

**G2020**

**Assessment plan for the academic year 2022-2023**

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

**Part A  
years 1, 2, and 3**

**Part B  
Premaster**

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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. This assessment plan comprises the curriculum's assessment procedures and the course units for the Bachelor's degree programme (BSc) for years 1-3 and for the pre-master in the academic year 2022-2023. In addition, this plan contains the learning outcomes of the Bachelor's degree programme. The assessment plan was drawn up 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. For the 2022-2023 academic year, this means that the new competency teaching is now also implemented in the third year. In this assessment plan, part A concerns the entire Bachelor's degree programme in Medicine and part B the premaster's degree programme in Medicine.

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 xxxx.**

A.M.D.N. van Lammeren  
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 Undergraduate Medical Education in the Netherlands (Framework).

The graduating physicians' 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, in accordance with the 2020 Framework, the following competency domains are used:

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 in which students feel connected and learn from each other, and which aims to have its own team of lecturers and a specific content-related profile for the competency training. In the academic year 2022-2023, there are the following LCs in years 1 and 2: Global Health (GH), Sustainable Care (SC), Intramural Care (IC), and Innovative Healthcare (IH). In academic year 2022-2023, year 3 has the LC Molecular Medicine in addition to the first three LCs.

### 1.3 Knowledge development — learning outcomes for the Bachelor's degree programme

The Framework Plan describes the knowledge aspects and the issues surrounding health and disease. These chapters provide the basis for the design of the Causes of Disease course units. In these 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 for the Bachelor's degree programme

The Framework describes the competencies of the graduate doctor at two levels, namely at the Bachelor's level and at the Master's level. The objective of the Competency Development course units is to acquire competencies at Bachelor's degree level. Where applicable, the knowledge aspects from the Framework are integrated into competency teaching.

<b>1. MEDICAL EXPERTISE (MED)</b>	
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:	
MED 1	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
MED 2	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 (in Causes of Disease) 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
MED 3	Determine which tests can be used for diagnosis, prevention, and/or treatment of simple problems in a simulated professional setting or a simple practical setting 3.1 Apply basic first aid, including resuscitation 3.2 In a simulated professional setting or a simple practical setting, draw up a draft plan for the treatment of simple health issues or 3.3 a procedure for simple health issues
MED 4	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 healthcare (in Causes of Disease) 4.3 Reflect on their own practice and request feedback on it 4.4 Collaborate effectively
<b>2. COMMUNICATION (COM)</b>	
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:	
COM 1	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

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	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)
COM 2	Collect and analyse relevant biopsychosocial information about a medical issue in a simulated professional 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
COM 3	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
COM 4	Document medical information in an adequate manner in a simulated professional setting or a simple practical setting
<b>3. COLLABORATION (COL)</b>	
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> Upon graduation, Bachelor's students are able to:	
COL 1	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 with patients that do justice to the patients' preferences, goals, and values in a simulated professional setting or a simple practical setting and under supervision
COL 2	Maintain good relationships by understanding each other and solving any disagreements and conflicts in a teaching situation and in a simulated professional setting or a simple practical setting 2.1 Interact with others in a respectful manner 2.2 Ask for help to develop good collaboration skills
COL 3	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
<b>4. LEADERSHIP (LEA)</b>	
The physician acts based on a vision of 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> Upon graduation, Bachelor's students are able to:	
LEA 1	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
LEA 2	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
LEA 3	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
<b>5. MANAGEMENT IN SOCIAL CONTEXT (MAS)</b>	
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> Upon graduation, Bachelor's students are able to:	
MAS 1	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
MAS 2	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

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	2.2 Recognize high-risk populations
MAS 3	Form an opinion in a teaching situation in which societal themes are being discussed
<p><b>6. SCIENTIFIC PRACTICE (SCI)</b></p> <p>In their role as an academic, the physician 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.</p>	
<p><i>Bachelor</i></p> <p><i>Upon graduation, Bachelor's students are able to:</i></p>	
SCI 1	<p>Convey acquired knowledge and skills to colleagues</p> <p>1.1 Contribute to a safe learning environment</p> <p>1.2 Take care of a simple learning activity</p> <p>1.3 Provide feedback in a safe manner</p> <p>1.4 Constructively evaluate teaching activities to improve teaching</p>
SCI 2	<p>Apply the best available evidence in a simulated professional setting or a simple practical setting</p> <p>2.1 Acknowledge that there may be clinical uncertainty</p> <p>2.2 Find, select, and correctly apply adequate protocols and guidelines in a simulated professional setting</p> <p>2.3 Critically analyse research data and research literature</p>
SCI 3	<p>Participate in medical scientific research under supervision</p> <p>3.1 Formulate a good problem definition under supervision and select an appropriate method to answer a hypothesis</p> <p>3.2 Recognize the ethical principles for research</p> <p>3.3 Contribute to current scientific research under supervision</p> <p>3.3.1 Conduct and analyse a sub-study under supervision</p> <p>3.3.2 Write a report about this and present this to professionals</p>
<p><b>7. PROFESSIONALISM (PROF)</b></p> <p>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.</p>	
<p><i>Bachelor</i></p> <p><i>Upon graduation, Bachelor's students are able to:</i></p>	
PROF 1	<p>Continue to self-develop by adopting a learner's attitude</p> <p>1.1 Draw up learning outcomes and act accordingly</p> <p>1.2 Regularly request feedback and reflect on their own practice</p> <p>1.3 Actively commit to good collaboration within teams</p>
PROF 2	<p>Act in accordance with the ethical values and standards of the medical profession in their contacts with patients and colleagues</p> <p>2.1 Act in an appropriate professional manner</p> <p>2.2 Handle medical information confidentially</p>
PROF 3	<p>Comply with the legal frameworks and required professional responsibilities in a simulated professional setting or a simple practical setting and, in doing so,</p> <p>3.1 Practise under supervision</p> <p>3.2 Recognize and acknowledge unprofessional conduct and discuss this with the supervisor</p> <p>3.3 Be involved in peer mentoring under supervision</p>
PROF 4	<p>Look after their own health and wellbeing in light of the challenges associated with their studies and future professional practice</p> <p>4.1 Reflect on their own wellbeing</p> <p>4.2 Adopt a learner's attitude concerning taking good care of themselves</p> <p>4.3 Guard their study-life balance</p>

## 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 Disease course units
- Knowledge Development course units
- Competency Development course units

The first year of G2020 comprises five course units:

- Causes of Disease 1.1 (18 ECTS)
- Causes of Disease 1.2 (17 ECTS)
- Competency Development LC 1.1 (10 ECTS)
- Competency Development LC 1.2 (11 ECTS)
- Knowledge Development B1 (4 ECTS)

(See Figure 2)

The second year of G2020 comprises five course units:

- Causes of Disease 2.1 (18 ECTS)
- Causes of Disease 2.2 (18 ECTS)
- Competency Development LC 2.1, including Profile Projects (10 ECTS)
- Competency Development LC 2.2, including Profile Projects (10 ECTS)
- Knowledge Development B2 (4 ECTS)

(See Figure 2)

The third year of G2020 comprises five course units:

- Causes of Disease 3.1 (18 ECTS)
- Causes of Disease 3.2 (8 ECTS)
- Competency Development LC 3.1 (10 ECTS)
- Competency Development LC 3.2 (20 ECTS)
- Knowledge Development B3 (4 ECTS)

(See Figure 2)

Figure 2: Course units and distribution of ECTS credit points over years 1, 2, and 3

<b>Semester 1.1</b>		<b>Semester 1.2</b>	
Causes of Disease 1.1 (18 ECTS)		Causes of Disease 1.2 (17 ECTS)	
Competency Development LC 1.1 (10 ECTS)		Competency Development LC 1.2 (11 ECTS) including care clerkship and science clerkship	
Knowledge Development B1 (4 ECTS)			
<b>Semester 2.1</b>		<b>Semester 2.2</b>	
Causes of Disease 2.1 (18 ECTS)		Causes of Disease 2.2 (18 ECTS)	
Competency Development LC 2.1 (10 ECTS) including Profile Projects		Competency Development LC 2.2 (10 ECTS) including Profile Projects	
Knowledge development B2 (4 ECTS)			
<b>Semester 3.1</b>		<b>Semester 3.2</b>	
Causes of Disease 3.1 (18 ECTS)		Causes of Disease 3.2 (8 ECTS)	Competency Development LC 3.2 (20 ECTS)
Competency Development LC 3.1 (10 ECTS)			
Knowledge Development B3 (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 as well as clinical subjects. Scheduling the knowledge explicitly in the Causes of Disease course units enables students to recognize it. Each week, the focus in the Causes of Disease course unit is on one particular health problem.

Problems are clustered into themes, which take on average four weeks, to prevent fragmentation and to provide structure to students. Lecturers and examiners agree between themselves on the structure of the teaching pathways into themes and semesters 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 link logically to the study material for 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 pathway.

### **2.2 Knowledge Development course units**

In the Knowledge Development course units, knowledge development is assessed by means of the Inter-University Progress Test. This test is compiled together with other participating faculties and is also an 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 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 digital portfolio.

The Competency Development 3.2 course unit has a special status. This is the final piece of the Bachelor's degree programme. In this course unit, students compile a Bachelor's portfolio.

### 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 programme<sup>1</sup>, in combination with recent insights on and experience with longitudinal assessment. The vision for 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:

- focussing both on the development of knowledge and on competencies
- combining information from multiple sources
- regularly providing students with feedback from lecturers and peers
- encouraging students to reflect on their own performance.

#### 3.2 Knowledge Development — assessment methods

The medical knowledge is assessed in:

Year 1	Year 2	Year 3
Causes of Disease 1.1 (18 ECTS) Causes of Disease 1.2 (17 ECTS) Knowledge Development B1 (4 ECTS)	Causes of Disease 2.1 (18 ECTS) Causes of Disease 2.2 (18 ECTS) Knowledge Development B2 (4 ECTS)	Causes of Disease 3.1 (18 ECTS) Causes of Disease 3.2 (8 ECTS) Knowledge Development year B3 (4 EC)

##### 3.2.1 Assessment of Causes of Disease course units

The knowledge acquired from the Causes of Disease 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 Disease 1.1 course unit comprises the following themes:

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

<sup>1</sup> ‘UG Assessment Policy 2021-2026’

- Infection and the immune system 2

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

- Ischaemia
- Injury
- Degeneration
- Disease and health

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

- Systemic disease
- Shortness of breath
- Neoplasms 1
- Abdomen/digestive tract
- Neoplasms 2

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

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

The Causes of Disease 3.1 course unit comprises the following themes:

- Nervous system 1 and the senses
- Nervous system 2
- Nervous system 3
- Psychiatry 1
- Psychiatry 2

The Causes of Disease 3.2 course unit comprises the following themes:

- Acute medicine 1
- Acute medicine 2

*Assessment format:*

- The knowledge acquired from the Causes of Disease course units is assessed in an examination taken at multiple assessment stages (every 3-5 weeks).
- The examination consists of open-book (OB) and closed-book (CB) questions, with a guideline of 7-10 OB and 7-10 CB questions for each week. Open book questions are preferably case-related questions.
- For each week, a pre-determined number of OB and CB questions are asked.

### **3.2.2 Assessment of Knowledge Development course units**

The knowledge acquired from the Knowledge Development course units is assessed by means of the Inter-University Progress Test. This test is independent of the curriculum and is taken simultaneously at several 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-University 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 study activities, working on assignments, 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 used for this.

The year coordinator ensures that the lecturers provide plenty of narrative feedback for each assessment 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*).

The Competency Development 3.2 course unit has a separate status because of the Bachelor's project and has an assessment system that deviates from that of the other Competency Development course units. The assessment method of the Bachelor's project is described in section 3.3.1B.

#### 3.3.1 Assessment of the Competency Development course units

Competency Development is assessed in:

Year 1	Year 2	Year 3
Competency Development 1.1 (10 EC) Competency Development 1.2 (11 EC)	Competency Development 2.1 (10 EC) Competency Development 2.2 (10 EC)	Competency Development 3.1 (10 EC) Competency Development 3.2 (20 EC)

#### 3.3.1A Assessment of the Competency Development course units 1.1 to 3.1

The summative final assessment of the course unit comprises:

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

All summative grades for the competency domains are collected in the Bachelor's portfolio. The summative assessment considers attendance at mandatory teaching activities<sup>2</sup> and/or whether the portfolio obligations have been met. If the portfolio is incomplete after a pre-determined and communicated date, a fail grade for the relevant Competency Development course unit will follow, unless the examiner decides otherwise.

#### 3.3.1B Assessment of the Competency Development 3.2 course unit

The summative assessment of the course unit is based on:

- having fulfilled the obligations

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

- sufficient assessment of the products listed in Table 3b Assessments in semester 3.2 (Section 5.2)
- summative grades awarded for the different parts of the Bachelor's portfolio, being the joint thesis part, the individual thesis part, the product, the pitch, the performance in the Bachelor's project team, and the SWOT interview

If the portfolio is still incomplete after a pre-determined and communicated date, a fail grade for the relevant Competency Development course unit will follow, unless the examiner decides otherwise.

### **3.4 Tutor-led teaching**

Tutor-led teaching is a mandatory practical for the Causes of Disease course units. In tutor-led teaching, students are assessed on the basis of three competency domains (Professionalism, Collaboration, and Leadership). 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 Disease examiner.

### **3.5 Responsibility for the assessment policy**

The programme leader is ultimately responsible for implementing the assessment policy. To this end, the programme leader draws up the assessment plan and other documentation. 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. The programme leader will adapt the assessment plan if necessary. 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 Disease – determining the learning outcomes

The learning outcomes of the various course units are defined by the relevant examiners. If a course unit has several examiners, a clear agreement is made about one of them being the point of contact for the ECTG.

##### 4.2 Study material

In order to achieve these learning objectives, study material is indicated. In addition to textbooks, this study material can also comprise other sources, such as the content of e-learning modules.

##### 4.3 Causes of Disease – content of the written knowledge tests

The knowledge acquired from the Causes of Disease course units is assessed in a written examination that is taken in parts (partial assessment). The two course 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 multiple choice.

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.

##### 4.4 Causes of Disease – administration of the assessments

Participation in all partial assessments in a particular semester is mandatory. The examiner will clearly inform the students 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](mailto:g2020-basic1@umcg.nl) (year 1), [g2020-basic2@umcg.nl](mailto:g2020-basic2@umcg.nl) (year 2), and [g2020-basic3@umcg.nl](mailto:g2020-basic3@umcg.nl) (year 3) and who stated good reasons, such as illness or force majeure, may be eligible for participation in the replacement examination. The ECTG decides on participation in the replacement examination. 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 who send it too late, or who did not have a valid reason for their absence are, at the ECTG's discretion, referred to the resit after the end of the academic year.

##### *Missed partial assessments:*

The final mark for the Causes of Disease 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 with the missed partial assessment after the semester has finished and with permission from the ECTG (the procedure is described in the ECTG's Rules and Instructions (R&I) 2022-2023). 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, 2.1, and 3.1, late June/early July for semesters 1.2 and 2.2, and April for semester 3.2), there is an opportunity to catch up with one partial assessment. For semester 1.1, there is an additional opportunity to catch up with the partial assessments or take a resit of partial examination A after Christmas.

#### **4.5 Cause of Disease – 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 Disease 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  $\geq 5.50$ ), provided all practical-related obligations have been met and all partial assessments were taken.

The Causes of Disease 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  $\geq 5.50$ ), provided all practical-related obligations have been met and all partial assessments were taken.

The Causes of Disease 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  $\geq 5.50$ ), provided all practical-related obligations have been met and all partial assessments were taken.

The Causes of Disease 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  $\geq 5.50$ ), provided all practical-related obligations have been met and all partial assessments were taken.

The Causes of Disease 3.1 course unit is assessed with two partial examinations (3.2A en 3.2B) 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  $\geq 5.50$ ), provided all practical-related obligations have been met and all partial assessments were taken.

The course unit Causes of Disease 3.2 is assessed with one examination and consists of two partial assessments. A total of 8 ECTS will be awarded if the final mark is a pass (a mark of  $\geq 5.50$ ), provided all partial assessments were taken.

After each assessment stage, students will receive individual feedback about their performance at 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.

#### **4.6 Causes of Disease – 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.

#### **4.7 Causes of Disease – postmortem discussion and inspection of the assessments**

Every partial assessment is discussed afterwards with the Year Platform (YP) 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.

#### **4.8 Order of enrolment for assessments**

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.

#### **4.9 Causes of Disease – 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.

##### **4.9.1 Resits of partial examinations 1.1A, 1.1.B, 1.2A, 1.2B, 3.1A, 3.1B, and 3.2**

The resits of the partial examinations are planned in July and August. 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 catch-up moment at the end of the semester (late January/early February) can also be used as a resit for partial examination 1.1B.

Below is an overview of how the catching up (Section 4.3) and resit moments are combined:

Causes of Disease semester 1.1

Replacement examination 1.1.1/1.1.2 / resit 1.1A after Christmas

Replacement examination 1.1.3 / 1.1.4 / 1.1.5 / resit 1.1B after the end of the semester

Resit 1.1 / 1.1A / 1.1B summer period

Causes of Disease semester 1.2

Replacement examination 1.2.1 / 1.2.2 after care and science clerkship (before the start of theme 8)

Replacement examination 1.2.3 / 1.2.4 after the end of the semester

Resit 1.2 / 1.2A / 1.2B summer period

Causes of Disease semester 2.1

Replacement examination 1 test at the end of the semester

Resit 2.1 / 2.1A / 2.1B summer period

Causes of Disease semester 2.2

Replacement examination 1 test after the end of the semester

Resit 2.2 / 2.2A / 2.2B summer period

Causes of Disease semester 3.1

Replacement examination 1 test after the end of the semester

Resit 3.1 / 3.1A / 3.1B summer period

Causes of Disease semester 3.2

Replacement examination 1 test in April/May, after completion of Causes of Disease

Resit 3.2 in the summer period

#### 4.10 Knowledge Development — assessment procedures

The Progress Tests are developed nationally. The procedures for the administration of the Progress Test, announcement of the results, and resits are publicized via the website. 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 or is not awarded a pass. Students will not be prevented from progressing to the next year of their studies if they fail the 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.

##### A. Rules for expressing individual score Knowledge Development

1. Each Knowledge Development examination comprises at least four Progress Tests. The examination consists of the combined four most recent tests. For each assessment moment, cut-off points are set for the fail/pass threshold and for the pass/good threshold. Based on these cut-off points, it is determined what level of knowledge a student has achieved.
2. For each Progress Test taken, the student receives the achieved test score in percentages via Nestor. The student can look up the corresponding level of knowledge via an accompanying cut-off table.
3. When the student's score is *below* the limit for a Pass for the level of knowledge in which the student is classified, the score is expressed with a Pass for the highest level of knowledge for which the score obtained gives a Pass.
4. When the student's score is *at least at* the limit for a Pass for the level of knowledge in which the student is classified, the score is expressed with a Pass for the highest level of knowledge for which the score obtained gives a Pass.
5. When the student's score is *at least at* the limit for a Good for the level of knowledge in which the student is classified, the score is expressed with a Good for the highest level of knowledge for which the score obtained gives a Good.
6. If the score is below the cut-off mark for knowledge level 1, the student will receive a Fail at knowledge level 1.
7. In the event of absence during a Progress Test or participation without a valid registration as a student at the University of Groningen, the student will not be awarded a score.
8. The score calculation for individual progress tests takes place exclusively on the basis of the nationally determined cut-off points for the Dutch-language Progress Test.

##### B. Rules for demonstrating consistency

1. If a pass score has been obtained at least once for the fourth (highest) knowledge level of the relevant Knowledge Development examination, the student must demonstrate consistency by getting a pass on the last Progress Test in the series of three or four on at least the second (second highest) knowledge level of the relevant series of Knowledge

Development, unless the fourth (highest) knowledge level of the relevant Knowledge Development examination has been achieved during the last test in a series.

**C. Attendance requirements**

1. For each Knowledge Development examination, the student is required to have attended at least four Progress Tests.
2. If a student misses a Progress Test, the result that the student achieves in the next Progress Test is also registered as the result for the missed Progress Test, provided the student had a valid registration at the time. This form of double counting is possible once per Knowledge Development examination.
3. In the event of special personal circumstances and/or unacceptable study delay, the ECTG can decide on a tailor-made solution at the student's request.

**D. Application of Combination Tables**

1. The result for a Knowledge Development examination (the combination of four Progress Tests) is expressed in words: Good (G), Pass (P), or Fail (F).
2. A Pass or Good result for a Knowledge Development examination will not be registered until the attendance requirement for the Knowledge Development examination in question has been met. No examination result will be determined if the attendance requirement is not met. If the requirements for demonstrating consistency are not met, a Fail (F) will be registered as the examination result.
3. The result for the Knowledge Development B1 examination is calculated based on the scores for the three most recently completed Progress Tests.
4. Examination results for the Knowledge Development B2 and Knowledge Development B3 examinations are calculated based on the scores of the *four* most recently completed Progress Tests.
5. The combination tables KPB1, KPB2, and KPB3 form the yardstick for calculating the examination result for the Knowledge Development B1, Knowledge Development B2, and Knowledge Development B3 examinations, respectively.
6. Scores obtained in the Bachelor's degree programme do not count towards the Knowledge Development examinations in the Master's degree programme.

**E. Resits and double counting**

1. When rules E2 to E4 are applied, the examination result obtained is considered to be obtained in a resit.
2. If the attendance requirement has been met, but a pass has not been obtained for the Knowledge Development B1 examination, the lowest score obtained is removed from the score series of the four most recently taken Progress Tests and the examination result is re-calculated based on the scores for the three remaining Progress Tests.
3. If the attendance requirement has been met, but a pass has not been obtained, the next Progress Test will be considered a resit option for the Knowledge Development B1, B2, and/or B3 examinations. The examination result is then re-calculated based on the four most recently obtained scores after the resit for the Knowledge Development B2 and B3 examinations and based on the three most recently obtained scores after the resit for the Knowledge Development B1 examination.
4. The score for the last Progress Test with which the resit has been successfully completed also counts for the first assessment stage of the next Knowledge Development examination in the Bachelor's degree programme in Medicine.
5. If the attendance requirement for the relevant Knowledge Development examination is not met, double counting, as referred to under E4, cannot be applied.

#### F. Legal protection KPB 2021-2022

1. The Knowledge Development examiner decides on the application of this protocol in individual cases, using this protocol as a guideline. The Board of Examiners decides on all requests to deviate from the rules and standards in this protocol. The Progress Test coordinator advises the examiner and the Board of Examiners on this matter.
2. An administrative appeal can be lodged against a decision by the examiner or the Board of Examiners with the Board of Appeal for Examinations (CBE). For all information about an appeal and how to start one, please see [www.rug.nl/clrs](http://www.rug.nl/clrs).

#### G. Applicable Combination Tables

1. Combination table Knowledge Development B1 (KPB1)
2. Combination table Knowledge Development B2 (KPB2)
3. Combination table Knowledge Development B3 (KPB3)

#### Combination table KPB3 Combination scores      Final assessment Progress Tests KPB3

- |  |                 |
|--|-----------------|
| <ul style="list-style-type: none"><li>• Present four times</li></ul>   | <b>Good (G)</b> |
| <ul style="list-style-type: none"><li>• In the last three tests, a Good at knowledge level 12 at least once</li><li>• The score on the last test(s) in the series is at least a Good at knowledge level 10</li></ul> |                 |
| <ul style="list-style-type: none"><li>• Present four times</li></ul>   | <b>Pass (P)</b> |
| <ul style="list-style-type: none"><li>• A Pass at knowledge level 12 at least once</li><li>• The score on the last test in the series is at least a Pass at knowledge level 10</li></ul>                             |                 |
| <ul style="list-style-type: none"><li>• All other combinations of scores</li></ul>   | <b>Fail (F)</b> |

### 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, presentations, performances, and functioning within the group through a feedback form. This feedback is provided by the lecturer (trainer, coach, science supervisor, tutor). Attendance and participation are included in the assessment of functioning within a group. This also applies to participation in the personal development workshops. At set times, the lecturer awards a summative grade for the competency domains that were addressed in the relevant teaching. The assessment of the competency domain includes previously provided feedback. In the Competency Development 3.2 course unit, the summative assessment is designed differently for certain components. If this is the case, this is stated separately.

## G2020 assessment plan for the academic year 2022-2023 B1-3 & Pre-master

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 pathway 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 Summative grade for the statistics test
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 pathway 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 science clerkship Summative grades for the competency domains that apply to the functioning within the workgroup during the science clerkship Summative grade for the statistics test
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 and Healthy Ageing 2.1 pathways and a pass for the Profile Projects
Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication pathway 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 5 Nutrition and lifestyle Summative grades for the competency domains that apply to assignment 6 Quality of life
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 and Healthy Ageing 2.2 pathways and a pass for the Profile Projects

Medical Communication pathway	Summative grades for the competency domains that apply to the Medical Communication pathway 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 Healthy reproductive healthcare Summative grades for the competency domains that apply to assignment 8 The first 1,000 days
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Table 3a Assessments in Semester 3.1

Pathways in Semester 3.1	Assessments
Professional Development pathway	Summative grades for the competency domains that apply to the functioning within the workgroup
Medical Communication pathway	Summative evaluation (pass/fail) of the competency domains that apply to the Medical Communication pathway 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 9 Citizen science Summative grades for the competency domains that apply to assignment 10 Autism and the role of family
Scientific Training pathway Phase 1 Bachelor's project	Pass/fail Research proposal
Tutor group	Summative grades for the competency domains that apply to the functioning within the tutor group

Table 3b Assessments in semester 3.2

Pathways in Semester 3.2	Assessments
Professional Development pathway	Pass/Fail Collaboration assignment Pass/Fail Interview with a leader Summative grade SWOT interview Pass/Fail Moral deliberation
Scientific Training pathway Phase 2 Bachelor's project	Summative grade Thesis joint part Summative grade Thesis individual part Summative grade Product Summative grade Pitch Summative grade Functioning within the Bachelor's project team

## Year 2 Profile Projects

Profile Projects are part of the Professional Development pathway. This means that assessment of these is part of the Professional Development assessment. The student must pass the assessment that is associated with the chosen project.

## Personal development workshops

The small-scale personal development workshops are part of the Professional Development learning pathway. The five semesters 1.1 to 3.1 all include such a workshop. Participation is mandatory. Should the student, nevertheless, not have participated in the workshop, this omission will be included in the assessment by the coach in the summative grade for the Professionalism competency domain.

## Year 1 statistics assessments

A statistics test is part of the Scientific Training pathway that is associated with the Scientific Practice competency domain and is taken in both semesters of year 1. Students receive a summative grade for this test. This grade is included in the Scientific Practice competency domain and is part of the calculations to arrive at a final mark.

For students of the 2020-2021 and 2021-2022 cohorts, the rule applies that passing the statistics tests is a condition for being allowed to start the Bachelor's project component of the Competency Development 3.2 course unit.

### Determining the final mark for the Competency Development course units 1.1 to 3.1

The summative final assessments of the Competency Development course units 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 <sup>3</sup>	MED	COM	COL	LEA	SCI	MAS	PROF
Professional Development pathway	a	a		a		a	a
Healthy Ageing pathway	a	a	a		a	a	
Scientific Training pathway	a	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 Calculation of the Competency Development marks 1.1 to 3.1

To arrive at the final mark for Competency Development I:

- 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  $(a+a+a) \div 3 = B$ ).
- The sum of the mean grades for the competency domains is subsequently divided by the number of competency domains  $(B+B+B+B+B+B+B) \div 7 = C$

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

- all competency domains  $\geq 5.5$
- a maximum of two fail grades in all summative assessments of which:
  - At most 1x a fail grade (4.0 or 5.0) in one domain
  - At most 1x a 4.0 in total
- final mark for the course unit  $\geq 5.5$

### Competency Development 3.1

<sup>3</sup> MED= Medical expertise  
 COM= Communication  
 COL = Collaboration  
 LEA= Leadership  
 SCI= Scientific practice  
 MAS= Management in social context  
 PROF= Professionalism

For the Medical Communication pathway, a summative evaluation is used in the form of a pass/fail. This means that an addition applies to the above cut-off criteria that a pass must be obtained for this pathway.

### **Assessment committee**

Students with an unsatisfactory result are discussed behind closed doors at the end of the semester during a meeting of the Competency Development assessment committee. This meeting is attended by the year coordinators, the examiners, the programme director, and an independent person. The year coordinator provides an overview of the students' final assessments for their year. Cases of doubt and individual cases requiring attention are also discussed. Students for whom the recommended final mark is a fail (F) but whom the examiner considers giving a pass will, in any case, be discussed.

#### **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 is recorded in the digital portfolio. The opportunity for the progress interview halfway through semester 1.2 is optional and can be initiated at the request of both the coach and the student.

#### **5.5 Final interview**

In 1.1 to 3.1, the student has a final interview with the coach at the end of the semester. The coach discusses the development with the student. Students prepare for this interview by completing a reflection assignment. The coach and the student study the reflection assignment 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. In 3.2, this final interview is in the form of a SWOT conversation.

#### **5.6 Assessment recommendations for 1.1 to 3.1**

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 explain to the examiner why this recommendation was given.

#### **5.7 Cut-off point for the final grades for 1.1 to 3.1**

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  $\leq 5.0$  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 grade, the following is taken into account:

- whether the student has followed all the compulsory elements (practicals, small-scale meetings such as the coaching meetings, training courses, and the workgroups and workshops)
- whether the student has complied with the set deadlines (such as handing in assignments and completing the portfolio)

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

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.

For 3.2, the cut-off point applies as described in Section 5.48

### **5.8 Resits for 1.1 to 3.1**

Students with a fail grade and/or to whom one of the above other situations applies are discussed in a meeting of the Competency Developments assessment committee (a 'Report Meeting'). This meeting is attended by the Competency Development examiners, the programme leader, 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 rapid resit: this must be completed within two weeks
2. A resit in the next semester: the student will receive learning outcomes and assignments (set out in an action plan) and works 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 may opt for an additional interview with the student 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.

If there are students who have not passed the old-style Competency Development 3.1 course unit during the 2021-2022 academic year, even after a resit, then these students are expected to meet all obligations of the new-style Competency Development 3.1 course unit.

If there are students who have not passed the Bachelor's project 3.2 during the 2021-2022 academic year, even after a resit, then these students are expected to meet all obligations of the new-style Competency Development 3.2 course unit.

### **5.9 Competency Development 3.2 – calculating the mark**

To complete the Competency Development 3.2 course unit, students compile a Bachelor's portfolio containing eight different components. Of these eight components, five have been concluded with a summative grade. The other three components have been concluded with a pass or completed.

***Components that are assessed with a summative grade:***

Thesis

The grade for the thesis is made up for 50% of the 'Team' components (introduction, method, and results) assessment and for 50% of the 'Individual' components (discussion, implication, and summary) assessment. Both the supervisor of the clerkship and a second reviewer each assess the thesis separately. The supervisor's grade counts 3x and the reviewer's grade counts 3x in the calculation of the final mark. When the grades of the supervisor and reviewer differ by > 1.5 points, the thesis will be re-assessed by the examiner. This re-assessment replaces both the supervisor's and the reviewer's grade.

The student has to upload the thesis in the plagiarism scanner. The reviewer of the thesis checks the outcome of this plagiarism scan to detect plagiarism. Any suspicion of plagiarism is reported to the ECTG.

Product

The grade for the product description is awarded by the supervisor and is a team assessment. This grade counts 1x.

Pitch

The pitch grade is awarded by the coach and is a team assessment. This grade counts 1x.

Functioning within the Bachelor's project team

The functioning grade is awarded by the supervisor and is an individual assessment. This grade counts 1x.

SWOT interview

The SWOT interview grade is awarded by the coach and is an individual assessment. This grade counts 1x.

***Components that are assessed with a pass or completed:***

Collaboration

This is a team assignment that reflects on the cooperation within the Bachelor's team.

Interview with a leader

This is a team assignment based on the insights obtained from an interview with a person in a leadership position.

Moral deliberation

This is a team assignment aimed at analysing a difficult practical situation.

*Academic theatre*

Competency Development 3.2 concludes with the Academic Theater (AT). During the AT, the teams with the best pitches will present their pitch again and a winner will be announced. The three best theses will also be announced and a winner will be chosen from these three. These prizes do not affect the calculation of the final mark

### 5.10 Cut-off point for the final mark for 3.2

In order to arrive at a final mark, a grade is calculated based on the distribution in the table below.

#### Calculation of the final mark for CD 3.2

3x	Thesis grade	Supervisor	Half team and half individual assessment
3x	Thesis grade	Reviewer	Half team and half individual assessment
1x	Product grade	Supervisor	Team assessment
1x	Pitch grade	Coach	Team assessment
1x	Functioning within the Bachelor's team grade	Supervisor	Individual assessment
1x	SWOT interview grade	Coach	Individual assessment
Pass	Cooperation assignment	Assessor	Team assignment
Pass	Interview with a leader assignment	Coach	Team assignment
Completed	Moral deliberation assignment	Coach	Team assignment

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

- the grade for the thesis (i.e. the joint assessment of the supervisor and the reviewer)  $\geq 5.5$ , where neither of the two grades may be lower than a 5.0
- the grades for the product, the pitch, the functioning within the Bachelor's team, and the SWOT interview are each  $\geq 5.0$
- a pass or completed on each of the assignments: cooperation, interview with a leader, and moral deliberation
- final mark  $\geq 5.5$

Students with a fail grade are discussed behind closed doors at the end of the semester during a meeting of the Competency Development 3.2 assessment committee. This committee comprises the year coordinator for year 3, the Bachelor's project examiner, the programme director, and an independent person.

### 5.11 Resit for 3.2

Within the academic year, there is a partial possibility to resit Competency Development 3.2.

Depending on what is insufficient, the following applies:

1. The thesis is  $< 5.5$  (so, the combined grades from the supervisor and the reviewer): Students are given the opportunity to individually revise the thesis within ten working days after the announcement of the grade for the first version of the thesis. The re-assessment must then lead to a pass ( $\geq 5.5$ ). After re-assessment, the re-written thesis can be awarded a 6.0 at most.
2. If the grades awarded for the product and pitch components are  $< 5.0$ , the students and their team are given the one-time opportunity to adjust and re-present the product and/or pitch. After re-assessment, the joint grade for product and pitch can be a 6.0 at most.

3. If there is a grade < 5.0 for the functioning within a team component, the team is invited for an additional interview. Depending on the problem, a remedial option is offered: After re-assessment, the grade for functioning within a team can be a 6.0 at most.
4. If the grade for the SWOT interview component is < 5.0, the student is invited for an additional interview. Depending on the problem, a remedial option is offered: After re-assessment, the grade for SWOT interview can be a 6.0 at most.

There are two options regarding the resit:

- short resit: the student will receive a resit assignment by email plus information about the deadline for submission
- long resit: the student is invited for an interview in which the resit is explained orally and in which further agreements are made. These agreements are confirmed in an email.

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

#### **5.12 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 Professionalism Committee.

# **Assessment plan for the academic year 2022-2023**

## **Part B**

### **Pre-master's degree programme in Medicine**

## Part B — Assessment plan for the pre-master's degree programme

### 1.1 Objective of the programme

The aim of the pre-master's degree programme in Medicine (PMG) is to provide students with as much medical knowledge and professional development as possible in one year so that they are adequately prepared for the Master's degree programme in Medicine. If this programme is passed successfully, they will receive a certificate granting access to the Master's degree programme.

### 1.2 Programme

The programme broadly follows the teaching of the Bachelor's degree programme in Medicine. The learning outcomes are the same, with the Framework being leading and the assessment being comparable.

In the PMG year, the complete Causes of Disease programme of the Bachelor's degree programme in Medicine (study years 1, 2, and 3) is offered in a compressed form. This is assessed in eight assessments (1.1-1.4 and 2.1-2.4). The assessments 1.1-1.4 together form PMG 1 and this takes place during the first semester. The tests 2.1-2.4 together form PMG 2 and take place during the second semester. In order to arrive at a logical order (first the basics and then going into depth) and a balanced distribution of the subject matter, it has been decided to not always offer subjects in sync with the Bachelor's degree programme in Medicine. The competency teaching that takes place as part of the regular Bachelor's degree programme within four LCs is not followed but has been replaced by a Professional Development programme in which aspects of the Professional Development course unit from G2010 and the Competency Development course unit from G2020 are discussed.

The pre-master's programme consists of the following components:

1. PMG 1 (23 ECTS)
  - contains components from Causes of Disease from study years 1, 2, and 3 of the Bachelor's degree programme in Medicine (see Section 1.8)
  - four tests; there is no cumulative testing
2. PMG 2 (23 ECTS)
  - contains components from Causes of Disease from study years 1, 2, and 3 of the Bachelor's degree programme in Medicine (see section 1.8)
  - four tests; there is no cumulative testing
3. PMG 3 — Knowledge Development (4 ECTS)
  - written Progress Tests 9 to 12; the same as in year 3 of the Bachelor's degree programme in Medicine
4. PMG 4 — Professional Development (10 ECTS)
  - practical obligations Basic Life Support (BLS), Medical Communication (MC), and the one-week care clerkship
  - portfolio: reflection reports, reflection assignments, and assessments of the functioning in various teaching activities such as the study counselling group (SBG), BLS, MC, and the care clerkship.

### 1.3 Study material

In the PMG year, a large part of the knowledge of the Bachelor's degree programme in Medicine is discussed, which is assessed in eight assessments (1.1-1.4 and 2.1-2.4). A syllabus containing the contents of the year is prepared by the PMG examiners. This syllabus contains a description of the

week, the sources, and the study material for each week. The sources are largely the same as those for the Bachelor's degree programme in Medicine. The subject matter consists for a large part of the learning objectives and the checklists as offered in the regular Bachelor's degree programme. This study material is leading for the tests. To increase the feasibility of the study load, the study material is presented in the form of learning questions.

#### 1.4 Assessment of the course units

##### **Assessment of PMG 1 and 2**

On average, a pass ( $\geq 5.50$ ) must be obtained for the assessments of the PMG 1 and PMG 2 course units. PMG 1 and PMG 2 are assessed on a part of the material from Causes of Disease from study years 1, 2, and 3 of the Bachelor's degree programme in Medicine that is to be determined by the PMG examiner.

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.

##### **Assessment of PMG 3 — Knowledge Development**

A satisfactory result must be achieved for the written Progress Test, while the following conditions apply:

- at level 12 at the third or fourth test
- if the third test is graded at level 12, the fourth test must be passed at level 10 at least (consistency)

##### **Assessment of PMG 4 — Professional Development**

The assessment comprises:

- Practical obligations for BLS, MC, and the care clerkship
- progress interview
- portfolio
- final interview

##### *Practical obligations*

Students' attendance at the practicals for both Basic Life Support and Medical Communication must be satisfactory. The attendance requirements for the one-week care clerkship must also be met.

##### *Progress interview*

The student has a progress interview with the SBG group coach halfway through semester 1.1. In preparation, the student writes a reflection report 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 student.

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

##### *Portfolio*

The student must submit the portfolio on time and in full. The contents of the portfolio are shown below:

- Professional behaviour Basic Life Support practicals
- Professional behaviour Medical Communication practicals
- Professional behaviour Care clerkship
- Professional behaviour Study counselling groups semester 1.1

- Professional behaviour Study counselling groups semester 1.2
- Reflection assignment Rules of conduct and ethics
- Reflection assignment Observational clerkship
- Reflection assignment Peer feedback
- Reflection assignment Conference report
- Reflection assignment Considering professional conduct
- Interim reflection report
- Final reflection report

#### *Final interview*

In the final interview at the conclusion of the year, the coach discusses the development with the student. As for the progress interview, the student prepares for this interview by writing a reflection report. 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 fail grades. If an action plan has been drawn up during the progress interview, it is checked whether the points of concern have since been improved.

#### *Assessment recommendation*

The coach, informed by the interview and the portfolio content, provides an assessment recommendation to the examiners for all students in the form of 'nothing unusual' or 'discuss in the assessment committee'. In the latter case, the coach will explain to the examiners why this recommendation was given. In addition to the examiners, the assessment committee also includes the PMG producer, the SBG teachers, and the programme leader.

#### *Determining the final assessment*

After hearing the recommendation and the committee, the examiner takes a decision. Professional development is completed with a pass/fail.

### **1.5 Final assessment of the premaster's examination**

A premaster's student has passed the premaster's programme if they:

1. have obtained a satisfactory final result for the PMG 1 and PMG 2 course units
2. meet the requirements of Knowledge Development 3 of the Bachelor's degree programme in Medicine as described above (PMG 3 Knowledge Development)
3. have completed the PMG 4 course unit with a pass
4. have met all attendance requirements

### **1.6 Catch-up moments for PMG1 and PMG2 assessments**

Students who have missed one partial assessment for a valid reason will be given the opportunity to catch up. 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. These catch-up moments are planned after the end of the semester.

### **1.7 Resits of course units**

Each course unit that has not been completed with a pass can be resat once.

1. Within the academic year, all partial assessments of PMG1 and PMG 2 that have not been passed can be resat in order to complete the PMG 1 and PMG 2 course units with an averaged pass ( $\geq 5.50$ ).
2. If a pass has not been obtained for Knowledge Development, the next Progress Test will be considered a resit option for the Knowledge Development BIII examination.
3. If a fail grade is obtained for Professional Development, the examiner determines a remedial assignment in consultation with the assessment committee. The content of this assignment

depends on the nature of the gaps in knowledge. The examiner sets a clear deadline for the student to complete this assignment.

4. If the student has met the requirements through the resit, an examination result is re-determined and the associated ECTs are still awarded.

### 1.8 Completion of the programme and admissibility to the Master's degree programme

The premaster's programme can only be concluded with a pass if all components have been completed with a satisfactory final assessment within two years after starting the course. The programme provides a certificate confirming that the course has been completed successfully and that the student can be admitted to the Master's degree programme in Medicine at the University of Groningen.

(Note: The student must take into account that, in accordance with the OER for the Master's degree programme in Medicine at the University of Groningen, the Master's degree programme must have been started within one year of completing the PMG. The Admissions Committee for Medicine is authorized to grant admission to the Master's degree programme.)

### 1.9 Content of PMG 1 and PMG 2

#### Assessment 1.1

##### Year 2 Bachelor's degree programme in Medicine:

Weeks 1-4	Nephrology and pharmacokinetics Rheumatoid arthritis SLE Skin
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##### Year 3 Bachelor's degree programme in Medicine

Weeks 1-4	Nerves system and the senses
<i>Additional</i>	Kidney physiology Pharmacodynamics Immunology

#### Assessment 1.2

##### Year 1 Bachelor's degree programme in Medicine

Weeks 9-10	Anaemia and coagulation, gas transport
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##### Year 2 Bachelor's degree programme in Medicine:

Week 6	Heart failure, applied pharmacology Including valve abnormalities and arrhythmias
Week 7	Lung chronic pathology

##### Year 3 Bachelor's degree programme in Medicine

Weeks 5-10	Neurology up to and including fainting spells week 10
<i>Additional</i>	Neuroanatomy Physiology of the heart and lungs

#### Assessment 1.3

##### Year 1 Bachelor's degree programme in Medicine

Weeks 11-12	Cell biology, leukaemia, breast cancer
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##### Year 2 Bachelor's degree programme in Medicine:

Week 8	Spot on the lung
Week 9	Basic principles of oncology
Week 10	Leukaemia
Week 11	Lymphoma
Week 12	Swallowing

Week 13	Heartburn
Week 14	Jaundice
Week 15	Blood in the stools
Week 16	Death
Week 17	Skin cancer

#### **Assessment 1.4**

##### Year 1 Bachelor's degree programme in Medicine

Weeks 13-15 MMB

Week 5 Infection

*Additional* Infection years 2 and 3 of the Bachelor's degree programme in Medicine

##### Year 3 Bachelor's degree programme in Medicine

Weeks 11-19 Neurology/psychiatry

#### **Assessment 2.1**

##### Year 1 Bachelor's degree programme in Medicine

Weeks 6-7 Diabetes mellitus and thyroid

Weeks 23-27 Peripheral vascular disease and hypertension

Week 26 Nephrology, basic and acute

##### Year 2 Bachelor's degree programme in Medicine:

Week 21 Obesity, metabolic syndrome, type 2 diabetes mellitus

Week 22 Shoes no longer fit

##### Year 3 Bachelor's degree programme in Medicine

Week 21 Aorta, hypovolemic shock

Week 22 Heart, acute pathology

Week 23 Lung, acute pathology

Week 24 IC line

#### **Assessment 2.2**

##### Year 2 Bachelor's degree programme in Medicine:

Weeks 23-30 Gynaecology

*Additional* Including oncology

##### Year 3 Bachelor's degree programme in Medicine

Weeks 25-29 Acute abdomen

Unconscious

#### **Assessment 2.3**

##### Year 1 Bachelor's degree programme in Medicine

Weeks 32-33 Geriatrics

Week 34 Osteoporosis and osteoarthritis

##### Year 2 Bachelor's degree programme in Medicine:

Weeks 31-35 Yellow child

Blue child

Temperature

Shortness of breath

FTT (too small)

Neuro (too slow)

Child psychiatry

#### **Assessment 2.4**

Year 2 Bachelor's degree programme in Medicine:

Weeks 36-39    Osteosarcoma  
                    Groin and testis swelling  
                    Prostate  
                    Prolapse incontinence

Year 3 Bachelor's degree programme in Medicine

Injuries