

**ASSESSMENT METHODOLOGIES
& EXAM GUIDE
2004/'05**



**MEDICAL SCHOOL,
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Contents:

Introduction	
Anatomy	3
Biochemistry	6
Clinical Science and Practice	10
Epidemiology and Public Health	13
General Practice	13
Medicine	17
Ophthalmology	19
Obstetrics and Gynaecology	20
Paediatrics	21
Pathology	22
Visual Arts	23
Pharmacology and Therapeutics	24
Philosophy	25
Physiology	26
Psychiatry	29
Surgery	30
Otorhinolaryngology	32
Templates of Written Examination; Clinical Examination & Progressive Attachment	33, 35 & 50
OSLER	37
Examining Guidelines Department of Paediatrics.....	42
Examining Guidelines Department of Surgery.....	48

Introduction

The following is intended as a *general* guide to the assessment methodologies used by the various departments within the Faculty of Medicine.

Assessment procedures vary with each module and although methods may be similar, marking schemes may differ. For example some modules use negative marking in MCQ exams, others do not; Orals are compulsory in some modules, for others they are selective at the request of the department. Students are advised to pay close attention to individual departmental and modular procedures.

Exam dates and timetables will be distributed by individual departments and by the School of Medicine. Specific queries should be directed to the relevant departments, general queries to the Medical School Office or Students Records and Examinations Office.

More detailed descriptions of Modules can be found in the Book of Modules which is available online at:

<http://www.ucc.ie/academic/modules>

Sample Exam Papers are available from the Library website at:

<http://0-booleweb.ucc.ie.innopac.ucc.ie/exams.htm>

DEPARTMENT OF ANATOMY

AN1050, AN2051, AN2052, AN2058

Assessment Methodology and Exam Guide

AN1050 The Anatomical Basis of Medicine I

20 CREDITS. End of Year Written Examination 200 marks; Continuous Assessment 200 marks; (Oral if required)

WRITTEN EXAMINATIONS

MCQ:

Exam in November: 19%. 60 statements, each of which is independently true or false.
Negative Marking -0.5

Exam in February: 25%. 80 statements, each of which is independently true or false.
Negative Marking -0.5.

Exam in Summer: 38%. 120 statements, each of which is independently true or false.
Negative Marking -0.5

Short Answer Paper: 12%

In Summer, this consists of five questions in a variety of formats and may include diagrams.

ASSESSMENT

Histology Practical Notebook Assessment: 6%

Marks are awarded for content, neatness, accuracy, and innovation.

ORAL EXAM (If required)*

Questions are asked over the entire course and marks are awarded for accuracy. Each candidate within one of the various groups attending for orals is given the same oral examination, but questions differ between the groups.

- *Students who have scored between 45% and 49%, or who are within 2% of achieving first class honours are required to attend an oral examination. Students who have clearly failed, passed, or passed with honours are not required to attend.*

AN2051 The Anatomical Basis of Medicine II

15 CREDITS. Total Marks 300; End of Year Written Examination 150 marks;
Continuous Assessment 150 marks; (Oral if required)

WRITTEN EXAMINATION

MCQ:

Exam in February: 50%. This consists of 80 statements, each of which is independently true or false. Negative marking -0.5.

Exam in Summer: 40% This consists of 120 statements, each of which is independently true or false. Negative marking -0.5.

Short Answer Paper: 10%

In Summer, Four questions, a variety of formats, may include diagrams.

ORAL EXAMINATION (If required)*

Questions are asked over the entire course and marks are awarded for accuracy. Each candidate within one of the various groups attending for orals is given the same oral examination, but questions differ between the groups.

- *Students who have scored between 45% and 49%, or who are within 2% of achieving first class honours are required to attend an oral examination. Students who have clearly failed, passed, or passed with honours are not required to attend.*

AN2052 Scientific Basis of Clinical Medicine

5 CREDITS. End of Year Written Examination 50 marks; Continuous Assessment 50 marks

WRITTEN EXAMINATION

MCQ:

Exam in March: 50%. This consists of 80 statements, each of which is independently true or false. Negative marking -0.5.

Exam in Summer: 50%

Three essays, with an internal choice. All carry equal marks.

AN2058 The Anatomical Basis of Medicine for Dental Graduates

15 CREDITS. Total Marks 300; End of Year Written Examination 150 marks; Continuous Assessment 150 marks

WRITTEN EXAMINATION

MCQ:

Exam in November: 20%. This consists of 60 statements, each of which is independently true or false. Negative marking -0.5.

Exam in February: 30%. This consists of 80 statements, each of which is independently true or false. Negative marking -0.5.

Exam in Summer: 50%

Four essay-type questions, with an internal choice. All carry equal marks.

DEPARTMENT OF BIOCHEMISTRY

BC1020, BC1021, BC1022, BC1023, BC2100, BC2101, BC2102

Assessment Methodology and Exam Guide

BC1020 Biomolecules

5 CREDITS. Total Marks 100; End of Year Written Examination 60 marks; Continuous Assessment 40 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination.

WRITTEN EXAMINATIONS*

Essay Question:

The written paper is worth 60% of the overall mark. Duration is 1.5 hours.

*(See Assessment for MCQ's)

ASSESSMENT

Continuous Assessment is worth 40%. 10% is for Lab work. Attendance and completion of laboratory classes is compulsory. 30% is for written papers such as MCQ's. Questions relate to the practical examinations.

BC1021 Metabolism and Disease

5 CREDITS. Total Marks 100; End of Year Written Examination 60 marks; Continuous Assessment 40 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination.

WRITTEN EXAMINATIONS*

Essay Question:

The written paper is worth 60% of the overall mark. Duration is 1.5 hours.

*(See Assessment for MCQ's)

ASSESSMENT

Continuous Assessment is worth 40%. 10% is for Lab work. Attendance and completion of laboratory classes is compulsory. 30% is for written papers such as MCQ's. Questions relate to the practical examinations.

BC1022 Cell Signalling and Communication

5 CREDITS. Total Marks 100; End of Year Written Examination 60 marks; Continuous Assessment (Laboratory Work 10 marks, MCQ 30 marks) 40 marks. Students may, at the discretion of the responsible department(s), be required to take an oral examination

WRITTEN EXAMINATIONS*

Essay Question:

The written paper is worth 60% of the overall mark. Duration is 1.5 hours.

*(See Assessment for MCQ's)

ASSESSMENT

Continuous Assessment is worth 40%. 10% is for Lab work. Attendance and completion of laboratory classes is compulsory. 30% is for written papers such as MCQ's. Questions relate to the practical examinations.

BC1023 Introductory Molecular Biology

5 CREDITS. Total Marks 100; End of Year Written Examination 60 marks; Continuous Assessment 40 marks. Students may, at the discretion of the responsible department(s), be required to take an oral examination

WRITTEN EXAMINATIONS*

Essay Question:

The written paper is worth 60% of the overall mark. Duration is 1.5 hours.

*(See Assessment for MCQ's)

ASSESSMENT

Continuous Assessment is worth 40%. 10% is for Lab work. Attendance and completion of laboratory classes is compulsory. 30% is for written papers such as MCQ's. Questions relate to the practical examinations.

BC2100 Principles of Medical Genetics

5 CREDITS. Total Marks 100; End of Year Written Examination 70 marks; Continuous Assessment 30 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination.

WRITTEN EXAMINATION

1.5 hour Essay Paper. Students answer 2 questions from a possible 4. Questions may be essay questions or divided into parts without an internal option. Part of the final section of the paper may be MCQ. Further details will be provided.

ASSESSMENT

MCQ:

1 hour paper with 60 true / false questions. Marking is +1, -0.5.

ORAL EXAMINATION

Students on borderline marks (fail/pass/honours) may be called for an oral examination in June after the written examinations. It is vitally important to attend as otherwise there is no opportunity to potentially improve students' grade.

BC2101 Molecular Basis of Tissue Function and Disease

5 CREDITS. Total Marks 100; End of Year Written Examination 70 marks; Continuous Assessment 30 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination. Based on the oral examination the candidates' marks may be adjusted within a narrow band as determined by the department.

WRITTEN EXAMINATION

1.5 hour Essay Paper. Students answer 2 questions from a possible 4. Questions may be essay questions or divided into parts without an internal option. Part of the final section of the paper may be MCQ. Further details will be provided.

ASSESSMENT

MCQ:

1 hour paper with 60 true/false questions. Marking is +1, -0.5.

ORAL EXAMINATION

Students on borderline marks (fail/pass/honours) may be called for an oral examination in June after the written examinations. It is vitally important to attend as otherwise there is no opportunity to potentially improve students' grade.

BC2102 Immunology

5 CREDITS. Total Marks 100; End of Year Written Examination 70 marks; Continuous Assessment 30 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination.

WRITTEN EXAMINATION

1.5 hour Essay Paper. Students answer 2 questions from a possible 4. Questions may be essay questions or divided into parts without an internal option. Part of the final section of the paper may be MCQ. Further details will be provided.

ASSESSMENT

MCQ:

1 hour paper with 60 true/false questions. Marking is +1, -0.5.

ORAL EXAMINATION

Students on borderline marks (fail/pass/honours) may be called for an oral examination in June after the written examinations. It is vitally important to attend as otherwise there is no opportunity to potentially improve students' grade.

DEPARTMENT OF CLINICAL SCIENCE AND PRACTICE

CP3001, CP4002, CP6001

Assessment Methodology and Exam Guide

CP3001 Clinical Science and Practice I

15 CREDITS. Total Marks 300; End of Year Written Examination 50 marks; Continuous Assessment (assessment of clinical skills 100 marks, Progressive Assessment 150 marks) 250 marks

WRITTEN EXAMINATION

MCQ:

End of year exam: 50 marks. This consists of 20 statements, with 5 stems. It is marked +1, -1.

Clinical Exam in April:

April – 100 marks in total.

Portfolio of clinical cases presented by students – 20 marks

History taking scenario – 30 marks

Physical Examination Skills – 50 marks

ASSESSMENT

October – April – 100 marks in total

Three assessments will take place over the course of the clinical attachments. These are composed of short written tests (MCQ format) and brief clinical skill task assessments. They are held during the timetabled schedule : 3 assessments 20 marks each = 60 marks

Anaesthetics Assessment: 30 marks plus Gaffney Prize Essay 10 marks = 40 marks

PRACTICAL

September Programme – 50 Marks in Total

Mock Wards – 25 Marks

Medical Informatics – 25 Marks

Satisfactory completion at Stations A, B, and C of Practical Procedures.

CP4002 Clinical Science and Practice II

20 CREDITS. Total Marks 400; End of Year Written Examination 200 marks;
Continuous Assessment (including Dermatology 50 marks) 200 marks; (Oral if required)

WRITTEN EXAMINATION

MCQ:

Therapeutics

End of Year Written MCQ – 200 Marks

50 Questions 5 stems. Marked +1, -0.5.

Dermatology

MCQ – 50 Marks

30 Questions, 5 stems. Marked +1, -0.5

Paediatrics

MCQ – 25 Marks

10 Questions, 5 stems. Marked +1, -0.5

ASSESSMENTS

Obstetrics and Gynaecology

25 Marks

3 basic assessments. (8, 9, and 7 questions respectively). 3-5 stems, one correct answer.
Total: 15 marks

2 definitions exams, 10 definitions on each. Total: 10 marks.

OSCE

100 Marks

5 Unmanned stations (10 marks each)

5 Manned stations (10 marks each)

CP6001 Clinical Science and Practice III

15 CREDITS. Total Marks 100; Continuous Assessment (Project 100 marks) 100 marks; (Oral if required)

PROJECT

Written submission – 70 Marks
Presentation – 30 Marks

ELECTIVE ROTATION

Pass / Fail

Student must complete an Elective Rotation June –August of Summer preceding Final Med. Elective Supervisor determines Pass / Fail.

LIFE SKILLS

Pass / Fail

Students must complete a programme in Professional and Life Skills during Final Medicine.

DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH

EH4002

Assessment Methodology and Exam Guide

EH4002 Epidemiology and Public Health Medicine

10 CREDITS. End of Year Written Examination 100 marks; Continuous Assessment (first term and block) 100 marks; students may, at the discretion of the responsible department(s), be required to take an oral examination.

POSTER PRESENTATIONS

Poster presentations 20 marks

12 slides arranged as poster on assigned contemporary epidemiological and public health issues during the first term. Posters are marked on the basis of content and presentation.

CONTINUOUS ASSESSMENT FIRST TERM

MCQ 20 marks. The test will cover material from the lectures, the poster projects and the Studying Populations Software. (+1 for a correct answer, -1 for an incorrect answer).

CONTINUOUS ASSESSMENT BLOCK TEACHING

Data Project 20 marks

The students are expected to analyse a database addressing the issue of poverty and health derived from the UN Global Health report.

Oral Presentations 20 marks

Oral presentations on epidemiological research issues and health promotion topics which are assessed on the basis of content, presentation, and a question and answer session at the end of the presentation.

Oral Examinations 20 marks

Each student has a 10 to 15 minute oral examination, involving two examiners. Students are asked three questions based on written guidelines for the conduct of the oral examination. The first question is on a topic chosen by the student.

END OF YEAR WRITTEN EXAMINATION

The end of year written paper is in three sections.

Section 1.

2 Standard essays. 30 Minutes each.

Section 2.

3 Shorter essay type questions focused on definition and application of core concepts and data analysis. 20 minutes each.

Section 3.

6 Short notes. 10 minutes each.

100 marks

Essays are marked using the grade descriptors as described on page 31. Grade descriptors for full length essays written under timed conditions.

DEPARTMENT OF GENERAL PRACTICE

BH2001, GP4002

Assessment Methodology and Exam Guide

BH2001 Behavioural Sciences as Applied to Medicine

5 CREDITS. Total Marks 100; End of Year Written Examination 60 marks; Continuous Assessment (essay on family visits) 40 marks

WRITTEN EXAMINATIONS

One long question from a choice of two. These questions relate to the sociological topic on the course. (Duration: 30 minutes). Four short questions, relating to topics covered in the lectures. (Duration: 15 minutes each).

ASSESSMENT

Students are asked to write an essay describing their Family Attachment experience. Students are advised that the essay should address the following three topics:

- A description of the patient and his/ her illness
- A description of the impact of the illness on the patient and his/her family
- A description of the patient and/or the family's experience of the healthcare system.

Marks are awarded for originality and general presentation.

GP4002 General Practice

5 CREDITS. Total Marks 100; End of Year Written Examination (Modified Essay) 70 marks; Continuous Assessment 30 marks; Students may, at the discretion of the responsible department(s), be required to take an oral examination.

WRITTEN EXAMINATIONS

Essay Questions:

90 minute Exam. Six essay Questions. Four are based on clinical scenarios and two are based on General Practice topics.

Essays are in the Modified Essay Question Format. Students will be given instruction in this format during the lecture course and have several opportunities to familiarize themselves with the format prior to the end of year assessment.

ASSESSMENT

Undertaken by GP tutors who assess students on the basis of: Diagnostic Thinking, Patient Management, Attitudes to Patients & Staff and Responsiveness to Teaching and Enthusiasm for Learning.

ORAL EXAMINATIONS*

In the course of the Oral examination the student will be asked about two clinical topics and one General topic. An external examiner is present.

**Oral examinations are compulsory for students on the borderline of pass/fail, and optional for students on the borderline of first-class and second- class honours.*

DEPARTMENT OF MEDICINE

MD6002

Assessment Methodology and Exam Guide

MD6002 Medicine

15 CREDITS. Total Marks 300; End of Year Written Examination 50 marks; Continuous Assessment (Written [MCQ] 30 marks; Written [data interpretation/short answer] 40 marks; Clinical Rotation 30 marks) 100 marks; Clinical Examination 150 marks; Oral, if required.

WRITTEN EXAMINATIONS

MCQ:

30 marks

Christmas of final year: 20 questions each with 5 stems and a True / False / Don't Know option. Marked +1, -1, 0 for Don't Know.

50 marks

End of year paper: 20 questions each with 5 stems and a True / False / Don't Know option. Marked +1, -1, 0 for Don't Know.

SHORT QUESTIONS

40 marks

4 questions consisting of a clinical scenario with laboratory / imaging / other relevant information, followed by 3 or 4 questions regarding diagnosis, differentials, further investigations, and therapies required.

CLINICAL EXAMINATION

150 marks

Long and Short Components. The long case exam consists of a student spending one hour with a patient during which they are expected to complete a thorough and appropriate clinical assessment. Two examiners then spend 15 minutes with the student during which the case is presented by the student. The exam assesses the ability of the student to communicate appropriately both with patients and medical colleagues.

Short case exam. 2 examiners spend 15 minutes reviewing a number of different cases with the student. The exam assesses the clinical examination skills of the student.

CLINICAL ATTACHMENT

30 marks

The supervising consultant returns a mark to the Medical School based on student's knowledge, attendance record, and interaction with and attitudes to patients, staff and fellow students.

ORAL EXAMINATION

The oral exam is compulsory for students who have potentially failed. Students who are potential first honours or honours level are invited but not required to attend. Two examiners are present.

OPHTHALMOLOGY

MD4001

Assessment Methodology and Exam Guide

MD4001 Medicine (Ophthalmology)

5 CREDITS. Total Marks 100; End of Year Written Examination 50 marks; Continuous Assessment 20 marks; (Oral/Clinical Examination 30 marks) 30 marks

WRITTEN EXAMINATIONS

Essay Question:

The written paper is worth 50 marks. Duration: 1.5 hours.

ASSESSMENT

Continuous Assessment accounts for 20 marks.

More details will be provided by the Department of Ophthalmology.

ORAL/CLINICAL EXAMINATION

This is compulsory for all students. 30 Marks

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

OG6000

Assessment Methodology and Exam Guide

OG6000 Obstetrics and Gynaecology

10 CREDITS. Total Marks 200; End of Year Written Examination 80 marks; Continuous Assessment (MCQ 25 marks, Short answer questions 20 marks, Consultant Assessment 10 marks, Student Topics 5 marks) 60 marks; Clinical Examination 60 marks; Oral, if required.

WRITTEN EXAMINATION

End of year written examination: 80 marks

Exam consists of 20 short questions.

End of year Clinical Examination: 60 marks

MCQ:

25 Questions, 5 stems, Marked +1, -1. 25 marks.

SHORT ANSWER QUESTIONS

20 marks.

CONSULTANT ASSESSMENT

Students are assigned to a consultant for a period of 6 weeks. Consultant grades students out of 10.

PRESENTATION OF STUDENT TOPIC

Students are given a topic and on their fourth week must give a short presentation, worth 5 marks.

ORAL EXAMINATION

Students who are borderline pass/fail, pass/honours or first honours are required to attend an oral examination.

DEPARTMENT OF PAEDIATRICS*

PC6000

Assessment Methodology and Exam Guide

****THE DEPARTMENT OF PAEDIATRICS IS CURRENTLY CHANGING HEAD OF DEPARTMENT. AS THIS PROCESS IS ONGOING, THE FOLLOWING ASSESSMENT DETAILS ARE NOT FINALISED. STUDENTS WILL RECEIVE DETAILS DIRECTLY FROM THE DEPARTMENT OF PAEDIATRICS.***

PC6000 Paediatrics

10 CREDITS. Total Marks 200; End of Year Written Examination 100 marks;
Continuous Assessment (Written Paper/MCQ) 50 marks; Clinical Assessment 50 marks;
Oral, if required.

WRITTEN EXAMINATION

One 3 hour written paper.

ASSESSMENT

Written Paper (possible MCQ)

Clinical Assessment

ORAL EXAMINATION*

**If required*

Pass-fail borderline candidates are required to attend for oral examination.

Potential honours candidates are invited to attend for oral examination.

DEPARTMENT OF PATHOLOGY

PM3005, PM3007, MH4000

Assessment Methodology and Exam Guide

PM3006 Forensic and Legal Medicine

5 CREDITS. Total Marks 100; Continuous Assessment 100 marks; Oral, if required

No end of year Examination

PM3007 Mechanisms and Manifestations of Disease

20 CREDITS. 400 marks in total. 200 Continuous Assessment, 200 End of year exam.
Oral, if required.

WRITTEN EXAMINATION

MCQ:

In October. 40 Marks.

In December. 40 Marks.

Essay:

3-hour end of year written paper. 200 Marks.

PRACTICAL EXAMINATION

Practical / CPC (Clinico-Pathological Case) exam in December. 40 Marks

Practical / CPC (Clinico-Pathological Case) exam before Easter. 40 Marks

Easter practical exam is based on practical material since Christmas.

ORAL EXAMINATION

Oral Exam before Easter (40 marks).

Easter oral exam is based on entire course since September.

Pass/Fail borderline candidates are required to attend for oral examination. Students who do not attend will fail.

Potential honours candidates are invited to attend for oral examination (some students may be awarded honours without being invited for an oral examination).

VISUAL ARTS

MH4000 The Making of the Modern World: Developments in Art from the Renaissance to the 20th Century

5 CREDITS. Total Marks 100; Continuous Assessment, 100 Marks.

No End of Year Examination.

PT3101

Assessment Methodology and Exam Guide

PT3101 Medical Pharmacology

15 CREDITS. Total Marks 300; End of Year Written Examination 120 marks; Continuous Assessment (including 4 In-term examinations [37½ marks each] 150 marks, Research Project 30 marks) 180 marks; Oral, if required

WRITTEN EXAMINATIONS

End of year essay paper (3-hour duration). This comprises 5 questions (each with an either/or internal choice). Students are notified as to the paper layout in advance: 120 marks.

IN-TERM EXAMS

Students are briefed on exam format etc. about one week prior to first exam.

Each In-term exam comprises of 2 equal parts, as follows:

- 1 **MCQ:** 50 Questions, True/false. Marked +1/-1.
- 2 **Short Answer Questions:** 10 Questions, including several in the context of 'mini case histories'.

PROJECT

Literature research project assessed according to criteria given in advance to students. Supported by 3 workshops for class and meetings with tutors: 30 marks.

ORAL EXAMINATION

Students who score below 150 out of 300 (50%) or students taking the repeat exam in Autumn are required to attend an oral examination. Marks may be raised, or left unchanged, but will not be reduced. Oral examinations are optional for students who score 3 marks or less below an honours threshold, or for those at the top of the class where ranking is to be confirmed.

DEPARTMENT OF PHILOSOPHY

PH3100

Assessment Methodology and Exam Guide

PH3100 Medical Ethics

5 CREDITS. Total Marks 100; End of Year Written Examination 70 marks; Continuous Assessment (in-class test based on course material, 30 marks) 30 marks

WRITTEN EXAMINATION

End of year Exam, 90 minute paper.

In class test based on course material.

DEPARTMENT OF PHYSIOLOGY**

PL1020, PL2020, PL2030, PL2040

Assessment Methodology and Exam Guide

**The Department of Physiology is consolidating modules with a view to decreasing the number of examinations for students. Please contact the Department for specific queries and note that the following is subject to change.

PL1020 Principles of Physiology I

20 CREDITS. Total Marks 400; End of Year Written Examination 200 marks; Continuous Assessment (Short questions) 200 marks; Oral, if required*.

WRITTEN EXAMINATION

MCQ:

60 questions with four options. Negative Marking -0.3

Essay:

Three essay questions from a choice of four. One hour duration.

Short Questions:

No short Question component within the written examination.

ASSESSMENT

Short Questions:

Three continuous assessments are carried out per year, in December, February and March. The exam comprises seven questions of which five must be answered. Diagrams are required. Major points must be made. 40-minute duration.

PL2020 The Nervous System

5 CREDITS. Total Marks 100; End of Year Written Examination (Essay and MCQ) 70 marks; Continuous Assessment (short questions) 30 marks; Oral, if required*.

WRITTEN EXAMINATIONS

Short Questions:

Seven questions are set of which the students are required to answer five. Exam duration is 90 minutes. Diagrams are required.

ASSESSMENT

Essays:

Three questions are set of which students answer one. 30 minutes to answer question. Questions set at the end of each module.

PL2030 Principles of Physiology II

10 CREDITS. Total Marks 200; End of Year Written Examination (Essay and MCQ) 100 marks; Continuous Assessment (short questions) 100 marks; Oral, if required*.

WRITTEN EXAMINATIONS

Short Questions:

Seven questions are set, five are to be answered. Exam duration is 90 minutes. Diagrams are required.

ASSESSMENT

Essays:

Three questions are set of which students answer one. 30 minutes to answer question. Questions set at the end of each module.

PL2040 Physiological Basis of Disease

5 CREDITS. Total Marks 100; Continuous Assessment 100 marks; Oral, if required*.

ORAL EXAMINATIONS*

**If required*

Pass-fail borderline candidates are required to attend for oral examination.

Potential honours candidates are invited to attend for oral examination.

DEPARTMENT OF PSYCHIATRY

PR4001

Assessment Methodology and Exam Guide

PR4001 Psychiatry

10 CREDITS. Total Marks 200; End of Year Written Examination 100 marks;
Continuous Assessment 50 marks; Oral 50 marks.

WRITTEN EXAMINATION

100 marks

90-minutes duration, students must answer 3 questions from a choice of 4 in brief essay style. Each essay carries equal marks.

CONTINUOUS ASSESSMENT**

50 Marks

Students must submit a dissertation by a deadline set by the Department of Psychiatry. Dissertations should be around 5000 words in length and comprise a case history and discussion on any related topic. The case should be based on a patient seen during the clinical clerkship and should be reasonably detailed. The discussion should be on any topic in psychiatry which relates in some way to the case.

***Students should note the possibility that modes of continuous assessment may change in future years.*

Oral Examination

50 Marks

The oral examination is compulsory for all students.

DEPARTMENT OF SURGERY

SY6000

Assessment Methodology and Exam Guide

SY6000 Surgery

10 CREDITS. Total Marks 200; End of Year Written Examination 60 marks; Continuous Assessment (after each attachment) 40 marks; Clinical Examination 100 marks; Oral, if required

WRITTEN EXAMINATION

2 Papers – 60 marks.

MCQ

Paper I – 20 marks. 20 MCQ's. Duration: 90 minutes. 5 stems. No negative marking.

SHORT ESSAY QUESTIONS

Paper II – 40 marks. Duration: 90 minutes. Paper is divided into 2 sections, General Surgery and Surgical specialties. Candidate must answer 3 questions from a choice of 5 in section 1. There is one compulsory question in section 2, but students have a choice of 2 out of 4 for the remaining questions.

SURGICAL ATTACHMENT

40 marks. Based on a 9 week surgical attachment in a teaching hospital and 3 weeks professorial unit.

ORAL / CLINICAL EXAMINATIONS

All failed candidates are required to take both an oral and clinical examination. All candidates who fail the written examination are required to attend an oral examination. All candidates who failed the clinic will have a repeat clinic. All candidates who are borderline pass/fail, pass/honours, honours/ I H are required to attend an oral examination.

CLINICAL EXAMINATIONS

100 marks. Random allocation of students to hospitals and individual patients. Each student sees one long case and potentially up to two short cases. Students are marked according to a checklist as the exam progresses.

OTORHINOLARYNGOLOGY

SY4001

Assessment Methodology and Exam Guide

SY4001 Surgery (Otorhinolaryngology)

5 CREDITS. Total Marks 100; End of Year Written Examination 100 marks; Oral, if required

WRITTEN EXAMINATIONS

Essay Question:

The written paper is worth 100 marks. Duration: 1.5 hours.

ASSESSMENT

1 week full time Attachment, 2 weeks Clerkship (mornings only)

More details will be provided by the Department of Otorhinolaryngology.

ORAL/CLINICAL EXAMINATION

This is required for students with borderline marks, (fail/pass/honours).

DEGREE	MARKS RANGE %	<i>DESCRIPTION</i>
Pass	50 – 59	<p><u>Acceptable</u> performance but structure may be underdeveloped and lacking in clarity. The answer shows most of the following:</p> <ul style="list-style-type: none"> • addresses the question indirectly • some knowledge or understanding of the subject area but limited ability to argue logically and organise material • generally accurate but may contain errors or omissions • answer based almost entirely on textbooks and lecture notes • material presented essentially descriptive with no critical reflection on its significance and relevance • may demonstrate little or no evidence of original and logical thinking • may include an incomplete or rushed answer which nevertheless demonstrates overall understanding and knowledge of the subject matter
Fail	0 – 49	<p><u>Unacceptable</u> performance which:</p> <ul style="list-style-type: none"> • is seriously lacking in content and accuracy • demonstrates no understanding of the question resulting in a largely irrelevant answer i.e. well written answers which are coherent but totally ‘off the point’ could be included here • constitutes a hazard to individual patients and/or public

TEMPLATE OF CLINICAL EXAMINATION

SAMPLE CHECKLIST FOR FINAL MEDICINE CLINICAL EXAM

DATE

VENUE

STUDENT NAME

STUDENT NUMBER

DANGEROUS (MANY MAJOR ERRORS)		INADEQUATE		ADEQUATE (BASIC COMPETENCE)		HONOURS		GOOD HONS		OUTSTANDING	
1	2	3	4	5	6	7	8	9	10		

FIELD

CRITERIA/CHECKLIST

EXAMINERS MARK

1 2 / 3 4 / 5 / 6 / 7 8 / 9 10

HISTORY

1	Key Points/Focus	Patient Details HPC Assoc. Symptoms Risk Factors e.g PMHx, SOC FHx
2	Completeness	Dates/Timing + ve Answers Followed Systematic
3	History Taking Technique	Sequence, Pace, Clarity Phrasing of Q's/A's

CLINICAL EXAMINATION

4	What signs to seek	Focus on relevant system Seeks relevant +ves Logical progression
5	How to Illicit (Technique)	Position of patient/student Inspection; Thorough General + System Palpation; Technique + Progress Percussion; Technique + Progress Auscultation Other e.g. Fundoscopy

6	Interpretation of Findings	Recognition of Normal/Abnormal Relevance of Findings Recognition of Pattern
7	Communication	Appropriate Terminology Consideration of patients Feelings Rapport Established
8	Acumen	Integration of Findings Conclusions Problem Identification
9	Investigation Data Analysis	Appropriate Prioritise Interpretation of X-Ray/Lab Report
10	Treatment	Holistic Prioritise Immediate Tx Options + Complications Longterm Tx/Follow up

LONG CASE MARK/100

SHORT CASE 1 (mark/50)

SHORT CASE 2 (mark/50)

TOTAL /200
Convert to Mark /100

COMMENTS

EXAMINERS SIGNATURE

1. _____ 2. _____

HOW TO USE THE OSLER – A GUIDE FOR EXAMINERS

Introduction

The overall aim in using the OSLER is to maintain the accepted validity of the long case i.e. measuring what it is supposed to measure and, at the same time, improving its reliability or the consistency by which it does so. To achieve this aim, a fixed structured set of items is consistently assessed during each OSLER. This eliminates the frequently global marking approach which, at the very least, is highly suspect. Following a task analysis of the long case, 10 items have been found to be a minimum of the essential required to adequately assess a candidate. Theoretically, a greater number of items could be used but this would result in Examiners concentrating more on the items rather than on the performance of the candidate, thus paradoxically decreasing the value of the assessment. To assist Examiner marking, an initial criterion referenced grading system for each item of P + (very good/excellent), P (pass/bare pass) and P- (below pass) has been adopted. This is followed by the selection of an appropriate mark, each of which has its own descriptive profile. Furthermore, the difficulty of the case in question is formally identified to minimize the 'luck of the draw' element which is well recognized in relation to the long case.

Case Difficulty

As long as the cases vary in their degree of difficulty, it is necessary for Examiners to establish the relative difficulty of the case under consideration. Not to do so would seriously compromise the validity and reliability of the overall assessment. The case difficulty has been arbitrarily divided into 'standard' cases, which would represent a single problem, 'difficult' cases which would include up to three problems and 'very difficult' cases with greater than three problems. However, it will be appreciated that a single problem could amount to a very difficult case. Examiners, therefore, have to grade difficulty in the context of the case in question and it will be obvious, therefore, that this decision has to be made prior to commencing the assessment itself.

Osler Method

The 10 items to be assessed include four on presentation of the history, three on physical examination and the remaining three include investigations in a logical sequence, management and finally clinical acumen which includes problem identification and problem solving.

History Presentation

Pace/Clarity

Pace of presentation measures rate of speech – too rapid and it is unintelligible, too slow and it is inefficient in terms of time economics, bearing in mind that all skills have a built-in time factor. Clarity is obviously allied to pace but, at the same time, recognizes the need and ease with which the Examiner can observe the unfolding story. Pace/Clarity essentially assesses communication between the candidate and the Examiner.

Communication Process

This item assesses communication between the candidate and the patient. One of the great failings of the traditional long case is that the history product is assessed to the exclusion of the process. The history taking process is assessed by observing the candidate taking a short segment of history, e.g. a three-minute segment on the cardiovascular system or a section such as the social history. Alternatively, the communication process can be observed in addition to and during the investigation or management sections.

Systematic Approach

This encompasses such skills as organisation of case facts and their subsequent orderly presentation. The time available to organize a long case is limited and is, therefore, an essential skill in its own right. This term is also used to assess the candidate's suitability to summarise the case history, in itself a sophisticated skill also.

Facts Established

It is widely accepted that the acquisition of a good history is by far the most important attribute to problem solving in clinical medicine. It is essential, therefore, that the correct case facts are established.

Physical Examination

While physical examination plays a lesser part than history taking in overall problem solving, there are situations where physical examination alone is responsible for solving problems. The physical examination, therefore, can confirm information already available from the history, can reveal information suspected from the history or reveal information not obviously available from the history. Whatever the role of physical examination in any particular case, well developed performance skills are essential.

Systematic Approach

While a systematic approach would appear to be an elementary skill evolving around patient preparation followed by inspection, palpation, percussion and auscultation, it is frequently poorly implemented. Examiners, again in this section, have the opportunity of assessing the candidate's ability to summarise the physical signs.

Examination Technique

Examination technique is a basic psychomotor skill requiring training and practice, as with any such skill. Examiners use this term to observe the psychomotor skills of the candidate which frequently do not match their cognitive ability i.e. knowledge.

Signs Established

It is essential that candidates establish the correct physical signs present in the case allotted to them. Failure to do so will clearly have immediate implications for overall problem solving when acumen is assessed.

Appropriate Investigations in a Logical Sequence

Examiners are requested to assess two concepts under this heading. Firstly, to assess that the candidate has the ability to construct investigations appropriate to the case in question. Secondly, that this is carried out in a logical sequence in terms of cost and invasiveness of the patient. Here Examiners again have the opportunity to assess the ability of candidates to organise data in a short period of time. The communications process can also be assessed in this section, e.g. observing the candidate explaining an investigative procedure to the patient.

Appropriate Management

Examiners are requested to assess the ability of the candidate to develop an appropriate management strategy for the case. In addition, this item focuses attention on the overall safety of the candidate to practice Medicine. The Examiner can also assess the communication process in this section e.g. observing the candidate explaining a management concept such as the dangers of anticoagulants.

Diagnostic Acumen

In this item, Examiners are requested to assess the ability of the candidate to identify the patient's problems in addition to their problem solving ability. It is, therefore, essential that Examiners assess the candidate's ability to logically collect, process, interpret and evaluate clinical data. Assistance in assessing this item is, by way of information, derived from the previous nine items.

Additional Comments

Under this heading, Examiners either individually or as a pair, have an opportunity of commenting on the candidate's performance in the space provided. The information noted could be either for the examining body as a whole or, alternatively, to be used for feedback or candidate counselling.

Individual Examiner Grading and Marking

It is an essential principle of the OSLE that Examiners acting, individually grade each of the 10 items, and decide on the overall grade mark prior to discussion with their co-Examiner. The assessment by the individual Examiner of each of the 10 items is carried out using a grading system of P+, P and P-. P+ represents an excellent or very good performance. P represents a candidate's performance which should be regarded as a safe pass to a borderline pass. P- identifies the candidate who does not achieve a pass grade in the particular item in question. This process is carried out by placing a P+, P or P-, as appropriate, in each of the 10 boxes under the heading GRADE on the marking sheet. With this information, the individual Examiner is in a position to award an overall P+, P or P- grade, placing it in the space designated OVERALL GRADE. The Examiner is now in a position to award an individual mark from the designated list of marks set out on the back of the sheet, each with their own descriptive profile. Having selected an appropriate mark, this is placed in the box under the heading MARK.

Agreed Examiner Grading and Marking

Having completed their individual assessment, the pair of Examiners are in a position to discuss the candidate's performance. Agreement is firstly reached on the CASE DIFFICULTY which is documented. In the boxes under the title AGREED GRADE, the appropriate agreed grades are inserted. Finally, an overall AGREED GRADE and MARK by the pair of Examiners are established and documented in the boxes provided.

NB IT IS ESSENTIAL THAT ALL ITEMS ON THE OSLER FORM ARE COMPLETED

Department of Paediatrics & Child Health

Guidelines for Consultant Examiners

Thank you for agreeing to examine in the Final Medical Clinical Examination. For most students this is the only clinical examination they will have, and is part of their formal Final Medical examination.

1. The Registrar will identify the cases, unless you wish to do so yourself, and will supervise and time the students.
2. Ideally the case would be a new admission to lessen the chance of a student knowing the case beforehand. This may not always be possible.
3. The students are allowed 45 minutes with the patient, to do the history and examination. The Registrar will be responsible for supervising this, providing growth charts etc.
4. The time allotted for examination of the student by the Consultant and Registrar together is 15 minutes. The Registrar times this. If after this time you feel you cannot make a decision on the students' presentation of this one long case, you are free to walk the student to some 'minor' cases as you see fit, or continue with the current case. If this happens, the reason should be entered in the 'comments' section.
5. The individual marking sheets are filled with 'ticks' ✓. On the agreed (white) sheet the student is also allotted an appropriate mark (as indicated above each category).
6. Each examiner should mark their marking sheet individually (green for Registrars, yellow for consultants). The final white sheet will have the agreed opinion of both examiners, and will be considered the final judgment for that student.
7. **The student should *not* be told his/her result.**
8. Both examiners should sign the marking sheet.
9. All marking sheets are part of the University Examination Record, and should be returned to:

Department of Paediatrics and Child Health,
Clinical Investigation Unit,
Cork University Hospital.

For problems you can phone
Pat Cogan 4901222
Eileen Finnegan 4901237
Or email: ucc.ie

Assessment of Clinical Examination in Paediatrics

Relevant Paediatric past history includes: pregnancy, birth, neonatal, feeding, developmental, illnesses, immunizations, drugs and allergies

Relevant family & social history: The student should draw an accurate pedigree as part of the relevant family and social history.

Physical Examination: The assessment of measurements means appropriate use of growth charts, Tanner staging, and specialized charts when indicated.

Infection control refers to hand washing and appropriate precautions against spread of infection.

The clinical case should be on a patient previously not seen by the student. There should be two clinical examiners – one of whom may be a clinical tutor/lecturer. The examiners may choose to walk the student to other cases if necessary. All assessments are provisional until confirmed at the meeting of examiners.

UNIVERSITY COLLEGE CORK
DEPARTMENT OF PAEDIATRICS AND CHILD HEALTH
ASSESSMENT OF CLINICAL EXAMINATION IN PAEDIATRICS

STUDENT NAME: _____ UCC NO. _____

EXAMINER: _____ HOSPITAL _____

Please return the assessment form to DR. PAT COGAN c/o Department of Paediatrics & Child Health, Clinical Investigation Unit, Cork University Hospital.

<u>PRESENTATION OF HISTORY</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Clarified presenting complain(s)				
Full paediatric past history				
Relevant family & social history				

<u>PHYSICAL EXAMINATION</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Assessment of measurements – Recording and interpretation				
Age appropriate observations				
Physical Examination				

<u>PROBLEM LISTS AND MANAGEMENT</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Prioritises problems and differential diagnosis				
Understands signs and symptoms in support of diagnosis				
Appropriate management				

<u>PROFESSIONAL CHARACTERISTICS</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Relates well to parents and child Appropriate dress & infection control				

COMMENTS PLEASE – ESPECIALLY

Where a student is of a low standard and needs further External Examiner Assessment
or

Where a student is a possible first class honours candidate

DIAGNOSIS _____ CASE DIFFICULTY _____

[Standard/Difficult/Very Difficult]

SIGNATURE _____ Date: _____

Guidelines for Registrar Examiners

Thank you for agreeing to examine in the Final Medical Clinical Examination. For most students this is the only clinical examination they will have, and is part of their formal Final Medical examination.

1. The Registrar will be responsible for identifying the cases, unless the Consultant wishes to do so himself, and will supervise and time the students.
2. Ideally, the case would be a new admission to lessen the chance of a student knowing the case beforehand. This may not always be possible.
3. The students are allowed 45 minutes with the patient, to do the history and examination. The Registrar will be responsible for supervising this, and providing blank growth charts along with the patient's weight (and height if appropriate). Patellar hammers, sphygmomanometer and ophthalmoscope etc. should be available if needed.
4. The time allotted for examination of the student by the Consultant and Registrar together is 15 minutes. The Registrar times this. If after this time you feel you cannot make a decision on the students' presentation of this one long case, you are free to walk the student to some 'minor' cases as you see fit, or continue with the current case. If this happens, the reason should be entered in the comments section.
5. The individual marking sheets are filled with 'ticks' ✓. On the agreed (white) sheet the student is also allotted an appropriate mark (as indicated above each category).
6. The final white sheet will have the agreed opinion of both examiners, and will be considered the final judgement for that student.
7. **The student should *not* be told his/her result.**
8. Both examiners should sign the marking sheet.
9. All marking sheets are part of the University Examination Record, and should be returned to:

Department of Paediatrics and Child Health, For problems you can phone
Clinical Investigation Unit, Pat Cogan 4901222
Cork University Hospital. Eileen Finnegan 4901237
Or e-mail: p.cogan@ucc.ie

UNIVERSITY COLLEGE CORK
DEPARTMENT OF PAEDIATRICS AND CHILD HEALTH
ASSESSMENT OF CLINICAL EXAMINATION IN PAEDIATRICS

STUDENT NAME: _____ UCC NO. _____

EXAMINER: _____ HOSPITAL _____

Please return the assessment form to DR. PAT COGAN c/o Department of Paediatrics & Child Health, Clinical Investigation Unit, Cork University Hospital.

<u>PRESENTATION OF HISTORY</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Clarified presenting complain(s)				
Full paediatric past history				
Relevant family & social history				

<u>PHYSICAL EXAMINATION</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Assessment of measurements – Recording and interpretation				
Age appropriate observations				
Physical Examination				

<u>PROBLEM LISTS AND MANAGEMENT</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Prioritises problems and differential diagnosis				
Understands signs and symptoms in support of diagnosis				
Appropriate management				

<u>PROFESSIONAL CHARACTERISTICS</u>	<i>FAIL</i>	<i>PASS</i>	2nd Hons.	1st Hons.
Relates well to parents and child				
Appropriate dress & infection control				

COMMENTS PLEASE – ESPECIALLY

Where a student is of a low standard and needs further External Examiner Assessment
or

Where a student is a possible first class honours candidate

DIAGNOSIS _____ CASE DIFFICULTY _____

[Standard/Difficult/Very Difficult]

SIGNATURE _____ Date: _____

FINAL JUDGEMENT ON CLINICAL ASSESSMENT

Student Name: _____ **Student Number:** _____

Examiner 1 _____

Examiner 2 _____

Fail	Pass	2nd Honours	1st Honours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<50%	50% - 59%	60% - 69%	= / > 70%

If failing a student can you please give reasons for the judgement.

Signatures _____

EXAMINER 1

EXAMINER 2

DEPARTMENT OF SURGERY

CHECKLIST FOR FINAL MEDICINE CLINICAL EXAM IN SURGERY

DATE

VENUE

STUDENT NAME

STUDENT NUMBER

MANY MAJOR ERRORS		INADEQUATE (BASIC COMPETENCE)		/ ADEQUATE/		HONOURS /GOOD HONS/		OUTSTANDING	
1	2	3	4	5	6	7	8	9	10

FIELD	EXAMPLES	EXAMINERS MARK	COMMENTS
-------	----------	----------------	----------

1	2	/	3	4	/	5	/	6	/	7	8	/	9	10
---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

HISTORY

- | | | |
|---|---|---|
| 1 | Key Points/Focus | Patient Details
HPC
Assoc. Symptoms
Risk factors
e.g PMHx,
SOC
FHx |
| 2 | History Taking
Technique
Completeness | Dates/Timing
+ ve Answers Followed
Systematic
Sequence, Pace, Clarity
Phrasing of Q's/A's |

CLINICAL EXAMINATION

- | | | |
|---|---|---|
| 3 | Communication

WHAT signs to seek | Appropriate Terminology
Consideration of Patients Feelings
Rapport established
Vital Signs
Focus on Relevant System
Seeks Relevant +ves
Logical Progression |
| 4 | HOW to Illicit
(Technique) | Position of Patient/Student
Inspection; Thorough |

General + System
Palpation; Technique + Progress
Percussion; Technique + Progress
Auscultation

- | | | |
|---|--|--|
| 5 | Interpretation of Findings and Clinical acumen | Recognition of Normal/Abnormal
Relevance of Findings
Recognition of Pattern
Integration of Findings
Conclusions
Problem Identification |
| 6 | INVESTIGATION/

DATA ANALYSIS
TREATMENT | Appropriate
Prioritise
Interpretation of X-Ray/Lab Report
Holistic
Prioritise
Immediate Tx options +Complications
Longterm Tx/ Follow up |

LONG CASE MARK /60

SHORT CASE 1 (mark/20) Elicit signs
Interpret findings
Discussion

SHORT CASE 2 (mark/20) Elicit signs
Interpret findings
Discussion

TOTAL/100

EXAMINERS SIGNATURE

1. _____ 2. _____

