BVetMed Final Year

2018/19

previous   s (if applicable).

As Year Leader/Course Director

section. Please ensure that any actions to be taken in response to these comments have been recorded in your Annual Quality Improvement Report.

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Appendix 3 consists of:

a.	ts
b.	2018/19 Collaborative Annual Report with responses from Course Director/Year Leader

Report Question	External Examiners' comment in 2016/17	Course Directors response and actions	Update in 2017/18	Update in 2018/19
2.2 Quality of candidates' knowledge and skills, with particular reference to those at the top, middle or bottom of the range	Distribution is good for written papers, given the variability of topics, but had a tendency to cluster at the high end for basic procedures in the OSCE. This means candidates can compensate in learned procedure for 'non-rote' integrated tasks, eg by getting 100% in gowning (arguably a lower year basic given) while failing a station that requires diagnostic or communication skill. Several candidates passed overall on the OSCE via compensation through routine process while failing all of the stations that actually has a normal score distribution and reflected some degree of independent thinking.	We entirely agree and are reviewing the OSCE set up with the aim to move some of the more "basic" stations into a DOPs format and to provide more complex stations involving communication and problem-solving. We aim that these changes will be in place for the 2019 final exams as they require modification to rotation activities to accommodate the DOPs which can only be commenced from Feb 2018 **Action Deadline:** 02-Jan-2018 **Action assigned to:** Jill Maddison, Dan Chan and David Bolt	IN PROGRESS DOPS on rotations will be formative for 2019 and summative for 2020.	As stated for 2017/18

Report Question	External Examiners' comment in 2017/18	Course Directors response and actions	Update in 2018/19
1.3 Teaching methods	Students' approach to answering questions in an examination may not necessarily reflect a problem-based approach as taught in the clinics, which is disappointing.	The problem-based approach that is taught at the RVC is explicitly assessed in this finals exam as well as the 4th year exam. The issue with the patchy use of it by some students (or total lack of familiarity by a few) is likely to relate to inconsistent reinforcement in clinical scenarios and rotations and students failure to avail themselves of the extensive learning support material available. We recognise that the approach may need some modification for farm-related questions and will seek guidance from the production animal teaching team. **Action Required:** Discussion with production animal teaching team about how to modify the problem-solving approach taught for individual animals to enhance a problem-solving	This discussion has occurred

		approach that is suitable for production animal/herd level problems.	
		Action Deadline:	
		01-Sep-2018	
		Action assigned to:	
		Jill Maddison	
2.1 Students' performance in relation to those at a similar stage on comparable courses in other institutions, where this is known to you	While the (positive) student focussed environment is duly noted, compensation remains a concern, especially given the nature of independent practice post qualification. It is still possible for a student to fail the CRQ for a particular species badly, for example with scores as low as 27%, but pass overall.	We acknowledge that there is a risk that a student who performs very poorly in one question could still pass. We have analysed the data and no student who received a mark of 27% for a question passed the exam. There was a very small cohort of students who gained 35% in one question who did go onto pass. We have considered the option of imposing a 40% minimum threshold to pass but wished to review student performance over at least 1-2 years while the new exam format was being embedded before doing so. It will remain under consideration.	It was discussed at the exam board that we would need at least three years of data to evaluate before considering this change
		Action Required:	
		Review pass statistics for 2018 and 2019 exams with a view to consideration of a minimum threshold mark if necessary	
		Action Deadline:	
		01-Sep-2019	
		Action assigned to:	
		Jill Maddison and John Sanger	
3.2 Extent to which assessment procedures are rigorous	Mapping of questions to learning objectives might allow better determination of the relationship of the assessment to final year teaching.	Thank you for these comments - they are very helpful. Making explicit how the finals written exam maps to the	

		BVetMed10: Demonstrate knowledge of the principles and behaviours that underpin professionalism, teamwork and ethical decision making (judgement) and apply these in a veterinary setting. **Action Required:** Ensure that it is made explicit to student, assessors and external examiners how the written finals examination maps to BVetMed course outcomes **Action Deadline:** 01-Apr-2019 **Action assigned to:** John Fishwick and Jill Maddison	
3.6 Opinion on changes to the assessment procedures from previous years in which you have examined & **& 4.2 An acceptable response has been made**	Comments have been taken on board, but require actioning.	**Course Director Response:** Action will occur for the 19/20 rotTf1cur for o.6 Opinion	

Collaborative Report

Bachelor of Veterinary Medicine, Year 5, 2018/19

Lead examiner: Professor Malcolm Cobb

Collaborating examiner(s): Dr Connie Wiskin, Dr Philip Scott, Dr Joseph Cassidy

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The Programme

Please comment, as appropriate, on the following aspects of the programme:

1.1   Course content

As stated previously, an appropriate range of modules and a mix of teaching activities continue to be employed. The examination process, rather than course content or learning outcomes, have again been scrutinised.

Response from college requested: NO

1.2   Learning objectives, and the extent to which they were met

Response from the College last year states that the finals exam has been mapped to course, AVMA and RCVS competences but we acknowledge this wasn't clear from the paperwork available to the external examiners. We will ensure it is in the future. An action for the College from last year's response was to ensure that it is made explicit to student, assessors and external examiners how the written finals examination maps to BVetMed course outcomes by 01-Apr-2019. Could we have details of how this has been done?

Response from college requested: YES

COURSE DIRECTOR: Dr Jill Maddison

Course Director Response:

We apologise that the information about how the finals exam had been mapped was not available to you. The finals long answer questions are designed to be a holistic assessment of clinical and professional decision making. The areas the students must study for to prepare for them cover a range of course outcomes, RCVS Day One Skills and AVMA competencies. Specifically, the following outcomes/skills/competencies (or elements of them) may be assessed by the examination in the context of clinical and professional problem solving noting that other outcomes/skills/competencies are assessed in other formats e.g. clinical rotations, OSCES, the research project, animal handling DOPS and 3rd and 4th year written examinations. This mapping has been made available to students preparing to sit finals in 2020.

BVetMed2 Understand the key components that constitute primary healthcare and advise on and implement recommended prophylaxis, nutrition and husbandry programmes in order to improve animal care and client education.
BVetMed3 Advise on animal management and welfare, and safeguard human, animal and environmental health; including principles of biosecurity, food safety, risk assessment & mitigation, zoonosis
and surveillance.
BVetMed4 Recognise, prevent and diagnose diseases and disorders of animals. Be able to select and interpret appropriate diagnostic test and formulate a treatment plan; considering pain management, client financial status & patient
referral when indicated.
BVetMed5 Develop a logical problem solving approach to clinical reasoning in order to effectively solve clinical problems and make decisions.
BVetMed8 Demonstrate knowledge of the veterinary business environment in relation to the practice, its team, its

BVetMed10 Demonstrate knowledge of the principles and behaviours that underpin professionalism, teamwork and ethical decision making (judgement) and apply these in a veterinary setting.
BVetMed11 Engage in life-long learning and self-reflection to improve overall competence. Recognise professional limits and seek support when needed.
BVetMed12 Be able to cope with incomplete information and effectively use information services and information technology.

RCVS 1   Be fully conversant with, and follow the RCVS Code of Professional Conduct
RCVS 2   Understand the ethical and legal responsibilities of the veterinary surgeon in relation to patients, clients, society and the environment.
RCVS 5   Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.
RCVS 8   Understand the economic and emotional context in which the veterinary surgeon operates.
RCVS 12   Demonstrate ability to cope with incomplete information, deal with contingencies, and adapt to change.
RCVS 13   Demonstrate that they recognise personal and professional limits, and know how to seek professional advice, assistance and support when necessary.
RCVS 19   Develop appropriate treatment plans and administer treatment in the interests of the patients and with regard to the resources available.
RCVS 21   Assess the physical condition, welfare and nutritional status of an animal or group of animals and advise the client on principles of husbandry and feeding
RCVS 33   Assess and manage pain.
RCVS 34   Recognise when euthanasia is appropriate and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present;
RCVS 37   Advise on, and implement, preventative programmes appropriate to the species and in line with accepted animal health, welfare and public health standards.
RCVSU 1 Understanding of, and competence in, the logical approaches to both scientific and clinical reasoning, the distinction between the two, and the strengths and limitations of each.
RCVSU 5 The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK.
RCVSU 7 Legislation relating to animal care and welfare, animal movement, and notifiable and reportable diseases.
RCVSU 10 Veterinary public health issues, including epidemiology, transboundary epizootic diseases, zoonotic and food-borne diseases, emerging and re-emerging diseases, food hygiene and technology.
RCVSU 11 Principles of effective interpersonal interaction, including communication, leadership, management and team working.
RCVSU 12 The ethical framework within which veterinary surgeons should work, including important ethical theories that inform decision-making in professional and animal welfare-related ethics.

AVMA 1   Comprehensive patient diagnosis (problem solving skills), appropriate use of diagnostic testing, and record management
AVMA 2   Comprehensive treatment planning including patient referral when indicated
AVMA 3   Anesthesia and pain management, patient welfare
AVMA 5   Basic medicine skills and case management
AVMA 6   Emergency and intensive care case management
AVMA 7   Understanding of health promotion and biosecurity, prevention and control of disease including zoonoses and principles of food safety
AVMA 8   Client communications and ethical conduct

Action Required:

Action Deadline:

Action assigned to:

Please comment, as appropriate, on:

2.1   Students' performance in relation to those at a similar stage on comparable courses in other institutions, where this is known to you

Students' performance seems comparable to those on comparable courses in our own institutions. Compensation remains a concern, it is still possible for a student to fail the CRQ for a particular species badly, for example with scores as low as 27%, but pass overall. We note the comment in reponse to this point last year that the College has considered the option of imposing a minimum threshold to pass but wished to review student performance over at least 1-2 years while the new exam format was being embedded before doing so.

 Response from college requested: NO

Dr P.S

A minimum threshold of 35% should apply to species-specific questions to gain an overall pass mark with compensation.

COURSE DIRECTOR: Dr Jill Maddison

Course Director Response:

2.3 Please provide any additional comments and recommendations regarding the students' performance

Overall reflective broadly of performance nationally. As before, we still feel that the common grading scheme has limitations, as it doesn't map to the percentage score/time distribution in the model answers for written papers, and it is difficult to see how the scheme can be used effectively when the CRQs have multiple sections. The CGS results in marks being awarded between 27 and 82% and even very poor answers rarely are marked below 35%. At the other end of the scale, the scheme might result in the very good
students not achieving marks higher than 82%.
We acknowledge that the College remains content that the CGS delivers the type of assessment descriptors that are appropriate for the finals exam format, but we still struggle to relate model answers to mark assigned by the CGS.

Response from college requested: NO

COURSE DIRECTOR: Dr Jill Maddison

Course Director Response:

Thank you for your comments and we note your concerns. As experienced users of the CGS, we feel that it does allow assessment of answers with multiple parts. The assessment of clinical and professional reasoning as opposed to strictly factual recall inevitably means that a model answer must be interpreted in the context of the CGS rather than being applied "mathematically". Our overall aim is to assess whether students are capable of making safe clinical and professional decisions and we feel that the CGS for clinical and professional reasoning questions allows this.

Action Required:

Action Deadline:

Action assigned to:

Action assigned to:

3.3 Consistency of the level of assessment with the Framework for Higher Education Qualifications (FHEQ)

Consistent with FHEQ level 6/7.

Response from college requested: NO

3.4 Standard of marking

Good evidence of consistent marking and double of CRQs within and between questions. Post hoc analysis of OSCE stations seems appropriate and resulted in removal of one station based on inconsistent marking by one assessor. OSCE scoring was consistent (inter-rater and intra-rater) from significant live observation and paper provisions.

3.6 Opinion on changes to the assessment procedures from previous years in which you have examined

4.1   Comments I have made in previous years have been addressed to my satisfaction

Yes

Additional comments, particularly if your answer was no:

Response from college requested: NO

Dr P.S

4.12 The processes for assessment and the determination of awards are sound

Yes