM6 (refer section 6.2.6) and
- ALM5 (includes achievement in ALM4, refer section 5.3.3) and
- ELM2 or ELM3 (refer section 2.4.3).

Students who fail to pass a year at the first attempt or who have had significant issues with professional conduct would not usually be recommended for the degrees with Distinction.

Exceptional circumstances may be taken into account at the discretion of the BoC6.

The following criteria will be applied if a single top student needs to be identified for awarding of a prize (e.g. the Rita Gardner Travelling Scholarship for top overall student, and the Emily Siedeberg Prize for top overall female student):

- Number of year Distinctions.
- Number of TI Distinguished Performances.
- Number of TI nominations for Distinction assessment.

If such criteria fail to identify a single candidate, the prize will be split between the top candidates.
1.3 **Assessment for learning and assessment of learning**

The intent of the Conditional Pass grade (CP) is to identify specific areas that an otherwise satisfactory student needs to address (and demonstrate having reached the required standard) before continuing their progress through the course. It is not a Conditional (or some other sort of) Fail.

An explanation of why it is important that CP should be used in this fashion is provided below.

Historically, assessment of learning (a “summative” purpose) provided little or no information to individual students on how they might improve. The introduction and development of assessments for learning (a “formative” purpose) signalled a cultural shift in assessment by providing students with tailored information to allow them to improve their learning going forward. Assessment divided into assessment for learning and assessment of learning with an either/or purpose has some benefit. In practice these distinctions are blurred, particularly when considering a programme of assessments across the entire curriculum.

A programme of assessment relies on using multiple recordings of student performance in order to build up a picture of that student’s level of ability. If a student’s current picture of performance is noted as being below standard, then the student is informed of this and given opportunities to demonstrate satisfactory performance in other equivalent assessment events. This continuous review process helps guide student learning, and also increases the evidence for making progress decisions.

As OMS improves the programme of assessment, all assessment events will continue to guide student’s individual learning, and all assessments could be used to inform progress decisions (unless specifically stipulated otherwise). Engagement in the educational value of some assessments may be seen as contributing to decisions on progress, rather than an absolute result achieved.

A student may receive a CP when they have not yet achieved the specified standard. The student then receives feedback on their performance, as well as condition(s) that they need to demonstrate currently or subsequently. Once conditions are met, the result becomes a Pass after Conditions Met (PACM) without them necessarily needing to repeat the original assessments.

If, despite this feedback and opportunity for further development of performance, a student does not demonstrate performance at the required standard, then they have not met the conditions. The student will then have demonstrated substandard performance over more than one assessment event despite feedback, and so the result will become a Fail for that component.

In addition, the CP system also allows for the accumulation of evidence of student performance that is assessed less overtly or less frequently. This is often the case with regards to assessment of professional conduct. Although a single event of substandard professional performance may not require intervention other than feedback, the student needs to be made aware of the issues and demonstrate performance above standard in other modules or subsequent assessments. Over time, a pattern of a single event in otherwise satisfactory performance or of repeated lapses may become apparent, and will allow for more informed decision-making.

1.4 **Curriculum Map and assessment**

The Curriculum Map indicates to students and staff the key elements of learning within the MB ChB programme, and demonstrates how they are organised, structured and related/linked to each other. It links these elements to opportunities in the curriculum where students are likely to encounter them and to resources to help students learn.

The classification of the Curriculum Map includes core elements and domains.

Contained within the Curriculum Map is the core content of the MB ChB programme. This will serve as a guide for the content, context, and levels of performance required during assessment to progress through the course.
### 1.5 Retained Knowledge Test

**Dates for 2018 Retained Knowledge Tests:**
- 9-22 April (feedback posted 4 May)
- 10-23 September (feedback posted 5 October)

The main purpose of the Retained Knowledge Test (RKT) is to allow students to monitor and reflect on the knowledge that is accumulated as they progress through the MB ChB course. The Medical School expects students to engage meaningfully with this process; Student Progress Committees are informed of students who do not.

RKTs are simultaneously administered to all ELM2 to ALMS students twice a year throughout the course. ALM6 students and staff are invited, and may elect to complete an RKT. Each RKT comprises multiple-choice questions (MCQs) covering content appropriate to any level of the course. The tests are delivered over a two-week period via MedMoodle to allow students to fit this in around other commitments. Students are encouraged to try and answer all 150 questions in one sitting; this gives the best snapshot of their current knowledge and their self-monitoring of applying that knowledge, and is excellent practice for sitting MCQs under exam conditions.

Each question requires two responses: selecting the correct answer, and rating the certainty that the correct answer has been selected. Students are advised to resist the temptation to look up answers, or to later change the degree of certainty associated with their answer. The intent is for students to develop the self-monitoring behaviour required for good clinical practice, and to be able to recognise and accept situations where they have only partial knowledge of a problem or its solution. See below for further information on levels of certainty.

Individual feedback will be provided, usually two weeks after the closure of the test, and will include:
- the number (%) of correct questions, in total and by core elements of the Curriculum Map.
- the number (%) of correct questions within each level of certainty.
- scores equivalent to minimum standard of performance for year groups.

Aggregated results from student cohorts are provided to CSCs to provide insight into knowledge accumulation, and to inform future development of the learning programme.

Students who are unable to sit the RKT are to contact the MB ChB Assessment Manager ([MBChB-Assessment@otago.ac.nz](mailto:MBChB-Assessment@otago.ac.nz)) *before* the end of the two-week period to arrange to sit the RKT at another time.

**Figure 1.** Assessing how certain you are that you have selected the correct option in the RKT

<table>
<thead>
<tr>
<th>No certainty*</th>
<th>Low certainty</th>
<th>Moderate certainty</th>
<th>High certainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have no or insufficient experience and/or knowledge upon which to base a response. <em>My answer is:</em> effectively a guess.</td>
<td>I have limited experience and/or knowledge upon which to base a response. <em>My answer is:</em> based on limited information.</td>
<td>I have partial experience and/or knowledge upon which to base a response. <em>My answer is:</em> based on partial information.</td>
<td>I have sufficient experience and/or knowledge upon which to base a response. <em>My answer is:</em> based on sufficient information.</td>
</tr>
<tr>
<td>I would need to consult a colleague, clinician, or references prior to considering any response.</td>
<td>I would need to consult a colleague, clinician or references for assistance in formulating my response.</td>
<td>I would need to consult a colleague, clinician or references to confirm the appropriateness of my response.</td>
<td>I would have no need to consult a colleague, clinician or reference in order to make a response.</td>
</tr>
<tr>
<td>In an authentic healthcare situation, I would require education to respond.</td>
<td>In an authentic healthcare situation, I would require direction to respond.</td>
<td>In an authentic healthcare situation, I would require confirmation to respond.</td>
<td>In an authentic healthcare situation, I would be able to respond.</td>
</tr>
</tbody>
</table>

*The default answer to the certainty question is *no certainty*
1.6 Strategic Plan for the MB ChB programme of assessment of students

Approved by MCC with amendments February 2014

To be revised 2019

Aim
The aim of this strategy is to outline the purposes of the MB ChB assessment programme and to use this information to identify areas of good practice and areas that require development.

It is envisaged that this Strategic Plan be regarded as a vision for the future akin to the Curriculum Master Plan. That is, we are not expecting all these changes to occur immediately, or simultaneously, or that all will ultimately occur. However, where changes are being made to parts of the programme of assessment we hope that they would be consistent with, or towards, this vision. Just as the Curriculum Master Plan offers an overview to guide development of the curriculum, we see a need for a similar overview and shared vision of the programme of assessment within the course.

Preamble
The MB ChB Assessment Sub-committee (MASC) recognises that:

- The information gained from assessment processes can be put to many purposes.
- Any one assessment process on its own is unlikely to meet all of the purposes of assessment.
- Resource efficiency and practicality requires that compromises will be made in the delivery of assessment. These compromises should be: considered, in keeping with policy (e.g. by MASC), clearly documented, and apparent to those responsible for implementing assessment (e.g. implementation committees) and those making decisions (e.g. BoCs).

In this document the term programmatic assessment refers to a deliberately constructed and organised, longitudinal programme of assessment, using a variety of methods to meet the intended purposes. This programmatic assessment, which contains multiple assessment points and intermittent decision points, will run throughout the course of the medical students’ undergraduate degree.¹

Strategic direction
There are three important aims in our strategic direction for assessment:

1. Ensuring that the MB ChB programme of assessment is appropriate and meets necessary standards for the purposes intended;
2. Ensuring alignment of the MB ChB programme of assessment with the Curriculum Map; and
3. Identifying areas for educational assessment research and quality improvement.

Purposes of assessment
The Medical School staff, students, and the wider community may perceive different purposes from any assessment process. The information gained from assessment processes may be put to different purposes by different stakeholders.

The three main purposes of assessment should be:

1. Guiding student learning – enabling students to understand their progress relative to standards, identifying their strengths and weaknesses, evaluating their self-assessment, directing and motivating their future learning, identifying areas they may aspire to improve, and achieve personal excellence;
2. Ensuring that individual students are satisfactory to progress – ensuring that students during the course are performing above satisfactory standards to progress, and that students at the completion of the course have the necessary knowledge, skills and attitudes/behaviours that lead to safe, fit-for-purpose practice; and,
3. Evaluating the degree programme (student learning) – assessment results should be used as part of the quality improvement process of the degree course.

Any developments in assessment should be aimed at improvements in achieving at least one of these purposes.

Evaluation of any assessment or assessment programme should include measuring it against appropriate criteria to ensure it meets the intended purpose(s).
Programmatic assessment alignment to the Curriculum Map

Alignment with Curriculum Map

Within the Curriculum Map it should be possible to demonstrate what content and level of learning is covered by any particular assessment item, process, and/or programme. Equally, it should be possible to demonstrate where attributes specified within the Curriculum Map are assessed or could be assessed. In the latter instances, the compromise of sampling what could be assessed against what can practically be achieved, should be considered. There should be alignment between the terminology used within assessment documentation and the Curriculum Map regarding descriptions of the content and levels of learning, so enabling a move towards longitudinal assessment and decision-making.

Programmatic assessment template

A template outlining the MB ChB programme of assessment is required, including a timeline of assessment points and decision points. This will include assessments that occur during the year, within modules, and those at the end of the year. Each of these assessments and decision points should be mapped against one or more of the purposes of assessment and the attributes specified in the Curriculum Map (e.g. domains and sub-domains). There should be decision points relevant to each of the three purposes.

Research and quality improvement of assessment

Research and quality improvement activities in relation to assessment should be planned and undertaken in conjunction with the Educational Research and Evaluation Sub-Committee (MEREC).

Priorities to inform an assessment research and quality improvement agenda are:

- Identifying areas for improvement in assessment practice with a focus on areas that do not as yet meet standards of quality and responding to areas of perceived need which have already been identified by staff looking to improve assessment.
- Promoting dissemination, both internally and externally, of healthcare education assessment research that is occurring within modules, years, campuses, schools, the Medical School, and Division.
- Enhancing communication between researchers in order to increase collaboration.

Requirements to progress this strategic plan

1. Agreeing the strategic direction.
2. Developing and agreeing on a common taxonomy and attributes in conjunction with the Curriculum Map group.
3. Developing and populating the programme template (Medical School and Module).
4. Identifying strengths, areas for improvement and developing research themes and trends in conjunction with MEREC.
5. Ensuring that the required academic, administrative and IT resources are available to undertake this plan.

1.7 Standards for assessment for the MB ChB programme

Refer: Standards for Assessment for the MB ChB programme

The Otago Medical School believes that developing, working towards, and meeting standards for assessment will support the planning, implementation, evaluation and quality improvement of assessment methods and decisions and meet the requirement for AMC accreditation.

The Standards for Assessment for the MB ChB programme will:

- be the guiding principles used when assessing students.
- define how assessment methods are planned, implemented and evaluated.
- clarify expectations of and for students and staff regarding the purpose and use of assessments within the course, and how information from those methods is translated into decisions.
- ensure that assessment methods, the results produced and the decisions arising, are reliable, valid, cost efficient, acceptable, feasible, have the desired educational impact and reflect the outcomes of the course.
- create consistency in the design and implementation of assessments across the course.
- meet the course accreditation requirements for assessment.

Adoption of the Standards for Assessment for the MB ChB programme by Module/Programme Conveners, is encouraged, but not mandatory, during 2018.
1.8 General regulations

This section addresses appeals relating to the end-of-year common component examinations. Refer to section 1.14 for appeals relating to in-course assessments.

End-of-year common component examinations in the MB ChB course are conducted under the regulations contained within the University Calendar (see Examination Regulations). The Calendar outlines issues relating to Terms requirements, appeals, dishonesty and notification of results. In addition, there are general regulations regarding Terms and examinations in the MB ChB course.

Students should refer to the exclusion regulations in the University Calendar for the year in which they commenced the MB ChB programme. Note: current exclusion regulations apply to students commencing Medicine from 2012 onwards.

1.9 Terms

Refer Programme requirements of Bachelor of Medicine and Bachelor of Surgery (MB ChB) which states:

a. A candidate must obtain terms in order to sit the final examination and/or to proceed to the following year of study. It is the decision of the Board of Censors for the year concerned to award Terms, deny Terms, or defer Terms. The Board may, for a student for whom Terms have been deferred in Second, Third, or Fifth Year, admit the student to the final examinations and allow completion of the Terms requirements up to the time of the relevant Special examinations. The Board may, for a student for whom Terms have been deferred in Fourth Year, allow completion of the Terms requirements up to the commencement of the Fifth Year.

b. Terms will be awarded by Boards of Censors for each year based on attendance, knowledge, professional behaviours and skills assessments, and on the overall performance of each student in all components of the course during the year. Concerns about performance with respect to any of these components during the year can contribute to a decision to deny Terms. Such denial of Terms can also take into account concerns of a similar nature raised in previous years, particularly if there is a pattern of behaviours that suggest that there is insufficient progress in addressing the concerns.

c. The sixth year of the MB ChB degree will be a Trainee Internship designed to introduce clinical responsibility for patients. It will include clinical modules and an elective period. To be awarded Terms and pass the Sixth Year a candidate shall normally obtain a passing assessment from each clinical module and from the elective period. The assessment will be made on performance of clinical and other work, and other assessments. Passing the Sixth Year as a whole is based on all available information and is made as a collective decision by each campus, which is recommended to, and approved by, the Board of Censor 6.

Notes:

1. At the beginning of each year of the Medical programme, each Department or the appropriate Board of Censors will clearly indicate to students specific requirements for the award of Terms.

2. Sometimes the decision to pass the year can be made only after a further period of observation (such as repeating a module or modules which may require enrolment in additional quarters) and/or by collecting further information from end-of-year assessments.

d. Students who are denied terms will normally be required to repeat the year as a whole.

Note: In the event of absence through illness likely to be prejudicial to the granting of Terms, students are advised to submit a Health Declaration to the Associate Dean of Student Affairs of the appropriate campus.

1.10 Fitness to Practise

The Code of Practice for Fitness to Practise adopted by the Medical School Board is available to download from the Otago Medical School pages.
1.11 Academic integrity in assessment

Refer Academic Integrity and Academic Misconduct Information for Students; University of Otago Academic Integrity Policy

Academic integrity means being honest in studying and assessments. It is the basis for ethical decision-making and behaviour in an academic context. Academic integrity is informed by the values of honesty, trust, responsibility, fairness, respect and courage. Students are expected to be aware of, and act in accordance with, the University’s Academic Integrity Policy.

Academic Misconduct, such as plagiarism or cheating, is a breach of Academic Integrity and is taken very seriously by the University. Types of misconduct include plagiarism, copying, unauthorised collaboration, taking unauthorised material into a test or exam, impersonation, and assisting someone else’s misconduct. A more extensive list of the types of academic misconduct and associated processes and penalties is available in the University’s Student Academic Misconduct Procedures.

It is a student’s responsibility to be aware of and use acceptable academic practices when completing assessments. To access the information in the Academic Integrity Policy and learn more, please visit the University’s Academic Integrity website or ask at the Student Learning Centre or Library. A student’s questions, should be directed to lecturer/module conveners.

MASC have developed the Author Declaration coversheet for assignments to accompany the submission of hard-copy written assignments. The signed declaration is designed to serve as a reminder to students regarding the academic integrity of the work submitted in their name and also acts as a paper trail in the event of any breaches of academic conduct. The form may be downloaded from MedMoodle for submission with hard copy assignments, or completed on-line for assignments submitted through MedMoodle. Module conveners are encouraged to require students to complete and return this form.
1.12 Assistance, consideration, and variations when sitting assessments

**MB ChB students do NOT apply through eVision for alternative arrangements in assessments**

- Alternative arrangements accommodate the needs of students with impairments to provide an equitable opportunity to participate and achieve, whilst recognising the duty the Otago Medical School has to the Medical Council of New Zealand.
- Special Consideration addresses impairments arising acutely before an assessment.
- Students should note that while many OMS staff are healthcare professionals, they cannot complete the healthcare professionals component of supporting documentation unless the student is in their professional care.

The Otago Medical School’s allowances and assistance in assessments and examinations policy differ from those of the University of Otago.

Refer to Figure 2 below to determine the allowance, assistance, or consideration to apply for.

**Figure 2. Timeline for assistance and consideration in assessments**

- **Week 1-3 of academic year**: Permanent condition that will impact on performance in assessments
  - => **Apply for Alternative Arrangements**, refer 1.11.3
  - => **Apply for approved Alternative Arrangements for ALM in-course assessments 3 weeks before assessment**

- **Week 4+ of academic year**: Onset of a condition that will impact on performance in assessments
  - => **Apply for Alternative Arrangements**, refer 1.11.3
  - => **Apply for approved Alternative Arrangements for ALM in-course assessments 3 weeks before assessment**

- **21 calendar days before assessment**: Acute health event that will impact on your performance in the assessment
  - => **Apply for Alternative Arrangements**, refer 1.11.3

- **14 calendar days before assessment**: Acute health event that will seriously impact on your performance in the assessment(s)
  - => **Apply for Special Consideration**, refer 1.11.1

- **5 business days before assessment**: Disruption to assessment such as fire drill, evacuation, etc. or you know the OSCE patient, fall down stairs, etc.
  - => **MB ChB Assessment Incident form** refer 1.11.2

- **4 business days before assessment**:

- **1 calendar day before assessment**:

- **Day of In-course assessment informing progress decision OR end-of-year assessment**: All applications for Special Consideration must be notified to OMS refer 1.11.1

- **1 business day after assessment**:
1.12.1 Special Consideration for students with temporary conditions affecting performance

Refer also: University of Otago Special Consideration in Final Examinations policy

**MB ChB students do NOT apply through eVision for Special Consideration for assessments.**

One purpose of assessments and examinations is to inform progress decisions, whether students have achieved a standard equivalent to a Fail, Conditional Pass, Pass, Potential Distinction, or Distinction in in-course assessment or a Fail, Pass, or Distinction for the year.

A student may have some temporary impairment arising in the two weeks before the assessment, and in effect at the time of an assessment that may affect their performance and hence the result.

Special Consideration regulations are intended to apply in cases where a student’s performance is seriously impaired or absence is due to events beyond a student’s control. Students and staff should be aware that the Medical School has its own processes in relation to applications for Special Consideration in module assessments and final examinations.

The Medical School **Special Consideration application form** is available from the offices of the Associate Dean of Student Affairs (Dunedin or Wellington) and the Associate Dean for Undergraduate Education (Christchurch).

**Special Consideration in end-of-year assessments**

As stated in 5.4 of the Examination and Assessment Regulations 2014 section of General Regulations, aegrotat passes are not offered to students in the MB ChB programme.

In general, if a student is unable to sit an examination on a particular day because of acute illness or other exceptional circumstances at the time of the final examination OR considers that their performance in any examination has been seriously impaired due to illness or other exceptional circumstances, they should **notify their Associate Dean for Student Affairs (ADSA) and the Otago Medical School Office of their intention to submit a Special Consideration application preferably before, but always within 1 business day of the examination.**

**Applications should be completed and submitted as soon as possible** after the last examination for which Special Consideration is sought, preferably within 1 business day, but always within 5 calendar days, e.g. if your last examination is on the 20th, your application is due no later than the 25th.

As BoCs meet very soon after the completion of end-of-year examinations, students applying for Special Consideration should understand that there may be significant delays in receiving their final grade should the completed application postdate the BoC meeting.

The application and supporting documentation will be considered by an advisory group consisting of the three ADSAs, who may ask examination organisers to act as information providers in reaching a decision.

To preserve the confidentiality of claimants the advisory group will report only the degree of impairment of to the BoC.

At the discretion of their BoC, a student whose application for Special Consideration is accepted may be offered the opportunity to sit an alternative assessment (mandatory in the case of missed end-of-year examinations). The Board will ensure that the alternative assessment for a student who has missed, rather than failed, an assessment is added to the collective evidence and is equally robust as that missed.

Where a student’s result is close to a decision-making threshold (fail/pass/distinction), the degree of impairment and any other relevant information will be taken into account by the Board in making their decision. The decision may be different to that of the result alone.
Special Consideration in in-course assessments

Applications for Special Consideration may be made in relation to in-course assessments that inform progress decisions.

In general, if a student is unable to sit an assessment held on a particular day because of acute illness or other exceptional circumstances at the time of the assessment OR considers that their performance in the assessment has been seriously impaired due to illness or other exceptional circumstances, they should wherever possible notify their Associate Dean for Student Affairs (ADSA) and their ELM Module Convener/ELM Administrator of their intention to apply for Special Consideration before the assessment commences.

Students must complete an Application for Special Consideration for in-course MB ChB assessments form, and where applicable, a Health Declaration for Internal Assessment/Attendance Requirements form (available to download from the assessment area of MedMoodle).

Applications should be completed and submitted as soon as possible after the assessment for which Special Consideration is sought, preferably within 1 business day, but always within 5 calendar days, e.g. if the assessment is on the 20th, the application is due no later than the 25th. As SPCs may meet very soon after the completion of assessments, students applying for Special Consideration should understand that there may be significant delays in receiving their final result should the completed application postdate the SPC meeting.

The application (and any supporting documentation) will be considered by the student’s ADSA in consultation with other ADSAs and/or the Director of the ELM Programme as necessary, and may ask examination organisers to act as information providers in reaching a decision.

To preserve the confidentiality of claimants, the ADSA will report only the degree of impairment to the SPC.

At the discretion of the SPC and Module/Programme Convener, a student whose application for Special Consideration is accepted may be offered the opportunity to sit an alternative assessment. The SPC will ensure that the alternative assessment for a student who has missed, rather than failed, an assessment is added to the collective evidence and is equally robust as that missed.

Where an ALMS student’s module result is close to a decision-making threshold (fail/conditional pass/pass/potential distinction) the degree of impairment and any other relevant information will be taken into account by the SPC.

1.12.2 Special consideration when incidents during an assessment affect student performance

OMS has developed the MB ChB Assessment Incident form for reporting incidents that may impact on a student’s performance that occur during the course of any assessment that informs student progress decisions. Such incidents might include fire alarms, discovering an OSCE simulated patient is known to the student, computer malfunctions, and other unanticipated no-fault incidents not covered by the Special Consideration policies for students with temporary or permanent conditions.

The MB ChB Assessment Incident form can be filled out by students, staff, and assessment administrators, including OSCE marshals. Staff and students are encouraged to complete forms immediately following the incident, and to ensure that all individuals identified in the report are correctly identified. Completed forms should be returned to the Module/Programme Convener or Assessment Administrator and to the MB ChB Assessment Manager by the end of the next business day. The MB ChB Assessment Manager will forward forms relating to incidents in end-of-year examinations to the appropriate Examination Convener.

The Module/Programme Convener or Examination Convener will review the information in the form and may consult with colleagues to determine the extent of impact on student performance, and make any necessary adjustments to the student’s grade. The EASC / SPC, or in the case of end-of-year examinations, the BoC, will be informed if a grade change has occurred.

Students and staff should be aware that end-of-year assessments are run under University of Otago examination conditions. The use of the MB ChB Assessment Incident form may supplement, but is not intended to replace University procedures.

The MB ChB Assessment Incident form (refer Figure 5) is available to download from MedMoodle and from the Otago Medical school webpages.
Figure 3. Process for applying for Special Consideration in end-of-year and Special/alternative examinations

Student informs Associate Dean Student Affairs (ADSA) of an acute illness or other exceptional circumstance that may affect their attendance or performance in an assessment, and hence their result, within one business day of the assessment AND completes and submits a MB ChB Special Consideration application, with any required supporting documents, preferably within 1 business day of the assessment, but always within 5 calendar days of the last assessment for which Special Consideration is being sought.

Special Consideration Advisory Group comprising the three ADSAs, review applications, and may ask assessment organisers for information to inform decisions.

Was the student able to sit the assessment?

Yes

Approved applications for SC:
The Special Consideration Advisory Group recommends a grade of impairment to the Board of Censors; this guides the degree of adjustment of assessment marks. Progress decisions are made on adjusted marks.

Declined applications for SC:
The Special Consideration Advisory Group recommends no adjustment be made to assessment marks. Progress decisions are made on unadjusted marks.

Approved applications for SC for end-of-year assessments:
The Special Consideration Advisory Group recommends the Board of Censors admit the student to a Special/Alternative (incomplete) assessment.

Students who consider that the exceptional circumstances that prevented them sitting the end-of-year assessments will also prevent them sitting the Special/Alternative (incomplete) assessment, should contact the OMS Office and their ADSA as soon as possible.

Approved applications for SC for Special/Alternative assessments:
The Special Consideration Advisory Group recommends the Board of Censors permit the student, where eligible, repeat the year.

Declined applications for SC:
The Special Consideration Advisory Group recommends the Board of Censors permit the student, where eligible, repeat the year.

No
**Figure 4. Process for applying for Special Consideration in in-course assessments**

Student informs Associate Dean Student Affairs (DSM ADSA) and ELM Administrator of an acute illness or other exceptional circumstance that may affect their attendance or performance in an in-course assessment which will inform an end-of-year progress decision, wherever possible before the assessment AND completes and submits an [ELM in-course Special Consideration](#) application, with any required supporting documents, preferably within 1 business day, but always within 5 calendar days of the assessment for which Special Consideration is being sought.

**Special Consideration Advisory Group** comprising the DSM ADSA and the ELM Director, review applications, and may consult other ADSAs and ask assessment organisers for information to inform decisions.

Was the student able to sit the assessment?

- **Yes**
  - Approved applications for SC:
    - The Special Consideration Advisory Group recommends a grade of impairment which will guide the degree of adjustment of assessment marks.
    - Progress decisions are made on adjusted marks.

- **Declined applications for SC**:
  - The Special Consideration Advisory Group recommends no adjustment to be made to assessment marks.
  - Progress decisions are made on unadjusted marks.

- **No**
  - **Approved applications for SC: reassessment possible**
    - The Special Consideration Advisory Group recommends the student be admitted to a Special/Alternative (incomplete) assessment, where available.
    - Students who consider that the exceptional circumstances that prevented them sitting the in-course assessment will also prevent them sitting the Special/Alternative (incomplete) assessment, should contact their ADSA as soon as possible.

  - **Approved applications for SC: reassessment not possible**
    - The Special Consideration Advisory Group recommends compensation for the missed assessment be derived from increased weighting of relevant end-of-year assessment marks.

  - **Declined applications for SC**:
    - The Special Consideration Advisory Group recommends the student receive no marks for the in-course assessment.
Figure 5. MB ChB Assessment Incident form

MB ChB Assessment Incident form
for reporting events that may affect student performance
in assessments that inform progress decisions

Use this form to report any incident arising during the course of an assessment where student performance may have been adversely or advantageously affected. Such incidents might include fire alarms, discovering an OSCE simulated patient is known to the student, computer malfunctions, and other unanticipated no-fault incidents not covered by the Special Consideration policies for students with temporary or permanent conditions.

Date of assessment: ___________________________ Time: ___________________________

Description of assessment: year of course + module, subject, assessment format etc.

Examiner(s) / Invigilator(s)

Candidate(s) name: ___________________________ Candidate(s) ID number: ___________________________

Please describe what you observed/experienced:

What impact did this event have on student performance?

Please circle one of the following:

No impact  Minimal impact  Moderate Impact  Significant Impact

Additional comment:

The above is a true and correct record of events as reported by:

Signature: ___________________________ Date: ___________________________

Name: please print ___________________________ Role: e.g. student/ examiner

Preferred email address / phone number for contact

Completed forms are to be forwarded to the Module Convener / Administrator
and the MB ChB Assessment Manager MBChB-Assessment@otago.ac.nz by end of next business day.
1.12.3 Alternative arrangements for students with a disability, impairment, medical condition or injury that significantly affects performance

**MB ChB students do NOT apply through eVision for alternative arrangements for assessments.**

A student who has a disability, impairment, medical condition or injury that they believe significantly impacts on their performance in an assessment in such a way as to prevent them from demonstrating their ability may request alternative arrangements for that assessment. Alternatively, a student who has a disability, impairment, medical condition or injury that they believe could interfere with the standard running of an assessment for themselves and/or others may request alternative arrangements for that assessment.

Where the assistance and/or allowances are of a nature that might reasonably be accommodated in the normal workplace of a practicing doctor, particularly in the normal workplace of a PGY1 doctor in New Zealand, alternative arrangements will generally be approved.

Where a component of an examination assesses competence in a clinical setting and/or where the appropriate timeframe for recognition of clinical material is included in the examination development, e.g. MICN OSCEs and OSPEs, applications for extra time will generally not be approved.

From the memorandum of understanding between the Medical School and MCNZ:

*The Health Practitioners Competence Assurance Act (2003) (HPCA Act) creates a statutory duty on any health practitioner or employer of health practitioners to notify the medical council if any graduating student has a health problem that would not enable them to perform the functions required for practice.*

*The Medical School must therefore notify, at graduation, the Medical Council of New Zealand (MCNZ) of any students who fall into this category. The MCNZ Health Committee functions to support and monitor doctors with health issues and helps them practise within their capacity.*

The MCNZ have confirmed that any concern regarding a graduating student should be raised with them, and that they will review all the information. A disability, impairment, medical condition or injury that a student has, that required alternative arrangements and/or special consideration in assessments may affect their level of performance in practice, and will be notified to the MCNZ.

**Decisions about which graduands should be notified to the MCNZ should be made by the Fitness to Practise Committee (FtPC), who will consider all the evidence and advise the Dean of the Medical School as to whom to refer. Given MCNZ policy, it is envisaged that alternative arrangements and special assistance for a disability, impairment, medical condition or injury would be included if the FtPC is satisfied that it may affect the graduand’s ability to practise.**

Students granted alternative arrangements in assessments for permanent conditions will be expected to report these to the Medical Council themselves when completing their application for registration with MCNZ:

<table>
<thead>
<tr>
<th>(i) Mental and physical condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been diagnosed with, or assessed as having a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner(s), involvement of university/medical school. If information is not provided, a Council staff member will contact you.

If yes, can Council staff contact your treating practitioner(s) for further information? Please note that if you answer ‘No’ your application for registration may be delayed. |
| [ ] Yes | [ ] No |
Alternative arrangements for end-of-year assessments

Students must make a fresh application each year for the alternative arrangements they require.

- **Students with an existing disability, impairment, medical condition or injury** will submit applications within three weeks of the start of their academic year.
- **Students acquiring a disability, impairment, medical condition or injury during the year**, or experiencing an unexpected worsening or unanticipated impact of an existing disability, impairment, medical condition or injury, will submit applications in a timely manner during the year (refer Figure 2).

The *Application for alternative arrangements for MICN assessments for MB ChB students with a disability, impairment, medical condition or injury that significantly affects performance form* is available from the offices of the Associate Dean of (Undergraduate) Student Affairs. One application form should be used to cover all in-course and end-of-year examinations.

Students will meet with their Associate Dean of Student Affairs to discuss their completed application. Submitted applications will be reviewed by the Disability Information and Support Office, who make recommendations for alternative arrangements. Where necessary the Chair of the Board of Censors will meet with the Associate Dean of Student Affairs (ADSA) to discuss applications and recommendations before a full board meeting. Assessment organisers will be asked to comment on the practicalities of accommodating the recommended alternative arrangements.

Students will be notified of the alternative arrangements approved by the Board. If the Board does not feel alternative arrangements are appropriate, the student will be advised that their application has been declined. Students may accept or decline the Board’s decision, and may elect to reapply with additional supporting documentation or may seek a review of the decision by writing to the Board of Censors.

Students who have been granted alternative arrangements are entitled to apply for Special Consideration in end-of-year assessments only in exceptional circumstances where the grounds for Special Consideration are different to those for which alternative arrangements were granted, and where the circumstances were not taken into account in their application for alternative arrangements.

**Alternative arrangements for ELM in-course assessments**

NB: ELM students wishing to be granted alternative arrangements for in-course assessments must apply for alternative arrangements as outlined above. Students may have alternative arrangements put in place for in-course assessments pending approval of their application.

**Where the Board of Censors has approved alternative arrangements for end-of-year examinations**, these arrangements will be put in place for equivalent in-course assessments. Details of when and where to sit these assessments will be emailed to students by the ELM administrators.

**Alternative arrangements for ALM in-course assessments**

NB: ALM students wishing to be granted alternative arrangements for in-course assessments must first apply for alternative arrangements as outlined above. Students may apply for alternative arrangements for in-course assessments in the first week of their course pending approval of their application.

**Where the Board of Censors has approved alternative arrangements for end-of-year examinations**, ALM students may request the same alternative arrangements for similar in-course assessments during the year. The SPC will be informed of any alternative arrangements granted for assessments.

**If applying, ALM students should apply in writing within the first week of the module** to the Module Convener (cc Student Affairs Office) to request alternative arrangements for module assessments.

Module Convener/the ELM Assessment Convener, in consultation with assessment organisers, will approve the request where the accommodation of alternative arrangement is appropriate and practical. Even for similar assessments, identical alternative arrangements will not necessarily be granted, as implementation may be significantly different. Students will be notified when the application has been approved or declined.

Approval for alternative arrangements in one assessment does not imply that approval will be granted for requests relating to any subsequent assessment.

Both the student and Module Convener must include the Student Affairs Office in all communications relating to alternative arrangements.
Figure 6. Process for applying for Alternative Arrangements

1. Student completes application and meets to discuss it with their ADSA within 3 weeks of the start of their academic year.

2. Disability Information and Support (DI&S) recommends assistance and allowances.

3. ADSAs may meet with the Chair of the BoC to discuss applications.

4. BoC grants assistance and allowances in keeping with expectations in clinical practice.

5. Is BoC decision acceptable to student?
   - Yes: Application approved.
   - No: Student reapplies with additional documentation or seeks a review by writing to the BoC.

6. Exam organisers comment on practicality of accommodating recommended assistance and allowances.

7. Does student elect to apply for assistance in end of year assessments?
   - Yes: Student sits end of year assessments with approved assistance and allowances.
   - No: Student sits all assessments under standard conditions.

8. Student Affairs Office maintains records of allowances and assistance provided for individual students.

9. Student may apply for approved assistance and allowances for in-course assessments.

10. OMS provides MCNZ with details of assistance etc. accessed where the FrPC are satisfied that it may affect the graduand's ability to practise.

11. Does FrPC inform the Dean of the Medical School?
   - Yes: Fitness to Practise Committee (FrPC) reviews record of allowances and assistance provided in assessment in consideration of obligations to MCNZ.
   - No: No further action.
1.12.4 Changes to examination dates, times, or venues for end-of-year examinations

As per the University of Otago Examination and Assessment Regulations, candidates are expected to sit their final examinations as scheduled. In exceptional circumstances, clearly beyond the candidate’s control and known about in advance, a Variation to the Regulations may be granted.

Some established criteria are:

- bereavement in immediate family;
- wedding of a member of immediate family, or where the candidate has been invited to be a member of the bridal party;
- serious illness / incapacity (candidate or immediate family);
- posting of a member of the New Zealand Armed Forces or of the Ministry of Foreign Affairs;
- competing or participating as a national representative
- competing or officiating at an international competition recognised by a fully constituted international governing body
- trialling, as a genuine contender, for selection as a national representative, as verified by a fully constituted national governing body
- a candidate’s religious commitment prohibiting such activity on the date scheduled.

Where a student requests alternative arrangements for the Medical School end-of-year ELM2, ELM3 or ALM5 examinations the student must make an appointment with their respective ADSA requesting an exemption or alternative arrangements, and make their application by 1 August. The process of applying for alternative arrangements will be explained to the student at this time.

1.12.5 ALM5 students wishing to sit examinations away from their home campus

If, due to exceptional circumstances, a student requires arrangements to sit end-of-year examinations at a campus that is not their home campus, the student must apply in writing and provide details of the exceptional circumstances to the ADSA or Rural Medicine Immersion Programme (RMIP) Administrator as early in the year as possible, and before 1 August.

Applications will be sent to the MB ChB Assessment Manager, who will consult with the staff responsible for organising the OSCE and MICN501 written examinations regarding logistics and capacity at the centre in which the student wishes to attend. The application and response will then be submitted to the BoC4/5 for approval.

1.13 Declaration of potential conflict of interest

Refer also: University of Otago Conflict of Interest policy

Students and staff should declare any potential conflict of interest they may have in relation to the assessment of student work before undertaking assessment activities or as soon as it becomes apparent.

Students with a close relative (e.g. a parent or uncle/aunt) who is a member of staff for the MB ChB course, or who have any concerns about people involved in their education, should declare this to their ADSA as soon as possible at the start of the academic year.

Staff with a close relative (e.g. a son/daughter or niece/nephew) or having some other relationship with a student (e.g. doctor-patient) in the MB ChB course should make this known to the ELM Programme Director/their HoD, and should not be involved in any aspect of assessments that inform progress decisions at the end of the year.

While Assessment Conveners should ask for such declarations, it is the responsibility of those involved to register their declarations.

1.14 Appealing the outcome of an in-course assessment

This section addresses appeals in assessments other than the end-of-year common component examinations, which are covered by section 1.8 General regulations.

Students wishing to appeal the outcome of an in-course assessment that informs progress decisions, which may include an appeal relating to any Special Consideration granted, should, in the first instance, notify their Associate Dean of (Undergraduate) Student Affairs (ADSA) in writing of their intent to appeal within 1 business day of receiving the assessment result, and submit their appeal in writing within 10 business days of receiving the assessment result.

The ADSA will gather any further necessary evidence and present the appeal to the student’s SPC.

NB. Appealing the outcome of an in-course assessment through this internal process does not preclude the student appealing the decision of the SPC through the University of Otago appeals process.
1.15 Special examinations/assessments

*Special examination/assessments* encompasses Special examinations and other additional assessments deemed appropriate by the Boards of Censors to inform progress decisions.

Admission to Special assessments is granted by the student’s Board of Censors, who reviews the student’s Terms status and previous admission to Special assessments in making their decision.

Refer to: 2.3.3 Award of Terms and 2.4 Decision making at the end of ELM2 and ELM3 5.2.2 Award of Terms and 5.3 Decision making at the end of ALMS

**Special assessments as a deferred end-of-year examination (Special (incomplete) assessments)**

The Board of Censors may grant students an opportunity to sit a Special assessment to those who for exceptional reasons such as illness, family bereavement etc. were unable to sit the scheduled end-of-year assessments.

Students are notified of their admission to Special (incomplete) assessments by email from the Medical School Administration, following the BOC’s meeting.

Students who consider that the exceptional circumstances that prevented them sitting the end-of-year assessments will also prevent them sitting the Special assessment, should contact the OMS Office and their Associate Dean of Student Affairs as soon as possible.

- Students sitting Special (incomplete) assessments are not required to pay the University of Otago Special examination fee.
- Admission to Special (incomplete) assessments do not contribute to subsequent decisions concerning admission to Special (re-sit) assessments.
- Students sitting Special (incomplete) assessments will receive a Distinction, Pass, or Fail result; this is not identified as a SC (Special Consideration) on their academic record.
- Students who do not sit the Special (incomplete) assessment would be generally be expected to repeat the year, where eligible.
- Students sitting Special (incomplete) assessments are generally not offered a Special (re-sit) assessment should they fail to Pass the Special (incomplete) assessment.

**Special (re-sit) assessments**

If a student fails to demonstrate a satisfactory performance in an end-of-year assessment, they may be allowed to sit a Special assessment of the content (competencies) covered within it. They will be required to pass this Special assessment prior to entering the next year of their course.

- Students sitting Special (re-sit) assessments are required to pay the University of Otago Special examination fee.
- Admission to Special (re-sit) assessments contributes to subsequent decisions concerning admission to Special (re-sit) assessments.
- Students sitting a Special (re-sit) examination will receive a Pass or Fail result; this is identified as a SC (Special Consideration) on their academic record.
- Students who do not sit the Special (re-sit) assessment would be expected to repeat the year, where eligible.

**Format of assessment**

The format used for Special assessments will be as robust as that of the end-of-year assessment, and therefore is likely to mirror it in many ways. However, if necessary the BoC can make specific recommendations about alternative formats to be used for Special assessments. Except in exceptional circumstances, students will be informed where the format of the Special assessment differs from that of the end-of-year assessment at least 6 weeks in advance.

In marking Special assessments, the same pass standards are applied as for the end-of-year assessments. To increase the robustness of the results obtained in assessing the small groups of students, particular attention is given to selecting examiners. Special assessments would usually be double scored by two assessors marking independently of each another. For written papers where pass/fail grading is required and agreement between the two assessors cannot be reached, a third assessor may be consulted.

Special (incomplete) and Special (re-sit) assessments will be equivalent, but may not always be identical assessments.
Timing of Special assessments

Special Written assessments for ELM and ALM, and the ALM Special OSCE are generally held in the third week in January. The ALM Special OSCE assessment is held in one Centre, of which candidates are notified. The ELM Special OSCEs are held in Dunedin in late November / early December.

Special (incomplete) and Special (re-sit) assessments may not always be scheduled at the same time.

ALM Special Written assessments are sat at the candidate’s home campus, though in special circumstances permission may be granted to sit them at another campus (applications to the MB ChB Assessment Manager). ELM Special assessments must be sat in Dunedin.

Notification to students

The BoC2/3 meet following the ELM Special OSCE to confirm the results of the examination. Students receive unofficial notification of their results within one business day of the BoC meeting; official results will subsequently be available through eVision. Where a student is admitted to both Special OSCE and Special Written examinations, and fails to pass the Special OSCE, they will not be required to undertake the Special Written examination, and where eligible, will be invited to repeat the ELM year.

The BoC2/3 and BoC4/5 will meet in January following the Special examinations. Students will receive unofficial notification of their results within one business day of the BoC meeting; official results will subsequently be available through eVision.

Consequences

Students are normally allowed to repeat a year of the medical course only once. If they then fail the final assessment (and Special assessment, if offered), their BoC will usually recommend to the Otago Medical School Academic Board that they be excluded from further attendance in the medical course.

Students commencing the MB ChB from 2012 are not permitted to sit Special (re-sit) assessments more than twice during the programme (refer Exclusion regulations). ELM2, ELM3, and ALM5 students comprehensively failing both the OSCE and written components would not usually be offered Special (re-sit) assessments for both components.
1.16 Retention, release, and disposal of records related to student assessment

Module conveners, administrative staff, SPCs, and BoCs receive information related to student performance from many sources, including University staff, healthcare professionals, other healthcare staff, patients and their families, whanau and/or carers. Unsolicited information may come from any source, as people contact OMS regarding behaviour, both meritorious and concerning, and performance they observe in medical students.

Students wishing to access their personal assessment records are referred to the relevant sections of this document that outline policy on individual items of information.

All information related to identifiable students is to be treated according to OMS and University policies.

Procedures on the retention, release, and disposal of records related to student assessment within the University of Otago Medical School

1.17 Links to policies and documents connected with assessment

University policy
Academic Integrity and Academic Misconduct Information for Students
Academic Grievance Procedure For Students
Provision of Course and Study Information to Enrolled Students Policy
Examination Regulations
Guidelines for the assessment of student performance
Recounts of exam results and Return of examination scripts
Student Communications Policy

Policy specific to the MB ChB course
Regulations for the Bachelor of Medicine and Bachelor of Surgery (MB ChB)
Terms within the MB ChB course
Exclusion regulations

Terms of reference – available through MedMoodle
Board of Censors (BoC) Terms of Reference Fitness to Practise Committee (FtPC)
MB ChB Assessment (MASC) Sub-committee Student Progress Committee (SPC) Terms of Reference

Others
Author Declaration coversheet for assignments
MB ChB Assessment Incident form
University examinations
Early Learning in Medicine
2 Assessment in the Early Learning in Medicine years

Assessment in the Early Learning in Medicine (ELM) years 2 and 3 of the MB ChB course provides information to both students and staff on how individual students are progressing, which may be used to guide a student’s future learning and to inform decisions on whether students have attained the standard required to progress to the next year of the MB ChB course.

Evidence of ELM student progress will be gathered from both in-course assessments and end-of-year examinations. Decisions on whether a student is ready to progress will be made on the basis of a student’s aggregated in-course and end-of-year OSCE and Written assessments, Terms status, and professional conduct.

Students granted a Pass or Distinction at the end of ELM2 have demonstrated the necessary performance related to the core elements defined in the Curriculum Map to enter ELM3; students granted a Pass or Distinction at the end of ELM3 have demonstrated necessary performance to enter ALM4 where they will interact more closely with the public and patients.

Students are expected to demonstrate a professional approach to, and engagement with, all educational opportunities provided by OMS. The practice of medicine includes not only what individuals bring to the clinical context but also the way they interact and collaborate with each other. Students are expected to demonstrate professional behaviour, such as giving notice in advance and presenting apologies and explanations for lateness/absence. Absences, low levels of participation, and failure to engage in learning activities are taken as early indicators of poor commitment to these standards of professional conduct.

All course components in ELM involve in-course assessment events, as detailed in the ELM Student Handbooks. Students must complete all of these to a satisfactory standard in order to gain Terms and become eligible to sit the end-of-year examinations.

In order to gain sufficient experience, attendance at all laboratory and tutorial sessions is compulsory. Students have a responsibility to inform relevant staff members and the ELM Administrator in writing (preferably by email) of any absence, preferably before, but failing that, as soon as possible after the period of absence. Students anticipating an absence should apply for leave in accordance with the attendance/leave policy. Attendance registers are kept where attendance is a requirement for the award of Terms. A pattern of unexplained and/or unapproved absences and/or non-participation in ELM collaborative activities emerging over time is taken seriously by the SPC and will result in a meeting with members of the Committee and, where satisfactory improvement is not demonstrated, will lead to a denial of Terms. If Terms are denied then the student cannot sit the end-of-year examinations and will, where eligible, have to repeat the year.

The role of the SPC is to identify at-risk students as soon as possible in order to alert them to their risk status and to support and advise them on how to avoid placing themselves at further risk.

There is a requirement for students to gain sufficient experience while at medical school: hence a student with a significant amount of approved and/or explained absences may not be granted Terms. This will be discussed by SPC on a case-by-case basis and options discussed between the student and ADSA.

Progress Report Feeder Forms, which are a modified version of the PASAF (refer section 3.2), are used by tutors to report on student progress. These forms are designed to raise awareness of any potential shortcomings or problems at an early stage so that students can be notified and learning plans agreed upon. For this reason, they have a high sensitivity. This does means there will be some “false positives” i.e. students who have attention drawn to them for whom there may not turn out to be any major concerns. OMS believes this is preferable to having “false negatives” where students with problems are not detected. The aim is to support students’ learning.

The reports are completed regularly throughout the year to enable a cumulative central record to be kept which will extend through all years in OMS. These reports provide information that may be used to inform decisions on the awarding of Terms and Distinction.

Tutors in Early Professional Experience (EPE), Clinical Skills, Integrated Cases and some of the Medical Science modules use this form to report observations of individual student performance with regard to the professional conduct as identified in the Student Code of Conduct. If tutors have concerns, they will discuss those concerns with the student, then pass the form to the ELM SPC, which monitors all incoming reports. Depending on the information provided, students may be contacted by the SPC and/or the ADSA for further discussion.

The SPC will identify students showing evidence of difficulties and will either email them concerning the issues identified or arrange a meeting with the student to discuss the issues further. In some cases this may involve identifying conditions required of students for future performance.
**Figure 7. ELM Progress Feeder Form**

To be completed and returned in your Attendance Folder or to Anne-Marie Patterson Room G21 by **Friday 13 July**

**ELM Year 2 Integrated Cases Progress Report**  
**2nd Progress Report 2018**  
**Semester 1 Week 8 – Semester 2 Week 1 (9 April – 13 July)**

This is a mid-semester report on student progress. The aim is to identify the student who needs more support. This report is only one of many received by the Student Progress Committee on each student and it will contribute to more accurate assessment of their strengths and weaknesses so far. It is important that you complete this form as accurately as possible, basing your ticks in each section on the given criteria.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Tutor:</th>
</tr>
</thead>
</table>

**Section 1: Integrity**  
**Personal and Professional Values**  
*(Code of Professional Conduct Principles: B7)*

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Working towards (Comment required)</th>
<th>Unsatisfactory (Comment required)</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acts with Integrity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acts with integrity in all learning and assessment situations, including patient and colleague confidentiality when relevant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintains Personal Integrity and Well-being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains personal well-being</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages commitments well</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unsatisfactory or Working towards** – please comment

**Section 2: Relationships with Staff and Colleagues**  
*(Code of Professional Conduct Principles: C8)*

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Working towards (Comment required)</th>
<th>Unsatisfactory (Comment required)</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cooperation, Teamwork</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good relationships with other students, showing respect to teaching and non teaching staff, simulated patients, volunteers and peers, aware of value of team work, engages well with group tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unsatisfactory or Working towards** – please comment

**Section 3: Commitment to Professional Standards and Continuing Improvement in Self and Others**  
*(Code of Professional Conduct Principles: D)*

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Working towards (Comment required)</th>
<th>Unsatisfactory (Comment required)</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Punctuality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always punctual; notifies tutors of unavoidable lateness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enthusiasm, Motivation, Preparedness for Work</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivated and enthusiastic, prepared to work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participation, Contribution</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good participation and contribution to tutorial work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response to Feedback</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds thoughtfully to feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unsatisfactory or Working towards** – please comment

<table>
<thead>
<tr>
<th>PTO</th>
</tr>
</thead>
</table>
To be completed and returned in your Attendance Folder or to Anne-Marie Patterson Room G21 by Friday 13 July

**Attendance** (Code of Professional Conduct Principles D)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Satisfactory</th>
<th>Working towards (Comment required)</th>
<th>Unsatisfactory (Comment required)</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Expression Skills</strong></td>
<td>Clearly expresses him/herself verbally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Comprehension</strong></td>
<td>Shows clear understanding of oral communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asks for clarification if required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Written English Skills</strong></td>
<td>Shows clear understanding of written material</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clearly expresses him/herself in writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory or Working towards – please comment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 5: Summary of Progress to Date in Integrated Cases:

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - Excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 - High Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - Adequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or 1 - Needs Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - Unable to Assess</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needs work or Unable to assess – please comment

Commendations and/or other comments:

Tutor Signature: ___________________________ Date: __________

Student Signature: I have discussed the above commendations/concerns with my tutor.

_____________________________ Date: __________
2.1 Timing of assessments

<table>
<thead>
<tr>
<th></th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELM2</td>
<td></td>
<td></td>
<td>RKT</td>
<td></td>
<td></td>
<td></td>
<td>RKT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELM3</td>
<td></td>
<td>RKT</td>
<td></td>
<td></td>
<td></td>
<td>RKT</td>
<td></td>
<td></td>
<td>Common component examinations</td>
</tr>
</tbody>
</table>

In-course assessments

2.2 Flow chart for monitoring student progress in ELM

- Progress reports completed by Clinical Skills, Integrated Cases, EPE programme modules, and Endocrine block module Tutors
- In-course assessments: OSCE, OSPE, Integrated Cases SAQs, Renal and Reflective essays, Genetics assignment
- Written assignments e.g. EPE
- Research Smart
- ELM2 Hauora Māori and test
- ELM3 Humanities Selective and Community Contact Week
- Attendance Records

ELM Assessment Sub-committee meets prior to SPC meeting to review incoming reports

>3 unexplained absences during review period
2-3 unexplained absences OR >9 explained absences during review period

Student receives a letter from ELM SPC OR meets with the Chair of the ELM SPC, and the ELM Assessment Convener or ELM Medical Education Advisor

Referred to ELM Student Progress Committee (ELM SPC)

Reflected to Board of Censors for ELM2 and ELM3 receive Terms recommendations and determine if student should have Terms deferred or denied.

Refer to Associate Dean of Student Affairs (ADSA)

Referred to Fitness to Practise Committee (FTP)
2.3 Terms

Terms refers to the requirements a student must complete to be permitted to sit final examinations. Refer section 1.9.

2.3.1 Summary of Terms requirements for ELM2

In order to be granted Terms and be eligible to sit the end-of-year exams a student must have:

1. With the exception of approved absences, attended all tutorials and laboratory sessions.
2. Completed the in-course OSPE (Semester 1)*
3. Completed, in the assigned week, the in-course OSCE and the associated assignment (Semester 1)*
4. Completed both in-course Integrated Case short answer question (SAQ) tests (Semesters 1 and 2)*
5. Completed all modules within the ResearchSmart course.
6. Completed the in-course Genetics vertical module assignment (Semester 2)*
7. Attended the Hauora Māori Week and completed the associated test (Semester 2).
8. Completed the allocated EPE ‘clinical placement’.
9. Completed the in-course ELM2 Reflective essay (Semester 2)*
10. Submitted a total of 10 drugs in their Personal Drug Formulary, selected from the Core Drug List provided (Semester 2)
11. Demonstrated satisfactory professional conduct.

A professional approach to educational opportunities (point 11 above) is expected in regard to those Terms requirements that specify completion rather than performance at a certain standard and to the Retained Knowledge Test (refer section 1.5). Where a student has demonstrated below-standard performance in any domain, declining additional learning opportunities may be considered an indicator of below-standard professional conduct.

*Those Terms requirements contributing marks to the end-of-year aggregated marks on which progress decisions are made are asterisked. Refer Section 2.4.2

2.3.2 Summary of Terms requirements for ELM3

In order to be granted Terms and be eligible to sit the end-of-year exams a student must have:

1. With the exception of approved absences, attended all tutorials and laboratory sessions.
2. Attended all EPE Humanities Selective sessions and completed the associated report(s).
3. Completed the in-course OSPE (Semester 1)*
4. Completed, in the assigned week, the in-course OSCE and the associated assignment (Semester 1)*
5. Completed the in-course Integrated Case SAQ (Semester 1)*
6. Completed the in-course Integrated Renal essay (Semester 1)*
7. Completed the in-course ELM3 Reflective essay (Semester 2)*
8. Attended and completed the EPE ‘Community Contact Week’ (CCW) and completed the associated report (Semester 2).
9. Attended all inter-professional education (IPE) sessions and satisfactorily completed the group project.
10. Submitted their Personal Drug Formulary, selected from the Core Drug List provided (Semester 2)
11. Demonstrated satisfactory professional conduct.

A professional approach to educational opportunities (point 11 above) is expected in regard to those Terms requirements that specify completion rather than performance at a certain standard, and to the Retained Knowledge Test (refer section 1.5). Where a student has demonstrated below standard performance in any domain, declining additional learning opportunities may be considered an indicator of below-standard professional conduct.

*Those Terms requirements contributing marks to the end-of-year aggregated marks on which progress decisions are made are asterisked. Refer Section 2.4.2
2.3.3 Award of Terms

The award of Terms will be determined at the BoC2/3 meeting on the Wednesday 3 October 2018, when all evidence of student progress will be reviewed before the final examinations.

Where a student has satisfactorily completed all in-course requirements and there are no outstanding concerns re professional conduct, they will be granted Terms, and may sit their end-of-year examinations.

No student may elect to sit Special examinations instead of the end-of-year examinations.

Where a student has significant generic or non-isolated deficits in performance and/or has significant unapproved absences or concerns regarding professional conduct the BoC2/3 will deny Terms.

Unless eligible for exclusion, that student should repeat their ELM year.

Where a student has not completed in-course requirements, the Board of Censors may elect to defer awarding the student Terms in one of two classes (see below). The award of Terms deferred is made to allow a student to sit their end-of-year examinations and provide further information on which the Board will make a decision regarding the student’s readiness to progress.

Terms deferred (incomplete):
Where a student has approved absence(s) due to notified ill-health or exceptional circumstances, and has yet to complete in-course requirements, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC. Refer 2.4.1

Terms deferred (re-sit)
Where a student has otherwise failed to complete an in-course requirement, whether or not they have yet to complete other in-course requirements, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC.

A student who has failed to complete an in-course requirement and who subsequently fails to achieve a Pass in both the aggregated in-course and end-of-year OSCE and Written assessments would generally not be considered ready to progress. Refer 2.4.1

Notification to students
Within one business day following the BoC2/3 meeting, students who have had Terms deferred or denied will be sent an email from the Medical School Office notifying them of the outcome and consequences of the decision. These emails are also copied to the relevant Student Affairs Office, the ELM Assessment Administrator, the MB ChB Assessment Manager, Student Records, and where appropriate, the International Office Manager/Associate Dean Māori/Associate Dean Pacific.

The Student Affairs Office will also email those students who have been denied Terms, to offer support and make arrangements for the student to meet with the Associate Dean Student Affairs (ADSA).
2.4 Decision making at the end of ELM2 and ELM3

The BoC2/3 will meet on Monday, 19 November 2018 to review assessment results for ELM students. Student results are presented to the BoC2/3 identified by Student ID alone.

The decision on whether students should progress to the next year of the course is made on the basis of the aggregated in-course and end-of-year OSCE and Written assessment results, Terms status, and the student’s fitness to practise (students should have no current concerns regarding professional conduct). Information from ELM2 and ELM3 is taken into consideration in deciding whether a student is ready to progress to ALM4.

The BoC2/3 may recommend, based on the information provided, that a student facing exclusion be offered a Special examination. This decision would be referred to the OMS Academic Board for endorsement.

Notification to students

Within one business day following the BoC2/3 meeting to confirm examination results, students who are required to sit Specials or who have comprehensively failed to pass their assessments and are required to repeat their ELM year, or to be referred to the OMS Academic Board for consideration of exclusion from the medical course, will be sent an email from the Medical School Office notifying them of the outcome and consequences of the decision. These emails are also copied to the relevant Student Affairs Office, the ELM Assessment Administrator, the MB ChB Assessment Manager, Student Records, and where appropriate, the International Office Manager/Associate Dean Māori/Associate Dean Pacific.

The Student Affairs Office will also email those students to offer them a meeting with the Associate Dean Student Affairs (ADSA).

When all emails to students who have failed to pass their ELM year have been sent, a message will be posted on MedMoodle. Those students who have not received emails from the OMS Office may consider this unofficial notification that they have passed their ELM year; official results will subsequently be available on eVision.

2.4.1 Summary of ELM decision outcomes where there are no concerns re professional conduct

<table>
<thead>
<tr>
<th>Terms granted</th>
<th>Written and OSCE components (aggregated in-course and end-of-year results)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terms deferred (incomplete) (refer 2.3.3)</td>
<td>Sit Special (incomplete) and achieve at least a Pass for the year before progressing</td>
</tr>
<tr>
<td>Terms deferred (re-sit) (refer 2.3.3)</td>
<td>Complete outstanding Terms requirements in specified time frame AND Sit Special (incomplete) and achieve at least a Pass for the year before progressing</td>
</tr>
<tr>
<td>Terms denied</td>
<td>Repeat year³</td>
</tr>
</tbody>
</table>

1 where a student has been unable to sit the scheduled end-of-year assessments through exceptional circumstances e.g. significant illness or bereavement etc.

2 at discretion of BoC, and on advice from Student Progress Committee, in exceptional circumstances students may be admitted to Special examinations, and may progress on Passing and satisfactorily meeting outstanding Terms requirements.

3 The Otago Medical School Academic Board may consider exclusion from the course dependant on prior performance.
2.4.2 Award of Pass

The award of Pass for the year is determined by the BoC2/3 reviewing all evidence on student progress.

The results of individual students (identified by ID number) are presented to the BoC2/3 for the purposes of determining Pass/Fail and Pass/Distinction decisions, and recommendations for Special examinations.

The results achieved in the in-course and end-of-year assessments are aggregated as follows.

<table>
<thead>
<tr>
<th>ELM2</th>
<th>In-course</th>
<th>End-of-year / Special (incomplete)</th>
<th>ELM3</th>
<th>In-course</th>
<th>End-of-year / Special (incomplete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSCE</td>
<td>Sem. 1 OSCE + associated assignment</td>
<td>20%</td>
<td>OSCE</td>
<td>Sem. 1 OSCE + associated assignment</td>
<td>20%</td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
<td>Written</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sem. 1 OSPE</td>
<td></td>
<td>20%</td>
<td>Written SAQ papers</td>
<td>5%</td>
<td>20%</td>
</tr>
<tr>
<td>Sem. 1 Integrated Cases SAQ</td>
<td></td>
<td>3%</td>
<td>Written OSPE paper</td>
<td>3%</td>
<td>20%</td>
</tr>
<tr>
<td>Sem. 2 Integrated Cases SAQ</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sem. 2 Genetics vertical module report</td>
<td></td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sem. 2 Reflective essay</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students must gain Terms, meet or exceed the following Pass criteria for both the OSCE and the Written components, and have no issues regarding professional conduct, in order to gain a Pass for the year.

To pass the Written component students must generally have achieved:

1. An overall aggregated score, consisting of both in-course and end-of-year written assessments, of 3.00 or greater

AND

2. A score of 2.75 or greater in the end-of-year Written examinations

AND

3. A mark of 45% or greater in the end-of-year OSPE.

To pass the OSCE component students must generally have achieved:

1. An overall aggregated score, consisting of both in-course and end-of-year OSCE assessments, of 3.00 or greater

AND

2. A mean score of 2.75 or greater in each of the history taking and clinical examination competencies in the end-of-year OSCE.

Special (incomplete) examinations in ELM

Special (incomplete) examination results are considered deferred end-of-year examination results, and are aggregated with the results of in-course assessments.

Pass decisions for students admitted to Special (incomplete) end-of-year examinations are determined by the BoC2/3 reviewing all evidence on student progress: the student’s aggregated in-course and end-of-year/Special (incomplete) OSCE and Written assessments, Terms status, and professional conduct.

A student must gain Terms and, with their in-course and end-of-year/Special (incomplete) examination results, meet or exceed the Pass requirements outlined above for both the OSCE and Written components, and have no issues regarding professional conduct, in order to gain a Pass for the year.

Students sitting Special (incomplete) assessments are generally not offered a Special (re-sit) assessment should they fail to Pass the year.
Special (re-sit) examinations in ELM

Where a student has failed to achieve the required minimum standard across the aggregated in-course and end-of-year assessments and has been admitted to Special (re-sit examinations), their Special (re-sit) examination results are not aggregated with in-course assessment results.

To pass the Special (re-sit) Written examination students must generally have achieved:
1. A combined score (92% SAQ + 8% OSPE) of 3.00 or greater
2. A mark of 45% or greater in the OSPE.

To pass the Special (re-sit) OSCE students must generally have achieved:
1. An overall mean score of 3.00 or greater
2. A mean score of 2.75 or greater in each of the history taking and clinical examination competencies.

A student must gain Terms, pass their Special (re-sit) OSCE and/or Written examinations, and have no issues regarding professional conduct in order to gain a Special Pass for the year.

2.4.3 Award of Distinction

Distinction will be awarded to those students achieving an excellent performance standard in their assessments. This will normally require a mean aggregated score of 4.20 or greater, with a minimum score of 3.80 in each of the aggregated in-course and end-of-year scores for the Written and OSCE assessments. The student’s fitness to practise (there should be no current concerns about a student regarding their professional conduct), and staff and student nominations (refer ELM Student Handbooks) may also be taken into account when awarding a student Distinction.

2.4.3.1 Selection of MB ChB Students for University of Otago Scholarships

University of Otago Scholarships will be awarded to top performing MB ChB students at the completion of ELM3. To be eligible students must not have repeated any year of the course nor been identified with concerns regarding professional conduct.

Otago Prestige Scholarships will be awarded to outstanding students who have achieved Distinction in both ELM2 and ELM3. Otago Scholarships will be awarded to excellent students, who have achieved Distinction in ELM2 or ELM3.

Notes: 1. These regulations are to be read in conjunction with the general regulations concerning University of Otago Scholarships and Prizes, as published in the University Calendar.
2. Otago Medical School staff nominate ELM3 students for these scholarships following the announcement of exam results. These are not scholarships that students may apply for.

2.4.4 Dean’s Commendations

Students receiving at least 2 nominations from staff and 10 from peers, and who have met their Terms requirements, will receive a Commendation from the Dean of the Otago Medical School.

2.4.5 Admission to Special (re-sit) examinations in ELM

Refer section 1.12.4 for general information regarding eligibility to sit Special examinations.

1. Students who fail either the Written or OSCE component (aggregated in-course and end-of-year examination results) in ELM will be required, where eligible, to re-sit only the examination they failed.
2. Students who fail either the Written or the OSCE component (aggregated in-course and end-of-year examination results), and have only achieved a marginal pass in the other component, which would normally mean a score of less than 3.2, may be required, where eligible, to re-sit both examinations. In these circumstances, the BoC2/3 will review in-course assessment results in making their decision.
3. Students who comprehensively fail both components (aggregated in-course and end-of-year examination results), which would normally mean a score of less than 2.8 in both the Written and OSCE components, will not be offered a resit, and will be required, where eligible, to repeat the year.
4. In exceptional circumstances the BoC2/3 may recommend that a student who has failed both the Written and OSCE components (aggregated in-course and end-of-year examination results) be allowed to re-sit both examinations.

Pass decisions for Special (re-sit) examinations will be made on the results of the Special examination(s) i.e. the result will not be combined with the results of in-course assessments.

Note: the ELM Special OSCEs will be held in Dunedin in late November/early December.

1 Refers to the overall examination and not to the sub-components that make up each examination.
2.5 ELM in-course assessments

Refer also to the ELM Handbook for details on all Terms requirements.
Students must complete all specified assessments in order to gain Terms.
The marks gained in the following in-course assessments are aggregated with the results of end-of-examinations as outlined in Section 2.4.2.

2.5.1 ELM2 in-course assessments contributing to end-of-year progress decisions

Students, who for reasons beyond their control e.g. illness, family bereavement, are unable to sit the in-course OSCE, OSPE, or Integrated Cases short answer tests must complete an application for Special Consideration for the missed assessment. Where the application is approved, end-of-year assessment results will make up the weighting in the student’s aggregated in-course and end-of-year assessment marks.

2.5.1.1 ELM2 Semester 1 in-course OSCE and associated assignment

The in-course OSCE will be held on Saturday, 16 June, 2018; ELM administrators will inform students when and where they are to report. The assignment is due by 5:00pm, Friday 22 June 2018. Applications for extensions should be addressed to Dr Roshan Perera and be approved prior to the due date.

The ELM OSCEs are run by Medical School staff under University of Otago examination rules. Students must expect to be sequestered either after (for morning sessions) or before (for afternoon sessions) their examination, and are reminded that they remain under examination conditions from the time of reporting for their examination until they are released back into the community.

The in-course ELM OSCEs are designed to assess clinical skills including communication skills. The OSCE will consist of two 7-minute stations: one station assessing the clinical examination and one the history taking competency. Each station is marked on the ELM 1 to 5 scale by one examiner (clinical examination station) or by a pair of examiners (history taking station).

The associated assignment allows the student to reflect on their performance in the OSCE stations, identifying and discussing their strengths and the areas in which they would like to improve themselves. The assignment will be marked on the ELM 1 to 5 scale.

The marks for the in-course OSCE and the associated assignment will be aggregated as follows:

<table>
<thead>
<tr>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stations 1 and 2 marks</td>
</tr>
<tr>
<td>Associated assignment</td>
</tr>
</tbody>
</table>

Clinical Skills Tutors will provide individual feedback to students.

The ELM2 OSCE in-course OSCE and associated assignment together contribute 20% of the aggregated ELM2 OSCE mark.

2.5.1.2 ELM2 Semester 1 in-course OSPE

The in-course OSPE will be held on Friday, 8 June 2018 (the class divided into 3 streams). MedMoodle messages will inform students when and where they are to report.

The ELM OSPEs are run by Medical School staff under University of Otago examination rules. The in-course ELM2 OSPE will consist of laboratory-based questions related to the learning objectives covered in Semester 1, and will comprise approximately 50 questions/stations. Students move from station to station at one-minute intervals.

Each OSPE question is weighted equally; a candidate’s overall OSPE percentage mark is calculated across the OSPE as a whole. The following conversion scale is used to convert the OSPE percentage mark into an OSPE score on the 1-5 scale:

- 100-80% = 5; 79-60% = 4; 59-50% = 3; 49-40% = 2; <40% = 1

The OSPE Convener will provide feedback on the in-course OSPE in a 10:00-11:00am lecture on 12 July 2018. The OSPE contributes 4% of the aggregated ELM2 Written mark.
2.5.1.3 ELM2 Semesters 1 and 2 in-course Integrated Cases SAQs

The Integrated Cases SAQs will be held on Thursday, 24 May 2018 at 1:00pm, and Thursday, 16 August 2018 at 9:00am. MedMoodle messages will inform students when and where they are to report.

The ELM SAQs are run by Medical School staff under University of Otago examination rules. Integrated Cases SAQs are designed to assess students’ understanding of clinical presentation, the underlying pathophysiology and the application of medical sciences to clinical practice. They will also test students’ ability to explain key concepts coherently using acceptable English.

Each test will comprise written questions to be completed over a specified 30-40 minute period.

Students’ Case Tutors provide feedback to students in one-to-one sessions; feedback on the class performance is provided by the Integrated Cases Convener.

The Semester 1 Integrated Cases SAQ contributes 3%, and the Semester 2 Integrated Cases SAQ, 5% of the aggregated ELM2 Written mark.

2.5.1.4 ELM2 Semester 2 in-course Genetics vertical module assignment

The Genetics vertical module assignment is due by 5:00pm, Monday, 10 Sept. 2018. Applications for extensions should be addressed to Dr Chris Brown and be approved prior to the due date.

The Genetics vertical module requires that students undertake a major self-directed learning exercise on a specific genetic disease. This research project involves critical thinking, literature analysis, an oral presentation (in tutorial), and submission of a written assignment.

Feedback to individual students is provided by the Genetics module Convener.

The Genetics vertical module assignment contributes 3% of the aggregated ELM2 Written mark.

2.5.1.5 ELM2 Semester 2 in-course Reflective essay

The Reflective essay is due 5pm on Sunday, 23 September, 2018. Applications for extensions should be addressed to Dr Hamish Wilson and be approved prior to the due date.

The Reflective essay allows students demonstrate their capacity for self-awareness and the monitoring of their own development.

Students may choose one of the following two questions for the 2018 essay:

1. Review and discuss your workplace learning in the clinical placement in EPE. Discuss what you have learnt from this experience in terms of training to become a doctor.

OR

2. What has been the most powerful learning experience for you this year? What did this experience mean to you as a student or future doctor; what were you able to take away as learning?

Essays should be based on relevant examples from student’s own learning experiences this year.

Word count: 1,500 (min) – 2,000 (max) words, in 1.5 spacing.

Feedback will be provided by EPE Tutors.

The Reflective essay contributes 5% of the aggregated ELM2 Written mark.
2.5.2 ELM3 in-course assessments contributing to end-of-year progress decisions

Students, who for reasons beyond their control e.g. illness, family bereavement, are unable to sit the in-course OSCE, OSPE, Integrated Cases short answer test, or Renal clinical integrative essay must complete an application for Special Consideration for the missed assessment. Where the application is approved, end-of-year assessment results will make up the weighting in the student’s aggregated in-course and end-of-year assessment marks.

2.5.2.1 ELM3 Semester 1 in-course OSCE and associated assignment

The in-course OSCE will be held in each student’s Clinical Skills tutorials in Week 16. The assignment is due by the end of each student’s Clinical Skills tutorial in Week 17. Applications for extensions should be addressed to Dr Roshan Perera and be approved prior to the due date.

The ELM3 OSCE is run by Medical School staff under University of Otago examination rules. Students are advised not to discuss the OSCE with their classmates who are yet to sit it. Breaches of confidentiality will be viewed, and treated, as instances of academic misconduct.

The in-course ELM3 OSCE will consist of a 7-minute station examining the history taking competency, and will be marked on the ELM 1 to 5 scale by a pair of examiners.

The associated assignment allows the student to reflect on their performance in the OSCE stations, identifying and discussing their strengths and the areas in which they would like to improve themselves. The assignment will be marked on the ELM 1 to 5 scale.

The marks for the in-course OSCE and the associated assignment will be aggregated as follows:

<table>
<thead>
<tr>
<th></th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 1 mark</td>
<td>50%</td>
</tr>
<tr>
<td>Associated assignment</td>
<td>50%</td>
</tr>
</tbody>
</table>

Clinical Skills Tutors will provide individual feedback to students.

Together, the ELM3 in-course OSCE and associated assignment contribute 20% of the aggregated ELM2 OSCE mark.

2.5.2.2 ELM3 Semester 1 OSPE

The in-course OSPE will be held on Wednesday, 6 June, 2018. MedMoodle messages will inform students when and where they are to report.

The ELM3 OSPE is run by Medical School staff under University of Otago examination rules.

The in-course ELM3 OSPE will consist of laboratory-based questions related to the learning objectives covered in Semester 1, and will comprise approximately 50 questions/stations. Students move from station to station at one-minute intervals.

Each OSPE question is weighted equally; a candidate’s overall OSPE percentage mark is calculated across the OSPE as a whole. The following conversion scale is used to convert the OSPE percentage mark into an OSPE score on the 1-5 scale:

- 100-80% = 5; 79-60% = 4; 59-50% = 3; 49-40% = 2; <40% = 1

Feedback on the class performance in the OSPE will be posted on MedMoodle.

The in-course OSPE contributes 5% of the aggregated ELM3 Written mark.
2.5.2.3 ELM3 Semester 1 in-course Integrated Cases SAQ

The Integrated Cases short answer test will be held on Wednesday 11 April, at 11:00am. MedMoodle messages will inform students when and where they are to report.

The SAQ is run by Medical School staff under University of Otago examination rules.

The Integrated Cases SAQ is designed to assess students’ understanding of clinical presentation, the underlying pathophysiology and the application of medical sciences to clinical practice. It will also test students’ ability to explain key concepts coherently using acceptable English.

Each test will comprise written questions to be completed over a specified 30-40 minute period.

Students’ Case Tutors provide feedback to students in one-to-one sessions; feedback on the class performance is provided by the Integrated Cases Convener.

The Semester 1 Integrated Cases SAQ contributes 4% of the aggregated ELM3 Written mark.

2.5.2.4 ELM3 Semester 1 in-course Integrated Renal essay

The Integrated Renal essay will be held on Friday, 22 June, 2018 at 3:00pm. MedMoodle messages will inform students when and where they are to report.

This assessment is run by Medical School staff under University of Otago examination rules.

The Integrated Renal essay is designed to assess students’ understanding of clinical presentation, the underlying pathophysiology and the application of medical sciences to clinical practice. It will also test students’ ability to explain key concepts coherently using acceptable English.

Students will answer questions relating to a clinical scenario over a specified 30-45 minute period.

The Renal module Convener will provide individual feedback to students on their examination script. General feedback covering all four essay scenarios is provided to the class as a stand-alone lecture.

The Integrated Renal essay contributes 6% of the aggregated ELM3 Written mark.

2.5.2.5 ELM3 Semester 2 in-course Reflective essay

The Reflective essay is due 5pm on Sunday, 12 August, 2018. Applications for extensions should be addressed to Dr Hamish Wilson and be approved prior to the due date.

The Reflective essay allows students demonstrate their capacity for self-awareness and the monitoring of their own development.

The topic of the 2018 essay is:

The role of the doctor in relation to patient suffering and/or end of life care.

Students should consider their role as a future doctor in caring for patients with suffering, palliative, or end of life care needs, with reference to their learning in Unit 6 (Palliative Care), as well as to patients you have met, interviewed, or observed in ELM.

Word count: 1,500 (min) – 2,000 (max) words, in 1.5 spacing.

Feedback will be provided by EPE Tutors.

The Reflective essay contributes 5% of the aggregated ELM3 Written mark.
2.6 ELM end-of-year examinations

At the end of each ELM year there will be the following common component examinations:

- A written examination consisting of:
  - 3 x 3-hour case-based short answer question papers.
  - 1 x 1-hour OSPE (Objective Structured Practical Examination).
- One OSCE (Observed Structured Clinical Examination) consisting of a maximum of 8 x 7 minute stations.

Individual feedback on students’ performance in the ELM end-of-year examinations will usually be provided by the Medical School to ALL students within three weeks of the November BoC2/3 meeting.

2.6.1 Written examination

2.6.1.1 Timing

The ELM2 exam week commences Monday, 8 October 2018; the ELM3 exam week commences Monday, 15 October 2018.

The OSPEs are run by Medical School staff under University of Otago examination rules; the examination timetable will be posted on MedMoodle.

MICN201a, MICN201b, MICN201c / MICN301a, MICN301b, MICN301c (the SAQ papers) are run under the auspices of the University of Otago Examinations Office. Dates and venues for these papers are made available to students through eVision.

2.6.1.2 Format

The OSPE comprises approximately 50 questions; candidates move from station to station at one-minute intervals.

Each of the three SAQ papers is a 3-hour case-based short answer question (SAQ) paper.
Past years exam papers are available through the University of Otago library.

2.6.1.3 Content

The OSPE contains questions on anatomy (including histology), and pathology.

Each SAQ paper includes several clinical cases with each case consisting of a number of questions focusing on material drawn from both block and vertical modules, EPE, Integrated Cases and Clinical Skills.

2.6.1.4 Scoring / marking

The ELM exams use a 1-5 scale to report student results, where 1 = clear fail; 2 = bare fail; 3 = bare pass; 4 = clear pass; 5 = potential distinction.

Each OSPE question is weighted equally; a candidate’s overall OSPE percentage mark is calculated across the OSPE as a whole. The following conversion scale is used to convert the OSPE percentage mark into an OSPE score on the 1-5 scale:

\[
\begin{align*}
100-80% &= 5; \\
79-60% &= 4; \\
59-50% &= 3; \\
49-40% &= 2; \\
<40% &= 1
\end{align*}
\]

In the SAQ papers, each part question within a case is marked on the 1-5 scale. Each question is weighted in accordance to the expected time to complete the question to a satisfactory standard, to produce an overall SAQ score on the 1-5 scale.
2.6.1.5 Feedback to students

The Medical School provides feedback on individual performance in the Written examination to guide future learning.

For the combined papers, and for each discipline area examined within the OSPE and SAQ papers, feedback identifies where a student:

- performed above the potential distinction standard for that discipline area (reported as *distinction*).
- performed above minimum standard but below the potential distinction standard for that discipline (reported as *clear pass* or *bare pass*).
- performed below the minimum standard for that discipline (reported as *bare fail or clear fail*).

The presentation of results related to the minimally-ready-to-progress Pass standard is considered more meaningful than feedback comprising percentage scores, the interpretation of which is limited by the number of items within the assessment.

Feedback is emailed to students within three weeks of the BoC2/3 meeting to confirm results.

The University of Otago provisions for *recounts* and the *return of examination scripts* follow the twelve-week timetable shown below, after which all unclaimed examinations scripts may be disposed of. Refer *Procedures on the retention, release, and disposal of records related to student assessment within the University of Otago Medical School* for details.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Date final results confirmed</th>
<th>Requests to view scripts</th>
<th>Recount applications</th>
<th>Collect scripts from Department (apply at UIC*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICN201</td>
<td>Mon 26 Nov 2018</td>
<td>Mon 26 Nov 2018</td>
<td>Mon 26 Nov</td>
<td>Mon 7 Jan</td>
</tr>
<tr>
<td>MICN301</td>
<td></td>
<td>– Fri 15 Feb 2019</td>
<td>– Fri 21 Dec 2018</td>
<td>– Fri 15 Feb 2019</td>
</tr>
</tbody>
</table>

* Special Written Examination candidates will be emailed a scanned copy of their SAQ examination booklets following the official release of exam results. The OSPE examination is embargoed: students may view their script, but may not copy nor collect it.

Access to view SAQ and OSPE examination booklets is not routinely granted to students.

Feedback to students sitting Special examinations, and provisions for recounts follow the same time frames and conditions as outlined for end-of-year examinations. Students may not collect or copy their Special SAQ examination booklets, as the Special SAQ examination is embargoed.

2.6.1.6 Feedback to staff on individual students

Results for individual students are made available to Medical School staff working with students sitting Special examinations.

On request and where practical, student results will be provided to Medical School staff who have worked with them in ELM2/3.

2.6.1.7 Feedback to staff on student cohorts

Reports to guide student learning and curriculum development within ELM will be made available to staff via MASC early in the new year, and will include a summary of important findings and supporting data.

2.6.1.8 Psychometrics

Results are analysed to provide measures of validity, reliability for evidence to support their validity and fairness to inform progress decisions, and to inform changes to the curriculum and to assessment design and development.

2.6.1.9 Exam development

The development of the written examination commences during the review meeting of the ELM Assessment Sub-committee (EASC) in November/December of the previous year.

The blueprint and delivery plan is submitted and reviewed by EASC in Semester 1.
Progress reports on examination preparation and delivery are made to EASC throughout Semester 2.

A progress report on exam preparation and delivery is made to the BoC2/3 in August.

2.6.1.10 Construction

**OSPE development and review**

The blueprinting of the OSPE is accomplished using a secured online platform. The content areas covered in the examination are based on student contact hours with the contributing modules and disciplines, which in turn are based on the core curriculum.

Each question in the draft OSPE examination is independently reviewed by two members of the OMS staff for:

i. clarity/ambiguity (this includes image clarity and appropriateness),
ii. perceived question difficulty,
iii. the length of time needed to respond to the question, and
iv. the availability of examination-quality resources (slides, laminated images, and models).

Following this initial internal review of the questions, any queries and concerns raised during the review are put to the individual contributors and any necessary amendments are made before the draft examination paper is forwarded to EASC for review.

**SAQ question development and review**

Module Conveners meet with the ELM Assessment Convener to review the topics and level of competence to be examined in each content area. The discussion focuses on the integration of various disciplines into an agreed clinical case-based scenario.

The content areas are derived from the disciplines that make up the block and vertical modules for each year. The weighting of each discipline and module is directly proportional to the amount of contact time with students, which are in turn based on the core curriculum.

The SAQ examination organising group develops questions for review by EASC. Following the review process, questions are revised as necessary.

2.6.1.11 Standard setting

ELM written examinations are marked to a pass/fail standard.

2.6.1.12 Quality assurance

**Exam setting**

The examination organising groups present draft examination paper content to EASC, together with a description of the processes in place for examination delivery and marking.

The examination papers are reviewed and checked for:

- clarity/ambiguity (including image clarity),
- perceived question difficulty, and
- the length of time needed to respond to the question.

Any queries and/or concerns about the questions raised by EASC are referred back to the individual contributors and amendments are made as necessary.

Module Conveners and contributing lecturers are invited to review the final draft examination papers and to offer comments. Further queries and concerns are taken before EASC and considered prior to EASC recommending the final version of the examination to BoC2/3.

**Exam delivery**

Examinations are delivered under University of Otago regulations.

The *MB ChB Assessment Incident form* has been developed to allow notification of incidents that may have affected student performance during the OSPE.
OSPE exam marking
Examination scripts are collected and distributed to the marking staff. The scripts are marked by staff with experience in the content and required learning. Any uncertainty is addressed by the group to ensure consistency in marking.

Marks are collated and checked through a double entry process, with administration staff supporting the markers collating marks and submitted these along with marked scripts to the ELM Assessment Administrator, who independently checks the marks to ensure accuracy.

SAQ exam marking
Examination scripts are collected and distributed to the contributing departments or lecturers for marking. The marking process varies according to length and complexity of the question. Scripts are marked by an individual (usually the question contributor or a teaching fellow involved in the delivery of the course) or by a group of markers comprising contributing lecturers that may also include lecturers from related disciplines. A selection of scripts will be double marked as part of quality assurance, including inter-marker and intra-marker consistency analysis.

Collating of marks
Markers return marking sheets and marked scripts to the ELM Assessment Administrator. Marks are entered into spreadsheets, and these marks subsequently verified to assure accurate data entry.

Decision-making
Examination marks are weighted on the basis of the allocated time for each question and are aggregated to give an overall SAQ score.

Following the examination, results for cohorts of students will be made available to the BoC2/3.

Any incidents occurring during exam preparation, delivery, and marking that may have contributed to increased variance in results are also reported. Analysis confirming the effect of such incidents will be included where possible.

Benchmarking
The ELM written examinations are not currently benchmarked.

Reporting
Quality assurance reports are produced by EASC for the BoC2/3, CSCs, MASC, and MEREC.

Student input
Student opinion on the exam is surveyed at the end of the exam week; and considered during the planning of future examinations.

Student input into policy on assessment is achieved through the regular meetings related to curriculum policies and practices that occur between the Chair MCC and student representatives.
2.6.2 OSCE

2.6.2.1 Timing

The ELM2 OSCE (Observed Structured Clinical Examination) is held over the course of one week, with Phase 1 informing which students will be recalled for further examination.

The ELM OSCEs are run by Medical School staff under University of Otago examination rules. Students are reminded that the content of the exam is to remain confidential, as a matter of professional integrity, until the last student has entered the examination.

2.6.2.2 Format

The exam consists of a maximum of 8 x 7 minute stations.

2.6.2.3 Content

Exam material is drawn from the defined tasks outlined in the Clinical Skills objectives and will include consultation examination and consultation interview skills.

2.6.2.4 Scoring / marking

Each station is marked on a 1 to 5 scale by one examiner (clinical examination stations) or by a pair of examiners (history taking stations).

A selective adaptive testing approach is taken.

All students initially attempt 4 OSCE stations. Those students whose performance can be categorised as clearly and safely above the required standard from these 4 stations will be exempt from completing the remaining 4 stations.

Such a student must have:
- raised no serious concerns related to professional or unsafe practice.
- a mean station score higher than 3.00 (i.e. an aggregate score of 13 or more).
- a mean station score of 3.00 or greater in each of the clinical examination and history taking competencies.

Students whose performance cannot be categorised as clearly and safely above the required standard will be required to complete the remaining 4 stations, with decisions made on performance in all 8 stations.

2.6.2.5 Feedback to students

Students will be emailed feedback providing an indication of their overall performance in the OSCE examination (distinction, clear pass, bare pass, bare fail, clear fail) and their performance in the clinical examination and history taking competencies, within three weeks of the BoC2/3 meeting to confirm results.

Access to OSCE marking sheets is not routinely granted to students.

Provisions for recounts follow the same time frames and conditions as outlined for end-of-year examinations.

2.6.2.6 Feedback to staff on individual students

The results for individual students are made available to Medical School staff working with students sitting Special examinations.

On request and where practical, student results will be provided to Medical School staff who have worked with them in ELM2/3.

2.6.2.7 Feedback to staff on student cohort

A summary of cohort results will be made available on MedMoodle following the reports made to MASC.

2.6.2.8 Psychometrics

Results are analysed by student demographics to provide measures of validity, reliability for evidence to support their validity and fairness to inform progress decisions, and to inform changes to the curriculum and to assessment design and development.
2.6.2.9 Exam development
The development of the OSCE commences during the OSCE organising group’s review meeting in November/December of the previous year.
The blueprint and delivery plan are submitted to EASC in Semester 1 for approval.
Progress reports on OSCE preparation and delivery are made to EASC throughout Semester 2.
A progress report on exam preparation and delivery is made to the BoC2/3 in August.

2.6.2.10 Construction

**Station development and review**
Individual stations are constructed using a clinical problem to examine a designated competency.

2.6.2.11 Standard setting
ELM OSCEs are marked to a pass/fail standard.

2.6.2.12 Quality assurance
Examiners’ marks from OSCE score sheets are checked for completion and double-entered into spreadsheets which are reconciled to give the students’ final OSCE marks.
Following the completion of four OSCE stations by all students, EASC meet to determine which students will be exempt, and which students will be required to complete stations 5-8 of the examination. For this decision, student results are identified only by Student ID.
Following the examination, individual students’ results (presented by ID number only) are made available to the BoC2/3 for the purpose of determining student progression.
Any incidents occurring during exam preparation, delivery, and marking that may have contributed to increased variance in results are reported to BoC2/3. Analysis confirming the effect of such incidents will be included where possible.

**Benchmarking**
The ELM OSCE examination is not currently benchmarked.

**Student input**
Student opinion on the exam is surveyed at the end of the exam week and considered during the planning of future examinations.
Advanced Learning in Medicine
3 Assessment in the Advanced Learning in Medicine years

Much of the learning experience in the four ALM schools occurs in clinical environments, where there is a degree of variability in experience and therefore assessment. This is particularly true of the Trainee Intern year. In addition, variations in campus programmes may mean that clinical access for one area of content/context is arranged, and therefore assessed, in Year 4 in one campus and in Year 5 in another.

The variability inherent in authentic clinical practice is a strength of ALM, and OMS does not endeavour to plan for all students to receive identical experiences at identical times, or to undergo identical in-course assessments. However OMS does aim to ensure that in-course assessments, or rather the decisions made from these assessments, are equivalent across campuses.

Allowing for variation due to sampling, a student of any given level of ability should end up with the same result at the end of Year 5, and the same should be true at the end of the TI year.

Campus-specific assessments, as detailed within the ALM student handbooks, inform the awarding of Terms. Students granted Terms in ALM4 progress to ALM5; students granted Terms in ALM5 become eligible to sit the ALM5 common component examinations, which determine progression to ALM6; students granted Terms in ALM6 are awarded the MB ChB degrees.

The Professional Attitudes and Summary of Achievement form (PASAF) is used across all campuses to set clear standards that all students must meet or exceed. The PASAF is designed to detect any shortcomings or problems at an early stage so that students can be notified and learning plans agreed upon. For this reason, the PASAF has a high sensitivity. This does means there will be some “false positives” i.e. students who have attention drawn to them for whom there may not turn out to be any major concerns. OMS believes this is preferable to having “false negatives” where students with problems are not detected. The aim is to support students’ learning.

3.1 Timing of assessments

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In-course assessments

Common component examinations

Distinguished Performance assessments
3.2 Flowchart for monitoring progress in ALM
3.3 The Professional Attitudes and Summary of Achievement form (the PASAF)

The PASAF is the principal progress report used in ALM and is used to summarise achievement, including professional attributes, at the end of block modules and at the end of some vertical modules.

Versions of this form may be used by staff members to convey information to a course convener. It is recommended that the format of such “feeder” forms be sufficiently different from the final version in order to prevent confusion as to which version conveys the final result.

The assessment categories that can be offered are:

- **Potential distinction (PD):** performing at an exceptional standard at this stage of training.
- **Pass (P):** performing at, or above, the required standard.
- **Pass after conditions met (PACM):** this is used for students who have passed after further assessment or once additional information is available from other modules.
- **Conditional pass (CP):** Pass provided conditions are met. This might include needing to see evidence of successful further assessment or needing to see that a similar problem hasn’t occurred in another module. This category should include details of a recommended learning plan and reassessment that are planned and/or attributes that need to be further assessed in subsequent modules.
  
  A Conditional Pass will be changed to “Pass after conditions met” or to “Fail” but cannot be changed to “Pass” or to “Potential Distinction”.
- **Fail (F):** performance below the required standard that is considered irremediable within the time available.
- **Incomplete (I):** to be used when factors outside a student’s control prevented that student from being assessed at that time.

An incomplete can be changed to a Pass, Potential Distinction, Conditional Pass, or Fail.

Assessment of students serves three linked purposes (refer page 12). Assessment used to guide learning plays an important part in improving future performance. As this performance will be assessed to ensure required standards have been met, the two are inextricably linked. Some individual assessment events will be more focused in guiding learning whilst others in informing progress decisions.

In ALM, students at all campuses move through modules which are variously configured and of differing lengths. They will complete assessments and gain feedback on performance during each module. However, during and/or at the end of each module they must complete assessments which provide evidence of their having met standards or criteria set by the module and which contribute to decisions about their progressing to the next year. This evidence will include an assessment of professional attitudes and behaviour.

At the end of ALM4 the evidence gathered is reviewed in order to make a decision regarding progression to ALM5. At the end of ALM5 the evidence is reviewed in order to make a decision about the student’s eligibility to sit the ALM common component exams and, if successful, to proceed to ALM6. The accumulated evidence at this point should be sufficient to enable OMS to say that the student is safe to practise medicine under the supervisory arrangements that exist for Trainee Interns. Finally, at the end of ALM6, all the evidence is reviewed in order to make a decision on awarding the degrees with the implication that the student is safe to practise medicine in the role of a PGY1 Doctor.

At various points in this journey, OMS’s primary concern is that students have met the required standards. This is the basis on which students are awarded the degree and acquire provisional registration with the Medical Council of New Zealand to practise as medical practitioners.

Providing students with feedback on progress is instrumental in their achieving the required standard.

It follows that the assessment system must perform all purposes and that OMS’s educational role is to ensure that students are aware of their progress, are provided with adequate opportunities to meet the standards set and, in the event of not doing so, demonstrate that they have met the standards following further learning activity.

Given the length and complexity of the undergraduate programme it is unlikely that any student will meet the standards on every occasion. In the case of additional learning being required, it is important that a record system is in place that is transparent both to staff and students and makes clear what is required and when it has been achieved.
### Professional Attitudes & Summary of Achievement Form

**Purposes**
- To provide a standardised summary of student performance at the end of each module
- To record assessments of aspects of professional attitudes considered essential, but not captured by academic tests
- To detect students having difficulties and help implement remedial activities

#### Module Dates: ………………………………..

<table>
<thead>
<tr>
<th>Student name: ………………………………..</th>
<th>Year: ………………</th>
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</thead>
<tbody>
<tr>
<td>Attachment: ………………………………..</td>
<td>Class: ……………</td>
</tr>
<tr>
<td>Module Dates: ………………………………..</td>
<td>Group: ……………</td>
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</tbody>
</table>

#### Summary of all formal summative assessments

Module conveners should maintain a more complete record of student performance separately. This might include some or all of the following:

1) History taking
2) Diagnostic formulation
3) Physical examination
4) Management plan
5) Procedural skills
6) Clinical judgement
7) Interpretation of data
8) Problem solving skills
9) Knowledge base
10) Procedural skills
15) Communication skills towards patients

#### Collective opinion of relevant tutors on professional attitudes

Not all attributes can be commented on but a concern in any should result in a F or CP:

10) Tutorial Preparation
11) Tutorial Participation
12) Respect for colleagues
13) Collaborative work
14) Sensitivity
15) Skills in listening
16) Skills in expression
17) Skills in writing
18) Attendance
19) Motivation to learn
20) Time management
21) Appropriate professions
22) Recognition of own limitations
23) Demonstrations of appropriate cultural, religious and ethical sensitivity.

#### Summary of strengths / priorities for improvement / concerns

#### Details of “Conditional Pass” and condition(s) imposed (include timeframes where appropriate)

#### Convenor signature and date: ………………………………..

#### Conditions Achieved

- [ ] In Progress
- [ ] Pass ACM
- [ ] Pass after conditions met
- [ ] F

#### Comments on CP result

(I have seen the above information)
<table>
<thead>
<tr>
<th>PASAF assessable attribute</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History taking</td>
<td>able to take a full medical history in an organised manner showing appropriate sensitivity when required; shows increasing ability to prioritise information gathered; can write history up, collating information gathered into a coherent story.</td>
</tr>
<tr>
<td>2. Diagnostic formulation</td>
<td>able to identify the problems, including those from the patient’s perspective, impacting on the patient’s health, identify the most likely differential diagnoses, rationally apply diagnostic tests, and critically interpret the results in order to make a diagnosis.</td>
</tr>
<tr>
<td>3. Physical examination</td>
<td>able to perform a competent physical examination, as appropriate to the history and presenting symptoms.</td>
</tr>
<tr>
<td>4. Management plan</td>
<td>able to outline a plan, appropriately prioritised and acknowledged by the patient, of treatment and management based upon a formulated problem list.</td>
</tr>
<tr>
<td>5. Procedural skills</td>
<td>able to carry out a range of practical clinical skills appropriate to the clinical module.</td>
</tr>
<tr>
<td>6. Clinical judgment</td>
<td>able to make appropriate clinical decisions including the need for, and timing of, intervention based upon clinical findings.</td>
</tr>
<tr>
<td>7. Interpretation of data</td>
<td>able to draw together results from diagnostic tests and clinical findings into diagnostic hypotheses.</td>
</tr>
<tr>
<td>8. Problem solving skills</td>
<td>able to suggest approaches to, or solutions for, problems which lie outside the student’s own knowledge base.</td>
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<tr>
<td>9. Knowledge base</td>
<td>demonstrates in both formal (tutorial, case presentation, etc.) and informal settings (clinical discussion, ward round, etc.) an adequate understanding of relevant knowledge.</td>
</tr>
<tr>
<td>10. Tutorial preparation</td>
<td>prepares for tutorials ahead of time by doing requested readings and preparing short talks.</td>
</tr>
<tr>
<td>11. Tutorial participation</td>
<td>actively participates (in keeping with personality/cultural background) in tutorial sessions; participation may be verbal or non-verbal; is not overtly critical of others’ views.</td>
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<tr>
<td>12. Respect for colleagues and others</td>
<td>demonstrates tolerance and a non-judgmental attitude towards both patients and colleagues, regardless of race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language, beliefs, behaviour patterns, or customs.</td>
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<tr>
<td>13. Collaborative work</td>
<td>shows a willingness to work within a team, assist, communicate, and compromise when necessary to further the best interests of the patient.</td>
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<tr>
<td>14. Demonstrates sensitivity</td>
<td>able to identify the concerns, wishes, and needs of patients and modify the clinical approach accordingly.</td>
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<tr>
<td>15. Communication skills</td>
<td>is articulate; has a good grasp of English.</td>
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<tr>
<td>16. Skills in listening</td>
<td>able to listen to patients, tolerating their negative affect; hears and acts upon constructive criticism; does not dominate tutorials/ward rounds at the expense of his or her colleagues.</td>
</tr>
<tr>
<td>17. Skills in expression</td>
<td>able to clearly impart information to colleagues, in both formal and informal settings (e.g. ward-rounds, tutorials); able to impart information clearly, sensitively, and appropriately to patients.</td>
</tr>
<tr>
<td>18. Attendance</td>
<td>is present at scheduled clinical and teaching venues; where absence is unavoidable, acts professionally by informing the appropriate people.</td>
</tr>
<tr>
<td>19. Motivation to learn</td>
<td>shows a willingness to research clinical cases. Makes good use of teaching opportunities; demonstrates evidence of independent learning.</td>
</tr>
<tr>
<td>20. Time management</td>
<td>is punctual; able to prioritise duties; submits assignments on time.</td>
</tr>
<tr>
<td>21. Appropriate professional boundaries</td>
<td>acts professionally in his or her interactions with patients, colleagues and peers; understands the power imbalance that exists between doctor and patient and that sexual relationships with patients are inappropriate.</td>
</tr>
<tr>
<td>22. Recognition of own limitations</td>
<td>knows when is out of his/her depth in terms of knowledge, clinical skills, and/or professional situations; seeks appropriate help and does not attempt to cope alone.</td>
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<tr>
<td>23. Appropriate cultural, religious and ethical sensitivity</td>
<td>demonstrates understanding of, and respect for, patients’ and colleagues’ different beliefs; does not force own beliefs on others or discriminate against others on the basis of race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language, beliefs, behaviour patterns, or customs; acts professionally in situations where ethical issues are prominent.</td>
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</table>
There are times when students may not reach the required standard on a component of a module. The ultimate goal is for all students to achieve all standards. An opportunity is therefore often provided for further assessment on that component. Alternatively, some students may be able to demonstrate achievement of that component by their performance on aspects of other modules. This would often be on subsequent modules, but if the Conditional Pass occurs later in the year, it is possible that some conditions could be shown to have already been met by performance on previous modules. Such developments may be recorded as Conditional Pass or Pass After Conditions Met. If achievement is not demonstrated, then this would be recorded as Fail.

There are also instances where some concern has been raised regarding student performance, but an overall decision of satisfactory or unsatisfactory cannot be made. Often these instances relate to concerns that are based on a limited number of observations. In such a case a Conditional Pass is given, as it is important to check whether further observations (on subsequent or previous modules) accumulate to the point where the weight of evidence is sufficient to decide that the student has or has not reached the standard. These instances may lack clarity but potentially be important. This lack of clarity may be discouraging for students and because there is no clear-cut decision. They are important because they represent low-grade concerns that would be significant if they were habitually demonstrated. There is therefore value in retaining this lower grade evidence to see if a pattern emerges. An accumulation of Conditional Passes across more than one module may well indicate that a student has not yet reached the standard necessary to progress.

The current ALM mechanism for recording these judgments and data is the PASAF (refer section 3.2) on the student progress record database, which includes the possibility of awarding a Conditional Pass (along with specification of the conditions to be met in order to achieve the standard). The PASAF also provides the opportunity for making comments on strengths, weaknesses and concerns.

The PASAF summary results in a judgment of evidence from the module to decide Potential Distinction (PD), Pass (P), Pass After Conditions Met (PACM), Conditional Pass (CP), Fail (F) and Incomplete (I). Where a CP is recorded it is the responsibility of the relevant Student Progress Committee (SPC) to set the conditions guided by the Module Convener and subsequently to record whether they have been met. If a student receives a CP in either the “Summary of Achievements” or “Professional Attitudes and Behaviour” boxes, then the overall outcome for that student must be a CP until conditions are met. In some cases (e.g. where information is missing or not available at the time) the PASAF may be recorded as Incomplete, but that status would be temporary only.

It is important that OMS is aware of students who consistently have difficulty meeting the standard. For this reason, when a student meets the conditions of a CP, a Pass After Conditions Met (PACM) should be recorded. This mechanism enables patterns that emerge that might help inform where a student is struggling to be identified. At the end of each year, the accumulated information will be used to determine if, overall, the student has performed at a level sufficient to be awarded Terms.

The decision on progression is based on the PASAF and therefore draws on the evaluation by the convener and team. In each school, the progression of students who have received Fails or CPs, or given rise for concern, is reviewed by the SPC of that student’s campus. SPCs moderate and confirm PASAF outcomes, including the Conditions to Pass set for students awarded a CP. They also provide forums for discussion of low grade concerns, thus allowing additional assistance for, and monitoring of, students who may be experiencing minor difficulties. However if low-grade concerns are to be included in decisions on progress they should be communicated to the student concerned.

By placing responsibility for decisions on progression with a committee rather than with the convenors or heads of departments, decision-making becomes a collective activity in which the knowledge and wisdom of the members is applied to the evidence on the PASAF. This is a highly defensible process. It takes the pressure off individuals having to take responsibility for difficult decisions in conditions of uncertainty and protects OMS staff from being lobbied by students. It is also fair to students in that the evidence is a matter of record, and the SPC’s decision encompasses a range of opinion.

In parallel with the above process each campus has an Associate Dean for Student Affairs (ADSA) who communicates decisions from the SPC or Board of Censors (BoC) to affected students, and advises and manages students with a wide range of difficulties or concerns that fall outside the BoC’s jurisdiction. Whereas the PASAF process is episodic (e.g. end of module), the ADSA’s role is continual, and they may intervene and provide additional support or services from time to time. When appropriate the ADSA will provide the committee or board with information about students with whom they are working.
OMS believes it is fair and effective to base any judgments on the chain of recorded evidence. Rather than seeing a student as having failed, it is preferable to see them as not having provided sufficient evidence to enable a judgment of “safe to proceed” or “safe to practise” to be made. However at some point a decision might have to be made that a student has exhausted their opportunities to provide evidence.

Regardless of the particular configuration of each year, the minimum requirement for each student is to achieve a Pass or Pass after conditions met on each module to be granted Terms.

In making recommendations to the Boards of Censors for students to be denied Terms or have Terms deferred, Student Progress Committees will report student deficits in each of the Curriculum Map domain areas, to facilitate the making of equitable decisions across all ALM campuses.

3.4 How the PASAF is implemented

- Module Conveners are expected to complete PASAFs for all students within 10 business days of the students having completed that module.
- Students are expected to meet the required standard for all attributes assessed during a module. Within a module, good performance in one assessment cannot always compensate for inadequate performance in another. However when two assessments assess the same attributes this may be possible. Likewise, good performance on one attribute in one module, might compensate for poorer performance on the same attribute in a different module.
- If students do not reach the required standard in any attribute of a module they will not be awarded a Pass for the module as a whole.
- If students obtain any assessment result of less than Pass, students will be informed by the course convener who will make suggestions for further learning and/or further assessment.
- If students do not reach the required standard in assessments reflecting an attribute overall, the ADSA and the relevant SPC will be notified to decide if other action is required. This action may take the form of a letter, an interview and/or monitoring of subsequent progress. If a similar problem re-occurs in a subsequent module, students could fail to obtain Terms for the year. On the other hand, OMS would be less concerned if students were able to demonstrate satisfactory ability in that attribute on a subsequent module. It is also possible that performance on a previous module may have already provided sufficient evidence that the student is competent in the area so that a Pass After Conditions Met could be awarded. A Fail in a module would normally result in denial of Terms.
- If students fail to perform at the standard required to pass on an assessment on the first occasion, students would usually be offered a chance of further assessment. The opportunity to sit further assessment for a third time is given on a case-by-case basis and is not automatic.
- Reassessments should be timed to avoid clashing with teaching and learning or assessments on the student’s current module and should occur at a time mutually acceptable to the Module Convener of both the involved module and the module during which the reassessment will occur. Ideally this will be at a time that is acceptable to the student; occasionally this may be mediated by the ADSA.
- The alternative to not allowing a student to be reassessed for one module during a subsequent module may be to award a Fail for the module. This being the case, providing the opportunity for reassessment, even though it is on another module, may be seen as preferable, and appropriate, compared with an outright Fail.
- The OMS definition of Fail includes “not able to be remediated” or “not enough time to remediate”. Some conditions near the end of the year, particularly if they represent a pattern of deficit, may result in Fail.
- Terms will be awarded by BoCs based on the assessment of the student’s performance in core elements as defined in the Curriculum Map. Concerns about performance with respect to any of these criteria during the year, which are supported by similar concerns raised in previous years, can contribute to a decision to deny Terms.
3.5 Additional learning requirements and further assessments

3.5.1 What happens if a student receives a Conditional Pass for a module?
The ADSA will be notified. If this is a student’s first Conditional Pass, he or she will be notified of this concern. An interview is not automatically offered but students are welcome to make an appointment to talk over reasons for the Conditional Pass. It is expected that many students will receive a Conditional Pass at some stage, and normally this will be of no further consequence once the conditions have been met. A student with more than one Conditional Pass will be asked to attend an interview. The interview covers such areas as:

- The student’s perception of what was in the way of achieving a higher standard.
- Any common themes occurring over a period of time.
- Discuss problems and issues relating to poor performance.
- Identify appropriate remedial activities and set the length of remedial period and reassessment.
- Organise a follow-up meeting if deemed necessary with a written summary of the meeting, including agreed areas of difficulties, remedial goals, and suggested activities and a reassessment point.

It is anticipated that students would also receive feedback from other sources, such as the course convener. Students who successfully meet the conditions imposed by a Conditional Pass will normally progress in the MB ChB course.

The BoC will examine the record of any students of major concern (including those students where a decision may result in that student failing to meet Terms requirements) as recommended by the relevant SPC. On the basis of the student’s record and his or her progress on additional learning activities, the BoC will decide if the student should be granted Terms. Students who do not engage in additional learning activities after being advised to do so may not be granted Terms. The decision to grant Terms is made as a joint decision by all members of the BoC after considering all available evidence.

3.5.1.1 Who else is notified?
Problems identified in one part of the course can often be remedied in subsequent parts, especially if staff are warned in advance. Subsequent conveners are normally notified of any areas where students might benefit from particular assistance. If there is on-going concern the Dean may be alerted.

3.5.2 What happens if a student receives a Fail for a module?
The student will be asked to attend an interview with the ADSA. This would be to determine if all possible options for additional learning and/or further assessment have been explored. The Dean and conveners of subsequent modules would normally also be notified.

Occasionally students are required to take extra time within term holiday periods to complete essential experiential learning. In these cases, the student’s subsequent progress is reported to the relevant BoC to decide if he or she should progress to the next stage in the course. If the deficits are regarded as too generic, unable to be addressed realistically in the allocated time, or not completed satisfactorily following the extra time, then that student would be expected to repeat the year, unless eligible for exclusion.

3.5.3 What happens if a student receives a Conditional Pass at the end of the year?
The OMS definition of Fail includes “not able to be remediated” and “not enough time to remediate”. Some Conditional Passes near the end of the year, particularly if they represent a pattern of deficit, may result in a Fail.

However, not all Conditional Passes require repeating further additional assessment. Some conditions can be met by showing performance at a required standard in a similar attribute in another module. Likewise, some conditions near the end of the year could be shown to have already been met by performance on previous modules. If a Module Convener is uncertain about a student’s ability in a particular area, it is possible that prior performance on other modules may have already provided sufficient evidence that the student is competent in the area so that a Pass After Conditions Met could be awarded.

3.5.4 Completion of essential experiential learning requirements in a subsequent year
In rare and valid situations where a student is unable to complete an essential experiential learning requirement in a given year due to exceptional circumstances such as serious illness, completion of that requirement in a subsequent year may be allowed. This would apply only in situations where completion of
that experience is required for the award of Terms, the equivalent learning outcomes cannot be acquired any other way, the experience is common to students across all campuses, AND where the complexity, timing, and/or uniqueness of that experience means it could not be replicated by any other practical means during the year in which it is scheduled.

Initial applications for completion of an experiential learning requirement in a subsequent year should be made from the relevant Module Convener and coordinated through the Chair of the SPC. Final applications must be submitted to the relevant BoC by the SPC Chair with full justification. The BoC will consider the application, including the feasibility of providing a substitute programme (see below), any potential disadvantage and/or disruption to teaching and/or learning in any other module (including the elective quarter in T1 year), as well as any practical and/or financial implications. In situations where the application is judged to be valid and the benefits of completing the experience in a subsequent year are deemed to outweigh any potential disadvantage or disruption, the relevant BoC will make a recommendation to the OMS Academic Board, and then to the Pro-Vice-Chancellor (Health Sciences) to allow completion of that experience in a subsequent year of the programme.

At the discretion of the Pro-Vice-Chancellor, a course of study which does not comply with the usual regulations regarding the award of Terms may be approved (regulation 10 of Regulations for the Degrees of Bachelor of Medicine and Bachelor of Surgery (MB ChB)). The student will receive formal notification of the conditions and a specific timeframe for completing the requirement. A student who does not then complete the requirement as stipulated would not normally be awarded Terms.

3.5.5 Assessment for students not on standard curriculum
In exceptional circumstances beyond a student’s control, such as absences due to ill health, substitute programmes may be provided if practical within the time available. Where a substitute programme cannot be provided before the commencement of the following year, students would normally be required to repeat the year; or in the case of Year 5, students may be granted permission for delayed entry into Year 6.

Learning experiences may be provided outside usual semester times. If provided, these would only be for students who have specific problems which can be expected to be remedied within a short period, normally not exceeding 4 weeks in any given year.

Some ALM6 students needing additional time may be required to complete an additional quarter year.
4 Assessment in ALM4

The Professional Attitudes and Summary of Achievement form (PASAF) is the principal progress report used in ALM4 and is used to summarise achievement, including professional attributes, at the end of block modules and at the end of some vertical modules (refer section 3.2).

To progress from ALM4 to ALM5, a student must gain Terms by the successful completion of all in-course assessments in all ALM4 modules, and there are no outstanding concerns re professional conduct.

The result students receive at the end of ALM4 is a Pass or Fail for MICN401, or Terms deferred, meaning a final decision will be made after completion of further specified work. Distinction is not awarded for MICN401.

4.1 Timing of assessments

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<th>Apr</th>
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<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALM4</td>
<td>RKT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

In-course assessments

4.2 Terms

Terms refers to the requirements a student must complete to be permitted to sit final examinations. Refer section 1.9

4.2.1 Terms requirements

Terms will be awarded by BoC4/5 based on professional conduct and on the performance of the student in all components of the course during the year, including engagement with the Retained Knowledge Test. Concerns about performance with respect to any of these criteria during the year, which are supported by similar concerns raised in previous years, can contribute to a decision to deny Terms.

As a minimum all students are expected to achieve a Pass or Pass after Conditions Met for each of their modules.

4.2.2 Award of Terms

The BoC4/5 will meet on Wednesday 7 November 2018 to award Terms to ALM4 students.

Where a student has satisfactorily completed all module assessments and there are no outstanding concerns re professional conduct a student will be granted Terms.

Where a student has significant generic or non-isolated deficits in performance identified during more than one ALM module and/or has significant unapproved absences or concerns regarding professional conduct the BoC4/5 will deny Terms. Unless eligible for exclusion, that student should repeat ALM4.

Where a student has yet to complete in-course requirements and/or a module (e.g. has an Incomplete PASAF result), has yet to meet the conditions of a Conditional Pass, and/or has failed an in-course requirement and/or a module, the Board of Censors may elect to defer awarding the student Terms in one of two classes (see below). The award of Terms deferred is made to allow students to complete outstanding course requirements.

Terms deferred (incomplete)

Where a student has yet to complete in-course requirements and/or a module or has yet to meet the conditions of a Conditional Pass, but has not failed an in-course requirement and/or a module, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC.

Terms deferred (re-sit)

Where a student has failed an in-course requirement and/or a module, whether or not they have yet to complete a module or have yet to meet the conditions of a Conditional Pass, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC.

Should the student fail to gain Terms in the specified time frame, they would be required to repeat ALM4, unless eligible for exclusion.

Notification to students
Within one business day following the BoC4/5 meeting, students who have had Terms deferred or denied will be sent an email from the OMS Office notifying them of the outcome and consequences of the decision. These emails are also copied to the relevant Student Affairs/Undergraduate Education Office, the MB ChB Assessment Manager, Student Records, and where appropriate, the International Office Manager/Associate Dean Māori/Associate Dean Pacific/RMIP Director.

The Student Affairs/Undergraduate Education Office at each school will also email those students who have been denied Terms, to offer support and make arrangements for the student to meet with the Associate Dean Student Affairs (ADSA).

Once these students have been notified by the OMS Office, the Student Affairs/Undergraduate Education Offices at each school will email all other students advising that they have been granted Terms.

Schools may only notify the outcomes to each student as above. No further information should be discussed or provided, including the total number of students deferred or denied Terms.

### 4.3 Decision making at the end of ALM4

Students granted Terms for the ALM4 year receive a Pass for MICN401.

Results are posted on eVision in due course.

### 4.4 ALM4 in-course assessments

*Refer to section 12 for specific details of assessments.*

ALM4 assessments are mapped to Curriculum Map domains and core elements.

With the move to criterion-based assessment there is an increased need for constructive feedback to enable students to monitor their progress. Approaches vary within the modules but are broadly as follows. Formal feedback from assessments is provided in writing using the assessment criteria as a guide. This is supplemented by verbal feedback focused on the assessment, often, though not always, immediately after the assessment.

The PASAF (refer section 3.2) provides some written feedback, but its strength is in the discussion that ensues from it. The best practice approach is for a broad range of staff to contribute to the information conveyed on the PASAF and for the Module Convener to then discuss the resulting document with the student. If there are any difficulties (e.g. a Conditional Pass or unsatisfactory result is recorded) then this discussion will also cover conditions or additional learning required, and the ADSA will contribute to the discussion. Support will be provided and progress monitored along with the necessary feedback.

### 4.5 ALM4 assessments and Distinguished Performance in ALM in a discipline

Commencing in 2015, OMS have signalled their intent to award Distinguished Performance in disciplines and domains, and to base decisions concerning students aptitudes on a wider base of information collected over a longer period of time.

*From 2018, decisions on awarding Distinguished Performance in ALM in Medicine will be based on information – observations and assessments – gathered across all ALM years (refer Sections 6.2.1).*

**Performance in Medicine modules in ALM4, together with performance in Medicine in ALMS modules and the end-of-year examinations, and in the ALM6 Trainee Intern year, will inform decisions as to whether individual students receive Distinguished Performance ALM in Medicine and subsequently Distinction at the end of the ALM6 Trainee Intern year.**

The 2018 award of Distinguished Performance in ALM in Obstetrics & Gynaecology are similarly based on performance across the ALM years, while the award of Distinguished Performance in General Practice, Paediatrics, Psychological Medicine, and Surgery continue to be based on student performance in the Distinction assessments.

Details of the process by which decisions on Distinguished Performance in ALM in this last group of disciplines will be formulated by the MB ChB Assessment Sub-committee (MASC). It is expected that the weighting of various assessments will vary between disciplines/domains. Further details will be communicated to you as they are finalised and approved by the MB ChB Curriculum Committee (MCC).
5 Assessment in ALM5

The result students receive at the end of ALM5 reflects performance in both ALM4 and ALM5.

Each module/RMIP quarter in ALM5 has its own assessments, mapped to Curriculum Map domains and core elements. The Professional Attitudes and Summary of Achievement form (PASAF, refer section 3.2) is used to summarise achievement, including professional attributes, at the end of block modules and at the end of some vertical modules. Successful completion of all modules/RMIP quarters is a Terms requirement.

Students granted Terms are eligible to sit the ALM5 common component exams. Students must pass both the OSCE and the Written exam to achieve a Pass in ALM5 and proceed to ALM6, the Trainee Intern year.

The decision on whether students should progress to the ALM6 Trainee Intern year is made on the basis of assessment results in both ALM4 and ALM5, Terms status, and the student’s fitness to practise i.e. students should have no current concerns regarding professional conduct.

The result students receive at the end of ALM5 is Pass, Fail, Terms deferred, meaning a final decision will be made after completion of further specified work, or Distinction.

5.1 Timing of assessments

<table>
<thead>
<tr>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<th>Nov</th>
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<tbody>
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<td></td>
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<td></td>
<td>RKT</td>
<td></td>
<td></td>
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<td>RKT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALMS</td>
<td></td>
<td></td>
<td>In-course assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Common component examinations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.2 Terms

Terms refers to the requirements a student must complete to be permitted to sit final examinations (refer to section 1.9).

5.2.1 Terms requirements

Terms will be awarded by BoC4/5 based on professional conduct and on the performance of each student in all components of the course during the year. Concerns about performance with respect to any of these which are supported by similar concerns raised in previous years, can contribute to a decision to deny Terms.

As a minimum all students are expected to achieve a Pass or Pass after Conditions Met for each of their modules/quarterly assessment requirements.

5.2.2 Award of Terms

The BoC4/5 will meet on Wednesday 24 October 2018, immediately prior to the commencement of the common component examinations, to award Terms to students.

Where a student has satisfactorily completed all module assessments and there are no outstanding concerns re professional conduct, a student will be granted Terms, and may sit the common component examinations.

No student may elect to sit the Special examination instead of the end-of-year examination.

Where a student has significant generic or non-isolated deficits in performance identified during more than one ALM module and/or has significant unapproved absences or concerns regarding professional conduct the BoC4/5 will deny Terms. Unless eligible for exclusion, that student should repeat ALM5.
Where a student has yet to complete in-course requirements and/or a module (e.g. has an Incomplete PASAF result), has yet to meet the conditions of a Conditional Pass, and/or has failed an in-course requirement and/or a module, the Board of Censors may elect to defer awarding the student Terms in one of two classes (see below). The award of Terms deferred is made to allow a student to sit their end-of-year examinations and provide further information on which the Board will make a decision regarding the student’s readiness to progress.

**Terms deferred (incomplete)**
Where a student has yet to complete in-course requirements and/or a module or has yet to meet the conditions of a Conditional Pass, but has not failed an in-course requirement and/or a module, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC. Refer 5.3.1.

**Terms deferred (re-sit)**
Where a student has failed an in-course requirement and/or a module, whether or not they have yet to complete a module or have yet to meet the conditions of a Conditional Pass, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC.

A student who has failed an in-course requirement and/or a module and who subsequently fails to achieve a pass in both components of the end-of-year examinations would generally not be considered ready to progress. Refer 5.3.1.

**Notification to students**
Within one business day following the BoC4/5 meeting, students who have had Terms deferred or denied will be sent an email from the OMS Office notifying them of the outcome and consequences of the decision. These emails are also copied to the relevant Student Affairs/Undergraduate Education Office, the MB ChB Assessment Manager, Student Records, and where appropriate, the International Office Manager/Associate Dean Māori/Associate Dean Pacific/RMIP Director.

The Student Affairs/Undergraduate Education Office at each school will also email those students who have been denied Terms, to offer support and to make arrangements for the student to meet with the Associate Dean Student Affairs (ADSA).

Once these students have been notified by the OMS Office, the Student Affairs/Undergraduate Education Offices at each school will email all other students (including RMIP students) advising that they have been granted Terms.

Schools may only notify the outcomes to each student as above. No further information should be discussed or provided, including the total number of students deferred or denied Terms.
5.3 Decision making at the end of ALM5

The BoC4/5 will meet on Wednesday, 7 November 2018 to review student performance in ALM4 and ALM5 modules and in the end-of-year assessments.

Student results are presented to the BoC4/5 identified by Student ID alone, together with a recommendation that the student Pass, be awarded Distinction, be offered a Special examination, Fail, or in accordance with Exclusion Regulations, be recommended for exclusion from the course.

The BoC4/5 may recommend, based on information provided, that a student facing exclusion be offered a Special examination. This decision would be referred to the OMS Academic Board for endorsement.

The decision on whether students should progress to the ALM6 Trainee Intern year is made on the basis of assessment results, Terms status, and the student’s fitness to practise i.e. students should have no current concerns regarding professional conduct.

5.3.1 Summary of decision outcomes where there are no concerns re professional conduct

<table>
<thead>
<tr>
<th>Terms</th>
<th>Written examination and OSCE outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass both</td>
</tr>
<tr>
<td>Terms granted</td>
<td>Enter ALM6</td>
</tr>
<tr>
<td>Terms deferred, (incomplete) (refer 5.2.2)</td>
<td>Complete outstanding requirements in specified time frame before entering ALM6</td>
</tr>
<tr>
<td>Terms deferred, (re-sit) (refer 5.2.2)</td>
<td>Complete outstanding requirements in specified time frame before entering ALM6</td>
</tr>
<tr>
<td>Terms denied</td>
<td>Repeat ALM5(^3)</td>
</tr>
</tbody>
</table>

1 where a student has been unable to sit the scheduled end-of-year assessments through exceptional circumstances e.g. significant illness or bereavement etc.

2 at discretion of BoC, and on advice from the SPC, in exceptional circumstances students may be admitted to Special examinations, and may progress to ALM6 on satisfactorily meeting outstanding Terms requirements.

3 The OMS Academic Board may consider exclusion from the course dependant on prior performance.

5.3.2 Award of Pass

A Pass is awarded to students who have been granted Terms, achieved a pass in each of the end-of-year OSCE and Written examinations, and for whom there are no outstanding concerns re professional conduct.

Notification to students

Within one business day following the BoC4/5 meeting to confirm results, students who have failed the examinations will be sent an email from the OMS Office notifying them of the outcome and consequences of the decision – e.g.: required to repeat the year, admitted to Specials, or be recommended for exclusion. These emails are also copied to the relevant Student Affairs/Undergraduate Education Office, the MB ChB Assessment Manager, Student Records, and where appropriate, the International Office Manager/Associate Dean Māori/Associate Dean Pacific/RMIP Director.
5.3.3

Award of Distinction

Distinction is awarded to students who have achieved excellent performance in several assessments and satisfactory performance in all, and who do not have any current concerns regarding professional conduct.

To gain Distinction at the end of ALMS, students must:
1. Be nominated for Potential Distinction by their school, based on performance during ALM4 and ALM5
2. Achieve a pass in both the Written examination and OSCE in the common component examination
3. Achieve an aggregate score above the Distinction threshold in the common component examination.

The Distinction threshold in the common component examination is calculated as follows:

\[
\text{Distinction threshold} = 0.6 \times \text{OSCE Distinction threshold} + 0.4 \times \text{Written Distinction threshold}
\]

5.3.3.1 Nominations for Potential Distinction

The selection of Potential Distinction students by each campus is based on the number of Potential Distinction (PDs) achieved in block modules (attachments) and vertical modules (threads) over ALM4 and ALM5. The criteria for these module PDs are determined by each Module Convener.

To be nominated for distinction, students should
- Have no module Fails, including Fails awarded where conditions were not been met for a CP.
- Not have any current concerns regarding professional conduct.

As a general rule, students should have achieved a PD level on at least one quarter of a year, and in at least one block module. The specific criteria for each Campus are as follows:

5.3.3.1.1 Criteria for nominations for Potential Distinction in DSM

To be nominated for Potential Distinction students need to achieve Potential Distinction level for about a quarter of their modules in ALM4 and ALM5.

<table>
<thead>
<tr>
<th>Module</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine 1</td>
<td>12.5</td>
</tr>
<tr>
<td>Psychological medicine</td>
<td>12.5</td>
</tr>
<tr>
<td>Surgery</td>
<td>12.5</td>
</tr>
<tr>
<td>Urban GP</td>
<td>7.5</td>
</tr>
<tr>
<td>Public Health</td>
<td>5</td>
</tr>
<tr>
<td>Child Health &amp; Reproductive Medicine</td>
<td>12.5</td>
</tr>
<tr>
<td>Musculoskeletal &amp; Emergency Management</td>
<td>12.5</td>
</tr>
<tr>
<td>Rural GP</td>
<td>12.5</td>
</tr>
<tr>
<td>Medicine 2 (includes Ophthalmology)</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Total weighting</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Students will be nominated if they achieve a sum of module Potential Distinction weightings of at least 25.

5.3.3.1.2 Criteria for nominations for Potential Distinction in RMIP

Each student will be considered for Potential Distinction after each of the quarterly RMIP assessments, meaning each quarter has a weighting of 12.5% towards the overall recommendation.

After the fourth assessment, the RMIP Director, the Head of the Rural Section, and the Rural Coordinators, will together review the achievement of each student and summate their Potential Distinction results with
Potential Distinctions achieved in ALM4. Nominations for Potential Distinction at the end of ALM5 will be made to the RMIP Board of Studies for endorsement and referral to the BoC4/5.

Students will be nominated if they achieve at Potential Distinction level in approximately a quarter of curriculum time across ALM4 and ALM5.

5.3.3.1.3 Criteria for nominations for Potential Distinction in UOC

The following Potential Distinction weightings will apply to modules in ALM4 and ALM5:

<table>
<thead>
<tr>
<th>Module</th>
<th>Weighting</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eight week block module (x6)</td>
<td>8</td>
<td>48</td>
</tr>
<tr>
<td>Four week block module (x4)</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Pathology vertical module (ALM4 and ALM5)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Hauora Māori vertical module (ALM4 and ALM5)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ethics vertical module (ALM4)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Pharmacology vertical module (ALM5)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The total weighting is 76.

The weighting of each module is roughly proportional to allocated time in the curriculum. There are currently a total of sixteen modules (twelve block and four vertical) that complete a PASAF on students across ALM4 and ALM5. The sum total of all sixteen block and vertical module weightings (according to the chart above) is seventy-six (76) across ALM4 and ALM5.

Students will be nominated if they achieve a sum of module Potential Distinction weightings of at least 19.

5.3.3.1.4 Criteria for nominations for Potential Distinction in UOW

To be nominated for Potential Distinction students should have achieved at Potential Distinction level on average in at least one-quarter of all modules across ALM4 and ALM5.

The following distinction weightings will apply to modules in ALM4 and ALM5:

<table>
<thead>
<tr>
<th>Module</th>
<th>hrs / Module</th>
<th>Weighting</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten-week block modules (x3)</td>
<td>360</td>
<td>12</td>
<td>36</td>
</tr>
<tr>
<td>Five-week block modules (x6)</td>
<td>180</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>Two-week block General Practice (1)</td>
<td>72</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pathology vertical module (ALM4 and ALM5)</td>
<td>145</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Hauora Māori vertical module (ALM4 and ALM5)</td>
<td>28</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Professional development (ALM4 and ALM5)</td>
<td>64</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ethics (ALM4 and ALM5)</td>
<td>64</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Palliative Medicine virtual module (ALM5)</td>
<td>16</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The total weighting is 83.

The weighting of each module is roughly proportional to allocated time in the curriculum. There are currently a total of fifteen modules (ten blocks, four vertical and one virtual) that complete a PASAF on students across ALM4 and ALM5. Clinical Pharmacology will be assessed within the Medicine Department.

The sum total of all fifteen block, vertical, and virtual module weightings (according to the chart above) is eighty-three (83) across ALM4 and ALM5.

Students will be nominated if they achieve a sum of module Potential Distinction weightings of at least 20.

5.4 Award of Otago Medical School prizes

Where OMS prizes, scholarships and/or awards are restricted to a limited number of students, candidates will be ranked on their aggregated mark achieved in the common component examination.

5.5 Dean’s Commendations

Students nominated by their schools for Potential Distinction and granted Terms who did not receive Distinction for the year, will receive a Commendation from the Dean of the Otago Medical School.
5.4 ALM5 in-course assessments

Refer to section 13 for specific details of assessments.

With the move to criterion-based assessment there is even greater need for constructive feedback to enable students to monitor their progress. Approaches vary within the modules but are broadly as follows: formal feedback from assessments is provided in writing using the assessment criteria as a guide; this is supplemented by verbal feedback focused on the assessment, often, though not always, immediately after the assessment.

The PASAF (refer section 3.2) provides some written feedback, but its strength lies in the discussion that ensues from it. The best practice approach is for a broad range of staff to contribute to the information conveyed on the PASAF, and for the Module Convener to then discuss the resulting document with the student. If there are any difficulties (e.g. a Conditional Pass or unsatisfactory result is recorded) then this discussion will also cover conditions or additional learning required, and the ADSA will contribute to the discussion. Support will be provided and progress monitored along with the necessary feedback.

5.5 ALM5 assessments and Distinguished Performance in ALM in a discipline

Commencing in 2015, OMS have signalled their intent to award Distinguished Performance in disciplines and domains, and to base decisions concerning students aptitudes on a wider base of information collected over a longer period of time.

From 2018, decisions on awarding Distinguished Performance in ALM in Medicine, and in Obstetrics & Gynaecology will be based on information – observations and assessments – gathered across all ALM years (refer Sections 6.2.1 and 6.2.5).

Performance in Medicine and Obstetrics & Gynaecology ALM4 modules, together with performance in these disciplines in ALM5 and the ALM6 Trainee Intern year, will inform decisions as to whether individual students receive Distinguished Performance ALM in Medicine and/or Obstetrics & Gynaecology, and subsequently Distinction at the end of the ALM6 Trainee Intern year.

The 2018 awards of Distinguished Performance in General Practice, Paediatrics, Psychological Medicine, and Surgery will continue to be based on student performance in the Distinction assessments.

Details of the process by which decisions on Distinguished Performance in ALM in these latter disciplines will be made are currently being formulated by the MB ChB Assessment Sub-committee (MASC). It is expected that the weighting of various assessments will vary between disciplines/domains. Further details will be communicated to you as they are finalised and approved by the MB ChB Curriculum Committee (MCC).
5.6 ALM5 common component examinations

The common component examinations for ALM4 and ALM5 are held at the end of the ALM5 year. Candidates must achieve a Pass in the OSCE and in the Written examination to pass ALM5.

The common written examination consists of three papers: MICN501a, MICN501b, and MICN501c. **Candidates must achieve a Pass in the Written examination overall.**

The common OSCE examination consists of 8x eight-minute stations testing one or more of three core competencies: history taking, clinical examination, and explanation and planning. **Candidates must achieve a Pass in the OSCE examination overall, pass more than four stations, and achieve a pass in each core competency examined in at least two stations.**

If a student is sick or fails either the common component OSCE or Written examination, he or she may be admitted to Special examinations. The same format is used for Special examinations as is described for the end-of-year examinations unless the BoC4/5 makes specific recommendations in individual cases.

Individual feedback on students’ performance in the ALM5 examinations will normally be provided to ALL students within two weeks of the BoC4/5 meeting to confirm final results.

5.6.1 Written examination

**Purpose**

**Primary purpose of the ALM5 Written examination**

The main purpose of the ALM5 written examination is to inform decisions as to whether a student has demonstrated sufficient knowledge, applied to health and disease, to proceed to the ALM6/Trainee Intern year.

**Secondary purposes of the ALM5 Written examination**

**Acknowledging excellence**

While the ALM5 Written Examination is used to identify students performing at a high level, the emphasis in developing individual questions and planning the written examination overall is on distinguishing between students who have and have not reached a minimum acceptable level of performance. This emphasis means that a high proportion of students perform well in this assessment.

**Guiding student learning**

Because this is an important assessment, it is highly influential in guiding student learning. It is therefore crucial that the written examination assesses important and valued content from the Otago Medical School Curriculum Map.

**Contributing to quality improvement in the curriculum**

As a key component of the Common Component Examination taken by students at all campuses at the end of ALM5, the written examination contributes to efforts to ensure consistent learning opportunities and levels of student achievement.

5.6.1.1 Timing

The common component Written examination comprises two multiple-choice question papers (MICN501a and MICN501b) and one short answer question paper (MICN501c).

The examinations are run simultaneously in all three centres, under University of Otago examination rules. In Dunedin the exam is run by the UO Examinations Office; in UOC and UOW staff administer the examination.

**MICN501a and MICN501b**

The papers will be run simultaneously in all three centres on the Tuesday, 30 and Wednesday, 31 October 2018. Students are advised they must also be available for Friday, 2 November 2018, the MICN501 written examination reserve day, should this be needed.

Students are allocated to sit the examinations in a morning or an afternoon stream.

Students remain under examination conditions until released by examination officials. Those students sitting the examination in the morning will be sequestered, and asked to
relinquish all communication devices until all students sitting the examination in the afternoon have entered the examination room.

**MICN501c**

The paper will be run simultaneously in all three centres on Monday, 29 October 2018.

### 5.6.2 Format

**MICN501a and MICN501b:** each paper is of three hours duration and comprises 110 computer-delivered multiple-choice questions (MCQs).

Of the 220 MCQs in the combined papers, 200 count towards the pass/fail and pass/distinction decisions and the remaining 20 serve other purposes, such as the trialling of content, format, longitudinal comparisons, benchmarking and/or standard setting.

The 200 questions that will be used to inform progress decisions are determined in advance of the examination, and are not changed in light of student responses.

Questions are drawn from a bank of existing questions, newly developed questions, and questions supplied by the Medical Deans Australia New Zealand (MDANZ) benchmarking group. These last are questions that are common to final examinations across Australian and New Zealand medical schools: those selectable are suitable for use in the examination. (See further information in section 5.6.1.13)

A selection of practice MCQs in examination format is made available to students prior to the examination. The purpose of the practice items is to familiarise students with the assessment format and to allow the technical integrity of the process to be trialled.

**MICN501c** is a three-hour written paper comprising five or six short answer questions (SAQs). The total value of the paper is 500 marks, and questions may be worth 50 or 100 marks each. Some of the questions in the MICN501c paper may integrate content across more than one domain/sub-domain/discipline.

MICN501c papers from previous end-of-year examinations are available via the [library website](#). Recent MICN501c Special examination papers are embargoed.

### 5.6.3 Content

The broad aims of the common written examination are to assess knowledge of:

- disease processes
- the natural history of core conditions
- diagnosis of core conditions relating to core presentations
- management (investigations and treatments) of core conditions and core clinical presentations
- principles and practice of preventive and social medicine/public health
- the processes underpinning core conditions and core clinical presentations
- the processes underpinning clinical practice

Core conditions and core presentations are defined in the Curriculum Map. Relevant lists can be found in the assessment folder on MedMoodle.

The domains covered in this examination include:

- Clinical skills
- Diagnostics and Therapeutics
- Hauora Māori
- Population Health and Epidemiology
- Professional Practice
- Science, Scholarship, and Research

The broad discipline subject area categories covered in this examination are:

- Clinical ethics
- Clinical Pharmacology
- General Practice
- Hauora Māori
- Internal Medicine
- Medical Sciences
- Obstetrics and Gynaecology
• Paediatrics
• Pathology
• Psychological Medicine
• Public Health
• Surgery

NB: many of the questions are clinically based and as such do not fit neatly into particular disciplines. The balance of content in the MCQ papers is adjusted against the SAQ paper to ensure that the overall written examination blueprint (page 102) is maintained.

5.6.1.4 Scoring / marking

MICN501a and MICN501b
MCQs may have several plausible answers. However one of the options is clearly the best option in the circumstances described in the stem of the question. For example, a question may ask for "the most likely diagnosis". Several of the options offered may provide possible diagnoses, but only one of the options is "the most likely" and will be marked as correct.

Each question is worth one mark. No marks are deducted for wrong or unsafe answers.

MICN501c
Where there are separate sections within a question, the value for each section is indicated as the percentage of the total mark for that question and should be used as a guide as to the time allocation.

Scripts are marked against an agreed marking schedule, and results recorded for each part question are recorded in secured spreadsheets.

Special MICN501c exam scripts are independently graded by two experienced markers. The final mark awarded to each student will be the average of the two marks, except where those marks are widely divergent, in which event the marks may be further moderated. This may involve consulting a third examiner.

5.6.1.5 Decision-making

The score from the MCQ is aggregated with the score for SAQ to produce a fail/pass/distinction decision on the Written exam overall.

The percentage mark for each component will be aggregated: Total = (2*(MCQ%)) + (SAQ%))/3.

The same formula is used to determine the overall written examination pass mark and individual student written examination scores.

Presentation of results to the Board of Censors
For each student: Student ID, aggregate Written score, MCQ score, and SAQ score Threshold scores (and associated errors) for Pass and Distinction

The BoC sets the Fail/Pass and Pass/Distinction mark thresholds guided by the judgments of the standard setting group.

Candidates sitting the Special Written examination are expected to meet these same standards in order to pass.

5.6.1.6 Feedback to students

OMS provides feedback on individual performance in the combined written examination to guide future learning.

For each subject discipline examined, feedback identifies where a student:
• performed below the minimum standard for that discipline (reported as performance not yet at standard required).
• performed above the potential distinction standard for that discipline (reported as excellent performance compared to the standard required)
• performed above minimum standard but below the potential distinction standard for that discipline (reported as performance at or above the standard required).
The presentation of results related to the minimally-ready-to-progress Pass standard is considered more meaningful than feedback comprising percentage scores, the interpretation of which is limited by the number of items within the assessment.

Feedback is emailed to students within two weeks of the BoC4/5 meeting to confirm results.

The University of Otago provisions for recounts and the return of examination scripts follow the twelve-week timetable shown below, after which all unclaimed examinations scripts may be disposed of. Refer Procedures on the retention, release, and disposal of records related to student assessment within the University of Otago Medical School for details.

<table>
<thead>
<tr>
<th>Course</th>
<th>Date final results confirmed</th>
<th>Requests to view scripts</th>
<th>Recount applications</th>
<th>Collect scripts from Department (apply at UIC*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICN501</td>
<td>Mon 26 Nov 2018</td>
<td>Weeks 1-12</td>
<td>Weeks 1-4</td>
<td>Weeks 7-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mon 26 Nov 2018 – Fri 15 Feb 2019</td>
<td>Mon 26 Nov – Fri 15 Dec 2019</td>
<td>Mon 7 Jan – Fri 15 Feb 2019</td>
</tr>
</tbody>
</table>

* University Information Centre

Special Written Examination candidates may apply to the MB ChB Assessment Coordinator (MBChB-assessment@otago.ac.nz) for a copy of their MICN501c examination booklets to be emailed to them following the official release of exam results.

Access to student responses and itemised results from MICN501a and MICN501b papers is not routinely granted to students.

A summary of cohort results will be made available on MedMoodle following the reports made to CSCs.

Feedback to students sitting Special examinations, and provisions for recounts and the return of examination scripts follow the same time frames and conditions as outlined for end-of-year examinations.

5.6.1.7 Feedback to staff on individual students

The results for individual students are made available to staff working with students sitting Special examinations following the Board of Censors meeting.

On request, and where practical, the results for individual students are made available to staff who have worked with them during ALM4 and ALM5.

5.6.1.8 Feedback to staff on student cohorts

Reports to guide student learning and curriculum development within OMS and individual campuses will be made available to staff via MASC, and will include a summary of important findings and supporting data.

5.6.1.9 Psychometrics

Results are analysed to provide measures of validity, reliability for evidence to support their validity and fairness to inform progress decisions, and to inform changes to the curriculum and to assessment design and development.

Writers of new assessment items will receive feedback on how their question performed in the examination.

5.6.1.10 Exam development

The development of the exams commences during the debrief meeting of the ALM Written Exam Sub-committee in November/December of the previous year, when a draft blueprint of the exam is constructed. Following consultation with Departments, the blueprint is confirmed at a planning meeting in February, and reviewed by the ALM Examination Oversight Group who ensure the ALM5 examination as a whole is balanced in blueprint and workload across campuses.

The blueprint and delivery plan is submitted to the BoC4/5 in March for approval.

A progress report on exam preparation and delivery is made to the BoC4/5 in August.
5.6.1.11 Construction

MICN501a and MICN50b question development and review

All MCQ questions are reviewed for content and relevance by the Question Development and Review group (QDR group) on a minimum three yearly cycle.

MCQ questions for the end-of-year examination are drawn from a provisional question pool of approximately 250 questions that have been selected from the MCQ Assessment Items database. This database is located on a University server, allowing for efficient and secure question development, review, and standard setting.

The selection of MCQs for the provisional question pool is informed by choices made by the QDR group, comprised of representatives from each discipline/subject group in DSM, UOC, and UOW. The QDR group also contributes to the ongoing improvement of the MCQ Assessment Items database by adding new MCQs, and by reviewing and evolving existing questions. Unsatisfactory questions are eliminated or modified for future use.

Any staff member may contribute new questions, even partially developed questions, for the QDR group’s attention: contact the MCQ co-ordinator (Mike Tweed, mike.tweed@otago.ac.nz). New MCQs are peer-reviewed, and once consensus is achieved, a question progresses to a standard setting review (see below).

The MCQ co-ordinator selects final 200 questions to meet a balance of disciplines, domains/subdomains, and projected pass and distinction standards, under the direction of the ALM Written Sub-committee and MB ChB Assessment Sub-committee (policy on balance of questions) and the BoC4/5 (implementation of policy).

When a compromise needs to be made, e.g., fewer new questions to ensure that the balance of disciplines and tasks is met, this is presented to the BoC4/5 for approval.

MICN501c question development and review

To ensure an integrated and comprehensive examination, provisional problems are suggested to Departments early each year by the ALM Written Examination Sub-committee (AWESC).

The content of individual questions is developed to maintain a satisfactory balance of content across the common component written examination. Questions, learning objectives, and marking frameworks for the end-of-year and the Special examination are developed by question writers drawn from ALM campuses, and submitted to AWESC for review.

Following the review process, questions are revised as necessary, and AWESC select preferred question(s) for the end-of-year and Special examinations by consensus.

5.6.1.12 Standard setting

A Standard Setting group use a modification of the Angoff process to recommend pass standards for individual MCQ questions and SAQ part-questions. The modified Angoff procedure is an internationally accepted system for setting pass marks that aims to produce a criterion-referenced pass mark, but allows that mark to be modified based on the results of the examination.

All questions are standard set on a minimum three yearly cycle.

The provisional pool of 250 MCQs and 10 SAQs are checked for relevance and standard setting by a standard setting panel comprising general hospital-based clinicians and general community-based clinicians from each ALM campus; Intern supervisors; recent graduates; RMIP representatives; OSMS representatives; and the MCQ and SAQ co-ordinators. Members of the group independently evaluate question relevance and set pass-fail standards for a selection of the pool questions. The MCQ co-ordinator reviews all MCQ pool questions, and the SAQ co-ordinator, all SAQ questions.

This process aids the final selection of examination questions, and allows the projected pass threshold mark to be calculated in advance of the exam being sat.
The distinction threshold mark for the written examination is set using a modification of the Cohen method\(^1\). This method and modifications are used to set threshold scores in a variety of examinations including high stakes undergraduate medical courses. The method is based on the stable level of ability of the highest performing students at the 90-95 centile range. Although appearing peer-referenced, it is still possible, although unlikely, that all students marks could equal or exceed the distinction threshold mark.

\(\text{The process used at OMS is as follows:}\)

1. The Pass threshold for the examination is set as the standard for a minimally ready to progress to ALM6 student.
2. The Distinction threshold for the examination is the standard for a distinction level student ready to progress to ALM6,
3. Standard setting group members independently review questions and part-questions, and for each item judge the percentage of minimally ready to progress students expected to answer the question correctly. These judgments inform the threshold pass mark.
4. Following the examination, the distinction threshold mark is calculated using a modification of the Cohen method.
5. The BoC review and approve the recommended pass and distinction threshold marks.
6. Individual student examination results are confirmed by the BoC4/5.

5.6.1.13 Quality assurance

**Examination setting**

The ALM Written Exam Sub-Committee presents the content blueprint related to disciplines, domains and sub-domains of the Curriculum Map and evidence of appropriate item/question/station content to the BoC, together with a description of the processes in place for examination delivery, marking, and standard setting.

**Student familiarity with examination delivery system**

A selection of practice MCQs in the examination format is made available to students prior to the examination. The purpose of the practice items is to familiarise students with the assessment format and to allow the technical integrity of the process to be trialled.

**Examination processes**

A separate MedTestMoodle installation is used for delivery for of the MICN501a and b papers.

Examinations are delivered under University of Otago regulations. A single venue for students at each site is requested to decrease variability due to environmental factors.

The *MB ChB Assessment Incident form* has been developed to allow notification of incidents that may have affected student performance during the assessment.

The Friday immediately following the MICN501 written papers is reserved as an examination day, should the assessments be disrupted for any reason.

**MICN501a and MICN501b**

Examination results are downloaded from the server and processed on spreadsheets stored on a secured server. All questions where the cohort scored less than the chance mark are reviewed. Results are desk-checked prior to collation with the results of MICN501c.

**MICN501c**

Marking of individual questions from the SAQ paper may take place at any of the three main OMS campuses. All scripts for each question are marked by the same set of examiners, who will normally have been involved in developing the question and marking schedule.

To de-identify individual examination scripts, SAQ scripts are collected in each examination centre, ordered by Student ID and, where necessary scanned and couriered overnight to exam administrators to be collated with scripts from other centres before delivery to examiners.

Scripts are marked using the agreed marking schedule, and results recorded for each part question in the secured spreadsheets provided. The recording of marks is independently

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checked before the results are printed, signed, scanned, and returned to the MB ChB Assessment Manager, along with the secured spreadsheet.

Double marking of a selection of examination scripts is undertaken to assess inter-marker and intra-marker variability. Departments may undertake additional quality checks as desired.

The spreadsheets returned by examiners are collated, and desk-checked prior to collation with the results of MICN501a and MICN501b.

**Decision-making**

The results of individual students (presented by ID number, without campus identification) are presented to the BoC4/5 for the purposes of determining pass/fail and pass/distinction decisions, and recommendations for Special examinations.

Any incidents occurring during exam preparation, delivery, marking and standard setting that may have contributed to increased variance in results will be reported to BoC4/5. Analysis confirming the effect of such incidents will be included if possible.

Following the examination, results for cohorts of students will be made available to the BoC4/5. The report includes supporting evidence related to consistency/reliability of results, error in student scores and pass-fail and pass-distinction threshold scores, and evidence for irrelevant variance by comparisons by different groups (e.g., by campus).

**Benchmarking**

OMS participates in the MDANZ (the Medical Deans of Australia and New Zealand) and AMC (Australian Medical Council) benchmarking projects. UO staff contribute MCQs to their items databases, and assist in the review and selection of a pool of MCQs for benchmarking purposes. A selection of the benchmarking MCQs are incorporated into the MICN501a and MICN501b exams, either as counting questions or non-counting questions (following appropriate QDR and Standard Setting processes). Student responses to these questions are submitted in an anonymised form to MDANZ/AMC for collation with the responses of students from other medical schools and analysis.

**Reporting**

Quality assurance reports are produced by the MASC for the BoC4/5, CSCs, MASC, and MEREC

**Student input**

Student opinion on the exam is surveyed at the end of the exam week and considered during the planning of future examinations.
### 2018 MICN501a and MICN501b (MCQ) timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Blueprint prepared, approved by the ALM Assessment Oversight group, and presented to HoDs for approval.</td>
<td>ALM MCQ Coordinator, MB ChB Assessment Manager</td>
</tr>
<tr>
<td>16 March</td>
<td>Provisional blueprint submitted to BOC4/5 for endorsement.</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td>April</td>
<td>HoDs identify MCQ developers and reviewers (QDR members).</td>
<td>HoDs</td>
</tr>
<tr>
<td>June</td>
<td>New questions drafted, and questions that have not been reviewed for &gt;3 years reviewed by QDR members.</td>
<td>MB ChB Assessment Manager QDR group members</td>
</tr>
<tr>
<td></td>
<td>Drafts of new questions submitted to the MCQ Coordinator.</td>
<td>QDR</td>
</tr>
<tr>
<td>July</td>
<td>New MCQs reviewed by ALM Written Examination Sub-committee and feedback sent to QDR group.</td>
<td>AWSC, ALM MCQ Coordinator, MB ChB Assessment Manager</td>
</tr>
<tr>
<td></td>
<td>A pool of approximately 250 questions identified for end-of-year examination, including 70-80 new questions.</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td></td>
<td>Pool questions are referred to the Standard Setting group.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td>15 August</td>
<td>Report to BOC4/5</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td>September</td>
<td>MICN501a/b papers compiled, final editorial review undertaken.</td>
<td>ALM MCQ Coordinator MB ChB Assessment Manager</td>
</tr>
<tr>
<td>October</td>
<td>Final examination finalised, counting and non-counting questions identified. Papers loaded onto MedTestMoodle, and checked</td>
<td>ALM MCQ Coordinator MB ChB Assessment Manager</td>
</tr>
<tr>
<td>30 &amp; 31</td>
<td>MICN501a and MICN501b papers administered by local school administrative staff in liaison with MB ChB Assessment Manager.</td>
<td>OMS IT staff MB ChB Assessment Manager</td>
</tr>
<tr>
<td>October</td>
<td>Responses downloaded, results spreadsheet created.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td>7 November</td>
<td>Report to BOC4/5.</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td>December</td>
<td>Report to ALM Written Sub-committee and MASC.</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td></td>
<td>AWSC debrief meeting; 2019 planning commences.</td>
<td>AWSC; ALM MCQ Coordinator</td>
</tr>
<tr>
<td></td>
<td>Special examination finalised, counting and non-counting questions identified. Papers loaded onto MedTestMoodle, and checked</td>
<td>ALM MCQ Coordinator MB ChB Assessment Manager</td>
</tr>
<tr>
<td>January 2019</td>
<td>Special MICN501a/b papers administered by local school administrative staff in liaison with MB ChB Assessment Manager.</td>
<td>OMS IT staff MB ChB Assessment Manager</td>
</tr>
<tr>
<td></td>
<td>Responses downloaded, results spreadsheet created.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td></td>
<td>Report to BOC4/5.</td>
<td>ALM MCQ Coordinator</td>
</tr>
<tr>
<td>February</td>
<td>Evaluation and feedback to HODs/examiners prepared.</td>
<td>AWSC, SAQ Coordinator MB ChB Assessment Manager</td>
</tr>
</tbody>
</table>
## 2018 MICN501c (SAQ) timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Blueprint prepared, approved by the ALM Assessment Oversight group, and presented to HoDs for approval.</td>
<td>AWSC</td>
</tr>
<tr>
<td>16 March</td>
<td>Provisional blueprint submitted to BOC4/5 for endorsement.</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>March</td>
<td>Heads of Departments identify question writers and markers.</td>
<td>HoDs</td>
</tr>
<tr>
<td>April/May</td>
<td>Draft questions and marking frameworks developed in consultation with HODs and relevant staff at all centres.</td>
<td>HoDs/question writers</td>
</tr>
<tr>
<td>June</td>
<td>Draft questions submitted to the SAQ Coordinator.</td>
<td>Lead HoDs</td>
</tr>
<tr>
<td>July</td>
<td>Questions reviewed by ALM Written Examination Sub-committee and feedback sent to HODs/examiners.</td>
<td>AWSC, ALM SAQ Coordinator, MB ChB Assessment Manager</td>
</tr>
<tr>
<td>August</td>
<td>Questions finalised and sent to MB ChB Assessment Manager for preparation of the MICN501c and Special MICN501s papers.</td>
<td>HODs/examiners, ALM SAQ Coordinator, MB ChB Assessment Manager</td>
</tr>
<tr>
<td></td>
<td>Questions referred to Standard Setting group.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td>15 August</td>
<td>Final blueprint submitted to BoC4/5.</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>September</td>
<td>MICN501C and MICN501C Special papers compiled and submitted to the Exams Office following final editorial review.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td>29 October</td>
<td>MICN501C paper administered by the Examinations Office/local school administrators.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td>29-30 October</td>
<td>Exam booklets collected, ordered by Student ID and labelled, scanned, and couriered to administrators in markers’ centres.</td>
<td>Local examination organisers</td>
</tr>
<tr>
<td>31 October - 5 November</td>
<td>Exam administrators collate booklets form all centres and deliver scripts to markers. Markers mark scripts, undertake quality checks, and send results to MB ChB Assessment Manager for collation.</td>
<td>HODs/examiners, MB ChB Assessment Manager</td>
</tr>
<tr>
<td>7 November</td>
<td>Report to BOC4/5.</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>November</td>
<td>Report to AWSC and MASC.</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>December</td>
<td>Debrief meeting; 2019 planning commences.</td>
<td>AWSC, ALM SAQ Coordinator</td>
</tr>
<tr>
<td>January 2019</td>
<td>MICN501C Special exam administered by the Examinations Office/local school administrators.</td>
<td>MB ChB Assessment Manager</td>
</tr>
<tr>
<td></td>
<td>Exam booklets collected, ordered by Student ID, and couriered to administrators in markers’ centres.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam administrators collate booklets form all centres and deliver scripts to markers. Markers double-mark scripts, undertake quality checks, and send results to MB ChB Assessment Manager for collation.</td>
<td>HODs/examiners, MB ChB Assessment Manager</td>
</tr>
<tr>
<td>January</td>
<td>Report to BOC4/5.</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>February</td>
<td>Evaluation and feedback to HODs/examiners prepared.</td>
<td>AWSC, ALM SAQ Coordinator, MB ChB Assessment Manager</td>
</tr>
</tbody>
</table>
5.6.2 OSCE

Purpose

Primary purpose of the OSCE
The main purpose of the ALM5 OSCE is to inform decisions as to whether a student is sufficiently competent in taking a history from and examining a patient, and interpreting this information; and giving a patient an explanation and planning management with them, to proceed to the ALM6/Trainee Intern year.

Secondary purposes of the OSCE:

Acknowledging excellence
While the ALM5 OSCE is used to identify students performing at a high level, the emphasis in developing individual stations and planning the OSCE overall is on distinguishing between students who have and have not reached a minimum acceptable level of competence. This emphasis means that a high proportion of students perform well in this assessment.

Guiding student learning
Because this is an important assessment it is highly influential in guiding student learning. It is therefore crucial that the OSCE assesses important and valued content from the Otago Medical School Curriculum Map. The OSCE content is based on common and/or critically important patient presentations.

Contributing to quality improvement in the curriculum
As a key component of the Common Component Examination taken by students at all campuses at the end of ALM5, the OSCE contributes to efforts to ensure consistent learning opportunities and levels of student achievement.

5.6.2.1 Timing
The OSCE will be held on the Saturday, 27 October 2018 in Christchurch, Dunedin, and Wellington.

This exam is run by OMS staff under University of Otago examination rules.

Students are allocated to sit the exam in one of three streams during one of three or four runs throughout the day.

Students remain under examination conditions until released by examination officials.
Those students sitting the examination in the morning will be sequestered and will be asked to relinquish communication devices and watches until all examination candidates in all Centres have entered the examination.

5.6.2.2 Format
OSCE comprises 8 stations, each of 8 minutes duration. Station instructions will be made available to students one minute before entering a station.

The examination is delivered simultaneously at the three main ALM campuses, and is identical in structure, stations and timing across the three campuses.

Stations used prior to 2017 are available on MedMoodle. A summary of results from the previous year is available for staff and students on MedMoodle.

5.6.2.3 Content
The OSCE is designed to test students’ clinical skills in a structured and objective way.

Station content may be derived from any of the core presentations listed in the Curriculum Map. Consideration is given to the feasibility and suitability of assessing students’ performance on the proposed task in an OSCE context and within the time allowed. Drugs included on the Essential Drug List (see Appendix) may also be examined within the context of the OSCE.

The following three core competencies are assessed every year:

- History taking, which will lead to a differential diagnosis and/or next stage of management.
- Perform an appropriate and technically competent clinical examination, which will lead to a differential diagnosis and/or next stage of management.
- Explain and discuss diagnosis, investigations and/or treatment, and engage with the patient in a process of shared decision-making.
A single station may assess one or a combination of these three core competencies. Students are expected to respond appropriately to the ethnic/cultural etc. background of the patient in all stations. The examination is blueprinted so that weighting of content reflects requirements for clinical practice as a beginning Trainee Intern and to ensure there is a good balance of problems in each examination.

5.6.2.4 Scoring / marking

Generally, two examiners independently mark students in each station. The mean of their scores, added to the score provided by the simulated patient, forms the student’s mark for that station. Each examiner also provides a global judgment for each student on their overall performance compared to a beginning Trainee Intern using a 7-point scale, with 3.5 being anchored to the minimum standard required to enter the Trainee Intern year.

5.6.2.5 Decision-making

Students must achieve a performance equal to or higher than the minimum standard to enter the Trainee Intern year. This is determined by the overall performance of a student in the OSCE exam, and in each of the three core competencies of history taking, clinical examination, and explanation and planning. Where a student fails all stations assessing a core competency and where the competency has been assessed in more than two stations, they will be deemed to have failed the OSCE.

To pass the common component ALMS OSCE, students must have achieved:

1. An overall total score equal to or greater than the calculated OSCE pass mark AND
2. A pass in at least half of all stations AND
3. A pass in at least one station for each core competency that has been assessed in more than two stations. This includes stations assessing two competencies, regardless of the weighting given to each competency within the station.

Students who sit the Special OSCE are expected to meet these same standards in order to pass.

5.6.2.6 Feedback to students

OMS provides feedback on individual performance in the OSCE examination to guide future learning. For each station, feedback identifies where a student:

- performed below the minimum standard (reported as performance not yet at standard required).
- performed above the potential distinction standard (reported as excellent performance compared to the standard required).
- performed above minimum standard but below the potential distinction standard (reported as performance at or above the standard required).

Feedback is emailed to students within two weeks of the BoC4/5 meeting to confirm final results. Access to examiner notes and annotations on OSCE performance is not routinely granted to students. Refer Procedures on the retention, release, and disposal of records related to student assessment within the University of Otago Medical School for details.

A summary of results will be made available on MedMoodle early in the following year. Feedback to students sitting Special examinations, and provisions for recounts follow the same time frames and conditions as outlined for end-of-year Written examinations.

5.6.2.7 Feedback to staff on individual students

The results for individual students are made available to staff working with students sitting Special examinations. On request and where practical, student results will be provided to staff who have worked with those students.
5.6.2.8 Feedback to staff on student cohorts

The OSCE sub-committee’s post-exam report to MASC includes a summary of important findings and supporting data. This information is included in the annual Assessment Report MASC delivers to CSCs.

5.6.2.9 Psychometrics

Results are analysed by Centre and student demographics to provide measures of validity, reliability for evidence to support their validity, reliability/precision, and fairness to inform progress decisions, and to inform changes to the curriculum and to assessment design and development.

Station writers and examiners will receive feedback on how their station performed in the examination.

5.6.2.10 Exam development

The development of the OSCE commences during the debrief meeting of the ALM OSCE Subcommittee in November/December of the previous year, when a draft blueprint of the exam is constructed. The blueprint is confirmed at a planning meeting in February, and reviewed by the ALM Examination Oversight Group who ensure the ALM5 examination as a whole is balanced in blueprint and workload across campuses.

The blueprint and delivery plan is submitted to the BoC4/5 in March for approval.

A progress report on exam preparation and delivery is made to the BoC4/5 in August.

5.6.2.11 Construction of stations

Station development and review

Individual stations are constructed using a clinical problem to examine a designated competency or competencies in one or two disciplines. For example, a station developed and examined by General Practice might assess the competency of history taking using the clinical presentation of chest pain; a station developed and examined by the Hauora Māori and Medicine departments might assess the competencies of explanation and planning, or a station might assess the competencies of history taking and clinical examination, by using the clinical problem of asthma.

To ensure an integrated and comprehensive examination, the allocation of competencies and provisional problems to Departments is determined early each year by the ALM OSCE Subcommittee. The competencies assigned to a Department will rotate from year to year so all departments will examine most competencies over time.

Heads of Departments (HODs) are then asked to approve the suggested problems for each station allocated to their department. The finalised list of problems and competencies is then approved by the BoC4/5.

HoDs are responsible for organising OSCE examiners in their centre, who may be local staff, regional staff (the Department is responsible for costs incurred in travel and accommodation), or in some cases, RMIP staff. Examiners, including reserve examiners, should be identified early so they can participate in the development of the station they will be examining in. When this is not possible, it is essential that station developers make serious efforts to explain the station and its rationale to the examiners before the exam. This should include providing access to (and feedback on) the marking schedule in advance.

The responsibility for station construction within each discipline rotates among the three campuses and each year one campus will take the lead in writing the assigned station(s). The HOD of that department, the ‘Supervising HOD’, is responsible for communicating with the ‘Corresponding HODs’ at the other two campuses and, when appropriate, RMIP. This ensures all examiners at all centres have an opportunity to provide input into and approve the final station.

Staff from all campuses are encouraged to participate in the development of the station and its associated questions. A shared understanding of the purpose and scoring of the station is one of the best ways of achieving consistency and ensuring that students in Dunedin, Christchurch, Wellington, and the RMIP, are assessed on a level playing field.
The ALM OSCE Convener and members of the ALM OSCE Sub-committee are able to provide additional support to station writers during the station creation process.

The ALM OSCE Sub-committee meet mid-year to review the OSCE stations developed by Departments, and make any changes deemed necessary before they are finalised.

5.6.2.12 Standard setting
The borderline regression method is used to set the Pass and Distinction threshold marks for each station using examiners’ global judgements on individual student’s overall performance. These Pass and Distinction station marks are summated to produce the overall pass and distinction marks for the OSCE.

5.6.2.13 Quality assurance
Prior to the examination, the examination convener reports to BoC4/5 on content blueprint related to disciplines, domains and sub-domains of the Curriculum Map and evidence of appropriate station content, and on the processes in place for examination delivery, marking and standard setting.

Stations used prior to 2017 are available on MedMoodle.

Following the examination, individual students’ results (presented by ID number only) and cohort results are made available to the BoC4/5 for the purpose of determining student progression.

The BoC4/5 also receive a report that includes supporting evidence related to consistency/reliability of results, error in student scores and pass-fail and pass-distinction threshold scores, and evidence for irrelevant variance by comparisons by different groups (e.g., by campus).

Any incidents occurring during exam preparation, delivery, marking, and standard setting that may have contributed to increased variance in results are reported to the Chair of the ALM OSCE Sub-committee, who will confer with the sub-committee, the Chairs of the AWESC and MASC, and/or the ADSAs in making recommendations regarding any consideration to be applied to marks. Analysis confirming the effect of such incidents will be included where possible.

Student opinion on the OSCE is surveyed at the end of the exam week and considered during the planning of future examinations.

**Benchmarking**
The OSCE examination is not benchmarked against other Universities, owing to the substantial differences in the length and number of stations used, and timing issues re exam development.

### 2018 ALM OSCE timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2017</td>
<td>2018 OSCE stations proposed</td>
<td>ALM OSCE Sub-committee</td>
</tr>
<tr>
<td>February 2018</td>
<td>Proposed OSCE stations presented to ALM Assessment Oversight group</td>
<td>ALM OSCE Convener</td>
</tr>
<tr>
<td>16 February</td>
<td>Proposed OSCE stations confirmed</td>
<td>ALM OSCE Sub-committee</td>
</tr>
<tr>
<td>February</td>
<td>Notification to HoDs of 2018 OSCE details: date, their discipline’s proposed OSCE station, and station writer and examiner requirements.</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
<tr>
<td>15 March</td>
<td>HoDs confirm proposed OSCE stations by 9 March</td>
<td>HoDs</td>
</tr>
<tr>
<td>16 March</td>
<td>Provisional blueprint submitted to BOC4/5 for endorsement</td>
<td>ALM OSCE Convener</td>
</tr>
<tr>
<td>29 March</td>
<td>HoDs submit names of station writers and examiners to MB ChB Assessment Manager by 29 March</td>
<td>HoDs</td>
</tr>
<tr>
<td>Early April</td>
<td>Information sent to station writers</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
<tr>
<td>Date</td>
<td>Task</td>
<td>Responsible</td>
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</tr>
<tr>
<td>April</td>
<td>Station development. Draft stations submitted to MB ChB Assessment Manager by 8 June. Draft stations distributed amongst ALM OSCE sub-committee for further work if needed, in collaboration with station writers.</td>
<td>Station writers</td>
</tr>
<tr>
<td>May 8 June</td>
<td></td>
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</tr>
<tr>
<td>18 July</td>
<td>Content of draft stations reviewed</td>
<td>ALM OSCE sub-committee (content experts)</td>
</tr>
<tr>
<td>25 July</td>
<td>Organisational aspects of draft stations reviewed</td>
<td>ALM OSCE sub-committee (administrators)</td>
</tr>
<tr>
<td>Late July</td>
<td>Feedback to station writers</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
<tr>
<td>August</td>
<td>If necessary, further station development. Final versions to submitted by 7 September</td>
<td>Station writers</td>
</tr>
<tr>
<td>15 August</td>
<td>Final OSCE blueprint submitted to BoC4/5 for endorsement</td>
<td>ALM OSCE Coordinator</td>
</tr>
<tr>
<td>7 September</td>
<td>Where necessary, final versions of revised stations to submitted to MB ChB Assessment Manager</td>
<td>Station writers</td>
</tr>
<tr>
<td>19 September</td>
<td>OSCE Implementation Meeting</td>
<td>ALM OSCE sub-committee (administrators)</td>
</tr>
<tr>
<td>27 October</td>
<td>ALM OSCE</td>
<td></td>
</tr>
<tr>
<td>7 November</td>
<td>Report to BOC4/5</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>21 November</td>
<td>Students receive feedback on their performance in the OSCE</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
<tr>
<td>21 November</td>
<td>ALM OSCE Sub-committee debrief meeting</td>
<td>ALM OSCE Sub-committee</td>
</tr>
<tr>
<td></td>
<td>• Confirm stations for ALM Special OSCE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Propose stations for 2019 ALM OSCE</td>
<td></td>
</tr>
<tr>
<td>30 November</td>
<td>Report on OSCE to MASC</td>
<td>ALM OSCE Convener</td>
</tr>
<tr>
<td>December</td>
<td>Plan for Special OSCE: examiners, actors and other requirements</td>
<td>ALM OSCE Convener MB ChB Assessment Manager ALM Admin Coordinator from the campus where the Special OSCE will be held</td>
</tr>
<tr>
<td></td>
<td>OSCE report sent to ALM CSC</td>
<td>ALM OSCE coordinator</td>
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<tr>
<td></td>
<td>OSCE report posted on MedMoodle for students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feedback to examiners and station writers</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
<tr>
<td>January 2019</td>
<td>Special ALM OSCE</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>Report to BOC4/5</td>
<td>ALM SAQ Coordinator</td>
</tr>
<tr>
<td>February</td>
<td>Students receive feedback on their performance in the Special OSCE</td>
<td>ALM OSCE Convener MB ChB Assessment Manager</td>
</tr>
</tbody>
</table>
6 Assessment in ALM6, the Trainee Intern year

At the end of ALM6, all the evidence of student achievement is reviewed by the Board of Censors 6 (BoC6) in order to make a decision on awarding the degree of MB ChB, with its implication that the student is safe to practise medicine in the role of a PGY1 Doctor.

Identification of students of concern is made to the Student Progress Committee (SPC) with a Fail or Conditional Pass system, using all the available information that is then summarised on the Professional Attitudes and Summary of Achievement form (PASAF, refer section 3.2). As OMS has a duty to ensure public safety, information of concern about any student will be passed on to the convener of that Trainee Intern’s next module so that appropriate supervision and a recommended learning plan are in place.

Information on achievement comes from two sources: workplace-based observations from supervisors and co-workers, and specific assessment events. Deficits that are specific to a module will be reassessed by that module, by collecting further information either during the year or at the end of the year. Given the Conditional Pass system, students who do not demonstrate the required standard in a specific assessments within a module will usually be provided an opportunity to be further assessed in relevant module assessment(s) before being deemed to have failed that module. The aim is to ensure students have reached a standard that is sufficient for safe practice as a PGY1 Doctor. Deficits that are more generic can be reassessed during any module and will usually follow further learning opportunities. The aim remains to ensure students have reached a standard that is sufficient for safe practice so that supervised experiences might require repeating the whole year.

The result at the end of each module in ALM6 is recorded by each school as a Pass (P) or Potential Distinction (PD), Conditional Pass (CP), or Fail (F). As in other parts of the course, any Conditional Pass will be converted by the end of the year to a Pass After Conditions Met (PACM) or Fail, based on extra information gathered. Incomplete (I) represents a temporary result pending completion of outstanding requirements.

### 6.1 Timing of assessments

<table>
<thead>
<tr>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALM6</td>
<td>(RKT)</td>
<td>(RKT)</td>
<td>Distinguished Performance assessments*</td>
<td></td>
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</tr>
</tbody>
</table>

In-course assessments

*GP, Surgery, Paediatrics, Psychological Medicine

### 6.2 Terms

Terms refers to the requirements a student must complete to be permitted to sit final examinations. Refer section 1.9

#### 6.2.1 Terms requirements

Terms will be awarded by BoC6 based on the performance of each student in all components of the course during the year. Concerns about performance with respect to any of these that are supported by similar concerns raised in previous years, can contribute to a decision to deny Terms.

Attendance, participation, and integration within the clinical team are expected professional activities that are required on all modules to obtain Terms.

As a minimum all students are expected to achieve a Pass or Pass after Conditions Met for each of their module requirements.

Completion of a satisfactory elective module, including a report, is a Terms requirement. Where there is insufficient time to assess an elective report prior to the BoC6 meeting to confirm the awarding of Terms, and provided all other requirements have been satisfied, the SPC will recommend that the student be deferred Terms pending a satisfactory elective report, and that Terms can be awarded with a satisfactory report without the need to reconvene BoC6.
6.2.2 Award of Terms

The BoC6 will meet on Thursday, 15 November 2018 to receive reports from SPCs and to award Terms.

Where a student has satisfactorily completed all module assessments and there are no outstanding concerns re professional conduct, a student will be granted Terms.

Where a student has significant generic or non-isolated deficits in performance identified during more than one ALM module and/or has significant unapproved absences or concerns regarding professional conduct the BoC6 will deny Terms. Unless eligible for exclusion, that student should repeat ALM6.

Where a student has yet to complete in-course requirements and/or a module (e.g. has an Incomplete PASAF result), has yet to meet the conditions of a Conditional Pass, and/or has failed an in-course requirement and/or a module, the Board of Censors may elect to defer awarding the student Terms in one of two classes (see below). The award of Terms deferred is made to allow students to complete outstanding course requirements.

Terms deferred (incomplete)

Where a student has yet to complete in-course requirements and/or a module or has yet to meet the conditions of a Conditional Pass, but has not failed an in-course requirement and/or a module, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC.

Terms deferred (re-sit)

Where a student has failed an in-course requirement and/or a module, whether or not they have yet to complete a module or have yet to meet the conditions of a Conditional Pass, and can satisfactorily complete all outstanding requirements prior to a date specified by BoC, which shall usually not extend beyond one additional quarter. Where deficits require more than one quarter to fulfil, the student should, unless eligible for exclusion, repeat ALM6.

Should the student fail to gain Terms in the specified time frame, they would be required to repeat ALM6, unless eligible for exclusion.

6.2.3 Decision making at the end of ALM6

The BoC6 meet on Thursday 15 November 2018 to review collated information gathered from the whole year, and confirm a single result for each student of Pass, Distinction, or Fail for the ALM 6 Trainee Intern year.

6.2.4 Award of Pass

There is no common component examination during or at the end of ALM6. Those students who have failed to gain a Pass or Pass after Conditions Met in a module(s) during the year may be required to undertake a further assessment(s) to inform pass/fail decision making.

6.2.5 Award of Distinguished Performance/Distinguished Performance in ALM in a discipline

OMS are presently transitioning from making the award of Distinguished Performance in [Discipline], based on the results of Distinction assessments at the end of ALM6, to awarding Distinguished Performance in ALM in [Discipline] based on assessments collected throughout the ALM years. Refer Section 6.3 for details on these awards.

Students who have achieved at Potential Distinction standard in General Practice, Psychological Medicine, Paediatric, and Surgery modules and in any other relevant assessments may be invited to sit Distinction assessments so that they can be assessed further for a possible Pass with Distinguished Performance in the discipline(s) concerned.

Students should apply for leave from their modules to sit any additional end-of-year assessments, and permission for this would usually be granted.

Students who are not invited to sit end-of-year assessments, or who choose not to attend such assessments, are expected to continue working on their usual module. Likewise, students are normally expected to return to their usual module upon completion of the end-of-year assessments unless prior arrangements have been made.
6.2.6 Award of Distinction in ALM6

OMS are presently transitioning from making the award of Distinguished Performance in [Discipline], based on the results of Distinction assessments at the end of ALM6, to awarding Distinguished Performance in ALM in [Discipline] based on assessments collected throughout the ALM years. Refer Section 6.3 for details on these awards.

Distinction for the ALM6 year will be determined by:

- Achieving Distinguished Performance/Distinguished Performance in ALM in at least one discipline and being invited to sit a Distinction assessment (or equivalent*) in at least one other

OR

- Being invited to sit a Distinction assessment (or equivalent*) in at least three disciplines,

AND

- No current concerns regarding professional conduct.

It is possible for a student to achieve Distinction for the year without sitting any Distinction assessments (e.g. by being invited by at least three disciplines). However, students should be aware that some prizes are determined by results of these distinction assessments.

*Refer to Sections 6.3.1 and 6.3.4 for equivalence criteria

6.2.7 Dean’s Commendations

Students invited to Distinction assessments (or equivalent*) and granted Terms who did not receive a Distinguished Performance/Distinguished Performance in ALM award, will receive a Commendation from the Dean of the Otago Medical School.

*Refer to Sections 6.3.1 and 6.3.4 for equivalence criteria

6.2.8 Award of MB ChB with Distinction

Refer to section 1.2.1
6.3 Additional assessments in ALM6

Refer to Section 14 for specific details of in-course assessments.

The following comments summarise the additional assessments within each discipline.

6.3.1 Medicine

The criteria for Distinguished Performance in ALM in Medicine (DP in ALM in Medicine) will be satisfactory in all core elements, and excellent in several, relevant to the discipline of Medicine.

Specifically, the criteria for being awarded DP in ALM in Medicine will be all of the following:

1. At least a Pass for both PASAF components (professional attitudes and summative assessments) in all Medicine modules across years 4, 5*, and 6.
2. A PD in the summative assessments component of Y6 Medicine module.
3. One of the following sets of criteria.
   2 of 3 potential PDs across the following:
   5th year Common Component Examination Medicine components (refer Section 5.6.2)
   5th year Medicine module summative assessments
   4th year Medicine module summative assessments
   OR
   1 of 3 PDs across the following:
   5th year Common Component Examination Medicine components (refer Section 5.6.2)
   5th year Medicine module summative assessments
   4th year Medicine module summative assessments
   AND
   2 of 3 PDs across the following:
   TI Medicine module professional attitudes
   5th year Medicine (or RMIP*) professional attitudes
   4th year Medicine professional attitudes
4. Have no major concerns from other modules or the Fitness to Practise Committee with regard to professional conduct during ALM (this information to be sought and collated by BoC6).

The criteria for achieving PD in the Medicine module are determined at each campus, and allows for recognition of PD performance in modules that will vary in content and opportunity. However all PD candidates will have demonstrated satisfactory performance in all core elements and excellent performance in several elements. In addition, the set of criteria required to achieve a PD in summative assessments and professional attitudes components in Medicine modules will be developed and available to students.

Modules to which this proposal applies:

<table>
<thead>
<tr>
<th>DSM</th>
<th>UOC</th>
<th>UOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y4</td>
<td>Medicine 1</td>
<td>CardioRespiratory</td>
</tr>
<tr>
<td>Y5*</td>
<td>Medicine 2</td>
<td>Advanced Medicine</td>
</tr>
<tr>
<td>Y6</td>
<td>Medicine</td>
<td>Medicine</td>
</tr>
</tbody>
</table>

Students who have repeated an ALM year will be reviewed on a case-by-case basis.

* In lieu of criteria 1 above, students participating in RMIP during Year 5 will be expected to have at least a Pass for both the professional attitudes and summative assessments in Year 5 overall.

During the transition period in which some disciplines award Distinguished Performance in [Discipline] and others Distinguished Performance in ALM in [Discipline], for the purposes of determining Distinction in ALM6:

- students meeting criteria 2 and at least a Pass in professional attitudes (repeating ALM6 students to be assessed on a case-by-case basis) are deemed to have been invited to a Distinction assessment, and
- students achieving Distinguished Performance in ALM in Medicine are deemed equivalent to those achieving a Distinguished Performance in [Discipline].
6.3.2 Surgery

End-of-year examinations in ALM6 in Surgery consist of viva examinations for those students whose performance during their Surgical module has been unsatisfactory or marginal, (pass/fail vivas), and those who have scored well enough to achieve at Potential Distinction standard (Distinguished Performance vivas).

Vivas are conducted at each of the three clinical schools on successive days, and each school provides one examiner who travels to all three locations, and one examiner who examines only in his/her own school. Thus on each day there are 4 examiners, 3 of whom are consistent throughout the examinations. Each student spends fifteen minutes with one pair of examiners (one local and one visiting examiner), and then fifteen minutes with the other pair. Prior to the examination a standardised set of scenarios is agreed on as the material to cover. This is worked through progressively. The material chosen covers surgical patient care in general and the range of surgical specialty areas students are exposed to, with the main emphasis on orthopaedics and general surgery.

Pass/fail candidates are examined on basic subjects with the focus on establishing whether this student would be safe as a House officer PGY1 Doctor, and can render a sound basic level of care to his/her patients.

Distinguished Performance candidates are examined on a wide range of surgical subjects, endeavouring to discover the depth of their knowledge and understanding.

In all cases the examiners record the questions that were asked, and take notes on the candidates’ responses. These, and their scores, are discussed by the examiners at the end of each session and a consensus score agreed for each candidate. The final score for the top student(s) is not settled until all three schools have been examined.

6.3.3 Paediatrics

Students who are at Potential Distinction standard for paediatrics are invited to participate in the Distinguished Performance oral viva examination at the end of the TI year. The three Academic Heads of Departments, or their nominees, visit each of the schools on consecutive days and jointly conduct this assessment. The students are given at least three clinical vignettes of common and important childhood illnesses. They are shown either clinical pictures of the child (e.g. a rash), the results of laboratory investigations, and are often given radiographs to interpret. The students are expected to recognise the paediatric disorders, demonstrate an understanding of the basic principles of assessment of paediatric disorders using a logical approach, and show that they can safely manage the patient within a General Practice or Emergency Department setting.

At the end of the academic year, students from each of the three Schools who fail to gain Terms in Paediatrics also have the opportunity to sit a pass/fail oral viva examination. The examination format and the presented cases are similar to that described for the Potential Distinction candidates. Candidates are expected to demonstrate that they can safely manage a patient at the level of a new house surgeon.

Distinction students are expected to demonstrate a much greater breadth and depth of knowledge. They must not only recognise the condition, but also be able to discuss its underlying pathophysiology, the differential diagnosis, and clinical management, including that of any complications. The level of knowledge expected is comparable to that of at least a second year postgraduate house surgeon.

The types of common disorders examined can include a diverse range of conditions such as iron deficiency anaemia, pneumonia, gastroenteritis, measles, febrile convulsions, bronchiolitis, otitis media, the undifferentiated febrile child, urinary tract infection, non-organic failure to thrive, non-accidental injury, common poisoning, asthma, developmental delay, incontinence, and school refusal across the age range from newborn to adolescence.
6.3.4 Obstetrics and Gynaecology

The criteria for Distinguished Performance in ALM in Obstetrics & Gynaecology (DP in ALM in O&G) will be satisfactory in all core elements, and excellent in several, relevant to the discipline of O&G.

Specifically, the criteria for being awarded DP in ALM in O&G will be all of the following:
1. Potential Distinction (PD) in ALM5 O&G module professional attitudes*,
2. At least a Pass in ALM5 O&G module-specific assessments*,
3. An aggregate score above the Distinction threshold in all O&G components of the ALM5 Common Component Examinations, OSCE and Written (MCQ and SAQ), as determined by the MB ChB Programme of Assessment Policies and Procedures,
4. PD in ALM6 O&G module professional attitudes,
5. PD in ALM6 O&G module-specific assessments, and
6. Having no major concerns from other modules or the Fitness to Practise Committee with regard to professional conduct during ALM (this information to be sought and collated by BoC6).

The criteria for achieving PD in the O&G module are determined at each campus, and allows for recognition of PD performance in modules that will vary in content and opportunity. However all PD candidates will have demonstrated satisfactory performance in all core elements and excellent performance in several elements. In addition, an explicit set of criteria to achieve a PD in professional attitudes in O&G will be developed and available to students.

* In lieu of criteria 1 and 2 above, students participating in RMIP during Year 5 will be expected to meet the following criteria:
   1. PD in professional attitudes in ALM5 overall, and
   2. At least a Pass in all specific assessments in ALM5 overall.

Students who have repeated an ALM year will be reviewed on a case-by-case basis.

During the transition period in which some disciplines award Distinguished Performance in [Discipline] and others Distinguished Performance in ALM in [Discipline], for the purposes of determining Distinction in ALM6:
- students meeting criteria 4 and 5 (repeating ALM6 students to be assessed on a case-by-case basis) are deemed to have been invited to a Distinction assessment, and
- students achieving Distinguished Performance in ALM in O&G are deemed equivalent to those achieving a Distinguished Performance in [Discipline].

6.3.5 General Practice

The pass/fail and distinction examinations at the end of ALM6 are combined.

In 2018 these assessments are likely to be conducted by videoconference with the examiners based together in one centre and students remaining at their local centres. In the host centre, students are also connected via video link. There are three examiners, one each from Christchurch, Dunedin and Wellington. All three examiners are present at every interview, and each examiner will question each student about aspects of a clinical case or cases. All three examiners mark each student’s performance on all cases. Each candidate is interviewed for about 25 minutes.

Each examiner develops his or her own set of questions, which are used throughout the examination. The questions used for each student will vary within the set – not all questions are asked of all students, and sometimes there will be a different emphasis or twist. Most of the questions are verbal, but photographs may also be used as a diagnostic starting point. Hard copies of these would be available at each student venue to ensure that students have a satisfactory image with which to work. Case scenarios may be used, and if a written ‘stem’ is used, a hard copy is also available at each student venue to ensure students can clearly read the instructions. Questions are about anything that may arise in General Practice in a variety of contexts e.g. a rural community, a Māori health provider, a VLCA (very low cost access) practice. Previous examples include terminal care, the initial management of suspected meningitis, and cervical screening.

After students from each centre have completed the examination, the examiners compare their marking and discuss any notable differences. Pass/fail is discussed and decided for any such candidate. After all distinction candidates have been assessed there is a further discussion, at which awards of Distinguished Performance are decided and students advised. Students who are invited to sit for distinction but do not achieve this standard are issued with an appropriate letter of commendation.
6.3.6 Psychological Medicine

Three examiners carry out examination of Pass/Fail and Distinguished Performance students in ALM6 in Psychological Medicine via videoconferences. The local examiner sits together with his or her local candidates in each centre.

Pass/Fail students view a video of an interview of a patient with a psychiatric illness. The video presentation normally takes 20 minutes. Students are then given 15 minutes to consider the video. They are then seen by the examiners for a discussion of the video presentation. The student is usually expected to present the history and findings from the interview including a discussion of the mental state examination, and give a basic formulation and discuss the diagnosis.

Following the completion of this part of the viva examination, the student is asked to discuss various questions covering general aspects of psychiatry such as basic issues of diagnosis and management of patients with psychiatric illness. The entire viva examination lasts 20-25 minutes.

Distinguished Performance students also view a video lasting about 20 minutes. This is a video of an interview of a patient with a psychiatric disorder. The student is given 15 minutes to reflect on the video. The student then meets with the examiners to discuss the findings from the interview and the psychiatric formulation and management of the patient. The distinction focus is on a more complete level of background knowledge, a higher level of skill in detecting and interpreting the significance of the symptoms and signs elicited (and any important elements that were not included in the video), and a more sophisticated formulation, differential diagnosis and management plan.

Following the completion of this part of the viva examination the student is asked to discuss various questions covering general aspects of psychiatry including clinical scenarios. Candidates are expected to discuss a wide variety of topics including ethical issues related to psychiatric practice.

The award of Distinguished Performance in Psychological Medicine is determined after all Distinguished Performance candidates have been examined.
7 Administrative structures within the Otago Medical School

The MB ChB Assessment Sub-committee (MASC) reports to the MB ChB Curriculum Committee (MCC) and is responsible for policy development. The Terms of Reference for MASC and its sub-committees can be found in section 8. The reporting lines are as follows:

Policy

Otago Medical School Academic Board

MB ChB Curriculum Committee

MB ChB Assessment Sub-Committee

Boards of Censors

ELM Assessment and ALM Examination sub-committees

Curriculum Sub-Committees

Module Convener*

Delivery

Otago Medical School Academic Board

Board of Censors 6

ALM Examination Sub-committees

Board of Censors 4/5

ELM Assessment Sub-committee

Board of Censors 2/3

Results

Otago Medical School Academic Board

Board of Censors 6

DSM, UOC, UOW Student Progress Committees

DSM, UOC, UOW, RMIP Student Progress Committees

Special Consideration Group

Associate Deans for Student Affairs

Board of Censors 4/5

ALM Examination sub-committees

Associate Deans for Student Affairs

Board of Censors 2/3

ELM Student Progress Committee

ELM Assessment sub-committee

Associate Deans for Student Affairs

Throughout the year, student progress is monitored by Student Progress Committees (SPCs), which report to the Boards of Censors at the end of the year.
7.1 Reporting thresholds to Boards of Censors

A Board of Censors (BoC) is the decision-making body for student progression and acts within OMS policy. Such policy arises from:

- The MB ChB Assessment Sub-committee through the MB ChB Curriculum Committee,
- The OMS Academic Board, and/or
- The wider university

The role of the BoCs is to:

- Implement the policy.
- Interpret policy.
- Ensure consistency of decisions across campuses and over time.

Therefore Student Progress Committees (SPCs) should report to the BoC:

- Any students of major concern (including those students where a decision may result in that student failing to meet Terms requirements).
- Issues that require clarification of policy.
- Issues where current policy does not provide sufficient guidance.

SPCs need not report on students where current policy is being applied.
8 Terms of reference for assessment sub-committees

8.1 MB ChB Assessment Sub-committee (MASC)

Purpose
The MB ChB Assessment Sub-Committee (MASC) directs and oversees the management of the development, implementation, monitoring and quality improvement of all assessment within the MB ChB programme.

Purpose / Whāinga
The MB ChB Assessment Sub-Committee (MASC) directs and oversees the development, implementation, monitoring and quality improvement of all assessment within the MB ChB programme.

Relationships / Hononga
The group is responsible to, and reports to, the MB ChB Curriculum Committee (MCC).

The sub-committee liaises with the MB ChB Programme Director, Deans/Associate Deans and module conveners at each site and with the Otago Medical School Manager as required.

The sub-committee liaises with other sub-committees as required.

The group has authority to:

Direct other groups (or committees or sub-committees) to implement policy.

Request information and advice from Boards of Censors and other groups (or committees or sub-committees) on assessment matters and negotiate as required to clarify any inconsistencies.

Functions and tasks / Mahi

1. Recommend and direct assessment policies and practices for the MB ChB programme that recognise assessment as an important determinant of learning, and that facilitate processes to enable students to achieve those qualities defined in the graduate profile:
   a. Ensure methods and processes of assessment are consistent with the University of Otago Guidelines for the Assessment of Student Performance or where not consistent, justify the exception with the agreement of the Pro-Vice-Chancellor (Health Sciences).
   b. Ensure that all assessments are of appropriate quality for intended purposes, including evaluation of acceptability, feasibility, reliability, validity, educational impact, feedback and interpretation of results and where appropriate, decisions.
   c. Ensure methods of assessment are sufficient to identify, as early as possible, students who do not achieve specified levels of competence.
   d. Ensure that assessment practices are linked to the MB ChB programme outcomes.

2. Liaise with other groups delegated to make decisions on assessment results, such as the Boards of Censors and Student Progress Committees.

3. Make regular reports and recommendations to the MB ChB Curriculum Committee.

Membership / Whakaurunga
The sub-committee will have representation encompassing all years of the programme, all campuses contributing to the MB ChB, all MB ChB summative assessments (normally the conveners of the relevant implementation groups), and the in-course assessments across all years of the programme. It will consist of people with interests and/or expertise in assessment.

- MB ChB Assessment Convener (Convener)
- MB ChB Programme Director
- Director, Education Development and Staff Support Unit
- Convener, Early Learning in Medicine Assessment Sub-committee
- Assessment Programme Coordinator, Early Learning in Medicine
- One representative for each of the Early Learning in Medicine summative assessment components (Objective Structured Clinical Examination, Short Answer Questions, Objective Structured Practical Examination)
- One representative for each of the Advanced Learning in Medicine summative assessment components (Objective Structured Clinical Examination, Short Answer Questions, Objective Structured Practical Examination)
• One representative from the Hauora Māori Sub-Committee
• One representative Associate Dean Student Affairs
• Representatives of the in-course assessments:
  — Representative(s) of the campus Education Units (normally the Education Adviser and/or the Associate Dean Medical Education)
  — The Rural Medical Immersion Programme assessment coordinator, or nominee
• Co-opted members as required

The MB ChB Assessment Convener will convene the sub-committee and represent it as a member of the MB ChB Curriculum Committee and on other committees as required.

As agreed with the Otago University Medical Students’ Association, student representation on this sub-committee is through their membership of school/campus curriculum sub-committees and the MB ChB Curriculum Committee.

Working methods / Huarahi whakatutuki

The group will meet regularly during the year by videoconferences or face-to-face.

Quorum will comprise at least half the committee, including the convener or deputy convener, and representation from Early Learning in Medicine and each Advanced Learning in Medicine campus. Each individual committee member will be counted for quorum and voting by the role/s held. If quorum cannot be reached, the convener has discretion to proceed with informal meetings.

With the convener’s prior permission, a nominee may attend for a committee member to ensure representation of a specific role, subject to meeting the committee’s need for balance of skills and continuity of attendance.

When appropriate, a report of key points from each meeting will be provided to the MB ChB Curriculum Committee, including issues requiring consultation with other committees.

The sub-committee will develop and regularly review a schedule of goals and priorities, and review its membership and terms of reference annually.

The sub-committee will be supported by the MB ChB Assessment Manager.

Dates for the following year should be provided to Otago Medical School central administration for inclusion on the central meeting schedule by 1 December.

Appendix

Current membership / Rārangi kaiwhakauru

<table>
<thead>
<tr>
<th>Member</th>
<th>Committee membership status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Mike Tweed</td>
<td>MB ChB Assessment Programme Convener (Convener)</td>
</tr>
<tr>
<td>Professor Tim Wilkinson</td>
<td>MB ChB Programme Director</td>
</tr>
<tr>
<td>Joy Rudland</td>
<td>Director, Education Development and Staff Support Unit</td>
</tr>
<tr>
<td>Associate Professor Grant Butt</td>
<td>Convener, Early Learning in Medicine Assessment Sub-committee</td>
</tr>
<tr>
<td>Dr John Egbuji</td>
<td>Assessment Programme Coordinator, Early Learning in Medicine</td>
</tr>
<tr>
<td>SAQ</td>
<td>One representative for each Early Learning in Medicine summative assessment component (OSCE, SAQ, OSPE)</td>
</tr>
<tr>
<td>OSCE</td>
<td>Dr John Egbuji (QED)</td>
</tr>
<tr>
<td>OSPE</td>
<td>Dr Roshan Perera</td>
</tr>
<tr>
<td>Dr Latika Samalia</td>
<td></td>
</tr>
<tr>
<td>OSCE</td>
<td>Dr Lynette Murdoch</td>
</tr>
<tr>
<td>SAQ</td>
<td>Dr Kristin Kenrick</td>
</tr>
<tr>
<td>MCQ</td>
<td>Dr Mike Tweed (QED)</td>
</tr>
<tr>
<td>Dr Cameron Lacey</td>
<td>One representative from the Hauora Māori Sub-committee</td>
</tr>
</tbody>
</table>

One of:
Dr John Adams
Associate Professor Jan McKenzie
Dr Mark Huthwaite

One representative Associate Dean Māori Sub-Committee
<table>
<thead>
<tr>
<th>Member</th>
<th>Committee membership status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunedin School of Medicine:</td>
<td>Representatives of the Education Units (normally the Medical</td>
</tr>
<tr>
<td>Associate Professor Ralph Pinnock, Dr Megan Anakin</td>
<td>Education Adviser and/or the Associate Dean Medical Education)</td>
</tr>
<tr>
<td>University of Otago, Christchurch:</td>
<td></td>
</tr>
<tr>
<td>Professor Lutz Beckert</td>
<td></td>
</tr>
<tr>
<td>Anthony Ali</td>
<td></td>
</tr>
<tr>
<td>University of Otago, Wellington:</td>
<td></td>
</tr>
<tr>
<td>Professor Peter Ellis, Dr Peter Gallagher</td>
<td></td>
</tr>
<tr>
<td>Early Learning in Medicine:</td>
<td></td>
</tr>
<tr>
<td>Associate Professor Dorothy Oorschot (School of Biomedical Sciences),</td>
<td></td>
</tr>
<tr>
<td>Dr Jon Cornwall</td>
<td></td>
</tr>
<tr>
<td>Dr Branko Sijnja</td>
<td>The Rural Medical Immersion Programme assessment</td>
</tr>
<tr>
<td></td>
<td>coordinator, or nominee</td>
</tr>
<tr>
<td>Dr Martyn Williamson</td>
<td>Co-opted members</td>
</tr>
<tr>
<td>Dr Steve Gallagher</td>
<td></td>
</tr>
</tbody>
</table>
8.2 ALM Written Examination Sub-committee

The ALM5 Written Common Component Examination is a component of the ALM5 Common Component Examinations.

(A) TERMS OF REFERENCE:

1. Reporting Lines:
   a) To advise policy relevant to the Written Common Component Examination in Fifth Year in consultation with the MB ChB Assessment Sub-committee.
   b) To make recommendations relating to the implementation of the Written Common Component Examination in Fifth Year to the Board of Censors 4/5.

2. To oversee the development and implementation of the Written Common Component Examination.

3. To ensure the Written Common Component Examination complements the other assessments for Fifth Year by liaising with the OSCE Sub-committee and MB ChB Assessment Sub-committee.

4. To develop a continuous quality assurance process for the results of the Written Common Component Examination and report to the Board of Censors 4/5 and the MB ChB Assessment Sub-committee.

(B) MEMBERSHIP:

1. The Medical School Coordinator for the SAQ Component of the Written Examination.

2. The Medical School Coordinator for the MCQ Component of the Written Examination.

3. The Chair of the MB ChB Assessment Sub-committee.

4. The Chair of the ALM OSCE Sub-committee.

5. The Medical School Coordinator for the Written Retained Knowledge Tests.

6. The Medical School Coordinator for written assessments in ELM.

7. Other members co-opted, by but not necessarily from the MB ChB Assessment Sub-committee, as required, such that representation across campuses is maintained.

(C) APPOINTMENT OF MEMBERS

1. The Chair of the Committee shall be appointed by the Dean of the Medical School.

2. Additional members may be co-opted as necessary.

(D) MEETINGS

Shall be as necessary.
8.3 ALM OSCE Sub-committee

The ALM5 Objective Structured Clinical Examination (OSCE) is a component of the end of ALM5 Common Component Examinations.

(A) TERMS OF REFERENCE:

1. Reporting Lines:
   a) To advise policy relevant to the OSCE Common Component Examination in Fifth Year in consultation with the MB ChB Assessment Sub-committee.
   b) To make recommendations relating to the implementation of the OSCE Common Component Examination in Fifth Year to the Board of Censors 4/5.
2. To oversee the development and implementation of the OSCE Common Component Examination.
3. To ensure the OSCE Common Component Examination complements the other assessments for Fifth Year by liaising with the Written Sub-committee and the MB ChB Assessment Sub-committee.
4. To develop a continuous quality assurance process for the results of the OSCE Common Component Examination and report to the Board of Censors 4/5 and the MB ChB Assessment Sub-committee.

(B) MEMBERSHIP:

1. The Medical School Coordinator for the OSCE Common Component Examination in Fifth Year, who will normally chair the sub-committee.
2. The Chair of the MB ChB Assessment Sub-committee.
3. The Chair of the ALM Written Sub-committee.
4. At least one representative from each of the University of Otago Wellington, University of Otago Christchurch and Dunedin School of Medicine and other members, as required, to ensure generalist expertise and balance across the majority of disciplines represented in the OSCE.
5. The usual length of term for campus representatives on the committee is 4 years and may be extended as necessary.
6. The retiring of current members of the committee and the recruitment of new members of the committee will be done in such as way as to maintain continuity on the committee.
7. The MB ChB Assessment Manager.
8. The OSCE Academic Convener from each campus.
9. The OSCE Administrative Coordinator from each campus.
10. Representation from the Medical Education Advisors.
11. A representative of the ELM Assessment Sub-committee.
12. A representative of the RMIP.
13. Student representation by invitation for selected items of business.

(C) APPOINTMENT OF MEMBERS

1. The Chair of the Committee shall be appointed by the Dean of the Medical School.
   a) The term of appointment for the Chair of the Committee is 3 years with the right of renewal.
2. A Deputy-Chair shall be appointed by the Committee, and will normally succeed the Chair at the end of his or her term.
3. Additional members may be co-opted as necessary.

(D) MEETINGS

Shall be as necessary, at least twice per year.
8.4 ELM Assessment Sub-committee

(A) TERMS OF REFERENCE
1. The overall purpose of the committee is to ensure continuing improvement in the quality of student assessment within ELM.
2. In consultation with the MB ChB Assessment Sub-committee develop policy on Assessment within the Early Learning in Medicine (ELM) curriculum.
3. To report to the MB ChB Assessment Sub-committee on matters relating to the implementation of policy on Assessment within the Early Learning in Medicine (ELM) curriculum.
4. To report to the Curriculum Sub-committee ELM relating to the development and implementation of assessment in the ELM component of the MB ChB programme.
5. To develop and implement assessment practices for Years 2-3 of the Medical Programme that recognise assessment as an important determinant of learning, and which facilitate processes that enable students to achieve those qualities defined in the graduate profile.
   a. To foster formative assessment and feedback as a core activity of teaching staff.
   b. To provide assessment data for consideration by the ELM Student Progress Committee and the Board of Censors.
   c. To ensure that all formative and summative assessments are of appropriate quality. This will include evaluation of feasibility, reliability, validity, educational impact, and interpretation of results.
   d. To ensure methods of assessment are sufficient such that students who do not achieve specified levels of competence are identified as early as possible.
   e. To ensure that assessment practices are linked to the programme outcomes.
   f. To ensure methods and processes of assessment are consistent with the University of Otago Senate Policy on Assessment of Student Performance (Principles and Guidelines), and any other relevant additional Medical School policy.
6. To liaise with other groups delegated to implement assessment, such as the Boards of Censors, the ALM Written Common Component Examination Sub-committee and ALM OSCE Common Component Examination Sub-committee, and other groups as necessary, to ensure continuity and appropriate overlap of assessment.

(B) MEMBERSHIP
The sub committee will have at least one member from each of the 4 Schools of the Otago Medical School
1. The Associate Dean of Medical Education, Otago School of Medical Sciences.
2. The Convener or representative of the Medical Sciences Module.
4. The Convener of the Early Professional Experience Module.
5. The Convener of the Clinical Skills Module.
6. The Assessment Programme Convener for ELM.
7. The ELM Medical Education Advisor.
8. The MB ChB Assessment Manager.
9. The ELM Assessment Administrator.
10. The Director of the ELM Programme (ex officio).
11. The Director of the Medical School Education Unit (ex officio).
12. The Chair of the MB ChB Assessment Sub-committee (ex officio).
13. The Chair of the ALM Written Examination Sub-committee (ex officio).
14. The Chair of the ALM OSCE Sub-committee (ex officio).

(C) APPOINTMENT OF MEMBERS
1. The Chair of the Committee shall be appointed by the Director of MB ChB.
2. Additional members may be co-opted as necessary.

(D) MEETINGS
Shall be as necessary, at least six times per year.
## 9 Glossary

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADME</td>
<td>Associate Dean Medical Education</td>
</tr>
<tr>
<td>ADSA</td>
<td>Associate Dean of (Undergraduate) Student Affairs</td>
</tr>
<tr>
<td>ALM</td>
<td>Advanced Learning in Medicine i.e. years ALM4, ALM5 and ALM6 Trainee Intern year</td>
</tr>
<tr>
<td>AWESC</td>
<td>ALM Written Examination Sub-committee</td>
</tr>
<tr>
<td>BoC</td>
<td>Board of Censors</td>
</tr>
<tr>
<td>Celm</td>
<td>Centre for Early Learning in Medicine i.e. years ELM2 and ELM3</td>
</tr>
<tr>
<td>CPA</td>
<td>Core Professional Activity (a core element of the Curriculum Map)</td>
</tr>
<tr>
<td>CSC</td>
<td>Curriculum Sub-Committee</td>
</tr>
<tr>
<td>DSM</td>
<td>Dunedin School of Medicine</td>
</tr>
<tr>
<td>EASC</td>
<td>ELM Assessment Committee</td>
</tr>
<tr>
<td>ELM</td>
<td>Early Learning in Medicine i.e. years ELM2 and ELM3</td>
</tr>
<tr>
<td>Ftpc</td>
<td>Fitness to Practise Committee</td>
</tr>
<tr>
<td>Ipe</td>
<td>Inter-professional Education</td>
</tr>
<tr>
<td>MCC</td>
<td>MB ChB Curriculum Committee</td>
</tr>
<tr>
<td>MCQ</td>
<td>Multiple Choice Question</td>
</tr>
<tr>
<td>Masc</td>
<td>MB ChB Assessment Sub-committee</td>
</tr>
<tr>
<td>Meriec</td>
<td>Educational Research and Evaluation Sub-committee</td>
</tr>
<tr>
<td>N-ccs</td>
<td>Non-compensatable components</td>
</tr>
<tr>
<td>Osce</td>
<td>Objective structured clinical examination</td>
</tr>
<tr>
<td>Ospe</td>
<td>Objective structured practical examination</td>
</tr>
<tr>
<td>Pasaf</td>
<td>Professional Attitudes and Summary of Achievement Form</td>
</tr>
<tr>
<td>Rkt</td>
<td>Retained Knowledge Test (formerly the Student Progress Test)</td>
</tr>
<tr>
<td>Rmip</td>
<td>Rural Medical Immersion Programme</td>
</tr>
<tr>
<td>saq</td>
<td>Short Answer Question</td>
</tr>
<tr>
<td>spc</td>
<td>Student Progress Committee</td>
</tr>
<tr>
<td>TI</td>
<td>Trainee Intern (ALM6 student)</td>
</tr>
<tr>
<td>UOC</td>
<td>University of Otago Christchurch</td>
</tr>
<tr>
<td>Uow</td>
<td>University of Otago Wellington</td>
</tr>
<tr>
<td>Definitions</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment blueprint(ing)</strong></td>
<td>An organisational tool used to plan and ensure the balance and weighting of programme domains, contributing disciplines, practice domains, learning outcomes in assessment and associated decision-making is appropriate.</td>
</tr>
<tr>
<td><strong>Assessment event</strong></td>
<td>Includes formal/scheduled assessments e.g. CCEs and module assessments, and less formal/opportunistic assessments e.g. attendance, professional conduct.</td>
</tr>
<tr>
<td><strong>Assessment mapping</strong></td>
<td>An organisational tool used to match assessment items to core presentations, etc. to ensure that the content of the assessments lies within the learning curriculum</td>
</tr>
<tr>
<td><strong>Domains</strong></td>
<td>These specify broad areas of the curriculum e.g. Diagnostics and Therapeutics. Refer to the Curriculum Map</td>
</tr>
<tr>
<td><strong>Learning outcomes</strong></td>
<td>These are statements about what a student should be able to do as a result of some learning activity [Link to curriculum map</td>
</tr>
<tr>
<td><strong>Module</strong></td>
<td>A component of the curriculum that groups some activities around a common topic or context.</td>
</tr>
<tr>
<td><strong>Performance</strong></td>
<td>Specific activity or sequence of activities (usually in a practice setting)</td>
</tr>
<tr>
<td><strong>Terms</strong></td>
<td>Course requirements that must be fulfilled before a student is admitted to a summative assessment. Refer section 1.9</td>
</tr>
</tbody>
</table>
Appendix 1. Core drug list and abbreviations used in assessments

10.1 Core drug list

**What is the Core Drug List?**
The Core Drug List is a selection of drugs that illustrate principles of clinical pharmacology and therapeutics across the curriculum. The typical doctor uses 50-100 drugs on a regular basis, and needs to know the pharmacology of these drugs well. However, the drugs differ between specialties and change over time. The core drug list is used for undergraduate learning and examinations at OMS.

**How is the Core Drug List used in assessment?**
Students may be assessed on their knowledge of any of the drugs in the Core Drug List.

Students are expected to have detailed knowledge of those drugs in **bold**, including in-depth knowledge of the pharmacology of each drug.

For other drugs on the list (not in bold) knowledge of the key points is expected.

Drugs that are not on the Core Drug List may also feature in assessments. For example the correct answer to a question such as “What are appropriate pharmacological options to offer a patient for a specified core condition/presentation?” may include drugs that are not on the Core Drug List.

When detailed knowledge of a drug that is not on the Core Drug List is integral to the assessment, relevant information will be supplied (such as an excerpt from the New Zealand Formulary or a patient information sheet).

---

### 2018 Core Drug List

<table>
<thead>
<tr>
<th>Functional class</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldehyde dehydrogenase inhibitor</td>
<td>disulfiram</td>
</tr>
<tr>
<td>Alpha-blocker</td>
<td>doxazosin</td>
</tr>
<tr>
<td>Anaesthetic</td>
<td>lidocaine, propofol, sevoflurane</td>
</tr>
<tr>
<td>Analgesic</td>
<td>gabapentin, ibuprofen, paracetamol</td>
</tr>
<tr>
<td>Antiarrrhythmic</td>
<td>amiodarone</td>
</tr>
<tr>
<td>Antibacterial</td>
<td>amoxicillin, ceftriaxone, ciprofloxacin, erythromycin, gentamicin, metronidazole, trimethoprim + sulfamethoxazole</td>
</tr>
<tr>
<td>Anticoagulant</td>
<td>dabigatran, enoxaparin, warfarin</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>amitriptyline, fluoxetine, venlafaxine</td>
</tr>
<tr>
<td>Antidiabetic</td>
<td>gliclazide, insulin aspart, insulin glargine, metformin</td>
</tr>
<tr>
<td>Antidotes</td>
<td>acetylcysteine, naloxone</td>
</tr>
<tr>
<td>Antiemetic</td>
<td>cyclizine, metoclopramide, ondansetron</td>
</tr>
<tr>
<td>Antiepileptic</td>
<td>levetiracetam, phenytoin, valproate</td>
</tr>
<tr>
<td>Antifungal</td>
<td>fluconazole</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>loratadine, promethazine</td>
</tr>
<tr>
<td>Antimuscarinic</td>
<td>oxybutynin</td>
</tr>
<tr>
<td>Antiparkinson's</td>
<td>levodopa + carbidopa, ropinirole</td>
</tr>
<tr>
<td>Antiplatelet</td>
<td>aspirin, clopidogrel</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>clozapine, haloperidol</td>
</tr>
<tr>
<td>Antithyroid</td>
<td>carbimazole</td>
</tr>
<tr>
<td>Antiviral</td>
<td>abacavir, aciclovir, sofosbuvir</td>
</tr>
<tr>
<td>5HT receptor antagonist</td>
<td>sumatriptan</td>
</tr>
<tr>
<td>Beta-blocker</td>
<td>carvedilol, metoprolol</td>
</tr>
<tr>
<td>Functional class</td>
<td>Drug</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td>alendronic acid</td>
</tr>
<tr>
<td>Bronchodilator</td>
<td>salbutamol, salmeterol, tiotropium</td>
</tr>
<tr>
<td>Calcium-channel blocker</td>
<td>amiodipine, diltiazem</td>
</tr>
<tr>
<td>Cholinesterase inhibitor</td>
<td>donepezil</td>
</tr>
<tr>
<td>CNS stimulant</td>
<td>methylphenidate</td>
</tr>
<tr>
<td>Combined oral contraceptives</td>
<td>levonorgestrel + ethinylestradiol</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>fludrocortisone, fluticasone, prednisone</td>
</tr>
<tr>
<td>Anti-cancer</td>
<td>cisplatin, cyclophosphamide, fluorouracil, imatinib, trastuzumab</td>
</tr>
<tr>
<td>Diuretic</td>
<td>bendroflumethiazide, furosemide, spironolactone</td>
</tr>
<tr>
<td>Drugs of abuse</td>
<td>cannabinoids, ethanol, methamphetamine, nicotine</td>
</tr>
<tr>
<td>Electrolytes</td>
<td>potassium</td>
</tr>
<tr>
<td>Fibrinolytic</td>
<td>alteplase</td>
</tr>
<tr>
<td>Hormone</td>
<td>levothyroxine</td>
</tr>
<tr>
<td>Hormone antagonist</td>
<td>tamoxifen</td>
</tr>
<tr>
<td>Hypnotic and anxiolytic</td>
<td>diazepam, midazolam, zopiclone</td>
</tr>
<tr>
<td>Immunosuppressant</td>
<td>azathioprine, infliximab, methotrexate, rituximab, tacrolimus</td>
</tr>
<tr>
<td>Laxative</td>
<td>ducosate sodium + sennoside B, macrogols</td>
</tr>
<tr>
<td>Lipid lowering</td>
<td>atorvastatin</td>
</tr>
<tr>
<td>Mood stabiliser</td>
<td>lithium</td>
</tr>
<tr>
<td>Muscle relaxant</td>
<td>suxamethonium</td>
</tr>
<tr>
<td>Nitrate</td>
<td>glyceryl trinitrate</td>
</tr>
<tr>
<td>Opioid analgesic</td>
<td>codeine, fentanyl, methadone, morphine, tramadol</td>
</tr>
<tr>
<td>Oxygen</td>
<td>oxygen</td>
</tr>
<tr>
<td>Phosphodiesterase inhibitor</td>
<td>sildenafil</td>
</tr>
<tr>
<td>Positive inotrope</td>
<td>digoxin</td>
</tr>
<tr>
<td>Proton pump inhibitors</td>
<td>omeprazole</td>
</tr>
<tr>
<td>Renin-angiotensin system inhibitor</td>
<td>candesartan, cilazapril</td>
</tr>
<tr>
<td>Sympathomimetic</td>
<td>adrenaline</td>
</tr>
<tr>
<td>Topical corticosteroid</td>
<td>hydrocortisone (topical)</td>
</tr>
<tr>
<td>Urate lowering</td>
<td>allopurinol, probenecid</td>
</tr>
<tr>
<td>Vaccine</td>
<td>varicella vaccine</td>
</tr>
</tbody>
</table>
### 10.2 Abbreviations for use in assessments

Generally, at first mention, the full term should precede the abbreviation in parentheses, except where the abbreviation is the more easily recognised, when the abbreviation preceded the term in parentheses.

Students should be familiar with the following abbreviations that may be used in assessments without expansion. This list is neither extensive nor exclusive: any abbreviation used in the Curriculum Map without the accompanying full term may also be used in assessment.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full term</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>AP, PA</td>
<td>Anteroposterior, posteroanterior. e.g. X-ray chest AP</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>BP</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>bpm</td>
<td>Beats per minute</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence interval</td>
</tr>
<tr>
<td>Cmax, Tmax</td>
<td>Maximum/peak serum concentration a drug achieves in a specified compartment or test area of the body after the drug has been administrated and prior to the administration of a second dose; the time at which the Cmax is observed.</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>CRP</td>
<td>C-reactive protein</td>
</tr>
<tr>
<td>CT</td>
<td>Computed tomography</td>
</tr>
<tr>
<td>CXR</td>
<td>Chest x-ray</td>
</tr>
<tr>
<td>EC50</td>
<td>Concentration of a drug that gives half-maximal response.</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>ECT</td>
<td>Electroconvulsive therapy</td>
</tr>
<tr>
<td>EEG</td>
<td>Electroencephalogram</td>
</tr>
<tr>
<td>EMG</td>
<td>Electromyography</td>
</tr>
<tr>
<td>FTO gene</td>
<td>Gene that encodes alpha-ketoglutarate-dependent dioxygenase, also known as fat mass and obesity-associated protein</td>
</tr>
<tr>
<td>G6PD</td>
<td>Glucose-6-phosphate dehydrogenase</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice / General Practitioner</td>
</tr>
<tr>
<td>Hb</td>
<td>Haemoglobin</td>
</tr>
<tr>
<td>HbA1c</td>
<td>Glycosylated haemoglobin</td>
</tr>
<tr>
<td>hCG, β-hCG</td>
<td>Human chorionic gonadotropin; beta-human chorionic gonadotropin;</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>JVP</td>
<td>Jugular venous pressure</td>
</tr>
<tr>
<td>LDL, HDL</td>
<td>Low density lipoproteins; high density lipoproteins</td>
</tr>
<tr>
<td>LFTs</td>
<td>Liver function tests</td>
</tr>
<tr>
<td>LH, FSH</td>
<td>Luteinising hormone; follicular stimulating hormone</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic resonance imaging</td>
</tr>
<tr>
<td>MSU</td>
<td>Midstream specimen of urine</td>
</tr>
<tr>
<td>PaO₂, PaCO₂</td>
<td>Partial pressure of oxygen; partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>PHARMAC</td>
<td>Pharmaceutical Management Agency</td>
</tr>
<tr>
<td>prn</td>
<td>when necessary (from the Latin pro re nata)</td>
</tr>
<tr>
<td>PV</td>
<td>per vagina</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TORCH screen</td>
<td>Toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and HIV screen (though it can also include other newborn infections).</td>
</tr>
<tr>
<td>TSH, T3, T4,</td>
<td>Thyroid stimulating hormone; triiodothyronine; tetraiodothyronine;</td>
</tr>
<tr>
<td>TRH, TBG</td>
<td>TSH releasing hormone; thyroid binding globulin</td>
</tr>
<tr>
<td>WBC</td>
<td>White blood cell count</td>
</tr>
<tr>
<td>WINZ</td>
<td>Work and Income New Zealand</td>
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</table>
When presented as a laboratory result with a reference range, the following abbreviations may be used without expansion:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full term</th>
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<tbody>
<tr>
<td>ALP</td>
<td>Alkaline phosphatase</td>
</tr>
<tr>
<td>APTT</td>
<td>Activated partial thromboplastin time</td>
</tr>
<tr>
<td>ESR</td>
<td>Erythrocyte sedimentation rate</td>
</tr>
<tr>
<td>GFR</td>
<td>Glomerular filtration rate</td>
</tr>
<tr>
<td>GGT</td>
<td>Gamma glutamyl transaminase</td>
</tr>
<tr>
<td>IgA IgD IgE IgG IgM</td>
<td>Immunoglobulin A/D/E/G/M</td>
</tr>
<tr>
<td>INR</td>
<td>International normalised ratio</td>
</tr>
<tr>
<td>MCH</td>
<td>Mean corpuscular haemoglobin</td>
</tr>
<tr>
<td>MCV</td>
<td>Mean corpuscular volume</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase chain reaction</td>
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</table>
### 11 Appendix 2. Assessment and the Curriculum Map

#### 11.1 Assessment of Map elements in in-course and end-of-year assessments

<table>
<thead>
<tr>
<th>Areas</th>
<th>Assessment</th>
<th>In-Course assessments</th>
<th>End-of-year written exams</th>
<th>End-of-year OSCE</th>
<th>End-of-year written exams</th>
<th>End-of-year OSCE</th>
<th>End-of-year written exams</th>
<th>End-of-year OSCE</th>
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<tr>
<td>Core Presentations</td>
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<td>B A A</td>
<td>B A A</td>
<td>A A A</td>
<td>A A A</td>
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<tr>
<td>Core Conditions</td>
<td>B A A</td>
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</table>

<table>
<thead>
<tr>
<th>Domains</th>
<th>Core Professional Activity (CPA)</th>
<th>ELM2</th>
<th>ELM3</th>
<th>ALM4/5</th>
<th>ALM6</th>
</tr>
</thead>
<tbody>
<tr>
<td>x x x</td>
<td>1. Doctor-patient consultation</td>
<td>A A A</td>
<td>C A A</td>
<td>A A A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>2. Māori consultation</td>
<td>A B B</td>
<td>A B B</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>3. Incorporate guidance from Māori health workers</td>
<td>A B B</td>
<td>A B B</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>4. Pacific consultation</td>
<td>D D D</td>
<td>D D D</td>
<td>C B B</td>
<td>C</td>
</tr>
<tr>
<td>x x x</td>
<td>5. Help patients navigate their illness-related journeys</td>
<td>C A A</td>
<td>A A B</td>
<td>A D B</td>
<td>A</td>
</tr>
<tr>
<td>x x x</td>
<td>6. Patient and population risk factors</td>
<td>C A A</td>
<td>A A A</td>
<td>A A A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>7. Diagnostic tests</td>
<td>A A D</td>
<td>A A D</td>
<td>A A A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>8. Acutely unwell and deteriorating patients</td>
<td>A A D</td>
<td>A A D</td>
<td>A A D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>9. Management of chronic illness</td>
<td>A A D</td>
<td>A A D</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x x</td>
<td>10. Impaired competence or autonomy</td>
<td>D A D</td>
<td>C A D</td>
<td>A B B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>11. Communication difficulties with patients</td>
<td>A D D</td>
<td>C D B</td>
<td>A D B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>12. Challenging / difficult interactions</td>
<td>C D D</td>
<td>D D D</td>
<td>A D B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>13. Assess and manage patients around the time of an operation</td>
<td>C B D</td>
<td>A B D</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>14. Paediatric consultation</td>
<td>D B D</td>
<td>A B D</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>15. Sharing of information and decision making with patients</td>
<td>A B D</td>
<td>C B D</td>
<td>A D A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>16. Communication with colleagues</td>
<td>A B D</td>
<td>A B D</td>
<td>A D A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>17. Core therapeutic interventions</td>
<td>A B D</td>
<td>A B D</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>18. Handover of care</td>
<td>A D D</td>
<td>C D D</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>19. Function competently as a member of a health care team</td>
<td>D D D</td>
<td>A D D</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>20. Patient confidentiality</td>
<td>A A A</td>
<td>A A A</td>
<td>C B D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>21. Consent issues</td>
<td>D A A</td>
<td>C A A</td>
<td>A A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>22. Poor prognosis and end-of-life care</td>
<td>A A D</td>
<td>A A D</td>
<td>C A B</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>23. Discussion of ethical dilemmas</td>
<td>A A D</td>
<td>A A D</td>
<td>A A D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>24. Issues around moral values</td>
<td>A A D</td>
<td>A A D</td>
<td>A D A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>25. Legislation relevant to clinical practice</td>
<td>D A D</td>
<td>C A D</td>
<td>A B D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>26. Cultural competencies</td>
<td>D A D</td>
<td>A A D</td>
<td>A A A</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>27. Continuing professional development</td>
<td>D A A</td>
<td>C A A</td>
<td>A D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>28. Professional boundaries w.r.t. patients</td>
<td>D A A</td>
<td>A A A</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>29. Professional development of peers and colleagues</td>
<td>D B D</td>
<td>C B D</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>30. Personal wellbeing</td>
<td>D D D</td>
<td>A D D</td>
<td>C D D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>31. Wellbeing and competence of colleagues</td>
<td>D B D</td>
<td>C B D</td>
<td>C D D</td>
<td>C</td>
</tr>
<tr>
<td>x x</td>
<td>32. Evidence-based practice</td>
<td>A A D</td>
<td>A A D</td>
<td>A A D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>33. Health promotion principles</td>
<td>C A B</td>
<td>A A B</td>
<td>A A D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>34. Population versus individual approaches</td>
<td>C A D</td>
<td>C A D</td>
<td>A A D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>35. Quality improvement</td>
<td>D D D</td>
<td>C D D</td>
<td>C B D</td>
<td>A</td>
</tr>
<tr>
<td>x x</td>
<td>36. Error and sub-optimal care</td>
<td>A D D</td>
<td>A D D</td>
<td>C B D</td>
<td>A</td>
</tr>
</tbody>
</table>

Assessed: all students will be assessed;
Assessable: sometimes all students will be assessed – students/staff should be prepared to assess/be assessed;
Circumstantial: students may be assessed, depending on circumstances at the time of the assessment;
Do not expect to assess/be assessed on this CPA.

---

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<table>
<thead>
<tr>
<th>Domains</th>
<th>Curriculum Map element</th>
<th>ELM2</th>
<th>ELM3</th>
<th>ALM4/5</th>
<th>ALM6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37. Reduce inequities and improve population health</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>38. Preventive and population health strategies</td>
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<tr>
<td></td>
<td>39. Science of normal structure and function</td>
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<td></td>
<td>40. Apply the science of the abnormal to health problems.</td>
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<tr>
<td></td>
<td>41. Science of environmental, microbiological etc. external factors</td>
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<tr>
<td></td>
<td>42. Behavioural and social sciences</td>
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<tr>
<td></td>
<td>43. Research designs and interpretation</td>
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</tbody>
</table>

Correct at time of going to print; but indicative only. Further updates will be posted on MedMoodle.
11.2 ALM assessment formats across Curriculum Map domains

<table>
<thead>
<tr>
<th>Curriculum Map domains</th>
<th>Observation of student with patient(s)</th>
<th>Clinical exam</th>
<th>Written exam</th>
<th>Written presentation/assignment</th>
<th>Oral presentation/assignment</th>
<th>Opinions of co-workers</th>
<th>Opinions of self/ self-reflection</th>
<th>Opinions of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical skills domain</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient interactions</td>
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<td>History taking</td>
<td>✔</td>
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<td>Patient communication and education</td>
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<td>Patient-centeredness</td>
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<td>Written documentation, written communication skills</td>
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<tr>
<td>Problem formulation, management and decision-making</td>
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<td>Early recognition of serious problems</td>
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<td>Weighing up options and risk management</td>
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<td>✔</td>
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Correct at time of going to print; but indicative only. Further updates will be posted on MedMoodle.
12 Appendix 3. In-course assessments in ALM4

12.1 Module assessments in Dunedin ALM4

<table>
<thead>
<tr>
<th>MEDECINE 1: ACUTE MEDICINE</th>
<th>GERIATRICS</th>
<th>AMBULATORY CARE</th>
<th>PSYCHOLOGICAL MEDICINE</th>
<th>SURGERY</th>
<th>URBAN GENERAL PRACTICE</th>
<th>PUBLIC HEALTH</th>
<th>PROFESSIONAL DEVELOPMENT</th>
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<tbody>
<tr>
<td>Case documentation (full)</td>
<td>Case conf pres</td>
<td>Case presentation &amp; write up</td>
<td>Case write up</td>
<td>Formal case write-up (see below)</td>
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<tr>
<td>Case documentation (short)</td>
<td>Paper case</td>
<td>Home visit write-up</td>
<td>Logbook of brief written cases</td>
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<td>History taking skills</td>
<td>Logbook; Case presentation</td>
<td>OSCE for history 2 stations – colorectal, breast, rectal bleeding, difficulty in swallowing, abdominal pain, intermittent claudication.</td>
<td>Feedback from simulated patients</td>
<td>Feedback from host GPs</td>
<td>OSCE</td>
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<tr>
<td>Clinical examination skills</td>
<td>Observed Mental State Exams</td>
<td>OSCE for examination of neck, abdomen, vasculature.</td>
<td>Feedback from host GPs</td>
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<tr>
<td>Procedural skills</td>
<td>Logbook</td>
<td>Logbook</td>
<td>Logbook; OSCE for surgical scrub, knot tying, wound dressing, venepuncture</td>
<td>Logbook</td>
<td></td>
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<tr>
<td>Investigation interpretation</td>
<td>Logbook for observation chart, fluid balance chart, basic blood tests, urinalysis, abdominal imaging</td>
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<tr>
<td>Patient education</td>
<td></td>
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<td></td>
<td>Feedback from simulated patients; OSCE</td>
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<tr>
<td>Assignment</td>
<td>EBP presentation</td>
<td>Case appreciation</td>
<td>EBM clinical question, related to written-up case (see above)</td>
<td>Study design</td>
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<tr>
<td>Oral presentation</td>
<td>Case presentation</td>
<td></td>
<td>Case discussion; Clinical Q. presentation</td>
<td>Presentation</td>
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<td>Knowledge</td>
<td>Written exam</td>
<td>Written exam</td>
<td>Written test</td>
<td>MCQ – clinical base questions</td>
<td>SAQs</td>
<td>Written exam</td>
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<tr>
<td>Professional skills/attitudes</td>
<td>Feedback from Clinical Tutors</td>
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<td>Feedback from host GP; SECO reflective essay</td>
<td>Pacific Island Immersion</td>
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<tr>
<td>Attendance</td>
<td>Attendance</td>
<td>Attendance</td>
<td>Attendance</td>
<td>Minimum number GP sessions, simulated clinics and tutorials.</td>
<td>Attendance</td>
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Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member [Megan Anakin].
## 12.2 Module assessments in Christchurch ALM4

<table>
<thead>
<tr>
<th>Case documentation (full)</th>
<th>1</th>
<th>1 medical</th>
<th>2 Surgery; 1 Oncology; 1 Gastro</th>
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</thead>
<tbody>
<tr>
<td>Case documentation (short)</td>
<td>Logbook</td>
<td>2 psychiatry</td>
<td>General Surgery Logbook; EM Logbook; Oncology Logbook; Oncology case; Gastro Informed Consent</td>
</tr>
<tr>
<td>History taking skills</td>
<td>OSCE</td>
<td>Host GP report</td>
<td>Psychiatry Case Vignette written test</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>OSCE – Gastroenterology</td>
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<tr>
<td>Clinical examination skills</td>
<td>OSCE</td>
<td>GP report; OSCE (Musculo-skeletal)</td>
<td>Psychiatry Case Vignette written test, Neurological Exam OSCE</td>
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<td>OSCE – Surg (Abdo) &amp; ED stations; Consultant feedback</td>
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<td>Procedural skills</td>
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<td>Consultant feedback, ED OSCE</td>
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<td>Investigation interpretation</td>
<td>Lung function (MCQ)</td>
<td>SAQ</td>
<td>Psychiatry Case Vignette written test, medical case documentation, Anatomical pathology/radiology OSPE</td>
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<td>Patient education</td>
<td>OSCE</td>
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<td>OSCE (AM)</td>
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<td>Consultant feedback</td>
</tr>
<tr>
<td>Assignment</td>
<td>Electronic poster, Bronchiectasis / Māori Health online module</td>
<td>Clinical Question Project</td>
<td>Logbook</td>
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<tr>
<td></td>
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<td>Surg Case 1 &amp; 2, Gastro case &amp; informed consent, Onc case &amp; log, Surg logbook, ED logbook</td>
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<td>Oral presentation</td>
<td>Clinical Placement Report (AM)</td>
<td>Colorectal Pathology meeting presentation</td>
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<tr>
<td>Knowledge</td>
<td>Clinical Placement Report (AM)</td>
<td>OSCE</td>
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<tr>
<td>Professional skills/attitudes</td>
<td>AM and PH</td>
<td>Consultant feedback</td>
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<tr>
<td>Attendance</td>
<td>Satisfactory attendance required</td>
<td>Consultant feedback</td>
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**Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Anthony Ali).**
## 12.3 Module assessments in Wellington ALM4

<table>
<thead>
<tr>
<th></th>
<th>MEDICINE AND CLINICAL SKILLS</th>
<th>GENERAL PRACTICE &amp; PUBLIC HEALTH</th>
<th>SURGERY AND CLINICAL SKILLS</th>
<th>ADVANCED CLINICAL SKILLS</th>
<th>PATHOLOGY</th>
<th>PDE</th>
<th>CLINICAL DECISION MAKING</th>
<th>MEDICAL IMAGING</th>
<th>HAUORA MĀORI</th>
<th>INTERSCHOOL SESSIONS</th>
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<td><strong>Case documentation</strong></td>
<td>4 case histories</td>
<td>1 case Hx</td>
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<td>Written long-case history incorporating reflective practice</td>
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<tr>
<td><strong>History taking skills</strong></td>
<td>OSCE</td>
<td>Recorded simulated consultation</td>
<td>OSCE*</td>
<td>Review and marked case history</td>
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<td>Per case history (above)</td>
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<tr>
<td><strong>Clinical examination skills</strong></td>
<td>OSCE</td>
<td>Clinical skills list GP observation</td>
<td>OSCE*</td>
<td>Completed workshops and peer OSCEs</td>
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<tr>
<td>Procedural skills</td>
<td>Clinical skills list GP observation</td>
<td>Adult CPR, Airway management, defibrillation, cardiac rhythm recognition to standards for pass, 1 skills workbook (radiology)</td>
<td>Completed workshops and peer OSCEs</td>
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<td>MCQ</td>
<td>GP observation</td>
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<td>Part of recorded simulated consultation</td>
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<tr>
<td><strong>Assignment</strong></td>
<td>1. Palliative care project</td>
<td>2. Addiction medicine reflective writing assignment</td>
<td>3. Public health project</td>
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<td>Presentation of case history</td>
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<td>Ngā Hau e Whā Group Presentation (Formative)</td>
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<td><strong>Knowledge</strong></td>
<td>3 x MCQ, OSCE</td>
<td>Written test GP observation</td>
<td>Exam</td>
<td>Peer OSCE, MCQ, workshops, and case history</td>
<td>Written test &amp; practical</td>
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<td>Te Reo Māori MCQ, Medicine &amp; Māori MCQ</td>
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<td>Observation by staff</td>
<td>Observation by staff and clinical teachers</td>
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<td>Assessed at each vertical module session</td>
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<td>Compulsory at all sessions</td>
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</table>

* OSCE = history or examination; possibly explanation & planning in the future  
\* 1 group assignment, 1 reflection, 1 TYPER  
Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Peter Gallagher)
## 13 Appendix 4. In-course assessments in ALM5

### 13.1 Module assessments in Dunedin ALM5

<table>
<thead>
<tr>
<th>Subject</th>
<th>Module assessments</th>
<th>Case documentation (full)</th>
<th>Case documentation (short)</th>
<th>History taking skills</th>
<th>Clinical examination skills</th>
<th>Procedural skills</th>
<th>Investigation interpretation</th>
<th>Patient education</th>
<th>Assignment</th>
</tr>
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<tbody>
<tr>
<td>Musculoskeletal, Anaesthesia and Intensive Care</td>
<td>Feedback on SECO clinic notes Written feedback from tutor.</td>
<td>2 case write ups</td>
<td>Written case report (see below re clinical question).</td>
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<tr>
<td>Medicine 2 Medicine</td>
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<td></td>
<td>Feedback from simulated patients and rural clinicians; OSCE</td>
<td>Feedback from simulated patients and rural clinicians; OSCE</td>
<td>Logbook</td>
<td>Feedback from rural clinicians</td>
<td>Feedback from simulated patients; OSCE</td>
<td>Contributions to discussion board; Case report and CoCP (Community of Clinical Practice) map. Brief case report plus related clinical question to be addressed using EBM.</td>
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<td>General Practice and Rural Health</td>
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<td>OSCE</td>
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<td>Women’s and Children’s Health</td>
<td>2 longitudinal cases, 1 critical appraisal, 1 case write up</td>
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<td>2 case synopses O&amp;G</td>
<td>OSCE</td>
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Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Megan Anakin).
13.2 Module assessments in Christchurch ALM5

<table>
<thead>
<tr>
<th>Module</th>
<th>Addiction Medicine</th>
<th>Advanced Medicine</th>
<th>Clinical Skills</th>
<th>Ethics and Law</th>
<th>Hapora Māori</th>
<th>Orthopaedics and Advanced Surgery (OAAS)</th>
<th>Pediatrics</th>
<th>Pathology / Anatomical Pathology / Microbiology / Haematology / Radiology</th>
<th>Pharmacology</th>
<th>Professional Development</th>
<th>Psychological Medicine</th>
<th>Quality and Safety</th>
<th>WH&amp;AM</th>
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<td>2x Ortho</td>
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<td>History taking skills</td>
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<td>OSCE</td>
<td>OSCE (Ortho)</td>
<td>OSCE history; OSCE Parent education</td>
<td>OSCE</td>
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<td>OSCE</td>
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<td></td>
<td>Logbook for O&amp;G history (Year 5/6)</td>
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<tr>
<td>Clinical examination skills</td>
<td>OSCE</td>
<td>OSCE</td>
<td>OSCE (Ortho)</td>
<td>Registrar sign off and Clinical Check 2x Mini-CEX</td>
<td>OSCE</td>
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<td>OSCE</td>
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<td></td>
<td>Logbook for examination of pregnant woman; (Y5/6); 20 antenatal abdominal palpations; (Y5/6); 5 postnatal checks</td>
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<tr>
<td>Procedural skills</td>
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<tr>
<td>Investigation interpretation</td>
<td>CIA</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Patient education</td>
<td>OSCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OSCE (as Part of the Adv Meds module)</td>
<td></td>
<td></td>
<td>OSCE</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Case documentation (full) and (short) refer to the amount of time dedicated to the assessment, with full indicating a more comprehensive assessment and short indicating a more abbreviated version.

History taking skills include OSCEs and OSCE (Ortho) for specific assessments.

Clinical examination skills include OSCEs and OSCE (Ortho) for specific assessments, with additional procedures such as registrar sign off and clinical check.

Procedural skills include OSCEs and OSCE (Ortho) for specific assessments, with additional examinations related to vaginal and speculum examinations.

Investigation interpretation includes CIA, with OSCE as part of the Adv Meds module.

Patient education includes OSCEs and OSCE (as Part of the Adv Meds module).

Logbook for O&G history (Year 5/6) indicates a dedicated logbook for obstetrics and gynaecology history.

All Year 5/6: vaginal and speculum examinations; 5 labours (3 vaginal) provides a comprehensive list of procedures specifically for year 5/6 students.

OSCE indicates Objective Structured Clinical Examination, a standardized and systematic method for assessing clinical skills.
<table>
<thead>
<tr>
<th>Assignment</th>
<th>Oral presentation</th>
<th>Knowledge</th>
<th>Professional skills/attitudes</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Clinical Ethics Case Analysis</td>
<td>Topic presentation</td>
<td>MCQ (more for information on Terms decisions)</td>
<td>Yes</td>
<td>Attendance and participation is a Terms requirement</td>
</tr>
<tr>
<td>Logbooks (x2)</td>
<td>Clinical Ethics Case Analysis</td>
<td>OSCE, MCQ, CIA</td>
<td>Yes</td>
<td>Attendance and engagement at all planned learning sessions</td>
</tr>
<tr>
<td>Pain assessment</td>
<td>Case presentation</td>
<td>MCQ, pre and post-tests for the online learning module (cervical screening)</td>
<td>Module Tutors</td>
<td>Community visits, Module Tutors</td>
</tr>
<tr>
<td>Logbook (including community visits)</td>
<td>Topic discussion</td>
<td>40 MCQs</td>
<td>Attendance and participation in 5 sessions</td>
<td>Attendance all four sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Microbiology MCQ; Biochemistry SAQ; Haematology MCQ</td>
<td>Attendance without informing convener</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MCQ/SAQ (as part of Pharmacology module); MCQ (as part of OAAS and Adv Meds modules)</td>
<td>Clinical Team Observation forms (3x OG, 1x Adult psych)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Anthony Ali).

* incorporating Otolaryngology, Ophthalmology, and Urology
### 13.3 Module assessments in Wellington ALM5

<p>| Case documentation (full) | 1 | 1 | Yes | Minimum 2 satisfactory written case histories | Written summary of Long Case interview |
| Case documentation (short) | Mental health State examination x3 | One case | Satisfactory oral Case presentation | Written summary of short case interview |
| History taking skills | Observed practice Case history | Observed clinical case Assessment OSCE | Communication skills teaching Observed OSCE practice End of run OSCE | Per case histories (above) |
| Clinical examination skills | Communicate skills by observation on assessments | Observed clinical case, OSCE Assessment OSCE Participation in genital examination | Observed clinical examination tasks | |
| Procedural skills | Log book OSCE OSCE | Skills log book | Set of formularies and prescriptions | |
| Investigation interpretation | Case write-up MCQ MCQ MCQ | Extended Essay Question – end of run MCQs end of run | |
| Patient education | OSCE OSCE OSCE OSCE | End of run OSCE | |
| Assignment | Case write-up | Case write-up | Chronic Case Report Provincial Attachment report | TPER Ethics essay CDM assignment |
| Oral presentation | Yes | Clinical attachments, post-acute ward rounds and Oncology group presentation | One topic presentation One Case Presentation | Satisfactory Oral Case presentation Oral Presentation of Long Case in Small groups |</p>
<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Written test</th>
<th>MCQ Case History and Peer Feedback OSCE</th>
<th>OSCE Assessment</th>
<th>MCQ &amp; OSCE Written test</th>
<th>Extended Essay Question at end of run; MCA end of run</th>
<th>Written test and practical</th>
<th>- Te Reo Māori MCQ</th>
<th>- Bronchiectasis &amp; Māori Online Module &amp; MCQ (Formative)</th>
<th>- Cervical Cancer &amp; Māori Online Module &amp; MCQ</th>
<th>- Schizophrenia &amp; Māori Online Module &amp; MCQ</th>
<th>MCQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional skills/attitudes</td>
<td>Observation</td>
<td>Observation Feedback (bedside) Peer Feedback All Sessions - Professional Behaviour</td>
<td>Observation and feedback from SMO and RMO</td>
<td>Feedback from bedside teaching with SMOs and RMOs</td>
<td></td>
<td></td>
<td>Assessed at each vertical module session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>Yes</td>
<td>Yes</td>
<td>Compulsory</td>
<td>Yes</td>
<td>Yes</td>
<td>Bedside teaching and problem-based tutorial teaching. Feedback from Provincial Attachment.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>All sessions compulsory</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Peter Gallagher)
13.4 Assessments in RMIP (the Rural Medicine Immersion Programme)

| Quarter 1 | | | |
|---|---|---|
| Logbook; Referral Letters; On Call Logs; Prescriptions; 6 completed mini-CEX forms | S/AR/I | Portfolio |
| 4x short case studies | 40 | |
| MCQs | 20 | |
| OSCEs | 20 | |
| Total | 80* | *80 Scaled to 100% |

| Quarter 2 | | | |
|---|---|---|
| Logbook; Referral Letters; On Call Logs; Prescriptions; 6 completed mini-CEX forms | S/AR/I | Portfolio |
| 1x extended case report | 20 | |
| 3x short case studies | 30 | |
| MCQs | 20 | |
| OSCEs | 20 | |
| SAQs | 10 | |
| 1x physical exam video | 10 | |
| Total | 110* | *110 Scaled to 100% |

| Quarter 3 | | | |
|---|---|---|
| Logbook; Referral Letters; On Call Logs; Prescriptions; 6 completed mini-CEX forms | S/AR/I | Portfolio |
| Prescriptions; 6 completed mini-CEX forms | | |
| 1x extended case report | 20 | |
| 3x short case studies | 30 | |
| MCQs | 20 | |
| OSCEs | 20 | |
| SAQs | 10 | |
| 2x consultation videos | 10 | |
| Total | 110* | *110 Scaled to 100% |

| Quarter 4 | | | |
|---|---|---|
| Logbook, 6 completed mini-CEX forms | S/AR/I | Portfolio |
| Patient Satisfaction Survey | 20 | |
| 2 x short case studies | 20 | |
| OSCEs | 20 | |
| MCQs | 20 | |
| SAQs | 10 | |
| 1x physical exam video | 10 | |
| Total | 100% | |

**Threshold for recommendation for Potential Distinction:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL Quarter 1 Assessment PD</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>TOTAL Quarter 2 Assessment PD</td>
<td>75%</td>
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</tr>
<tr>
<td>TOTAL Quarter 3 Assessment PD</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>TOTAL Quarter 4 Assessment PD</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

*Portfolio items are assessed as follows: S = Satisfactory  AR = Attention Required  I = Incomplete*

Correct at time of original publication, but subject to change.
Please notify changes to MB ChB Assessment Sub-committee member (currently Branko Sijnja).
14 Appendix 5. In-course assessments in ALM6

14.1 Module assessments in Dunedin ALM6

<table>
<thead>
<tr>
<th>Case documentation (full)</th>
<th>OBSTETRICS &amp; GYNAECOLOGY (OG&amp;G)</th>
<th>PSYCHOLOGICAL MEDICINE</th>
<th>PEDIATRICS</th>
<th>GENERAL PRACTICE</th>
<th>EMERGENCY MEDICINE</th>
<th>AFTER HOURS GP, OUT PATIENTS MANAGEMENT</th>
<th>HEALTH CARE EVALUATION PROJECT</th>
<th>MEDICINE</th>
<th>SURGERY</th>
<th>ELECTIVE</th>
<th>PROFESSIONAL DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional attitudes – feedback from clinical staff</td>
<td>Case write-up</td>
<td>Case presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case documentation (short)</td>
<td>Assessed in formative session</td>
<td>Clinical tutor evaluation (CTE)</td>
<td>Case presentation</td>
<td>As part of clinical attachment in GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History taking skills</td>
<td>Mastery sheet</td>
<td>Case write-up</td>
<td>Tutorials CTE</td>
<td>Seminar</td>
<td>As part of clinical attachment in GP</td>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical examination skills</td>
<td>Mastery sheet</td>
<td>Case write-up</td>
<td>Tutorials CTE</td>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural skills</td>
<td>Professional attitudes – feedback from clinical staff</td>
<td>CTE</td>
<td></td>
<td>As part of clinical attachment in GP</td>
<td>Advanced life support assessed via written, practical &amp; oral examination</td>
<td>Observation at after hours GP clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation interpretation</td>
<td>Case write-up</td>
<td>Case presentation</td>
<td>Tutorials CTE</td>
<td>As part of clinical attachment in GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education</td>
<td>Case write-up</td>
<td>Case presentation</td>
<td>Tutorials CTE</td>
<td>As part of clinical attachment in GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Assignment | Topic presentation- (10mins) | Written case and discussion | 2 case reports focusing on prescribing | Written report | | | | | | | Surgical essay

Included in Supervisor’s report where necessary

<table>
<thead>
<tr>
<th>Oral presentation</th>
<th>Review of literature to answer a clinical question</th>
<th>Case presentation/ VIVA</th>
<th>1/2 hour viva</th>
<th>Case presentations</th>
<th>Oral presentation</th>
<th>Presentation of cases on ward rounds</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>2 Structured clinical scenarios – 30 mins</td>
<td>Case write-up, case presentation/ VIVA Tutorials CTE</td>
<td>As part of clinical attachment in GP</td>
<td></td>
<td></td>
<td>Long case Plus as part of ward duties</td>
<td>Critical appraisal</td>
</tr>
<tr>
<td>Professional skills/attitudes</td>
<td>Professional attitudes – feedback from clinical staff</td>
<td>Supervisor’s report &amp;</td>
<td>Supervisor’s report &amp;</td>
<td>Supervisors report &amp; staff feedback from GP, ENT &amp; Ophthalmology clinics</td>
<td></td>
<td>Ward Assessment</td>
<td>Supervisor’s report</td>
</tr>
<tr>
<td>Attendance</td>
<td>Maximum leave allowance of 3 days</td>
<td>Tutorials CTE</td>
<td>Attendance</td>
<td>Attendance</td>
<td>ENT: Attendance</td>
<td>Ward Assessment</td>
<td>Elective report</td>
</tr>
</tbody>
</table>

Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Megan Anakin).
## 14.2 Module assessments in Christchurch ALM6

<table>
<thead>
<tr>
<th>Case documentation (full)</th>
<th>Case documentation (short)</th>
<th>History taking skills</th>
<th>Clinical examination skills</th>
<th>Procedural skills</th>
<th>Investigation interpretation</th>
<th>Patient education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 written Hauora Māori patient short case</td>
<td>OSCE; Supervisor Feeder Form (SFF)</td>
<td>OSCE; Supervisor Feeder Form (SFF)</td>
<td>Consultant feedback</td>
<td>Consultant feedback</td>
<td>Consultant feedback</td>
<td>Consultant feedback</td>
</tr>
</tbody>
</table>

### History taking skills

- **OSCE**
- **Host GP report**
- **Host GP report**
- **Host GP report**

<table>
<thead>
<tr>
<th>Case documentation (short)</th>
<th>History taking skills</th>
<th>Clinical examination skills</th>
<th>Procedural skills</th>
<th>Investigation interpretation</th>
<th>Patient education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 written Hauora Māori patient short case</td>
<td>OSCE; Supervisor Feeder Form (SFF)</td>
<td>OSCE; Supervisor Feeder Form (SFF)</td>
<td>Consultant feedback</td>
<td>Consultant feedback</td>
<td>Consultant feedback</td>
</tr>
</tbody>
</table>

### Clinical examination skills

- **OSCE**
- **Host GP report**
- **Host GP report**
- **Host GP report**

### Procedural skills

- **OSCE**
- **Host GP report**
- **Host GP report**
- **Host GP report**

### Investigation interpretation

- **Host GP report**
- **Host GP report**
- **Host GP report**
- **Host GP report**

### Patient education

- **Host GP report**
- **Host GP report**
- **Host GP report**
- **Host GP report**
<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>CLINICAL SKILLS</th>
<th>CRITICAL CARE</th>
<th>ELECTIVE</th>
<th>GENERAL PRACTICE</th>
<th>HAUORA MAORI</th>
<th>MEDICINE</th>
<th>NELSON / MARLBOROUGH</th>
<th>O&amp;G</th>
<th>PAEDIATRICS / PAEDIATRIC SURGERY</th>
<th>PEOLC</th>
<th>PROFESSIONAL DEVELOPMENT</th>
<th>PSYCHOLOGICAL MEDICINE</th>
<th>SELECTIVE</th>
<th>SURGERY</th>
<th>TRANSITION TO PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment</td>
<td>Log of objectives; EM and IC shift logs</td>
<td>2x Prescribing Assignment; 2x Investigations Assignment</td>
<td>5x Pharmacology Prescribing cases</td>
<td>Logbook</td>
<td></td>
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<td></td>
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<td></td>
<td>Surgical essay</td>
</tr>
<tr>
<td>Oral presentation</td>
<td></td>
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<td></td>
<td>Viva</td>
</tr>
<tr>
<td>Knowledge</td>
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<td></td>
</tr>
<tr>
<td>Professional skills/attitudes</td>
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</tr>
<tr>
<td>Attendance</td>
<td>Terms require -ment</td>
<td></td>
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<td></td>
<td></td>
<td>Yes, convener will state expectation</td>
</tr>
</tbody>
</table>

Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Anthony Ali).
### 14.3 Module assessments in Wellington ALM6

<table>
<thead>
<tr>
<th>Case documentation (full)</th>
<th>Ward supervisor report</th>
<th>Observed long case</th>
<th>Observed clinical case and case-based presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case documentation (short)</td>
<td>Ward supervisor report</td>
<td>Palliative care case-based discussion report</td>
<td>Ward supervisor’s report</td>
</tr>
<tr>
<td>History taking skills</td>
<td>Ward supervisor report</td>
<td>Observed long case report</td>
<td>Supervisors report</td>
</tr>
<tr>
<td></td>
<td>Observed long case report</td>
<td>Supervisors report</td>
<td>2 Clinical assessments (1 Obst. &amp; 1 Gyne)</td>
</tr>
<tr>
<td>Clinical examination skills</td>
<td>Ward supervisor report</td>
<td>Observed long case report</td>
<td>Supervisors report</td>
</tr>
<tr>
<td></td>
<td>Skills log books, Supervisors report</td>
<td>Supervisors report</td>
<td>2 Clinical assessments (1 Obst. &amp; 1 Gyne)</td>
</tr>
<tr>
<td>Procedural skills</td>
<td>Ward supervisor report</td>
<td>Skills log books, Procedures logbook, Supervisors report</td>
<td>Supervisors report</td>
</tr>
<tr>
<td></td>
<td>Supervisors report</td>
<td>Supervisors report</td>
<td>Skills log book</td>
</tr>
<tr>
<td>Investigation interpretation</td>
<td>Ward supervisor report</td>
<td>Palliative care case-based discussion report</td>
<td>Supervisors report</td>
</tr>
<tr>
<td></td>
<td>Supervisors report</td>
<td>Supervisors report</td>
<td>2 Clinical assessments (1 Obst. &amp; 1 Gyne)</td>
</tr>
<tr>
<td>Patient education</td>
<td>Ward supervisor report</td>
<td>Supervisors report, observed clinical case and case based presentation</td>
<td>Supervisors report</td>
</tr>
<tr>
<td>Assignment</td>
<td>Case/clinical pharmacology and prescribing presentation</td>
<td>Case-based presentation</td>
<td>Topic presentation of common clinical problems</td>
</tr>
<tr>
<td>Oral presentation</td>
<td>Case/clinical pharmacology and prescribing presentation</td>
<td>Present case</td>
<td>Topic presentation of common clinical problems</td>
</tr>
</tbody>
</table>

**Note:** For detailed methods and evaluation criteria, please refer to the full assessment policy document.
<table>
<thead>
<tr>
<th>Knowledge</th>
<th>MEDICINE</th>
<th>SURGERY AND ANAESTHESIA</th>
<th>PAEDIATRICS AND CHILD HEALTH</th>
<th>OBSTETRICS &amp; GYNAECOLOGY</th>
<th>PSYCHOLOGICAL MEDICINE</th>
<th>PRIMARY HEALTHCARE &amp; GENERAL PRACTICE</th>
<th>PDE</th>
<th>EMERGENCY AND ACUTE CARE</th>
<th>ELECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Ward supervisor report</td>
<td>Case-based presentation and ward supervisor’s report</td>
<td>Structured case scenarios (viva)</td>
<td>Formulation based viva, Supervisor’s report and assessment form</td>
<td>Supervisor’s report</td>
<td>Theory Exam</td>
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</tr>
<tr>
<td>Professional skills/attitudes</td>
<td>Ward supervisor report</td>
<td>Supervisor’s report</td>
<td>Ward supervisor’s report and assessment form</td>
<td>Supervisor’s report and assessment form</td>
<td>Supervisor’s report</td>
<td>Supervisor’s report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional skills/attitudes</td>
<td>MSF from team members Feedback on peer’s presentation</td>
<td>Supervisor’s report</td>
<td>Peer and staff feedback</td>
<td>Supervisor’s report and assessment form</td>
<td>Supervisor’s report</td>
<td>Supervisor’s report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional skills/attitudes</td>
<td>Case/clinical pharmacology and prescribing presentation for peer learning Palliative care case-based discussion report</td>
<td>Supervisor’s report</td>
<td>Supervisor’s report and assessment form</td>
<td>Supervisor’s report and assessment form</td>
<td>Supervisor’s report</td>
<td>Supervisor’s report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>Non-attendance reported by relevant staff</td>
<td>Yes</td>
<td>Non-attendance reported by relevant staff</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Correct at time of publication, but subject to change. Please notify changes to MB ChB Assessment Sub-committee member (currently Peter Gallagher)*
15 Appendix 6. Assessment of Professional Conduct, and updating the Summary of Achievement form

Developing the assessment of professional conduct – collecting, interpreting and acting on information about students

This document outlines how information about students’ knowledge, attitudes and behaviours relevant to their professionalism might be collected, considered and acted upon.

Professionalism is a complex and multi-dimensional construct, so one should not look for one simple, generalizable statement about what professionalism is and how to assess it. Rather, assessment for professionalism requires consideration of its individual, inter-personal and societal dimensions. For the purposes of this document, the elements of professionalism that are of interest are those contained within the medical school’s student code of conduct.

Assessment for professional conduct is only one component in helping students learn appropriate professional behaviours. More powerful influences, adding to a student’s personal values and upbringing, include role models, teaching and learning methods, and aligning expectations of students with the same expectations we have of staff. Furthermore, role modelling of unacceptable behaviours can undermine any assessment system. These factors notwithstanding, this document focuses on the assessment aspects.

Guiding principles and appropriate standards of behaviour in relation to student professional conduct are outlined in the student code of conduct. This code is therefore used as the framework on which to base a system of assessment. The four broad headings of student behaviours in the code are:

1. interactions with patients and their families
2. personal and professional values
3. relationships with staff and colleagues
4. commitment to professional standards and continuing improvement in self and others.

The code outlines more specific categories under each of those headings.

1. Sources of information

It is proposed that there are three main sources of information to support judgments for professional conduct

Two sources of information are routinely gathered:
1. observations/judgments made on all students during or in relation to defined formal assessments (such as OSCEs, written work)
2. systematic collated observations of all students by University staff and staff from healthcare and other institutions

One source of information will occur in exceptional circumstances:
3. reports of incidents of either meritorious behaviour or a lapse in professional behaviour.

1.1 Information obtained during defined formal assessments

It is recommended that many formal assessments of a student-patient interaction should explicitly seek information about professional conduct relevant to the category “Interactions with patients and their families”. Other assessment formats may also provide the opportunity to specifically assess aspects of professional conduct and record this – for example, meeting deadlines for written work could provide information relevant to the category “Commitment to professional standards and continuing improvement in self and others”. The nature of, and the manner in which this information is recorded will continue to be developed. With the implementation of the updated Summary of Achievement From, module convenors be asked to indicate which components of the student code align to formal assessments.

For example, 1.1, 1.6 and 1.7 could be part of an OSCE:

1.1. Respect the dignity, privacy and bodily integrity of patients
1.6. Treat patients and their families politely and considerately
1.7. Ensure my appearance and dress are appropriate to enable effective and respectful interaction with patients and families
and 9.4 and 9.6 could be part of an assignment:

9.4. Show a high commitment to medical training and accept that attendance and satisfactory completion is mandatory

9.6. Be prepared to accept constructive feedback on my own performance

Knowledge based tests

Professionalism has an important theoretical base. While we are mostly interested in behaviours, the knowledge and underpinning theory of what are regarded as appropriate behaviours are also assessable. We therefore encourage development and inclusion of questions related to professional conduct within existing knowledge based assessments and are interested in seeing examples where this is already occurring.

1.2 Collated observations of staff from University, healthcare and other institutions

This needs to be undertaken sensitively as there needs to be “space” for students to learn, receive feedback and correct themselves. While some egregious behaviours are never excusable, occasional lapses while a student is learning to become a professional can be tolerated. Following feedback, they can be valuable learning experiences for students.

The process for this would build on the current assessment processes where a feeder form records the views of staff, as collated by the module convener. These views may mainly be from tutors, but opportunities could be taken to expand the range of people providing views by including, where appropriate, the views of junior medical staff, nurses etc. Such views are only valid when there has been sufficient contact with the student being rated.

Within ELM, there are fewer module specific in-course assessments and collation of information from other sources, such as tutors, is also less often undertaken by module convenors. Instead, such collation is coordinated centrally.

Process to collate the views of staff

All modules, or stages of the course, need a process by which the opinions of relevant staff members are gathered and synthesised to inform any judgments related to professional behaviours.

The gathering of such information might include:

- use of existing ‘feeder’ forms
- email relevant staff (e.g. tutors, registrars, ward senior nurse, supervising consultant) for comments
- meet with relevant staff during, and at the end of, each module; or at specified stages of the course.

The key principle is that individual opinions should be aggregated with those of others. We would like such aggregated comments to relate explicitly to the student code. It is possible the incident reporting form might be appropriate in some circumstances. It is suggested we document “feeder forms” or processes that are in current use and how they work in practice. Thereafter, it may be possible to develop forms that are common to many contexts or disciplines.

1.3 Collated observations of patients or peers

Feedback from patients is critical and should be sought to assist learning. However, we believe that developing an indicator of patient opinion on individual students that is reliable enough to inform summative decisions is not feasible currently. This is because evidence suggests that ratings from around 50 patients per student are needed to achieve adequate reliability. Fewer ratings are needed if used within more structured encounters such as OSCEs. Such ratings, within OSCEs, are to be encouraged although judgments should still only be made on aggregated data.

Although currently occurring in some modules, over time it may be possible to include peers and/or patients as a more formal part of assessing professional conduct.
1.4 Reports of incidents of either a lapse in professional behaviours or meritorious behaviours

A form and mechanism have been developed whereby observations of incidents of both favourable and concerning behaviours can be reported and notified (refer Figure 10, available in paper form and from http://www.otago.ac.nz/OMSPBF).

It is expected that such notifications (particularly of concerning behaviours) will be infrequent and will be made regarding a minority of students. Notification can be made by anyone (e.g. patient, administrative staff, peer, member of the public). A staff member could fill out the form on behalf of someone else if needed (for example the Associate Dean could fill out a form should he or she receive a complaint about a student from a telephone call from a member of the public).

Information that is provided might be anonymous, confidential, neither, or both. It is suggested that the provided information should not be anonymous but the identity of the informant would be kept confidential wherever possible. Anonymous reporting largely precludes further investigation and therefore procedural fairness. While it is not possible, or desirable, to give examples of all behaviours representing professional lapses or meritorious behaviours, it may be helpful to ask staff and students to provide illustrative examples, classified within the four categories listed in the student code. These examples would be made available to help those completing the form.

It is important to emphasize that there is a difference between observing a behaviour and interpreting that behaviour. Such notifications therefore would need to proceed through a process of initial assessment, further investigation in some cases and then interpretation before action could be taken – details of a process for this are outlined later in this document.

2. Collation of information from modules

A revised draft Summary of Achievement form, that will replace the PASAF form, is shown in Figure 11, at the end of this document. Some key components of this revised form are:

1. the rating on professionalism is given as much emphasis as the rating on other domains of achievement
2. the ratings on professionalism are divided into four categories, to reflect the broad headings of the student code and the broad groupings of professional behaviours
3. sufficient “white space” is provided to encourage use of text-based comments, but there are prompts to document the evidence (such as from existing assessment instruments or a feeder form/process (see earlier) and conditions of any Conditional Pass
4. there is the option for a convener to state when it is not possible to rate a student on some aspects (“unable to assess”). This prevents a “pass” grade being allocated as a default when in fact there is insufficient information to make an accurate assessment.

The advantages of having an overall rating are that it provides the student with a clear outcome for that module; and prevents satisfactory achievement in one aspect being able to compensate for poor performance or achievement in another. It also allows for information from both components to be used to inform Potential Distinction for that module. The differentiation of professional conduct from other aspects of achievement is not always clear cut as these are often inter-related. The ability to synthesise information from both components into a single rating may better reflect this overlap.

2.1 Collation of information across years

Some behaviours only cause concern if they form part of a pattern. A pattern of behaviours within a year can be noted by the relevant progress committee but a pattern that spans more than one year can sometimes go unnoticed. The current OMS policy allows for information to be passed between years and, furthermore, for information from previous years to be used to inform decisions in later years. The Associate Deans (Student Affairs) from earlier parts of the course should convey information regarding any students of concern to the relevant Associate Dean who is overseeing students in later parts of the course.
3. Interpretation of recorded behaviours

Identical behaviours do not necessarily have identical causes, interpretations or implications. Some are of greater importance when they are part of a pattern while all need to be interpreted in the context in which they occurred, and by taking account of the student’s stage of training. The observer is not always in a position to do this.

Such interpretation may be better undertaken by a group of people who could not only assist in interpreting behaviours but could also provide advice on difficult dilemmas faced by staff. The relevant Associate Dean (student affairs) would remain the first point of contact, but would be assisted where appropriate by others with relevant expertise.

The outcome of any deliberations would then be communicated to the appropriate body such as the Student Progress Committee, the Fitness to Practice Committee, the Proctor, the police etc. The actions arising from that notification would be decided by that relevant body. Likewise, if a concern about professionalism comes via the Fitness to Practice Committee, the Associate Dean (student affairs) of the relevant campus may be asked to convene a group to investigate the concerns further.

4. Process structures

The relationships between the observed behaviours/performance, their interpretation and the decisions that arise from them are shown in Figure 9.

![Figure 9: Process summary](image)

An overarching goal is for professional conduct to be given as much “legitimacy” as knowledge and skills in determining student progression. Concerns in either aspect should have equivalent potential to impede student progress through the programme. Similarly, meritorious achievement in professionalism should be noted, as it is currently, for knowledge and skills. In addition, proficiency in knowledge and skills should not compensate for substandard professional behaviours, and vice versa. We want to avoid separation of decision making for professionalism from that of knowledge and skills, as this creates artificial divisions and risks side-lining one aspect more than the others. Serious breaches in professionalism will be referred to the Fitness to Practise Committee (serious breaches include critical and extraordinarily critical concerns).

The SPC may recommend to the Board of Censors (BoC) to fail a student based on the student’s inability to achieve and demonstrate satisfactory professional conduct.

Likewise, the FtPC may recommend to SPC and BoC that unresolved fitness to practise issues mean that a student should not be granted terms and/or should not progress within the programme. SPCs and BoCs will normally follow the FtPC recommendation when making final recommendations to the Faculty Board. If SPCs and Boards of Censors decide not to follow the FtPC recommendation this action should be justified and material forwarded to Faculty Board for final determination.
5. Making allowances for impaired performance in relation to professional behaviour

A student’s performance may be affected by external factors such as illness or other exceptional circumstances. Allowances for such impaired performance can currently be considered if:

- the impairment relates to a single high stakes assessment of knowledge and skills; as it may be difficult to re-offer the assessment once the impairment has passed
- there is a single episode of under-performance influenced by the impairment

However, the same principles might not apply in relation to professional conduct as it could be argued that minimum standards of professional conduct should be maintained at all times regardless of external factors. On the other hand, it could also be argued all individuals are fallible and also that professionalism needs to be considered in context and therefore individual incidents or lapses of professional behaviour need to be considered on a case by case basis. The overarching principle is to ensure the safety of patients, the public and students.

Impairments could be considered in interpreting isolated and minor lapses of professionalism but, in general, should not otherwise be used as an excuse for under-performance.

References


Figure 10: MB ChB Professional Behaviour Form for reporting meritorious/concerning behaviour in medical students

![MB ChB Professional Behaviour Form](image)

Note: each campus has its own form, to ensure reports are sent to the appropriate Education Unit.
**Figure 11:** Revised draft Summary of Achievement form

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**SUMMARY OF ACHIEVEMENT FORM**

<table>
<thead>
<tr>
<th>Interactions with patients and their families</th>
<th>Professional Practice1</th>
<th>Summary of Module-specific Assesments</th>
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<td>• Dropdown: Unable to assess, Incomplete, Standard not yet achieved, Pass</td>
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<td>• optional comments, but mandatory comments where the selected outcome is 'standard not yet achieved'</td>
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<td>□ Clinical Skills</td>
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<td>□ Professional Practice</td>
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<td></td>
<td></td>
<td>□ Interpersonal Skills</td>
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<td>□ Population health &amp; systems of care</td>
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<td>□ Research &amp; Information literacy</td>
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<td></td>
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<td>□ Diagnostics &amp; therapeutics</td>
</tr>
</tbody>
</table>

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<th>[Assessment 1] see above</th>
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<tr>
<td>• optional comments, but mandatory comments where the selected outcome is 'standard not yet achieved'</td>
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<tr>
<td>Relationships with staff and colleagues</td>
<td>[Assessment 5] see above</td>
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<td>• optional comments, but mandatory comments where the selected outcome is 'standard not yet achieved'</td>
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<tr>
<td>Commitment to professional standards and quality improvement in self and others</td>
<td>[Assessment 8] see above</td>
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<td>---------------------------------------------</td>
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</tr>
<tr>
<td>• optional comments, but mandatory comments where the selected outcome is 'standard not yet achieved'</td>
<td></td>
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</tbody>
</table>

Comments on strengths or noteworthy performance in any aspects, including professional practice and/or module-specific assessments:
Free-text box – mandatory

Comments on areas for improvement in any aspects, including professional practice and/or module specific assessments:
Free-text box – mandatory

Isolated concerns / Conditions of CP / Rationale for Fail:
free text box which is mandatory when CP or Fail is entered

Role of those consulted for this report (e.g. SMO, nurse, registrar, administrator, physiotherapist, patient):

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1 On the results of OMS-led research, a PD for Professional Practice is based on assessments of Relationships with staff and colleagues and Commitment to professional standards and quality improvement in self and others. Refer MB ChB Policy and Procedures for details.

amended SOA FORM 16 July 2015
16 References


