



Background

While examinations are primarily designed to enable reliable and valid judgements about student competence, they also provide important information to support student learning. This policy aims to maximise the value of that information for students. The policy is intended to be consistent with University's Assessment and Results Policy (MPF 1326), approved 24 October 2017, in particular the section entitled 'Feedback to Students'. However, it is also intended to clarify areas where the cohort size, scheduling and resource limitations of the MD may impact on the extent and timing of feedback provision to students.

The DME is committed to the concept of 'assessment for learning' rather than just assessment 'of learning' and will apply its resources to the provision of feedback that gives the most insight into how to improve performance. The aim of this policy is therefore to promote the provision of feedback which is both consistent with the spirit of university policy and sustainable for subject coordinators, while providing sufficient information to students to enable useful learning following examinations, in particular those students who are at risk of failing a subject and/or course. Subject coordinators engaging in discussions with high-performing students over the scoring of individual assessment items is not an appropriate use of these resources.

The post-examination feedback outlined in this policy is also intended to reinforce the regular and informal feedback students should receive from teachers through formal teaching activities.

Policy

1. Whole cohort level

Once results are available, the subject coordinator will coordinate the provision of feedback relating to the whole cohort's performance on both written and clinical examinations.

This should include:

- a general report on key elements of whole cohort performance on the examinations, with emphasis on areas requiring further attention; this would be expected to draw on formal question feedback provided by examiners for SAQs and clinical examinations (OSCEs, Long Cases and the Standardised CBD) and the standard setting panel for MCQ domains
- relevant numerical data, ie mean, SD, cutscores, for each of the following:
 - » question-level information for SAQs
 - » station level for OSCEs
 - » domain level for MCQ exam
 - » overall performance level for other clinical exams (with exception of Mini-CEXs which have immediate feedback built in).

This feedback should be posted on MD Connect, with appropriate communication to students, ideally within 4 weeks after the exam, although this will depend on the completion of results processing, post-examination review, standard setting and reporting to the BoE.

2. Individual level

Once results are available, the subject coordinator will coordinate the provision of feedback relating to individual student performance on both written and clinical examinations, which should include:

- total scores for each examination
- domain scores (where appropriate) for MCQs and SAQs
- station score for OSCEs
- standardised cutscores for overall and relevant domain/station scores for MCQ, SAQ and OSCE examinations.

This feedback should be posted on MD Connect, with appropriate communication to students, ideally within 4 weeks after the exam, although this will obviously depend on the completion of results processing, post-examination review, standard setting and reporting to the BoE.

Once the assessment database and taxonomic classification of all examination items within the MD is complete, the aim is to automate

production of individual student reports.

3. Remedial feedback

The DME supports subject coordinators prioritising time available for consultations for students who do not meet the standardised cutscores (representing minimal expected performance) for any examination component. In particular, in accordance with university policy, it is especially important to identify and support students who may be deemed to be 'at risk', even when the assessment component has a relatively low weighting. Failing to meet the minimum standard on any examination would normally be regarded as being at risk.

Such consultation, which ideally would be face-to-face but may if necessary be conducted electronically or by phone, should be provided in accordance with the following principles:

- Priority should be given to students scoring below overall examination cutscores, who should meet with the subject coordinator
- If feasible, students who do not meet the domain-level cutscores (eg domains in PCP2, terms in PCP3) may be referred to the appropriate term or domain leader for discussion
- Discussion is generally more useful when focussed on curriculum areas of poor performance rather than specific examination items, although will of course be informed by examination performance (professional staff will source relevant exam scripts/sheets).

It may also be appropriate to provide such remedial feedback to students as a group, with due considerations for maintain privacy with respect to specific performance of individual students on the examination.

4. Access to examination scripts

The University's Assessment and Results policy (MPF1326) states that students may request access to their examination scripts 'by making a request in writing to the dean/subject coordinator by the end of the second week of the following teaching period'.

While the size of the MD cohort makes it impractical to provide such access routinely to students, specific requests will be considered on their merits and in the context of the above-stated priority for at-risk students. Where the students' prime concern is that an error may have been made during marking or totaling, this can be confirmed through administrative review and statistical analysis. In such cases, and in accordance with University Policy (MPF1326 4.102), students need to request a review of their assessment result in writing and within 2 weeks of publication of the relevant result, along with a rationale for such review. The review of the assessment may result in a higher mark, no change, or a lower mark (4.105).

5. Communication to students re Feedback Policy

The following information regarding the provision of formal post-examination feedback is included in the MD Course Guide under 'Assessment Principles':

Assessment will provide students with informative feedback on their progress through the course. Information on their performance in assessment tasks is one of the most valuable forms of feedback available to students. Feedback on assessment performance motivates students, encourages them to seek remediation and to learn from prior performance.

To achieve this:

- feedback on assessments will be delivered as soon as practicable after each assessment, following all necessary examination processing, quality review and standard setting;
- general feedback for all students will consist of individual and relevant group performance data, including minimal expected performance;
- specific feedback, in the form of a meeting with the subject coordinator (or relevant delegate), will be offered to students not meeting the minimum cutscore on examinations, to discuss their performance and strategies for improvement.

Please note, feedback and access to exam scripts will be in accordance with University's Assessment and Results Policy (MPF1326), approved 24 October 2017 (Available from: <https://policy.unimelb.edu.au/MPF1326>). How this policy is enacted in the MMS, given cohort size, scheduling and resource limitations is outlined in MMS Feedback Policy (Available from: <http://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>)