

## 3 ASSESSMENT OF STUDENTS

### 3.1 Assessment methods

#### STANDARD 3.1.1

The medical school has defined and documented the methods used for assessment, including the criteria for progression in the course.

#### Key aspects of the Assessment System

Assessment of learning in the new Medicine program will include the following key features:

- an assessment system that is **outcome or capability based**, requiring students to demonstrate their ongoing development in eight key areas
- a focus on assessment *for* learning, with learning tasks, carried out individually or in groups, forming a significant part of the assessment
- a shift of emphasis towards formative assessment
- coarse grading of summative assessments, with repeated sampling
- development of student autonomy in regard to assessment, with students regularly involved in **self and peer assessment** and taking responsibility for making their own selection of evidence for learning to demonstrate achievement of capability
- **formal assessments** that require students to integrate basic, clinical and social sciences and abolition of discipline-specific assessments
- assessment of clinical skills that introduces assessment contextualised in the clinical placement as well as formal clinical examinations (**performance assessments**)
- a **learning portfolio assessment** system that requires students to collect evidence of their performance in specified areas of capability, select their best examples and submit these, together with a commentary on their learning, for review in an oral examination
- marking systems which are **criterion referenced**, making the expected standards of performance clear and explicit to students and examiners alike.

These characteristics of the new assessment scheme are designed to encourage active learning and support interdisciplinary integration. In addition, they focus on the importance of development of capabilities and skills that have long been under-emphasised in "traditional" programs.

The development of assessment principles and methods has been performed by an Assessment Curriculum Working Party, which was formed in 2001. This working party has expertise in Medical Education, Basic and Social Science assessment, as well as Clinical assessments.



## **An Outcome-Based Assessment system**

Assessment in the new Medicine program will be capability based, requiring students to demonstrate their ongoing development with respect to the eight desired graduate capabilities discussed in Section 1.4. Progression will not be based solely on satisfactory completion of individual modules, nor will it correspond solely to annual stages.

Students will be expected to progress through the course by reaching certain standards of each graduate capability. How the individual graduate capabilities relate to the level of achievement at each phase is shown in Appendix 2.

## **Management of Assessment**

At the implementation stage it is planned that three Phase Committees will be established for each of the three phases of the Curriculum. The terms of reference, composition and authority of the Phase Committees are currently being developed. It is envisaged the Phase Committees will meet on a regular basis and assessment policy will be reviewed annually. It will be the responsibility of the Phase Committees to ensure that feedback is obtained from students and Examiners in all assessments. The feedback will be discussed and the Phase Committees should ensure that changes, where necessary, are implemented.

Each of these committees will have responsibility for ensuring that assessment in that phase adequately addresses all of the graduate capabilities, is appropriate in terms of workload and timing, and procedures are operating to ensure fairness. It is proposed that Phase Committees will report to a Faculty Assessment Committee. A senior academic member of the Faculty (usually the Faculty's Presiding Member) will chair the Faculty Assessment Committee.

The assessment tasks and methods will be included in the Faculty Handbook and any modifications of assessment will be altered in the Handbook prior to the beginning of the Academic Year. Each Phase Committee will have the responsibility to ensure students are notified of the timing, objective and format of assessments. Example questions with model answers will be available to all students in the Syllabus as is presently the case. The Assessment Curriculum Working Party has attempted to have similar formats for assessments (for e.g. Clinical assessments will be 10 - 25 minute stations in each Phase) throughout the course so that student exposure to changing assessment methodology is minimised. The criteria for passing each Phase will be available for the students (see Appendix 2) and students will be encouraged to refer to this document as a guide for their progression through the graduate capabilities.

The Attrition Rate (%) and Progression Rate (%) are tabulated overleaf.

### Attrition - as at 31 March

|        | 1997 |        |          | 1998 |        |          | 1999 |        |          | 2000 |        |          | 2001 |        |          | Total |
|--------|------|--------|----------|------|--------|----------|------|--------|----------|------|--------|----------|------|--------|----------|-------|
|        | Left | Cohort | Att Rate | Left | Cohort | Att Rate | Left | Cohort | Att Rate | Left | Cohort | Att Rate | Left | Cohort | Att Rate |       |
| Year 1 | 8    | 190    | 4.2%     | 9    | 223    | 4.0%     | 10   | 236    | 4.2%     | 7    | 226    | 3.1%     | 4    | 230    | 1.7%     | 3.5%  |
| Year 2 | 3    | 183    | 1.6%     | 5    | 183    | 2.7%     | 4    | 215    | 1.9%     | 3    | 224    | 1.3%     | 3    | 221    | 1.4%     | 1.8%  |
| Year 3 | 1    | 188    | 0.5%     | 1    | 193    | 0.5%     | 1    | 179    | 0.6%     |      | 212    | 0.0%     | 2    | 216    | 0.9%     | 0.5%  |
| Year 4 | 3    | 184    | 1.6%     |      | 188    | 0.0%     | 4    | 187    | 2.1%     | 4    | 194    | 2.1%     | 3    | 205    | 1.5%     | 1.5%  |
| Year 5 | 1    | 161    | 0.6%     |      | 181    | 0.0%     | 1    | 175    | 0.6%     |      | 187    | 0.0%     |      | 190    | 0.0%     | 0.2%  |
| Year 6 |      | 163    | 0.0%     |      | 164    | 0.0%     |      | 189    | 0.0%     |      | 173    | 0.0%     | 1    | 189    | 0.5%     | 0.1%  |
| Totals | 16   | 1069   | 1.4%     | 15   | 1132   | 1.2%     | 20   | 1181   | 1.6%     | 14   | 1216   | 1.1%     | 13   | 1251   | 1.0%     | 1.3%  |

### Progression Rates

|        | 1997 |        |           | 1998 |        |           | 1999 |        |           | 2000 |        |           | 2001 |        |           | Total |
|--------|------|--------|-----------|------|--------|-----------|------|--------|-----------|------|--------|-----------|------|--------|-----------|-------|
|        | Pass | Cohort | Prog Rate | Pass | Cohort | Prog Rate | Pass | Cohort | Prog Rate | Pass | Cohort | Prog Rate | Pass | Cohort | Prog Rate |       |
| Year 1 | 163  | 175    | 93.1%     | 175  | 182    | 96.2%     | 194  | 204    | 95.2%     | 204  | 213    | 95.8%     | 188  | 198    | 94.9%     | 95.0% |
| Year 2 | 183  | 199    | 92.0%     | 170  | 177    | 96.1%     | 161  | 173    | 93.1%     | 195  | 207    | 94.2%     | 209  | 220    | 95%       | 94.1% |
| Year 3 | 175  | 182    | 96.2%     | 182  | 188    | 96.8%     | 185  | 190    | 97.4%     | 175  | 179    | 97.8%     | 205  | 209    | 98.1%     | 97.2% |
| Year 4 | 161  | 174    | 92.5%     | 177  | 183    | 96.7%     | 178  | 186    | 95.7%     | 179  | 183    | 97.8%     | 184  | 193    | 95.3      | 95.6% |
| Year 5 | 160  | 160    | 100%      | 160  | 160    | 100%      | 180  | 181    | 99.5%     | 174  | 175    | 99.4%     | 185  | 187    | 98.9%     | 99.6% |
| Year 6 | 180  | 182    | 98.9%     | 159  | 162    | 98.2%     | 164  | 164    | 100%      | 186  | 188    | 98.9%     | 169  | 173    | 97.9%     | 98.7% |

As the assessment techniques are closely linked to the phases, assessment will be discussed at each phase.

## Phase 1

Students' participation in the Foundation Learning module will be assessed for satisfactory performance in relation to each of the various activities undertaken. In each of the eight subsequent modules (Society & Health 1 and 2; Beginnings, Growth & Development 1 and 2; Health Maintenance 1 and 2; Regressions & Endings 1 and 2) there will be scheduled formative assessment activities including on-line assessments (See example: <http://www.med.unsw.edu.au/q/open.dll>). In addition there will be two summatively assessed projects/assignments and an end-of-module assessment.

Guidelines for assignments are shown in Appendix 6. Assignments during the module will be graded unsatisfactory or satisfactory (satisfactory+ may also be used to indicate a better than satisfactory result). If a student fails one assignment, they will be interviewed by the course coordinator. Further assessment will only be required if the student fails greater than 2 assignments. If a student fails 2 assignments in Year 1 or 2 assignments in one module, they may be referred for further assessment at an earlier stage.

The end of module assessment will be an integrated assessment with 6 questions derived from the completed module focusing mainly on biomedical and social sciences. An example question is given in Appendix 6. For the end-of- module examination, it is proposed that:

- it will be based on a relevant "real world" scenario, and measure understanding of one or more themes
- each examination will include a variety of tasks
- each examination will include a task relevant to each of the contributing basic and social science disciplines

Questions will be coarsely graded from 0 to 5.

0 = not attempted, 1 = poor, 2 = marginal fail, 3 = pass, 4 = good pass, 5 = excellent.

Six questions will make up the complete assessment. Therefore, 3 marginal fails (3 x 2) and 3 passes (3 x 3) will constitute a pass overall (15 out of 30). The grading system was designed to provide feedback to students on their understanding of integrated basic and social sciences from the module. The grading system also was designed to flag students who have not come to terms with important concepts and content within the module (that is: marginal fail or worse in 4 or more questions out of 6 questions), thus minimising the numbers of students being referred for supplemental assessment. If a student fails one of the end of module assessments they will be interviewed by the module coordinator and their mentor (possibly referred for remedial help) and further assessment will be arranged (held at the end of year 1 and 2 depending on which module they failed). Students who fail an end of module assessment will progress into the next module and therefore their mark will need to be classified as WD (mark withheld). Their mark will be converted into a pass when further assessment is completed and passed. This enables the criteria for the assessments to be set at a reasonable level without Academics being concerned they will be preventing student progression unless, of course further assessment is failed.

A student who fails one of the end of module assessments and then fails further assessment would be asked to repeat year 1 or 2 respectively. That is, continue on into Year A or B but as a first Year student, thus taking 3 years to complete Phase 1. A student who fails 2 or 3 of the end of module assessments would need to be interviewed by the Phase 1 Committee and the Student Support Program. Remedial help will be organised before further assessment (if attendance is poor, < 80 %, probation may be assigned).

At the end of Year 1, students will have completed 6 assignments and undertaken 3 end-of-module assessments. They will be expected to have passed all 3 examinations and to have obtained a Satisfactory grade in at least 5 of the 6 assignments. The Phase 1 Committee will require students who do not reach this standard to demonstrate satisfactory performance in further assessment prior to the commencement of Year 2. Failure to do so will lead to the student repeating Year 1.

At the end of Year 2, students will present a portfolio for review (see Appendix 6). To be eligible to do so, they will be required to have obtained a Satisfactory grade in at least 12 of the 14 completed projects/assignments. The portfolio will comprise at least 6 projects that the student considers to be the best examples of his/her work in specified areas of capability, together with a reflective overview of learning achieved in the process of compiling the portfolio.

Throughout the first phase (or the first two phases), students will be required to complete a program of clinical skills development and to have their performance assessed by clinical tutors, using skills laboratories for such assessments where appropriate. Satisfactory acquisition of skills will be progressively certified in a record booklet, but there will be no expectation that such certification should occur in any particular order. However, clinical teaching will be organised to correspond to the blocks of phase 1 and should adhere to the following principles:

- students will have a very early introduction to "patient-listening", general appraisal of the patient and some very basic observational and examination skills
- students will acquire a basic understanding of the impact of illness on an individual
- teaching of clinical skills will be integrated with teaching about related basic clinical science (eg. urine examination with renal function, BP and cardiac auscultation with cardiovascular physiology, abdominal examination with anatomy etc)
- the teaching of clinical skills will involve real and surrogate patients, as well as skills laboratories

Students will be required to undertake a clinical and communication skills assessment (OSCE style examination) comprising multiple stations as detailed in Appendix 6. The Clinical Assessments need further development and it is planned they will be piloted in 2003.

Following the last module in Phase 1, approximately mid-way through session 1 in Year 3, students will be required to undertake an end-of-phase examination which is to be developed. It is likely to be a written assessment (Some preliminary work is detailed in Appendix 6).

To progress to Phase 2, students must pass:

- all eight end-of-module examinations AND
- the end-of-phase examination AND
- the portfolio review AND
- the Phase 1 clinical and communication skills assessment.

Students who fail to satisfy any of these criteria will be required to undertake an individualised study program for one additional block (as prescribed by the Phase 1 assessment committee) and will then undertake further assessment. Students who do not achieve a satisfactory level of performance at this further assessment will exit from the Medicine program.

## **Phase 2**

This will comprise a minimum of 4 modules (Society & Health 3; Beginnings, Growth & Development 3; Health Maintenance 3; Regressions & Endings 3) and a maximum of 6 modules (the additional modules being any two from Society & Health 4; Beginnings, Growth & Development 4; Health Maintenance 4; Regressions & Endings 4). At the end of each module, students will submit a project/assignment report, demonstrating integration/correlation of prior and current learning, that will be summatively assessed (see Appendix 6 for an example under development). This may have linkage to basic biomedical sciences; medical imaging and diagnostic tests; ethics; or population health issues. In addition, the student's clinical performance during the module will be graded as Satisfactory/Unsatisfactory.

Assessment at the end of Phase 2 will consist of a portfolio review and a clinical examination (Appendix 6). The portfolio to be presented will comprise a selection of at least 4 projects from phase 1 and four activities from phase 2, together with a reflective overview of learning (2000 word maximum written submission). The overview will initially be graded by an examiner and the student will have an opportunity to explain why she/he chose to present particular activities for review and how these contributed to his/her development in terms of the desired graduate capabilities. An additional grade will be awarded for performance in this component. The relative weighting of the components of this in-depth review of the portfolio has not yet been finalised. Work undertaken in extra-Faculty elective courses may be offered as evidence of development in terms of one or more graduate capabilities.

As detailed in Appendix 6, to progress to phase 3, all students will be required to pass a multi-station OSCE-style clinical examination at an appropriate level, which will be offered on two occasions during each calendar year (approximately mid-session 1 and mid-session 2). The clinical examination would be a stationed examination and combined with continuous clinical performance assessment held within their block attachments, an overall mark will be generated.

To progress to Phase 3, students must:

- obtain Satisfactory grades for clinical performance in all modules AND
- pass all projects AND
- pass the portfolio review AND

- pass in the clinical examination.

Students who fail to satisfy any of these criteria will be required to undertake an individualised study program for one additional block (as prescribed by the Phase 2 assessment committee) and will then undertake further assessment.

In addition, students must:

- successfully complete 12 UoC of General Education courses, unless otherwise exempt AND
- successfully complete 12 UoC of courses outside the Faculty of Medicine.

### **Phase 3 and the Independent Learning Project**

Phase 3 will comprise a minimum of 9 clinical modules. Six of these will have a specified major focus (Children's Health/Women's Health/Mental Health/Internal Medicine/Surgery/Chronic & Complex Care) although each such module will be available in a variety of clinical environments (e.g. metropolitan teaching hospital/community-based/rural/emergency care) and all will provide a cross-disciplinary learning experience. The remaining modules will be electives. The order and content of Phase 3 modules will be organised for each student on an individual basis through the relevant Clinical School(s).

Assessment for each module will focus on the performance of students relative to the desired graduate capabilities, as they undertake an individualised learning program and projects while attached to clinical teams. These projects may either be selected from a menu offered by the clinical teaching unit, or may be negotiated by students with their clinical supervisors. The mark awarded in the summative assessment at the end of the module will be based on the extent to which the agreed goals of the project were met. Students will be required to present their portfolio, including Phase 3 projects, for a further review in the first half of Year 6. Assessment will be in a format analogous to an oral defence of a thesis, that is, the student will have an opportunity to explain why she/he chose to present particular activities for review and how these contributed to his/her development in terms of the various graduate capabilities.

The Clinical assessments in the proposed course have been developed over the past 10 years and similar assessments are being used. Originally an observed long case was used but this would raise problems with reliability and obtaining enough patients. To increase the reliability of the clinical assessments, multiple stations were developed. Due to timing and resources, multiple full long cases (60 minutes) could not be performed. Hence the focused clinical case was developed. A 25 minute examination allows students to be observed taking a history and performing an examination, still leaving time to judge their clinical interpretation and management skills. We are also planning to develop criteria for satisfactory performance using standardised marking sheets. Examiner training will also be required. Finally, we have proposed that each Clinical School take on one Phase Clinical Assessment for 2 years to ensure validity between Schools. For example in 2007, St. George Clinical School will host every student for the Phase 2 Clinical Assessment whereas St. Vincent's Clinical School will do the Phase 1 Clinical Assessment etc. With this model all students in one Phase will be assessed at the one Clinical School.

Students will also undertake a Biomedical Sciences Correlation Viva and a Management viva as described in Appendix 6. Both these assessments are multi-stationed, thus increasing reliability and criteria for a satisfactory performance are being developed. Questions or scenarios for these assessments will come from a Question Bank, which is being developed, spanning all major discipline and speciality areas. Examiners will be assigned questions for different sections of the Bank therefore eliminating the risks of the same scenario or case being discussed.

The Phase 3 assessments will be offered twice each year (at the end of session 2, Year 5 and session 1, Year 6). The timing of these assessments are designed so that students will attempt these assessments at the end of Year 5 or early in Year 6. Students will be able to elect when they sit their Clinical Assessments in Phase 3 but criteria for which students are allowed to sit in Year 5 are being developed. Students who fail a component of the Phase 3 Clinical Assessment at the end of Year 5 would continue in the course and resit the respective component in Year 6. This will enable the majority of students to complete their barrier assessments by early Year 6 enabling them to concentrate on the latter modules in Year 6 which are designed for Intern preparation.

Hence the assessments in Phase 3 will have a component which will focus on correlation of clinical knowledge with the basic biomedical sciences and the social sciences, as well as two clinical components (Appendix 6):

- a clinical management *viva voce* examination comprising 6-8 stations.
- a focussed clinical examination comprising 6-8 stations of 20-30 minute duration
- Biomedical Sciences Correlation Viva

The former two may include examiners from all of the clinical specialities. Students will be required to have satisfactorily completed a minimum of six modules in Phase 3 before attempting this examination.

Assessment for the Independent Learning Project (which may be completed during Phase 2 or Phase 3) will include two components of progressive assessment and a report submitted at the end of the Project. Further assessment for the Independent Learning Project needs to be developed. It is possible a written assessment will also be used in Phase 3 but this is under discussion. The Assessment Curriculum Working Party is conscious of over assessment effecting student performance within the course

To graduate from the program, students must pass:

- all clinical modules AND
- the portfolio defence AND
- all components of the clinical and correlation examinations AND
- the Independent Learning Project.

### **Award of Honours**

This will be calculated on the basis of a weighted mark for specified assessments in the three phases of the program, together with the marks obtained in General Education courses and courses undertaken outside the Faculty of Medicine. Note that:

1. To be eligible for Honours, students must achieve a grade of Credit or better in the Independent Learning Project, unless they have been exempted from undertaking the Project.
2. The Faculty Assessment Committee considers the ranked list of students and their marks and decides the cut-off marks for the award of honours at the various levels.
3. Neither the percentage of the students obtaining honours at the various levels nor the cut-off marks are predetermined, and the Committee makes its own assessment of the level of academic attainment indicated by the overall program mark.

### **Relative weighting within phases**

#### **Phase 1**

|   |   |
|---|---|
| End-of-Block Examinations (cumulative)      | 2 |
| End-of-Phase Examination                    | 1 |
| Portfolio Assessment                        | 2 |
| Clinical & Communication Skills Examination | 1 |

#### **Phase 2**

|                                       |   |
|---------------------------------------|---|
| Clinical Examination                  | 3 |
| Portfolio Assessment                  | 3 |
| Project Marks (best 4 if more than 4) | 2 |

#### **Phase 3**

|                                      |   |
|--------------------------------------|---|
| Clinical Module Assessments (best 8) | 1 |
| Portfolio Assessment                 | 1 |
| Clinical and Correlation Examination | 2 |

### **Relative weighting of phases and other components**

|   |   |
|---|---|
| Phase 1                                 | 6 |
| Phase 2                                 | 4 |
| Phase 3                                 | 8 |
| General Education courses               | 1 |
| Additional courses from other Faculties | 1 |

#### **STANDARD 3.1.2**

The reliability and validity of assessment methods are evaluated and new assessment methods are developed where required.

The new program involves the introduction of a sequence of new assessments. These were initially designed by an Assessment Curriculum Working Party. An interim report was available for Faculty-wide review and comment; subsequently debated at the Education Committee, Curriculum Development Committee, Faculty Standing Committee and the UNSW Undergraduate Studies Committee.

All new assessments are to be formally evaluated using a validated instrument developed at the University of Queensland Medical School and adapted by UNSW. Information and feedback from the assessments will be collected from students and

Examiners and feedback to the Phase Assessment Committees as previously discussed. A Faculty Education Committee will monitor feedback to determine effectiveness of assessments against the graduate capabilities.

New assessments focus specifically on validity. For example, biomedical and social sciences assessments in Phase 1 are set in a valid clinical context. Both reliability and validity are strengthened by a consistent policy of multiple small assessments and multiple methods of assessment. Consistent with UNSW policy, all assessments will be subject to review (including prior review for written assessments) by an assessor or panel of assessors. These policies will be complemented by more formative assessment, more progressive assessment and more flexibility in the timing of assessments, including multiple opportunities for assessment and reassessment. The latter are especially pertinent to clinical assessments which will increasingly rely on a defined cohort of cases/presentations and on the use of simulated patients.

External standards against which the assessments are validated are stated in the appended Graduate Capability Document (see Appendix 2), which defines minimum standards for each of the graduate capabilities on completion of each of the phases.

#### STANDARD 3.1.3

The school ensures that the scope of the assessment, and assessment standards and processes are consistent across its teaching sites.

The consistency of assessments across Clinical Schools was considered a fundamental principle when the clinical assessments were being developed. Consistency is ensured by a number of strategies that include specific guidelines being developed for each assessment, examiner training and calibration, and the generation of a core group of skilled examiners. Presently, each clinical assessment has a supervisor allocated, preferably from another Clinical School who supervises the conduct of the assessments and feeds back a report to the respective Phase Assessment Committee. Examiners from different Clinical Schools are expected to swap with examiners from other Clinical Schools so that there is at least one outside Clinical School Examiner present at each assessment. Finally, all students are examined at a Clinical School other than their home Clinical School. The Assessment Curriculum Working Party has proposed a system whereby each Clinical Assessment in the new curriculum will be the responsibility of one Clinical School in each rotation (Appendix 6). The format has been developed because we recognised it was difficult to standardise clinical assessments in different Clinical Schools. Further development and piloting of these clinical assessments is planned for 2003 and 2004.

Guidelines for each clinical assessment are being developed by the Assessment Curriculum Working Party and these will be further modified and developed by each Phase Committee. All examiners must be familiar with the guidelines in the respective assessments and the supervisor will ensure these guidelines are being followed on the day. Prior to each day of assessment the supervisor will review the guidelines for the respective assessment with all examiners who will be examining on the day.

Examiner training, (the format and resources required are being developed), will be held prior to each assessment. During these training sessions examiners will review the

format and guidelines of each assessment for which they will be required. Standard cases or answers will also be reviewed to allow calibration. Grading will be criterion referenced as discussed above. In the case of clinical assessments a video of an unsatisfactory and satisfactory performance will be viewed. The criteria for a satisfactory performance will be discussed. Standard marking sheets will also be provided and Examiners will be instructed on how to complete these sheets.

A “core group” of examiners will be identified as examiners who have undergone regular training sessions. These examiners will be preferentially chosen for the Clinical Assessments and it is planned that they will make up the majority of examiners.

Each Clinical Examination will have a supervisor allocated. Instructions for the supervisor are detailed in Appendix 6. The supervisor will rotate around stations to ensure that the assessment is being conducted according to the stated guidelines. If any unexpected event occurs during the assessment the supervisor will be notified and a written record of the event will be documented. The supervisor will also advise on resolution of unexpected events. At the completion of the assessment the supervisor will complete and sign off a “Supervisor Review Form”. These forms will be reviewed by the appropriate Phase Committee when all assessments are complete. Feedback from the supervisors will be considered and if appropriate modification of the assessments will be undertaken.

### **3.2 Relation between assessment and learning**

#### **STANDARD 3.2**

The assessment principles, methods and practices are appropriate for the educational objectives of the medical course and promote learning.

The assessment methods developed for the new curriculum are linked to the graduate capabilities as discussed above. Personal attributes including understanding and applying ethical and legal principles, and interactional abilities including working as a member of a team are important capabilities student should develop in the new curriculum. Attitudinal objectives and levels of achievement (Appendix 2) will be linked to these capabilities.

An innovative aspect of the proposed new assessment approach will be the use of a learning portfolio-assessment system (see Appendix 6). Our view of portfolios is not that of log books, nor solely of reflective essays. Rather, it is envisaged that portfolios will contain a wide range of outcomes of learning collected by the student over the whole program. They represent the learner's practical and intellectual property and relate to their personal/professional development. The learner will take responsibility for creation and maintenance of the portfolio, and choose those aspects of learning to be presented at assessment time-points as evidence of achievement of desired capabilities.

Assessment methods will be changed in response to feedback obtained on a regular basis. Feedback will be obtained from examiners and students from each assessment. The feedback will be referred to the respective Phase Committee and changes, if

required, will be implemented. It will be the responsibility of the Phase Committee to ensure that feedback is obtained on all assessments.

An important principle that will underpin assessment in the new Medicine program is frequent assessments over integrated material. Repeated sampling, using small assessment tasks and a coarse grading system or simple satisfactory/unsatisfactory grading is likely to prevail. Therefore, while formal examinations will still have a place in summative assessment in the new program, their weighting will be considerably less than at present.

Integration between disciplines will be of paramount importance in the new program. To achieve this, there will be no discipline-specific assessments. Block coordinators and phase committees will be responsible for ongoing monitoring of teaching and learning activities and assessable tasks.

### **Performance Assessments**

Assessment of the *application* of knowledge and the *demonstration* of abilities and attributes, is best done by a *judgemental* approach of the performance of students relative to the desired graduate capabilities. The Faculty has, over the past 4 years, made a number of changes to the type of performance assessments in the current curriculum. The principles that underlie these changes include:

- students should be given a focus to demonstrate the clinical capabilities, rather than demonstration of decontextualised skills
- reliability of assessment can be achieved by using more rather than less samplings of cases and examiners
- unobserved patient assessments are undesired
- a single dangerous answer in a performance assessment is not grounds for failure

Integration of assessment and monitoring of overload will be the responsibility of the Phase Assessment Committees. Assessments have been designed so that two or more of the graduate capabilities are assessed (see Appendix 6 for examples). No discipline specific assessments will be held. Assessment overload is always a potential problem when a new curriculum is being developed. The Assessment Curriculum Working Party has been mindful of this point when designing the assessments. From general estimates, at this stage, there will be less time allocated to assessing students in the proposed curriculum than the present curriculum. However, the style of assessment has changed and therefore examiner training will be an important part of the new curriculum.