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December 21, 2009

Ms. Georgina Moore
University Secretary
University Secretariat
B400 Mackintosh-Corry
Queen's University

Dear Ms. Moore:

Please find attached the Student Evaluation, Progress & Promotion Policy for the School of Medicine, Faculty of Health Sciences that was approved at our December 15, 2009 School of Medicine Academic Council.

In particular, item #7.6 "Student performance for each course will be reported to the University as Pass (as defined above in 7.5) or Fail.

It was then moved by T. Sanfilippo and seconded by C. Graham that version 11 of this Undergraduate Medical Education Student Evaluation, Progress and Promotion Policies be approved by SOMAC. **CARRIED**

If you require any further information please do not hesitate to contact me.

Thank you for your attention to this matter.

Best regards;

David R. Edgar
Secretary to the School of Medicine
Faculty of Health Sciences

c.c. J. Brady, Registrar's Office
T. Sanfilippo, Associate Dean, Undergraduate Medical Education

Undergraduate Medical Education

Student Evaluation, Progress & Promotion Policies

1.0 The Purpose of Student Evaluation

- **1.1** Assessment of student performance and achievement of curricular objectives
- **1.2** Provision of feedback to students and faculty with respect to ongoing learning needs

2.0 Types of Evaluation - General Definitions

- **2.1** Summative Evaluation (also referred to as Qualifying Examinations) is intended to evaluate student achievement with respect to defined curricular goals. Summative evaluations are course specific. Qualification within each curricular component (course) and, ultimately, in the undergraduate program, is based on successful completion of all summative evaluations. Further definitions and examples of Summative and other evaluation methodologies are outlined in Appendix A.
- **2.2** Formative Evaluation is intended to provide feedback that will enable students to assess their level of achievement and ongoing learning needs. Further definitions and examples of Formative Evaluation are outlined in Appendix B.

3.0 Governance of Student Evaluation, Policy and Practice

- **3.1** The student evaluation will be directed by the Student Evaluation Committee, which will develop and oversee all policies pertaining to evaluation practices within the Undergraduate medical program
- **3.2** The Student Evaluation Committee will ensure that all accreditation standards relevant to student evaluation are followed
- **3.3** The Student Evaluation Committee will operate under the Terms of Reference outlined in Appendix C.

4.0 General Principles

- 4.1 All student evaluations will be consistent with and based upon:
  - 4.1.1 Our Overall Curricular Goals Policy (Appendix D)
  - 4.1.2 Our Curricular Competencies Framework
  - 4.1.3 The Medical Council of Canada Objectives [ED-48]
  - 4.1.4 Discipline specific standards of achievement to be established by faculty [ED-29]
- 4.2 Student evaluations will be course specific and designed with the goal of ensuring students have achieved the stated curricular competency objectives assigned to that course.
- 4.3 Student evaluation will be guided by available research, best practice and LCME/CACMS Accreditation Criteria relevant to evaluation (listed in Appendix E)

4.4 Student evaluation will utilize methodologies that are open and transparent to all students and faculty

5.0 Specific Requirements

5.1 Each course within the curriculum must have a Summative (Qualifying) Examination to evaluate student achievement.

5.2 Evaluations must include elements specifically designed to assess problem solving, clinical reasoning and communication skills [ED-28]

5.3 Evaluations will be designed to ensure that, for Clinical Presentations as defined by the Medical Council of Canada [ED-48], students are able to:

- 5.3.1 Understand the structural and physiologic basis for the presenting symptoms or signs
- 5.3.2 Understand pathologic mechanisms relevant to the presentation
- 5.3.3 Describe appropriate clinical approach, including history taking, physical examination and communication skills
- 5.3.4 Develop an appropriate differential diagnosis
- 5.3.5 Determine appropriate diagnostic approaches
- 5.3.6 Determine appropriate therapeutic approaches

5.4 Evaluations should consist of multiple evaluation methodologies [ED-26], which can include:

- 5.4.1 Multiple Choice Questions – to be prepared as outlined in Appendix F
- 5.4.2 Short Answer Questions – to be prepared as outlined in Appendix G
- 5.4.3 Objective Structured Clinical Evaluations (OSCE).
- 5.4.4 Teacher Evaluations
- 5.4.5 Specific Assignments
- 5.4.6 Peer Assessment

5.5 Courses that provide instruction in Clinical and Communication Skills must have evaluation components based on direct observation of students demonstrating course objectives [ED-27]

5.6 All Clerkship rotations must provide evaluation of Clinical and Communication Skills based on direct observation [ED-27]

5.7 Narrative descriptions of student performance and non-cognitive achievement should be included as part of evaluations in all courses where student-teacher interaction permits [ED-32]. The process for provision of these narrative evaluations must ensure that:

- 5.7.1 They are shared with the student
- 5.7.2 They are reviewed by the Course Chair
- 5.7.3 Instances of deficient performance are related to the Director of Academic Affairs for review and possible remediation
- 5.7.4 Instances of outstanding performance recorded in the student record

5.8 Each course will offer Formative evaluation designed to provide feedback to students that will enable them to assess their level of achievement and ongoing learning needs [ED-30]. This should occur at least once in each

course, and at approximately the midway point, or in sufficient time to allow for any required remediation [ED-30] [ED-31].

5.9 All courses must include in their evaluation processes provision for ongoing observation and assessment of appropriate behaviours and attitudes, as defined by the Professionalism Policy [ED-27]

6.0 Administrative and Operational Aspects

6.1 The examination schedule is determined by the Office of Undergraduate Education and will occur no later than the end of term in which the course is completed

6.2 Students must be notified at the beginning of each course as to the type and dates of all examinations provided

6.3 Evaluations will be prepared by Course Chairs, with input from course teachers and assistance from Curricular Coordinators

6.4 Evaluations will be administered by the Evaluation Assistant, Office of Undergraduate Medical Education

6.5 Students should receive timely feedback regarding their performance on both formative and qualifying examinations, generally within 7 and 14 days respectively.

7.0 Student Grading

7.1 The final grade for each course will be a composite of multiple evaluation methodologies, and will be determined by the Course Committee.

7.2 Formative evaluations may form a component of the final student mark in the course, but generally a minor amount, less than 10%.

7.3 Passing Grade: Students achieving a composite grade of 65% or greater will receive standing in the course. In addition, successful completion of specific curricular components in each course may be required.

7.4 Pass Pending Mandatory Review: Students achieving between 60 and 65% will be required to undergo mandatory review by the Academic Advisor and to successfully undertake any prescribed remediation before final standing is granted.

7.5 Fail: A composite grade of below 60% is considered a course failure. All course failures are reviewed individually as outlined in Section 9.

7.6 Student performance for each course will be reported to the university as Pass (as defined above) or Fail.

7.7 Outstanding achievement within each course, or the awarding of prizes and other recognitions, should be based on criteria determined by each Course Committee. These criteria should be based on a body of work within the course and can include, but not be limited to, examination results. Based on these criteria, the designation of *Pass with Distinction* will be entered into the Medical Students Performance Record.

7.8 Students who achieve satisfactory grades but have identified deficiencies in professionalism or ethical behaviour will be not be granted standing in the course until the deficiencies are addressed in whatever manner determined by the Professionalism Policy.

7.9 Students who achieve satisfactory overall grades but who are found to have specific areas of academic deficiency may be referred by their Course Directors for specific remediation and/or review by the Academic Advisor.

8.0 Student Progress and Promotion Policies

8.1 The Student Progress and Promotion Committee (Medicine) will act on the delegated authority of Faculty Board and meet as necessary; all meetings will be held in camera

8.2 The Student Progress and Promotion Committee will receive reports on student standing in each course or designated portion of the MD program, together with a narrative description, where appropriate, of the student's performance; review the progress of each student registered in the MD program of the Faculty of Health Sciences with respect to cognitive, affective and skill components; consider the academic performance of any medical student whose name has been referred to it; make decisions with respect to standing, promotion, supplemental privileges, the repeating of a portion of the MD program, and the requirement to withdraw from the further study of medicine. Such decisions will constitute the official statement of standing.

8.3 The Student Progress and Promotion Committee will report in summary form to Faculty Board the decisions taken by the Committee, submit to Faculty Board lists of ordinary degrees for approval and transmission to the Senate and will recommend to Faculty Board such changes in policy or practice as it may deem appropriate in the light of the Committee's operations and experience.

8.4 The Terms of Reference of the Progress and Promotions Committee are detailed in Appendix H.

9.0 Student Failure

9.1 Should a student receive a failing grade with respect to a block, course or clerkship course, the matter will be considered by the Student Progress and Promotion Committee.

9.2 All students with a failing grade will be reviewed by the Student Progress and Promotion Committee and be required to meet with the Academic Advisor. Based on these reviews, the committee will make recommendations to facilitate the student's successful completion of the required material, which may include but not be limited to:

a) Successful completion of a written supplemental examination after a prescribed period of study.
b) Satisfactory completion of a specific remedial program under the direction of the Academic Advisor developed in conjunction with the appropriate Course Director.
c) Ongoing supervision and review by an assigned counselor to evaluate and further develop personal learning strategies which may involve attendance at a Study Skills Workshop offered by the University Health, Counseling and Disability Service.

d) The student may be required to repeat the course.

9.3 In the case of students that receive 2 or more course failures in a term the Student Progress and Promotion Committee may request the student repeat the term.

9.4 In the case of students that receive course failures in multiple terms the Student Progress and Promotions Committee may recommend any of the options listed above or may ask the student to withdraw from the further study of medicine at Queen's.

9.5 If a student fails a term/block and is required to repeat that term/block, the student will be required to also repeat the Clinical Skills component.

9.6 The inclusion of the required remediation on the Medical Students Performance Record will be determined on an individual basis by the Student Progress and Promotions Committee.

10.0 Remedial Programs

10.1 The purpose of a remedial program is to assist the student in overcoming their deficiencies. The remedial program shall comprise one or more of the following:

a) Repetition of a block, course or rotation

b) Remedial work is to be done during a period of time in which the student is not participating in the activities of another scheduled block, course or rotation (with the exception of electives/selectives)

c) Remedial work is to be done during a scheduled block, course or rotation. This option is reserved for a remedial program that is designed to correct limited, circumscribed deficits.

10.2 In the case of (a) the student must meet the objectives of the specific block, course or rotation and be evaluated by the same methods as other students. If the student achieves a passing grade in the remedial program he/she will be deemed to have satisfactorily completed the block, course or rotation for which the remedial program was a part or whole thereof. If the student does not achieve a passing grade in the remedial program, he/she will be deemed to have received two failing grades and the student's status will be considered by the Student Progress and Promotion Committee. In reaching its decision, the Committee will review the student's performance throughout the MD Program to include, but not be limited to, discussion of academic factors, non-academic factors, and any extenuating circumstances which the student feels may have impacted on their performance. The student will not be permitted to proceed in the program until a decision is made by the Committee.

11.0 Supplemental Examinations

11.1 Supplemental examinations for Term 1 courses may be taken during the summer recess following Term 2 provided the student has passed Term 2

and Terms 1 and 2 Clinical and Communication Skills. Satisfactory completion of Term 1 must be achieved before proceeding to Term 3. A supplemental examination for Term 2 may be taken during the summer recess immediately following Term 2 provided the student has passed Term 1 and Terms 1 and 2 Clinical and Communication Skills. Satisfactory completion of Term 2 must be achieved before proceeding to Term 3.

11.2 Supplemental examinations for Phase II Block B may be taken during the summer recess following Block D provided the student has passed Block C and Year 2 Clinical Skills. Satisfactory completion of Phase II Block C must be achieved before proceeding to Phase II Block E.

11.3 Supplemental examinations for Phase II Block C may be taken during the summer recess following Block D provided the student has passed Block B and Year 2 Clinical Skills. Satisfactory completion of Phase II Block C must be achieved before proceeding to Phase II Block E.

11.4A Supplemental examinations for Phase II Block E may be taken during the first block of Phase III provided the student has passed Year 3 Clinical Skills. Satisfactory completion of Phase II Block E must be achieved before proceeding to the remainder of Phase III. All of Phase II must be satisfactorily completed by the end of the first block of Phase III.

12.0Clinical Skills

12.1 A student who receives a failing grade in any Clinical Skills course may be required to take a supplemental OSCE, a 4-8 week evaluated clinical remedial program, or repeat the course. This decision is made by the Student Progress and Promotion Committee with the advice of the Clinical Skills Course Director. Students who pass but are considered to have deficits in clinical skills may be required to undertake a remedial program.

13.0Appeal Process

13.1 Appeal refers to the procedure by which any student may formally appeal a final grade in accordance with the established appeal procedure (re-read procedure) of the Faculty or School offering the course.

13.2 A student who questions the final grade in a specific course may petition the Associate Dean, Undergraduate Medical Education for a formal rereading of the final examination paper* and a review of the class record. Such a petition should be made as soon as possible and no later than seven days after results are promulgated. In view of the care taken in examining borderline cases, students should not expect that final grades will often be changed.

13.3 The result of such a rereading and review is an academic decision and can only be appealed on procedural grounds. The right of student access to final examination papers is governed by Senate policy.

**Final examination paper means the final examination question paper in a course and the graded answer paper written by the student which, by Senate policy, must be retained for a period of 12 months.*

13.4 Students who believe their academic performance was affected by extenuating circumstances beyond their control may apply for leave to appeal to Faculty that the requirement to withdraw be waived or rescinded. Appeals must be directed to the Dean of Health Sciences, in writing, clearly setting out the grounds on which they are being made and must be received in the Faculty Office no later than two weeks after the requirement to withdraw has been imposed. If the Dean is satisfied that there are grounds sufficient to allow the appeal to go forward, it will be referred to the Faculty Student Appeal and Discipline Board which, in this matter, has the following terms of reference:

a) To act on the delegated authority of Faculty Board to consider, on referral from the Dean, appeals of decisions of the Student Progress and Promotions Committee when the appeal is based on procedural grounds or extenuating circumstances. The Board may also consider an appeal of a resident on referral by the Dean of Medicine on the same basis.

b) To provide an opportunity for a student appealing a decision of the Student Progress and Promotions Committee on procedural grounds or extenuating circumstances, to appear in person with a representative to state his or her case.

c) To receive all information concerning the procedure leading to an adverse decision, or all information in confidence concerning extenuating circumstances from the appropriate source or sources, and to determine the merits of the grounds for appeal and to accept or deny the appeal.

d) To refer the final disposition of the appeal, if necessary, to the Student Progress and Promotion Committee.

e) To report to the decision of the Board in writing to the appellant within seven days of the meeting, with the reason for the decision.

f) The decision of the Board is final.*

g) To report in summary form the nature of the appeal and the decision of the Board, for information, to Faculty Board. It should be noted that the Student Appeal and Discipline Board does not concern itself with the actual assessment of academic progress, professional skills, behaviour, attitudes and related matters, since it cannot substitute its judgment for that of the Student Progress and Promotions Committee, Department Head or Course Director that made the assessment.

**Students are advised that they have access to the grievance procedure adopted by Senate and set out in* Queen's University Senate Policy on "Student Appeals, Rights & Discipline". February 26, 2004. See Senate Policies at http://www.queensu.ca/secretariat/senate/policies/
and
http://www.queensu.ca/secretariat/senate/policies/SARD_Policy.pdf

14.0 Policy Renewal and Approval

14.1 This document will be reviewed and updated at least annually

14.2 The Student Assessment and Evaluation Committee will be responsible for review and oversight of items 1 to 7.

14.3 The Progress and Promotion Committee will be responsible for review and oversight of items 8 to 15.

14.4 This document will be reviewed and approved in it's entirety by the MD Program Executive Committee and disseminated to all Course Chairs and the student body.