

## **Faculty of Medicine and Dentistry**

### **Assessment and Feedback Statement for Undergraduate Students**

#### **Context**

The vast majority (>95%) of undergraduate students within the Faculty of Medicine and Dentistry are enrolled on the MB ChB (medical; ~1250 students) or BDS (dental; ~390 students) programmes. A small number are on other clinical programmes (e.g. Diplomas in Dental Hygiene and Dental Therapy); the remaining students are intercalators spending a single year on the two intercalated programmes currently available in the Faculty (BSc Global Health, BSc Bioethics) with additional programmes available from 2014-15 (BSc Health Sciences; MRes Health Sciences Research). The information below is therefore most relevant for students on the two major professional programmes run from the Faculty of Medicine and Dentistry. Increasingly, there has been collaborative development of assessment with the Veterinary Sciences programme, and there is much to be gained from shared best practice.

Undergraduate clinical programmes must deliver and assess intended learning outcomes (ILOs) specified by regulatory bodies. The General Medical Council (GMC) defines ILOs for the MB ChB programme within [Tomorrow's Doctors](#) (2009). The General Dental Council (GDC) defines ILOs for the BDS programme (and other dental-related programmes including for Dental Hygiene and Dental Therapy) in [Preparing for Practice](#) (2011). Units and assessments for the clinical programmes are mapped to ILOs, and assessed using a spectrum of methods that are subject to the scrutiny of the regulatory accreditation bodies, as well as internal analyses relating to validity, reliability and deliverability.

#### **Assessment methods**

Programmes conform to University of Bristol regulations that progression is dependent on passing units within the Year. Assessments are designed to test achievement of the unit learning outcomes, which are mapped to ensure appropriate testing of intended learning outcomes specified by the appropriate regulatory body. Knowledge and application of knowledge, and skills and behaviours, including professionalism, are assessed using appropriate methodologies for learning outcomes. These may vary from unit to unit. Similarly, the amount of assessment may also vary from unit to unit. At the start of each unit students should be informed of the format and weighting of assessments within that unit. Up to date supporting information should be provided in unit or programme assessment handbooks, available electronically on Blackboard or the web.

Assessments may be summative or formative, the former contributing to unit marks. All assessments should provide some feedback to students, and formative assessments particularly are designed to provide feedback on academic, clinical and professional progress, not normally contributing to unit marks although they can, if unsatisfactory, be a barrier to progression, as stated in the Standing Orders of the respective programmes.

A variety of assessment types are used throughout the professional programmes. These can include written or electronically-delivered assessments to test knowledge, structured oral examinations, and appropriate examination formats for clinical examinations such as clerking portfolios and logbooks, Objective Structured Clinical Examinations (OSCEs) or Objective Structured Long Examination Record (OSLER)-like long cases. Logbooks and ePortfolio are increasingly used for monitoring clinical activity, including professionalism, and provide an important insight focused on student behaviour and attitudes, particularly demonstration of learning and performance integrated into practice, as outlined within Miller's pyramid of clinical competence<sup>1</sup>. Matrices of assessments are compiled and reviewed to ensure the use of an appropriate balance of the different types of assessment across programmes and to assist blueprinting of assessments to learning outcomes.

## **Examinations**

Standard setting is normally applied (currently throughout the MB ChB programme, and for clinical assessments within the BDS programme) to determine appropriate pass marks for summative assessments. Appropriate standard setting methodologies, including modified Angoff and/or Ebel for knowledge-based assessments and borderline regression for clinical examinations, are used. Standard set pass marks are normalised to a 50% pass mark for Examination Board purposes for the professional programmes.

Assessments are checked for validity and reliability as shown by post examination statistical and psychometric analyses.

Submitted written coursework will be electronically screened for plagiarism using Turnitin software, and plagiarism cases investigated using University-defined procedures.

External examiners are fully engaged in the examination process having the opportunity to comment on assessments beforehand, to attend examinations and participate in the quality assurance of examination processes and procedures.

Assessments within clinical programmes are increasingly subject to external drivers for change, including gradual development of national examinations. Where opportunities arise Bristol programmes engage with national developments in clinical assessment e.g. the MB ChB programme has been at the forefront of engagement with the national content project, the Prescribing Skills Assessment and the Situational Judgement Test, and the BDS programme has delivered a national Higher Education Academy meeting on development of appropriate assessments for Preparing for Practice ILOs.

## **Feedback**

The purpose of feedback is for students to reflect on how they can improve performance. Feedback is provided in a variety of ways. These can include formative and summative assessment marks and mark breakdowns including grades within logbooks or portfolios, written comments on coursework or portfolio submissions, verbal comments from staff (including academics, clinicians, technicians, demonstrators) and other students or patients, or from audience response devices used in teaching sessions. It is crucial student engage actively with the feedback process in order to maximise opportunities to improve performance. Formal feedback on submitted work will normally be provided within three weeks.

Further information on assessments can be found in the Regulations and Code of Practice for Taught Programmes (see <http://www.bris.ac.uk/esu/assessment/codeonline.html>). The University Examination Regulations can be found at <http://www.bris.ac.uk/secretary/studentrulesregs/examregs.html>

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<sup>1</sup> Miller GE, The Assessment of Clinical Skills/Performance; Acad. Med. 1990; 65(9): 63-67.