

G2020

Assessment plan for the academic year 2021-2022

**Bachelor of Science in Medicine
University of Groningen
University Medical Center Groningen**

Part 1A

Years 1 and 2

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Foreword

This document sets out the assessment plan for the G2020 Bachelor's degree programme in Medicine at the University of Groningen, which started on 1 September 2014. This plan comprises the curriculum's assessment procedures and the course units for the Bachelor's degree programme (BSc) for years 1 and 2 in the academic year 2021-2022. The assessment plan for the G2020 Bachelor's degree programme in Medicine is in accordance with the assessment memorandum of the Faculty of Medical Sciences, which is based on the University of Groningen's general assessment policy.

The curriculum continuously evolves and improves as a result of evaluations. As from the academic year 2021-2022, the first year will start with the new competency-driven teaching. This assessment plan sets out the competency-driven teaching for years 1 and 2 (= Part 1A). Part 1B concerns year 3 and Part 1C concerns the Pre-Master's programme.

This assessment plan was drawn up in consultation with the Board of Examiners for Dentistry and Medicine (ECTG) and incorporated in the Teaching and Examination Regulations (OER) as approved by the Faculty Board on 17 March 2021.

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G2020 Bachelor's degree programme leader

1 Learning outcomes of the G2020 Bachelor's degree programme in Medicine

1.1 National learning outcomes and G2020

The learning outcomes for the first stage of medical training in the Netherlands were established by the eight medical faculties in the Netherlands and are defined in the 2020 Framework for Medical Education in the Netherlands (Raamplan Artsopleiding 2020).

The graduating Bachelor's students' final qualifications are formulated as competencies in various competency domains, based on the CanMEDS framework. The Framework uses the following definition of the term competency: 'A competency is the capability that can be developed – and includes an integrated totality – of knowledge, insight, skills, values and attitudes, to be able to perform professional activities in an authentic context in an adequate, reasoned, process-oriented and result-oriented manner.'

In G2020, the following competency domains are used, derived from the competencies from the 2020 Framework:

1. Medical expertise (MED)
2. Communication (COM)
3. Collaboration (COL)
4. Scientific practice (SCI)
5. Leadership (LEA)
6. Management in social context (MAS)
7. Professionalism (PROF)

A competency domain comprises a general description of the competency, followed by several subcompetencies. These subcompetencies act as a 'speck on the horizon' and describe the end point of a development over the three years of the Bachelor's degree programme. The Bachelor's degree programme's subcompetencies for competency development are based on and derived from those of the G2020 Master's degree programme and formulated for the Bachelor's attainment level without any intermediate levels.

1.2 Objective of the G2020 degree programmes

The objective of the G2020 Bachelor's and Master's degree programmes in Medicine is to train students to become junior doctors with qualifications as described in the Framework. The two programmes train students to become competent junior doctors who are – and will, in the future, be – able to deal professionally with developments in medical practice. Future doctors, who are able to function optimally in the continually and rapidly changing environment of healthcare, must possess a sound basic medical knowledge that they are able to apply. The ability to weigh up and integrate new information is essential for dealing critically and creatively with medical and scientific problems. This critical, analytical attitude enables academically trained students to acquire new knowledge, also after they have finished their medical training (life-long learning).

In the Bachelor's degree programme, students study within a Learning Community (LC), a distinct community with a specific content-related profile in which students feel connected and learn from each other. Next year, there will be five Learning Communities: Global Health (GH), Sustainable Care (SC), Intramural Care (IC) and Molecular Medicine (MM) (years 2 and 3) and Innovative Medicine (IM) (year 1).

1.3 Knowledge Development – learning outcomes of the Bachelor's degree programme

The Framework subdivides the core subjects into (1) natural sciences and (2) humanities and social sciences subjects. In the Causes of Disease course units, students will acquire knowledge of core and clinical subjects. Core subjects cover the medical and natural sciences subject areas and the

humanities and social sciences subject areas that provide the underlying knowledge to gain a clear understanding and awareness of clinical pathologies.

In G2020, the following disciplines are part of the natural sciences core subjects: anatomy, cell biology, pharmacology, physiology, histology and pathology. The following disciplines are part of the humanities and social sciences subjects: medical psychology, medical sociology, developmental psychology, ethics, medical legislation and certain elements of public health (organization, funding and quality of medicine). In the content-related structure of the curriculum, the learning outcomes for the core subjects are spread over the years of the degree programme.

1.4 Competency Development – learning outcomes of the Bachelor’s degree programme

The objective of the Competency Development course units is to acquire competencies.

1. MEDICAL EXPERTISE (MED)	
The physician integrates medical expertise with all other competencies from the CanMEDS competency domains. The physician applies medical knowledge and clinical and non-clinical skills, and acts based on professional values to provide qualitatively high-quality, effective, efficient and safe patient-centred or population-centred actual and preventive care.	
<i>Bachelor:</i> Upon graduation, Bachelor’s students are able to:	
MED1	Analyse simple health issues, using relevant biopsychosocial knowledge and scientific sources in the simulated practice or simple practical setting of direct or indirect patient care
MED2	Conduct an effective, efficient, ethical and patient-centred consultation with an individual patient in a simulated professional setting or a simple practical setting 2.1 Conduct a simple consultation using the relevant biopsychosocial knowledge 2.2 Take a patient’s complete medical history 2.3 Conduct a physical examination of a simulated or an actual patient in practice situations that are selected based on level and complexity 2.4 Draw up a differential diagnosis for a simple problem 2.5 Summarize a patient case in clear language 2.6 Research and formulate potential treatment goals for simple health issues 2.7 Explain a treatment plan 2.7.1 Discuss this in language that others can understand 2.7.2 Find out if the patient has understood everything 2.7.3 Structure the conversation adequately
MED3	Determine which tests can be used for diagnosis, prevention or treatment of simple problems in a simulated professional setting or a simple practical setting 3.1 Apply basic first aid, including resuscitation (in Causes of Disease) 3.2 Draw up a draft plan for the treatment of simple health issues in a simulated professional setting or a simple practical setting (in Causes of Disease) 3.3 Draw up a draft plan for a procedure for simple health issues in a simulated professional setting or a simple practical setting (in Causes of Disease)
MED4	Work safely in a professional manner in teaching situations 4.1 Focus on the patient and their safety in the medical consultation 4.2 Apply the principles of working safely in health care (in Causes of Disease) 4.3 Reflect on their own practice and request feedback on it 4.4 Collaborate effectively
2. COMMUNICATION (COM)	
The physician establishes and maintains an effective and empathic relationship with patients, their families and other professionals, including care professionals, to collect and share essential information that is required to provide good actual and preventive care and to be able to provide good support.	
<i>Bachelor:</i> Upon graduation, Bachelor’s students are able to:	
COM1	Maintain contact with patients in a simulated professional setting or a simple practical setting, based on mutual understanding, empathy and trust and in doing so, 1.1 Communicate with empathy and respect, both verbally and non-verbally 1.2 Recognize contextual factors in communication 1.3 Recognize and acknowledge differences of opinion and emotionally fraught conversations and experiment with alternative behaviours in dealing with these issues (under supervision of a lecturer)
COM2	Collect and analyse relevant biopsychosocial information about a medical issue in a simulated professional

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	setting or a simple practical setting and, in doing so, 2.1 Clarify underlying healthcare needs and preferences by asking questions about the individual's medical history
COM3	Involve patients and their families, in a simulated professional setting or a simple practical setting, in drawing up treatment plans that are in line with their wishes and goals and, in doing so, 3.1 (For patients with simple problems) discuss the patient's wishes and goals, taking into account contextual factors
COM4	Document medical information in an adequate manner in a simulated professional setting or a simple practical setting
3. COLLABORATION (COL)	
The physician collaborates effectively and efficiently with other professionals, including care professionals, and with patients and their families to provide safe, high-quality actual and preventive patient-centred care.	
<i>Bachelor:</i> <i>Upon graduation, Bachelor's students are able to:</i>	
COL1	Collaborate effectively in teaching situations 1.1 Build and maintain a relationship 1.2 Collaborate with other students and care professionals 1.3 Have decision-making conversations that do justice to the patients' preferences, goals and values, in a simulated professional setting or a simple practical setting and under supervision
COL2	Maintain good relationships by understanding each other and solving any disagreements and conflicts in a teaching situation and a simulated professional setting or in a simple practical setting 2.1 Interact with others in a respectful manner 2.2 Ask for help to develop good collaboration skills
COL3	Hand over care or other tasks adequately to others to guarantee continuity and safety in a simulated professional setting or a simple practical setting 3.1 Take care of a verbal or written handover
4. LEADERSHIP (LEA)	
The physician acts based on a vision on healthcare and, in doing so, also takes responsibility for their own personal development on the one hand and their professional development on the other. The physician reflects and shows personal leadership with regard to their own development. The physician collaborates with others to ensure a high-quality and efficient healthcare system, optimum care and continual professional self-development and professional development of their colleagues.	
<i>Bachelor:</i> <i>Upon graduation, Bachelor's students are able to:</i>	
LEA1	Adopt a learner's attitude and develop personal leadership 1.1 Adopt a learner's attitude to develop self-reflection and self-knowledge 1.2 Set priorities in their studies and private life to guard the study-life balance to encourage their own long-term deployability
LEA2	Take responsibility for their development to become a medical professional 2.1 Reflect on their own professional development 2.2 Collaborate with colleagues 2.3 Provide and request feedback in a safe manner and discuss important issues together
LEA3	Contribute to optimum care provision, in a simulated professional setting or a simple practical setting and, in doing so, 3.1 Deal with information technology in an adequate manner
LEA 4	Have general knowledge of the means that are available to fund the healthcare system
5. MANAGEMENT IN SOCIAL CONTEXT (MAS)	
The physician applies their knowledge and expertise to improve the health and wellbeing of individual citizens, the population and public health as a whole, taking into account the available means.	
<i>Bachelor:</i> <i>Upon graduation, Bachelor's students are able to:</i>	
MAS1	Identify, in a simulated professional setting or a simple practical setting, relevant disease prevention and appropriate care for the patient that do justice to the needs of individual patients in their context 1.1 Make health promotion and disease prevention a topic of conversation with patients 1.2 Establish which determinants of health and disease contribute to actual and perceived health
MAS2	Identify health needs in a patient group or population in a simulated professional setting or a simple practical setting and, in doing so, 2.1 Identify determinants of health and disease 2.2 Recognize high-risk populations
MAS3	Form an opinion in a teaching situation in which societal themes are being discussed
6. SCIENTIFIC PRACTICE (SCI)	
The physician, in their role as an academic, contributes to the application, distribution, translation and increase of	

knowledge in practice through life-long learning, teaching others, evaluating evidence and contributing to scientific research.	
<i>Bachelor:</i> <i>Upon graduation, Bachelor's students are able to:</i>	
SCI1	Convey acquired knowledge and skills to colleagues 1.1 Contribute to a safe learning environment 1.2 Take care of a simple learning activity 1.3 Provide feedback in a safe manner 1.4 Constructively evaluate teaching activities to improve teaching
SCI2	Apply the best available evidence in a simulated professional setting or a simple practical setting 2.1 Acknowledge that there may be clinical uncertainty 2.2 Find, select and correctly apply adequate protocols and guidelines in a simulated professional setting 2.3 Critically analyse research data and research literature
SCI3	Participate in medical scientific research, under supervision 3.1 Formulate a good problem definition, under supervision, and select an appropriate method to answer a hypothesis 3.2 Recognize the ethical principles for research 3.3 Contribute to current scientific research, under supervision 3.3.1 Conduct and analyse a sub-study, under supervision 3.3.2 Write a report about this and present this to professionals
7. PROFESSIONALISM (PROF) The physician is committed to the health and wellbeing of both individual patients and the population as a whole or population groups through ethical professional practice that complies with the current standards of behaviour and with regulations by looking after their own personal health and wellbeing and by working together well with other care professionals.	
<i>Bachelor:</i> <i>Upon graduation, Bachelor's students are able to:</i>	
PROF1	Continue to self-develop by adopting a learner's attitude 1.1 Draw up learning outcomes and act accordingly 1.2 Regularly request feedback and reflect on their own practice 1.3 Actively commit to good collaboration within teams
PROF2	Act in accordance with the ethical values and standards of the medical profession in their contacts with patients and colleagues 2.1 Act in an appropriate professional manner 2.2 Handle medical information confidentially
PROF3	Comply with the legal frameworks and required professional responsibilities in a simulated professional setting or a simple practical setting and, in doing so, 3.1 Practise under supervision 3.2 Recognize and acknowledge unprofessional conduct and discuss this with the supervisor 3.3 Be involved in peer mentoring, under supervision
PROF4	Look after their own health and wellbeing in light of the challenges associated with their studies and future professional practice 4.1 Reflect on their own wellbeing 4.2 Adopt a learner's attitude concerning taking good care of themselves 4.3 Guard their study-life balance

2 Link between competencies and curriculum components

The G2020 Bachelor's degree programme has course units that focus on medical knowledge and skills and course units that focus on competency development. The teaching programme comprises:

- Causes of Diseases course units
- Knowledge Development course units
- Competency Development course units
- Bachelor's project course unit (year 3)

The first year of G2020 comprises five course units:

- Causes of Diseases 1.1 (18 ECTS)
- Causes of Diseases 1.2 (17 ECTS)
- Competency Development LC 1.1 (10 ECTS)
- Competency Development LC 1.2 (11 ECTS)

- Knowledge development 1 (4 ECTS)
(See Figure 2)

The second year of G2020 comprises five course units:

- Causes of Diseases 2.1 (18 ECTS)
- Causes of Diseases 2.2 (18 ECTS)
- Competency Development LC 2.1, including Profile education (10 ECTS)
- Competency Development LC 2.2, including Profile education (10 ECTS)
- Knowledge development 2 (4 ECTS)

(See Figure 2)

Table: Course units and distribution of ECTS credit points over years 1 and 2

Semester 1.1	Semester 1.2
Causes of Disease 1.1 (18 ECTS)	Causes of Disease 1.2 (17 ECTS)
Competency Development 1 (10 ECTS)	Competency Development 1.2 (11 ECTS) including care internship and scientific internship
Knowledge development 1 (4 ECTS)	

Semester 2.1	Semester 2.2
Causes of Disease 2.1 (18 ECTS)	Causes of Disease 2.2 (18 ECTS)
Competency Development LC 2.1 (10 ECTS) including Profile education	Competency Development LC 2.2 (10 ECTS) including Profile education
Knowledge development 2 (4 ECTS)	

2.1 Causes of Disease course units

In the Causes of Disease course units, the learning outcomes related to knowledge development will be achieved. Through these course units, students will become thoroughly aware of the significance of the core subjects for medical content. Over the three years, students will build up their knowledge of the core subjects. Scheduling the knowledge explicitly in the Causes of Disease course units enables students to recognize it. The G2020 degree programme aims to teach students to use their knowledge in an integrated manner in their professional practice. Each week, the focus in the Causes of Disease course unit is on one particular health problem.

Problems are clustered into themes that take four weeks, to prevent fragmentation and to provide structure to students. Lecturers and examiners agree on the structure of the teaching pathways in themes and semesters between themselves and, in doing so, avoid gaps in the students' knowledge development. The themes direct the content of the curriculum and are chosen in such a way as to logically link to the study material in the core subjects.

Students are expected to study all aspects of each problem: from molecular background, aetiology, pathogenesis, symptomatology and treatment to financial, ethical and public health aspects. This ensures that the core subjects are integrated well with the clinical content and are assessed that way too. Students are also expected to be able to link a problem to the Healthy Ageing knowledge pathway.

2.2 Knowledge Development course units

In the Knowledge Development course units, knowledge development is assessed by means of the Inter-Faculty Progress Test. This test is compiled together with other participating faculties. This test is described as a desirable instrument for external validation.

2.3 Competency Development course units

In the Competency Development course units, students develop the competencies as formulated for the Bachelor's degree programme. Competency development takes place within the learning

Communities (LCs). Teaching of the Competency Development course units is based on four pathways:

1. Professional Development (PD): yellow pathway
2. Healthy Ageing (HA): blue pathway
3. Medical Communication (MC): green pathway
4. Scientific Training (ST): red pathway

The competencies from the competency domains from year 3 of the Bachelor's degree programme are linked to these pathways. These indicate the expected attainment level at the end of year 3 of the Bachelor's degree programme. Learning outcomes for training, assignments and other study activities are derived from this for each year of the programme. Assessments are identical for all LCs.

The LCs colour some of the assignments with LC-specific topics. It is clearly indicated which assignments students must submit or what achievements they must demonstrate and which subcompetencies they develop in doing so. Assignments and other study activities allow students to undergo self-development. The students' achievements will be collected in a portfolio (Scorion).

3 Assessment policy, assessment methods and assessment formats

3.1 Vision on assessment

The principles of the assessment programme are based on the University of Groningen's formulated requirements for a proper assessment programme¹, in combination with recent insights on and experience with longitudinal assessment. The vision on assessment of the curriculum dovetails with the ambitions, goals and teaching methods of the degree programme. Hence, the assessment programme:

1. encourages students to actively engage with their studies and the study material (increase participation)
2. invites students to demonstrate what they are capable of and have achieved in each competency (increase autonomy and increase motivation and connection)
3. invites students to want to grow and to demonstrate this growth (increase motivation and encourage academic attitude)
4. ensures that regular feedback is given by lecturers on the students' products and competency development (condition for realizing the above expectations)
5. provides opportunities for feedback and assessment by peers (increase connection, motivation and academic attitude).

In the assessment programme, information is systematically collected on the students' functioning and achievements. Based on this information, students can be guided to enable them to eventually take a decision on their study progress. Through frequent planning of assessment stages and the use of different formats for assessment, students are encouraged to develop their competencies in an effective manner and to start – and keep – working with the study material. The following principles underlie the assessment programme:

- focus on the development of knowledge and competencies
- provide much information from multiple sources
- regularly provide students with feedback from lecturers and peers
- students regularly reflect on their own functioning.

3.2 Knowledge Development – assessment methods

The medical knowledge is assessed in:

¹ De toets doorstaan (Surviving the assessment): Assessment policy at the UG, revised edition policy document 2013

Year 1	Year 2
- Causes of Disease 1.1 (18 ECTS)	- Causes of Disease 2.1 (18 ECTS)
- Causes of Disease 1.2 (17 ECTS)	- Causes of Disease 2.2 (18 ECTS)
- Knowledge development 1 (4 ECTS)	- Knowledge development 2 (4 ECTS)

3.2.1 Assessment of Causes of Diseases 1 and 2 course units

The knowledge acquired from the Causes of Diseases course units is assessed by means of written examinations. Written examinations consist largely of cases, where an outline of the clinical picture will be provided. Linked to this, a series of questions will be asked in which the core subjects play a significant role.

The Causes of Diseases 1.1 course unit comprises the following themes:

- Development
- Endocrine regulation
- Blood and neoplasms
- Infection and the immune system 1
- Infection and the immune system 2

The Causes of Diseases 1.2 course unit comprises the following themes:

- Ischaemia
- Injury and trauma
- Degeneration
- Disease and health

The Causes of Diseases 2.1 course unit comprises the following themes:

- Systemic disease
- Shortness of breath
- Neoplasms 1
- Abdomen
- Neoplasms 2

The Causes of Diseases 2.2 course unit comprises the following themes:

- Hormone system
- Reproduction
- The ill child
- Growth and development
- Problems in the lesser pelvis

Assessment format:

- The knowledge acquired from the Causes of Diseases 1.1, 1.2, 2.1 and 2.2 course units is assessed in an examination taken at multiple assessment stages (3-5 weeks).
- The examination consists of open-book (OB) and closed-book (CB) questions, with a guideline of 10 OB and 10 CB questions for each week. Open book questions are preferably case-related questions.
- Specific knowledge of the core subjects, which was acquired during an earlier phase of the partial examination, will be assessed in a cumulative assessment system.
- For each week, a predetermined number of OB and CB questions are asked that are divided up among at most three examinations.

3.2.2 Assessment of Knowledge Development course units

Knowledge is also assessed by means of the Inter-University Progress Test. This test is independent of the curriculum and is taken at the same time at different medical faculties in the Netherlands. In addition to information about the knowledge development of individual students compared to their fellow students, this test provides information for the comparison of the knowledge level of various student cohorts in the different degree programmes.

The procedure for the assessment of the final result is decided by the national Inter-University Progress Test consultation and the Board of Examiners for Dentistry and Medicine. All participating degree programmes in Medicine use the same procedure.

Test format:

- The Inter-Faculty Progress Test (Progress Test) is taken four times a year.
- It is a multiple-choice test.
- The Progress Test's final result is assessed at the end of the academic year, based on the results obtained for all four Progress Tests.
- After every test taken, students receive an assessment of their knowledge level for the relevant Progress Test.
- Students reflect on the results of their Progress Tests in the coach meeting at the end of the academic year.

3.3 Competency Development – assessment methods

Assessment of competency development takes place within the LCs. Students work on their competency development through assignments and study activities and by participating and collaborating in workgroups. Various lecturers provide narrative feedback on the products, achievements, performances and functioning within the group of students. Clear criteria that are derived from the learning outcomes are being used for this.

The year coordinator ensures that the lecturers provide plenty of narrative feedback for each assessment of the competencies and that they are properly instructed beforehand about this mode of assessment. Students and/or assessors can also indicate, in specific cases, which competencies they would like to receive or give additional feedback on. This narrative feedback forms the input for the summative grade for the competency domains (more information can be found in Chapter 5 *Implementation regulations for the Competency Development assessment process*).

3.3.1 Assessment of the Competency Development 1.1, 1.2, 2.1 and 2.2

The summative final assessment of the course unit comprises:

- 1) summative assessment of the competency development based on summative grades for the competency domains.

The summative assessment takes into account the attendance at mandatory teaching activities² and whether the portfolio-related obligations have been met.

3.4 Tutor-led teaching

Tutor-led teaching is a mandatory practical for the Causes of Diseases course units. In tutor-led teaching, students are assessed on their functioning within a group. This assessment contributes to the final mark for the Competency Development course unit.

The tutor records any absences and the reason given for the absences and reports absences at set times to the Causes of Diseases examiner.

² Mandatory teaching activities include all small-scale teaching and the teaching that the student is enrolled in

3.5 Responsibility for the assessment policy

The programme leader is ultimately responsible for drawing up and correctly implementing the assessment policy. The programme leader draws up the assessment plan and the Teaching and Examination Regulations.

The Board of Examiners (ECTG) is appointed by the Faculty Board and one of its responsibilities is to ensure that the assessment plan is applied and implemented correctly. The examiners are appointed by the Board of Examiners based on their expertise and experience. The ECTG establishes guidelines and instructions that describe how the examiners must implement the assessment plan.

The following specific tasks are the responsibility of the Board of Examiners:

1. Formulate and decide the way in which examinations and assessments are designed and the manner in which the cut-off point is determined
2. Appoint the correct examiners for the various components of the assessment programme
3. Determine the method used to organize regular evaluation of the assessment methods
4. Evaluate the assessment plan in relation to the realized competencies of the degree programme
5. Supervision of the assessment methods used in relation to the established assessment plan

Every academic year, the ECTG evaluates the implementation of the assessment plan and chooses the points that need attention during the next academic year. The ECTG reports annually on the results of the implementation of the assessment plan in its annual report. If necessary, the Dean will adapt the assessment plan. This allows the ECTG to ensure good quality control of assessment that is based on the assessment plan.

4 Implementation regulations for the knowledge tests assessment process

4.1 Causes of Diseases– determining the learning outcomes

The learning outcomes of the various course units are defined by the relevant examiners. One of the two is the contact point for the ECTG.

4.2 Causes of Diseases – content of the written knowledge tests

The knowledge acquired from the Causes of Diseases course units from years 1 and 2 is assessed in a written examination that is taken in parts (assessment stages). The two course unit directors in the relevant semester are responsible for the content of the written examinations. Written examinations are produced according to the following general guidelines:

- The content of the questions reflects the study material well (representation)
- The content of the questions can be related to the learning outcomes (validity)
- The questions cannot be interpreted in more than one way, must contain enough information to answer the question and not lead to contradictory answers obtained from different sources (reliability)
- The examination consists of open-book and closed-book questions. The format is, in principle, multiple choice
- The distribution of the questions across the assessment stages takes place according to a predetermined cumulative system

The examiner composes the examination and submits the draft questions for the written examinations to the Examination Assessment Panel. This panel of experts comments on these draft questions and assesses whether they have been asked in an appropriate way and whether they are clear. Questions may be reformulated or rejected for a written examination if they are unclear or if they do not dovetail properly with the study material. The course unit's examiner will make the final decision about the definitive content of the examination.

4.3 Causes of Diseases – administration of the assessments

Participation in all partial assessments in a particular semester is mandatory. The examiner will inform the students clearly about the guidelines and instructions regarding the administration of the assessment. Students who have given notification of absence in good time by email to g2020-basic1@umcg.nl (year 1) and g2020-basic2@umcg.nl (year 2) and stated good reasons, such as illness or force majeure, may be eligible for participation in the replacement examination. The ECTG makes the decision regarding participation in the replacement examination, which is scheduled after the partial examination has finished. The grade for the replacement examination replaces the 'zero' result for the missed partial examination when calculating the final grade for the partial examination. Students who have missed more than one partial assessment for any partial examination are always referred to the resit. Students who do not send a notification of absence to the above email address, or send it too late, or who did not have a valid reason for their absence, as decided by the ECTG, are referred to the resit after the end of the academic year.

Missed partial assessments: The final mark for the Causes of Diseases course unit is calculated after the student has taken part in all partial assessments of the relevant semester. Students who have missed one partial assessment per semester for a valid reason are given the opportunity to catch up the missed partial assessment after the partial examination has finished and with permission of the ECTG (the procedure is described in the ECTG's Rules and Regulations (R&R) 2021-2022). The result of the replacement assessment is combined with the results from the other partial assessments and used to calculate the final mark for the course unit. Students who have missed more than one partial assessment are referred to the resits, which take place after the end of the academic year.

Catch-up moments for the partial assessments:

After the end of a semester (early February for semesters 1.1 and 2.1 and late June/early July for semesters 1.2 and 2.2), there is an opportunity to catch up with one partial assessment. For semester 1.1, there is an additional opportunity to catch up with or resit the partial assessments of partial examination A after the Christmas break.

4.4 Causes of Diseases– cut-off point for written examinations

When calculating the result of the written examination, a knowledge percentage of 60% and a cut-off point established by the Cohen method with P99 applies.

The Causes of Diseases 1.1 course unit is assessed with two partial examinations (1.1A and 1.1B) that are weighted 40% and 60%, respectively, in the final result. A total of 18 ECTS will be awarded if the final mark is a pass (a mark of ≥ 5.50), provided all other practical-related obligations have been met and all partial assessments were taken.

The Causes of Diseases 1.2 course unit is assessed with two partial examinations (1.2A and 1.2B) that are each weighted 50% in the final result. A total of 17 ECTS will be awarded if the final mark is a pass (a mark of ≥ 5.50), provided all other practical-related obligations have been met and all partial assessments were taken.

The Causes of Diseases 2.1 course unit is assessed with two partial examinations (2.1A and 2.1B) that are weighted 40% and 60%, respectively, in the final result. A total of 18 ECTS will be awarded if the final mark is a pass (a mark of ≥ 5.50), provided all other practical-related obligations have been met and all partial assessments were taken.

The Causes of Diseases 2.2 course unit is assessed with two partial examinations (2.2A and 2.2B) that are weighted 40% and 60%, respectively, in the final result. A total of 18 ECTS will be awarded if the final mark is a pass (a mark of ≥ 5.50), provided all other practical-related obligations have been met and all partial assessments were taken.

After each assessment stage, students will receive individual feedback about their performance in the last assessment and an overview of the combined achievement thus far. After completing a partial examination, a definitive grade will be provided within 10 working days. A summative assessment will take place at the end of the semester. The course unit's final result will be calculated based on the grades obtained for the two partial examinations when a result is available for all partial assessments.

4.5 Causes of Diseases – determining the final results of the assessments

The examiner for the relevant course unit informs the students of their assessment results. The results of the written examinations and the grades for the partial examinations will be determined within 10 working days of the day of the examination.

4.6 Causes of Diseases – follow-up-discussion and inspection of the assessments

Students have the opportunity to inspect their assessments. Every partial assessment is discussed afterwards with the Year Representatives (YR) in the presence of a producer (minute-taker). The examiner presents anything that may be unclear in the content to a lecturer with the relevant expertise. Decisions that are made in these meetings, including supporting arguments, will be made public by the examiner within 10 working days. The examiner and the Examination Assessment Panel will discuss the assessments with the lecturers (i.e. those who supplied the questions) at a later date. The results, and any potential decisions made by the examiner, will be discussed in this meeting.

4.7 Order of enrolment for assessments

During cumulative assessments, students continually have the opportunity to improve poor performances. In G2020, the principle of order of enrolment is used, which means that in cases where the final result for several course units is a fail, the first resit must be for the course unit that was taught first chronologically (this also applies to students in year 1 of G2020 with a lower Binding Study Advice (BSA) threshold). This system has been chosen because knowledge builds up gradually during the programme, which makes it necessary for the earliest of the previous course units to be passed first.

4.8 Causes of Diseases – resits

Students will be given the opportunity to take a resit for failed partial examinations after the end of the second semester, in July or August.

4.8.1 Resits for partial examinations 1.1A, 1.1.B, 1.2A and 1.2B

There is an additional resit for the partial examination 1.1A after the Christmas holidays for students in year 1 of the Bachelor's degree programme to remedy a poor start to their studies and to make it easier to meet the Binding Study Advice requirements. The same applies to the partial assessments of partial examination 1.1B in late January/early February.

There is also an additional opportunity to catch up with the partial assessments of the partial examination 1.2A in the second semester of year 1, in late April (after completing the care internship and the science internship, before the start of theme 8). The same applies to the partial assessments of partial examination 1.2B in late June.

In addition, there is an opportunity to take part in the regular resits for both semesters after the end of the academic year. Students are then able to resit a partial examination or the entire semester.

4.8.2 Resits of the Progress Test

The Progress Test is taken four times a year and every Progress Test represents a resit opportunity for Progress Tests that were previously failed. Students must demonstrate sufficient knowledge growth. At the end of the academic year, and based on a combination of the results for the Progress Tests, the decision is taken as to whether the Knowledge Development course unit is awarded a pass or not. Students will not be prevented from progressing to the next year of their studies if they fail a

Progress Test, provided they have earned sufficient ECTS credits. Every Progress Test in the next year of their studies offers the students further opportunities to satisfy the criteria of the Knowledge Development course unit from the previous year.

4.9 Assessment procedures for the Progress Test

The Progress Test is developed nationally. The procedures for the administration of the Progress Test, announcement of the results and resits are publicized via the website.

5 Implementation regulations for the Competency Development assessment process

5.1 Competency Development – determining the learning outcomes

The learning outcomes are derived from the subcompetencies, which in turn are based on the competencies outlined for the G2020 Bachelor's degree programme. The competencies for the Bachelor's degree programme are determined by the programme leader.

5.2 Competency Development – content of the summative assessment

Students receive narrative feedback on products, achievements, performances and functioning within the group through a feedback form. This feedback is provided by the lecturer (trainer, coach, scientific supervisor, tutor). Attendance and participation are included in the assessment of functioning within a group. At set times, the lecturer awards a grade for the competency domains that were addressed in the relevant teaching. The assessment of the competency domain includes previously provided feedback. Tables 1a and 1b outline the number of assessments in year 1. Tables 2a and 2b show the assessments in year 2.

Table 1a Assessments in semester 1.1

Pathways in semester 1.1	Assessments
Professional Development pathway	Summative grades for the competency domains that apply to assignment 1 The good doctor Summative grades for the competency domains that apply to the Professional Development 1.1 pathway
Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication training Summative grades for the competency domains that apply to the functioning within the training group
Healthy Ageing pathway	Summative grades for the competency domains that apply to assignment 2 Healthy ageing and the doctor's role Summative grades for the competency domains that apply to the functioning within the workgroup
Scientific Training pathway	Summative grades for the competency domains that apply to the Evidence-based medicine assignment
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Table 1b Assessments in semester 1.2

Pathways in semester 1.2	Assessments
Professional Development pathway	Summative grades for the competency domains that apply to the Professional Development 1.2 pathway Summative grades for the competency domains that apply to the care clerkship
Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication training Summative grades for the competency domains that apply to the functioning within the training group
Healthy Ageing pathway	Summative grades for the competency domains that apply to assignment 3 Vulnerable groups Summative grades for the competency domains that apply to assignment 4 Pain Summative grades for the competency domains that apply to the functioning within the workgroup
Scientific Training pathway	Summative grades for the competency domains that apply to the scientific clerkship Summative grades for the competency domains that apply to the functioning within the workgroup during the scientific clerkship
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Table 2a Assessments in semester 2.1

Pathways in semester 2.1	Assessments
Professional Development pathway	Summative grades for the competency domains that apply to the Professional Development 2.1 pathway and a pass for the Profile education
Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication training Summative grades for the competency domains that apply to the functioning within the training group

G2020 assessment plan for the academic year 2021-2022 year 1

Healthy Ageing/Scientific Training pathways	Summative grades for the competency domains that apply to assignment 5 Summative grades for the competency domains that apply to assignment 6 Summative grades for the competency domains that apply to the functioning within the workgroup
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Table 2b Assessments in semester 2.2

Pathways in semester 2.2	Assessments
Professional Development pathway	Summative grades for the competency domains that apply to the Professional Development 2.2 pathway and a pass for the Profile education
Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication training Summative grades for the competency domains that apply to the functioning within the training group
Healthy Ageing/Scientific Training pathways	Summative grades for the competency domains that apply to assignment 7 Summative grades for the competency domains that apply to assignment 8 Summative grades for the competency domains that apply to the functioning within the workgroup
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Profile education

Profile education are part of the competency teaching and are covered by the Professional Development pathway. This means that assessment of these is part of the Professional Development assessment. The student have to pass the assignment of test associated with the chosen project. Mandatory attendance at components of Causes of Disease or Competency Development take priority over participation in Profile education.

Determining the final mark for the Competency Development course unit

The summative final assessments of the Competency Development course units in year 1 and year 2 are based on summative grades awarded for the competency domains by various lecturers. The grades awarded for the competency domains are included in a dashboard (Table 3).

Table 3 Dashboard example

Competency domains ³	MED	COM	COL	LEA	SCI	MAS	PROF
Professional Development pathway	a	a		a	a	a	a
Healthy Ageing pathway	a	a	a		a	a	
Scientific Training pathway	a	a		a			a
Medical Communication pathway		a	a	a			
Tutor			a	a			a
Mean per competency domain	B	B	B	B	B	B	B
Final mark for Competency Development	C						

5.3 Competency Development – calculating the final mark

To arrive at the final mark for Competency Development (C):

- The mean grade for a competency domain is calculated by dividing the sum of the grades (a) for that domain by the number of measurements (e.g. MED (a+a+a) ÷ 3 = B)
- The sum of the mean grades for the competency domains is subsequently divided by the number of competency domains (B+B+B+B+B+B+B) ÷ 7 = C

In addition, the examiner determines whether the student meets the requirements for the cut-off point:

- All competency domains ≥ 5.5
- No more than 1x a ≤5.0 in one domain
- No more than 2x a ≤5.0 in all summative assessments
- Final mark for the course unit ≥ 5.5

Students with unsatisfactory results are discussed at a meeting of the Appraisal Committee for Competency Development behind closed doors (known as a 'Report Meeting') at the end of the semester. This is attended by the year coordinators, the examiners and the Programme Director and an independent person. Each year coordinator will present an overview of the final assessments of the students in their year. Cases of doubt and individual cases that require attention will also be discussed. Students for whom the recommended final mark is a fail (O), but whom the examiner is considering giving a pass mark, will be discussed in any case.

Statistics assessment year 1

Cohort 20-21: The statistics assessment is a pass if ≥ 5.5. Passing the statistics assessment is a requirement for starting the Bachelor's project in year 3.

Cohort 21-22:

The assessment comprises:

- Meeting the requirement of mandatory attendance at practicals
- Two partial assessments: at the end of semester 1.1 and after the science internship 1.2

³ MED= Medical expertise

COM= Communication

COL= Collaboration

LEA= Leadership

SCI= Scientific practice

MAS= Management in social context

PROF= Professionalism

- The final grade for the two partial assessments must be ≥ 5.5
- The final mark must be a pass before the start of year 3

5.4 Progress interview

Students have a progress interview with their coach halfway through semester 1.1. Students prepare for this interview by completing a reflection assignment in which they describe their development. To do so, they use the feedback received thus far, the obtained results and the development within other components of the degree programme.

The coach studies the feedback provided and the results of the other course units and discusses these with the students.

If the coach deems a student's development unsatisfactory, they will make this clear and discuss this with the student. In that case, the coach agrees with the student that an action plan must be drawn up. This plan will be recorded in Scorion.

5.5 Final interview

In the final interview at the conclusion of the semester, the coach discusses the development with the student. As for the progress interview, the student prepares for this interview by completing a reflection assignment. The coach and the student study and discuss the student's grades, the feedback and the student's reflection. Any failed grades will be discussed in more detail to clarify the causes and reasons for the failed grades.

5.6 Assessment recommendation

The coach provides an assessment recommendation to the examiner for all students in the form of 'nothing unusual' or 'discuss in the assessment committee'. In the latter case, the coach will provide an explanation to the examiner as to why this recommendation was given.

5.7 Determining the final mark

The examiner judges whether the student meets the cut-off point requirements and assesses the results from the plagiarism scanner. If there is nothing unusual, the examiner validates the mean final mark (based on the summative grades from the dashboard).

A student is discussed in the assessment committee if:

1. the student does not meet the cut-off point for a pass
2. the student's profile is very disharmonic (even if the final mark is a pass)
3. a ≤ 5.0 was obtained for a domain for which there was only one grade
4. the student was presented by the coach
5. there are other notable issues concerning the student.

When determining the final mark, the following aspects are taken into account:

- Did the student follow all practicals and small skill education meetings?
- Did the student keep to the deadlines (e.g. handing assignments, closing the Scorion portfolio) ?

The examiner may deviate from the generated final mark if this is discussed in the assessment committee. The examiner rounds the mark to a whole number (round up if ≥ 0.50).

Hardship clause: If students are unable to meet the requirements of the assignments and submission dates due to illness, death or other personal circumstances, they can write to the examiner to request a personal plan.

5.8 Resit

Students with a fail grade and/or to whom one of the above other situations applies will be discussed in a meeting of the Appraisal Committee for Competency Development (known as a 'Report Meeting'). This meeting is attended by the Competency Development examiners, the year coordinators and a member who is not involved in the Bachelor's degree programme teaching of the relevant year. This committee decides on the resits.

The type of resit is discussed in the assessment meeting and validated by the examiner. There are several resit options:

1. A limited resit: this must be completed within two weeks
2. A extensive resit in the next semester: the student will receive learning outcomes and assignments (set out in an action plan) and work on these in the next semester (in addition to all learning outcomes and assignments that are part of that semester). The examiner determines the time period within which the assignments must be submitted. The examiner determines whether the student has passed the course unit.
3. If the number of no-shows and fail grades is so large that it is impossible to take the resit in the next semester, the resit will be scheduled in the next academic year.

The new final mark for the resit of the course unit can be at most a 6.

The examiner informs the student of the result during a meeting. The examiner may also opt for a triad meeting if there are other issues or if the resit is more complicated.

The examiner writes an assessment report and forwards this to the Board of Examiners.

5.9 Remediation

If necessary, the examiner will refer students who, despite the support outlined above, still show unsatisfactory development towards the expected level of competency to the Students Remedying Committee (Studenten Remediering Commissie, SRC).