

Faculty of Health Sciences

Assessment and Feedback Statement for Undergraduate Students

Context

Students in the Faculty of Health Sciences are enrolled within a wide range of courses. Our non-modular courses comprise four professional programmes: MB ChB (medicine); BDS (dentistry); BVSc (5-year veterinary) and BVSc-AGEP (4-year accelerated graduate entry veterinary programme). Our modular programmes include two programmes widening access to these courses: a one-year Gateway programme and an International Foundation Programme. We also run two professionally-accredited modular programmes: BSc in Veterinary Nursing with Companion Animal Behaviour, and BSc Dental Hygiene and Therapy. Other degrees available include BSc Applied Anatomy and, as intercalation degrees, BSc Healthcare Ethics & Law, BSc Clinical Sciences, BSc Functional & Clinical Anatomy, BSc Child Health Research and BSc Global Health.

Our assessment strategies and processes are informed by the University's [Institutional Principles for Assessment and Feedback](#), designed to foster learning and actively engage students. We also strive to ensure our assessments address the University's [Assessment and Feedback Priorities](#), ensuring our assessments are integrated, designed for all, and authentic. Rather than focus solely on unit-level assessment, assessment strategies are increasingly seeking to assess across the full year (e.g. capstone) or programme (e.g. progress testing) in line with recent University approaches towards programme level assessment. Additionally, our clinical programmes must deliver and assess intended learning outcomes (ILOs) specified by regulatory bodies. For example, the General Medical Council (GMC) defines ILOs for the MB ChB programme within Outcomes for Graduates. The General Dental Council (GDC) defines ILOs for the BDS and other dental programmes in the Safe Practitioner framework. The Royal College of Veterinary Surgeons (RCVS) defines Day One Competences and ILOs for the BVSc and Veterinary Nursing Programmes. Units and assessments for the clinical programmes are mapped to ILOs and assessed using a spectrum of methods subject to the scrutiny of the regulatory accreditation bodies, as well as internal analyses relating to validity, reliability and deliverability.

Assessment and feedback methods to promote student learning

A mixture of formative and summative assessments and feedback aims to provide meaningful, stimulating challenge to students, with opportunities to explore areas of the curriculum in greater depth. Programmes conform to University of Bristol regulations, with progression and completion dependent on passing unit(s) within the Year. Knowledge, reasoning, skills and behaviours, including professionalism, are assessed using appropriate methodologies for learning outcomes. The methods and amount of assessment may vary from unit to unit.

A wide range of assessment types is used including written exams (including single-best-answer multiple-choice questions, short-answer/multiple-short-answer questions and essays), practical exams and coursework (both individually and in groups). Coursework is used as an opportunity for students to study a specific area of the course in greater depth; relevance of coursework to the students' future employment is considered during design of coursework, and groupwork encourages students to develop their teamworking skills.

In many programmes, assessments additionally include appropriate examination formats for clinical skills such as clerking portfolios and logbooks, Objective Structured Clinical Examinations (OSCEs), Directly Observed Practical Skills (DOPS) and a range of Workplace-based Assessments (WPBA, e.g. mini-CEX). Logbooks and ePortfolios are increasingly used for monitoring clinical

activity, including professionalism, and provide an important insight focused on student behaviour and attitudes, particularly demonstrating learning and performance integrated into practice, as outlined within Miller's pyramid of clinical competence¹.

Summative assessments either contribute to unit marks or are marked on a pass/fail basis, with additional feedback normally provided either at individual or cohort level. Formative assessments are particularly designed to provide feedback on academic, clinical and professional progress as appropriate; they do not normally contribute to unit marks although they can, if unsatisfactory, be a barrier to progression, as stated in the Standing Orders/Student Progression Requirements and Regulations of the respective programmes.

The purpose of feedback is for students to reflect on how they can enhance learning and improve performance. Feedback is provided in a variety of ways. These can include formative and summative assessment marks and mark breakdowns including grades and written comments from staff 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 students 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. Self-reflection and peer assessment/feedback are encouraged to foster independent learning and feedback skills.

Ensuring quality in assessment processes

Assessments are designed to test achievement of the unit and programme learning outcomes, additionally mapped to outcomes specified by the appropriate regulatory body where appropriate. Assessment matrices are compiled and reviewed to ensure the use of an appropriate balance and timing of the different types of assessment across programmes and to assist blueprinting of assessments to learning outcomes.

Quality review of summative assessments is undertaken. 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.

Examination results are checked for validity and reliability by post examination statistical and psychometric analyses as appropriate. In professional and accredited modular programmes, standard setting is normally applied to determine appropriate pass marks for summative examinations. Appropriate standard setting methodologies are used, including modified Cohen, Angoff, Ebel or Hofstee for knowledge-based assessments and borderline regression for clinical examinations. Standard set pass marks are normalised to a 50% pass mark for Examination Board purposes. In line with University regulations, the pass-mark for modular programmes is 40%. Submitted written coursework is electronically screened for evidence of academic misconduct using Turnitin software, and possible academic misconduct cases investigated using University-defined procedures. Where appropriate in non-modular programmes online invigilation is used for examinations undertaken off-campus. Academic integrity is taken very seriously and any concerns will be addressed in line with the University Assessment Regulations.

Assessments within professional programmes are increasingly subject to external drivers for change. Bristol programmes engage with national developments in clinical assessment e.g. the MB ChB and BVSc programmes have been at the forefront of engagement with national assessment-related projects.

Communication and review of assessment and feedback practices

At the start of each unit students are informed of the purpose, format, marking criteria, timing and weighting of assessments within that unit. Supporting information is provided in unit or programme handbooks, available via Blackboard. Students are provided with training in good academic practice as well as academic and professional honesty (for example the importance of avoiding academic misconduct). Clear information is provided regarding processes for submission, marking, moderation and feedback, with particular emphasis on familiarisation with what may be novel assessment processes for students (e.g. OSCEs). There are extensive opportunities for staff training in assessment and feedback, with the [Centre for Health Sciences Education](#) (CHSE) providing many discipline-specific workshops to support staff; students' assessment literacy is supported through taught sessions, tutor meetings and opportunities for self and peer-assessment.

Review of assessment practices is central to our evolving curricula in Health Sciences, with a focus on ensuring fairness, reliability, inclusivity and authenticity of assessments. Programme committees provide a forum for students and staff to collaborate on review of assessment practices. There is close collaboration and sharing of good practice within and between programmes through CHSE and faculty-level committees.

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