MBChB Assessment Strategy: Purposes and Principles

Purposes of Assessment

Assessment has multiple purposes in a curriculum, of which five key ones are to:

- determine if a student has achieved the standards necessary to move to the next year of the programme, or to graduate (summative assessment);
- motivate learners to comprehend knowledge and its application on a regular basis;
- provide students with feedback on progress towards meeting standards, as they move through their education/training (formative and/or summative);
- make facilitated decisions regarding entry to subsequent years of the programmes;
- inform staff and the Faculty about the quality of the programme.

Other purposes are to enhance the practice of medicine and professional development, reinforce an intrinsic motivation so learning is undertaken to improve practice, identify those students who may require remediation, and to determine if the programme is meeting its intended outcomes.

With these in mind, an assessment strategy has been devised for the MBChB 2013 programme that is based on the following set of principles.

Principles of Assessment

**Principle 1**
Assessment will be transparent to all essential stakeholders, linked to the learning outcomes of the programme and of each phase, and will be mapped onto the curriculum.

Note:
1. An assessment template will be developed for each year that ensures the appropriate inclusion of essential learning experiences and outcomes (knowledge, skills and attitudes), and which aligns with their respective importance.
2. The assessments will be mapped against the level of knowledge, skills and attitudes expected of students.
3. Assessments will be designed to use and engage with progressively higher order cognitive processes.

**Principle 2**
Assessment will be fair and equitable for all students, and students will be treated equally in the assessment system.

Note that this means the following will be necessary:
1. A common curriculum will be assessed by common assessment tasks/activities across all teaching and learning sites.
2. Progression rules and requirements will be clearly articulated and available to all students.
3. Assessment requirements and criteria for achievement will be communicated to students prior to the commencement of the relevant curriculum component.
4. Standard University and/or Faculty policies will apply for any disadvantaged student.

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Principle 3
Assessment will emphasise the developmental process of ‘becoming’ a doctor and align with the knowledge, skills and attitudes being tested.

This means several features are important to incorporate in the design of the system:
1. Assessment should have a positive effect on learning by providing regular, structured and constructive feedback to students, for formative purposes.
2. Assessment will provide opportunities to identify underperforming student who need remediation.
3. Assessments will be designed to facilitate continuous learning.
4. Insofar as it is possible, assessment should be authentic and focus on applied knowledge and performance.
5. Skills and attitudes will be assessed across all years of the programme, to emphasise the developmental process.
6. The assessment will representatively sample all the elements of the MBChB Graduate Learning Outcomes.

Principle 4
A variety of assessment tools/methodologies will be utilised in each year to match with the domains and the skills, knowledge and attitudes being assessed, together with their integration.

1. Assessments will occur throughout the year to monitor progress, with no ‘high stakes’ written examinations at the end of each year.
2. A mix of simulation and actual patients will be used for clinical assessments, taking into consideration the advantages and disadvantages of these different approaches in terms of reliability and validity.

Principle 5
Continuous quality improvement of the assessment strategy will be implemented.

1. Appropriate governance will be in place to oversee the quality of the assessments.
2. Relevant psychometric data on assessments will be routinely collected, analysed and acted upon.
3. Assessment tasks will be scrutinised by small and relevant groups to verify that valid and reliable methods are being used.
4. The number of assessments will not place an undue burden on students or clinical supervisors/tutors.