

## ***Standards for grading and promotion of MD students – Clerkship (Years 3 and 4)***

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### **Introduction**

These *Standards* serve as an adjunct to the [University Assessment and Grading Practices Policy](#) and describe the practices of the MD program with regard to determining student grading and promotion in Clerkship (Years 3 and 4) and also apply to students registered in the MD Extended Clerkship. They are complemented by the MD Program's [Guidelines for the assessment of students in academic difficulty](#) and [Guidelines for the assessment of student professionalism](#).

### **Standards**

1. *Authority of the Board of Examiners:* All decisions related to a MD student's grading and promotion are ultimately made by the Board of Examiners, a standing committee of the Council of the Faculty of Medicine. To inform these decisions, the Board of Examiners receives recommendations from the Clerkship Director (or designate) and/or and Faculty Lead, Ethics & Professionalism.
2. *Individual assessment marks and course grades:*
  - a. *Individual assessment marks:* Marks for individual assessments are not subject to any formal approval, but rather serve as the basis for decisions about overall course standing. Individual assessment marks do not appear on transcripts or other documentation provided by the MD Program to external individuals or organizations.
  - b. *Provisional (unofficial) course grades:* Course grades communicated through MedSIS or other means constitute an unofficial record; they are reserved exclusively for internal use and do not appear on transcripts or other documentation provided to external individuals or organizations. Provisional course grades are subsequently recommended to the Board of Examiners (see Sections 7 and 8).
    - a. *Official course grades:* Upon approval of the Board of Examiners, course grades are loaded into the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcribed as "Credit (CR)", "No Credit (NC)", "In Progress" (IPR) or "Incomplete" (INC).
3. *Standards of achievement on each type of assessment, other than professionalism:* It is the responsibility of each Clerkship course committee, in consultation with the relevant theme leads as well as the Student Assessment and Standards Committee (SASC), to define satisfactory completion of each type of assessment required during their course, in accordance with guidelines articulated below. (This section does not apply to the assessment of professionalism, which is addressed in the MD Program's [Guidelines for the assessment of student professionalism](#).)

Specifically:

- a. *Assessment methods*: Course committees are responsible for establishing the assessment methods to be used in the course. These assessment methods are subject to periodic review by the Student Assessment and Standards Committee (SASC) and/or Program Evaluation Committee. Changes to assessment methods must be brought to the attention of the Clerkship Director, in accordance with the MD Program's [\*Guidelines for making curricular changes\*](#).
- a. *Definition of a "clear pass"*: For every marked assessment in a Clerkship course (excluding final clinical evaluations), course committees are responsible for defining the numerical threshold above which a student's performance on that assessment will be considered unequivocally satisfactory (a "clear pass") and for establishing assessment tools to measure achievement of this threshold. In many Clerkship courses, this threshold is 70%. Assessments on which a "clear pass" is achieved will be recorded as "CR" ("Credit").
- b. *Definition of a "clear failure"*: For every marked assessment in a Clerkship course (excluding final clinical evaluations), 60% is the universal threshold below which a student's performance is deemed unsatisfactory (a "clear failure"). Course committees are responsible for defining what constitutes performance above and below this threshold and establishing suitable assessment tools accordingly. Assessments on which a "clear failure" is achieved will be recorded as "NC" ("No Credit").
- c. *Definition of "borderline performance"*: Numerical marks for individual assessments (excluding final clinical evaluations) that fall at or above 60% and below the "clear pass" threshold established by the Clerkship course are deemed borderline. Borderline assessments will be recorded as "CR" ("Credit"), unless a Focused Learning Plan is assigned, in which case an interim standing of "CON" ("Conditioned") on the assessment will be recorded.
- d. *Definition of "satisfactory completion", "clear fail" and "borderline performance" for final clinical evaluations*: An overall assessment of "meets expectations" or above on *each* final clinical evaluation in a course is required to achieve "satisfactory completion" of the clinical evaluation for that course. An overall assessment below "meets expectations" on *any* final clinical evaluation in a course is considered a "clear fail". The overall assessment of final clinical evaluations requires a holistic judgement and does not represent an average of individual assessments. However, an overall assessment of "meets expectations" or above on a final clinical evaluation with one or more individual assessments scored as "unsatisfactory" is considered "borderline performance". Such borderline assessments will be recorded as "CR" ("Credit"), unless a Focused Learning Plan is assigned, in which case an interim standing of "CON" ("Conditioned") on the assessment will be recorded. Neither the individual nor overall assessments on final clinical evaluations are translated to a percentage.
- e. *Definition of an "incomplete" mandatory non-marked learning activity*: Course committees are also responsible for identifying any mandatory non-marked learning activities (e.g. required encounters and procedures in the core clinical clerkship courses) that are required for successful completion of the course.
- f. *Communication to students*: Course committees are responsible for articulating all assessment methods for their course, including the standards of achievement for the course as a whole (see Section 6), in a course outline provided to students no later than the first day of the course. Any changes to the assessment methods after they have been made known to students must take place in accordance with

the [University Assessment and Grading Practices Policy](#).

4. *Definition and application of a Focused Learning Plan:* Borderline performance on an assessment or in a course may lead to the assignment of a Focused Learning Plan, which is a short program of additional study, assignments, and/or clinical experience to ensure that the student has met the standards of the course. Course committees are responsible for establishing standards of Focused Learning Plans. A Focused Learning Plan is assigned to a student at the discretion of the course director, in consultation with the Clerkship Director. If the student's deficit is significant, a further assessment (e.g. a repeat examination) may be required by the course director and Clerkship Director as part of the Focused Learning Plan to confirm the student's improvement. If the Focused Learning Plan is successfully completed, the original mark achieved on the assessment/in the course will be allowed to stand. In the event that the Focused Learning Plan is not successfully completed, see Section 8c below.
5. *Professionalism:* Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is required to graduate from the program. Assessment of professionalism takes place through competency-based professionalism assessments. Professionalism incidents that require immediate action are addressed through critical incident reports. The MD Program's professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the [Guidelines for assessment of student professionalism](#).
6. *Standards of achievement in a course as a whole:*
  - a. *Determination of achievement:* It is the responsibility of each course committee to define satisfactory completion of their course as a whole. Specifically:
    - i. *Relative weight of assessments:* Course committees are responsible for assigning the relative weight of each numerically-marked assessment .
    - ii. *Additional expectations for marked assessments:* For each Clerkship rotation, there is a requirement to achieve 60% on each mastery exam and oral exam, as applicable to the specific rotation, in addition to an average overall grade of 60% in the course.
    - iii. *Clinical evaluations:* An overall assessment of "meets expectations" or above on each final clinical evaluation in a course is required to achieve "satisfactory completion" of the clinical evaluation for that course.
    - iv. *Mandatory non-marked learning activities:* By their nature, mandatory non-marked learning activities are required in order to complete the course.
    - v. *Professionalism:* See Section 5 above.
7. *Definition of provisional course grades:* Provisional course grades differ in some respects from the final grades awarded by the Board of Examiners. Specifically:
  - a. *CR (Credit)* is used to denote that all requirements in the course have been met. This is the grade that will be recommended to the Board of Examiners, barring the availability of new information that calls into question the student's successful performance in the course, as described in Section 8.

- b. *NC (No Credit)* is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6a. The recommendation to the Board of Examiners will depend on the student's history of academic difficulty, as described in Section 8. If formal remediation is assigned by the Board of Examiners, an interim notation of CON will then replace NC (see below).
  - c. *CON (Conditioned)* is used to denote that a student has been assigned a Focused Learning Plan or formal remediation that is pending completion. CON is an interim, internal notation that does not appear on official documentation. The recommendation to the Board of Examiners will depend on the successful completion of the Focused Learning Plan or formal remediation, and on the student's history of academic difficulty, as described in Section 8.
  - d. *IPR (In Progress)* is used to denote that a student has not completed/submitted certain requirements in the course, *as arranged with the course director*. As an example, this may include a deferred examination or assignment due to illness. Upon completion of the requirements, the assessment mark(s) will be recorded and the (unofficial) course grade will be calculated and recorded, subject to approval by the Board of Examiners. IPR is primarily an interim, internal notation that does not typically appear on official documentation, as deferred assessments must generally be completed before the start of the next academic year.
8. *Principles governing recommendations to the Board of Examiners:* The Clerkship Director (or designate) and Faculty Lead, Ethics & Professionalism will be guided by the following principles in making their recommendations to the Board of Examiners:
- a. *Successful completion of a course:* A grade of "Credit (CR)" in a course will be recommended to the Board of Examiners if a student:
    - i. has achieved an overall percentage of 70 or higher across all marked assessments (excluding final clinical evaluations) in the course, AND
    - ii. has achieved an overall assessment of "meets expectations" or above on each final clinical evaluation required for the course, AND
    - iii. has performed satisfactorily on any non-marked learning activities in that course, including but not limited to professionalism and logging of clinical experiences in courses where this is relevant, AND
    - iv. has achieved 60% on each written mastery exam and oral exam, as applicable to the specific rotation.
  - b. *Borderline performance in a course:* At the discretion and in the best judgement of the course director, in consultation with the Clerkship Director, borderline performance in a course will result in the assignment of a Focused Learning Plan (defined in Section 4) and a provisional "CON Conditioned" course grade *or* a recommendation to the Board of Examiners that the student receive a grade of "Credit (CR)" in the course . Borderline performance in a course occurs if a student:
    - i. has achieved an overall percentage equal to 60 but less than 70 across all marked assessments

(excluding clinical evaluations) in a course, OR

- ii. has achieved an overall percentage of 70 or higher across all marked assessments (excluding clinical evaluations) in a course BUT has not achieved 60% on each written mastery exam and oral exam, as applicable to the specific rotation.

When considering how to proceed with respect to a student's borderline performance in a course, the course director and Clerkship Director should be guided in their recommendation by a consideration of all assessments of the student's performance in the course (including any trend over time), the student's performance on any assigned Focused Learning Plans, any available evidence of specific areas of weakness in skills or knowledge, and their experience regarding the relative importance of various aspects of the course.

- c. *Remediation*: A program of formal remediation will normally be recommended to the Board of Examiners if a student:

- i. has not achieved an overall percentage of 60 across all marked assessments (excluding final clinical evaluations) in a course, OR
- ii. has not achieved an overall assessment of "meets expectations" or above on each final clinical evaluation required for the course, OR
- iii. has not performed satisfactorily on any non-marked learning activities of the course, including but not limited to professionalism and logging of clinical experiences in courses where this is relevant, by the time of the Board's meeting, OR
- iv. has satisfactorily completed, as established in advance, a Focused Learning Plan assigned at the discretion of the course director in response to borderline performance on an assessment or in a course.

A program of formal remediation may include the repetition of one or more courses when they are next offered the following year, which may require a delay in promotion to the next year or level of medical training. For further details regarding remediation procedures, please see the MD Program's [Guidelines for the assessment of students in academic difficulty](#) and [Guidelines for the assessment of student professionalism](#).

In cases where a program of formal remediation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

If remediation is approved by the Board of Examiners, credit for the course will not be assigned unless and until the remedial program is successfully completed. If the remedial program is successfully completed, the student will be assigned credit for the course, subject to the approval of the Board.

- d. *Failure/repetition of one or more courses*: Failure/repetition of one or more courses will normally be recommended to the Board of Examiners if a student has:

- i. has not achieved a satisfactory score, as established in advance, on a program of formal remediation previously imposed by the Board of Examiners, OR
- ii. has not achieved credit on the first attempt in one or more courses in the same level of the program, as confirmed by the Board of Examiners.

Failure/repetition of one or more courses may involve re-registration in the same level of the program and, consequently, delay in promotion to the next year or level of medical training. At the discretion of the Clerkship Director and/or course director(s), a recommendation may be made for a student to repeat all of the courses in the academic year in question or only the course(s) in which he/she experienced academic difficulty.

In cases where failure/repetition of one or more courses is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

- e. *Dismissal*: Dismissal from the program will normally be recommended to the Board of Examiners if a student:
  - i. has not achieved credit in one or more courses on his/her second attempt (“failed repetition”), as confirmed by the Board of Examiners, OR
  - ii. has been required to re-register in the same level of the program on two separate occasions over the course of the program, as confirmed by the Board of Examiners.

In cases where dismissal from the program is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

- f. *Promotion*: Recommendations regarding promotion to the next stage of training will be made at the end of each academic year. Promotion from one year to the next will be recommended to the Board of Examiners if a student has achieved “Credit” in all courses by the end of the academic year.
  - g. *Graduation*: Graduation at the next Convocation of the MD program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit for every program course and requirement, including the specified amount of approved and assessed elective time.
9. *Deviations from normal practice*: Where the word “normally” is used in relation to recommendations to the Board of Examiners, the Clerkship Director, individual course directors, and Faculty Lead, Ethics & Professionalism may choose to deviate from the recommendation that is indicated in these *Standards*. In such cases, a rationale must be provided to the Board of Examiners for the deviation, and the Board of Examiners will take both the recommendation and the rationale under consideration.
10. *Appeals*: Students may appeal to decisions made by the Board of Examiners to the Appeals Committee, which is a standing committee of the Council of the Faculty of Medicine.