



THE AUSTRALASIAN  
COLLEGE OF  
PHLEBOLOGY

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## Assessment Policy & Procedure

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Policy Domain:	Education
Policy Area:	ACP Students, Trainees & other training Candidates
Policy Author:	ACP
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Related Policies/Regulations	Candidate in Difficulty Policy, Unsatisfactory Performance by a Candidate Policy.

### PURPOSE

The purpose of this policy is to outline the principles and practices that underpin the approach to the development and implementation of assessments for the education and training programs and courses offered by the College.

### SCOPE

This policy is applicable to all programs and courses offered by the College including the Master of Phlebology and its nested postgraduate courses as well as the Clinical Training Program and is run in conjunction with and policies and procedures where trainees/fellows/students are employed.

### DEFINITIONS

*Assessment:* is the process of collecting evidence and making judgments on whether specified learning outcomes have been achieved to confirm that an individual can demonstrate the standard expected in the workplace as expressed in the learning outcomes of a course.

*Formative assessment:* is used to provide ongoing/progressive feedback which can be used to improve learning. It provides students with an opportunity to identify strengths and weaknesses and put in place measures to address these for later learning.

*Summative assessment:* is used to determine a student's level of knowledge and skill at the conclusion of a subject. It certifies the attainment of a standard and may be used as the basis for progression.

### PRINCIPLES OF ASSESSMENT

Assessment is a core feature of the teaching and learning process. Quality assessment ensures that the skills and knowledge of candidates are assessed in relation to the following principles of assessment:

- **Fairness:** Individuals are provided with access to activities and opportunity to practice and receive feedback prior to assessment in order to provide individuals with an equal opportunity to demonstrate their learning.
- **Equity:** Assessment practices need to be as free as possible from gender, racial, cultural or other potential bias and provisions need to be made for students with disabilities and/or special needs according to policy.

- **Validity:** Assessments should measure the individual's learning related to the task being completed. Assessments are conducted against the range of skills and knowledge identified within each subject via learning outcomes.
- **Reliability:** Evidence is collected in a consistent manner that provides reliable results for the assessor and individual. Assessors are trained and rubrics standardized.
- **Flexibility:** Assessment opportunities consider the individual's needs relevant to policy and course requirements.
- **Transparency:** Assessment expectations are provided for individuals.
- **Authenticity:** Assessments allow for demonstration of the individuals own work.
- **Sufficiency:** Assessments collect enough evidence to ensure that learning outcomes have been achieved to an appropriate level.
- **Currency:** That the assessment is contextualised and integrated and reflects real world practice and appropriate AQF or other industry benchmark standard.
- **Feedback:** That feedback is provided in a timely manner throughout the course and assessment process.

## ASSESSMENT DESIGN

In designing assessment activities, the College considers a number of factors. These include:

- Who is being assessed? (e.g. level of candidate)
- What needs to be assessed? (related to outcomes/attributes/level of learning)
- Are there any regulatory requirements? (e.g. AMC, RTO competencies)
- How is the assessment weighted? (how does it link with other assessments)
- How will the assessment be marked? (e.g. criterion-based/norm-referenced etc)
- What is required in order to pass/progress? (e.g. Hurdle tasks, pass marks)
- When and where will the assessment take place?
- Who will conduct the assessment/grading?
- How will feedback be provided?
- What is the process for Assessment review?

Based on these factors, and other regulatory requirements, the College may apply certain standards to some courses/training programs. This may include, but not be limited to:

- Setting minimum and maximum weighting for assessments, where weighting occurs (e.g. 5% and 70%)
- Setting minimum and maximum assessment events for each subject (e.g. minimum of 2 assessments for each competency)
- Setting marking criteria and pass marks Variations to assessment may be approved by the Board of Censors as required to ensure that assessment events are appropriate to the subject and the learning outcomes.

## ASSESSMENT INSTRUMENTS

Assessment instruments are the media used to gather evidence about a candidate's performance in relation to the learning outcomes and skills, knowledge and attitudes being assessed. They vary from course to course, and may include, but are not limited to:

- Examinations (e.g. online quiz, paper based)
- Work Based Assessments (Procedural Phlebotomy Assessment, Phlebotomy Clinical Evaluation Exercise, Case Based Discussions)
- Summative In Training Assessments
- Portfolios/log books of work
- Direct Observation of Clinical/Surgical procedures checklists
- Self-paced online modules
- Vivas/Role plays (simulated or real)
- Clinical cases (simulated or real)
- Assignments (individual or group)
- Presentations (individual or group)
- Research projects
- Participation/Attendance (e.g. in discussion forums, attendance requirements)

## **COMPLETION AND SUBMISSION OF ASSESSMENTS**

Information on due dates and submission requirements will be made available to participants at the start of each course/subject. Late submissions will not be permitted unless approved by the Board of Education (or their delegate) and will result in a fail grade for that assessment item. All extension requests need to be accompanied by supporting documentation and to be made before the assignment submission due date.

## **EXAMINATIONS**

Examinations are held in accordance with the program timetable. Details of the assessment due dates are made known to students at the beginning of the course or in each year of the Training Program. Deferred assessments may be permitted in exceptional circumstances but are not permitted in the Training Program Fellowship Examinations (Writtens and Vivas). See the Special Consideration policy.

### **Failing an Assessment**

Individuals who fail an assessment will be subject to the rules outlined in the relevant handbook/course outline. These may vary from course to course based on legislation and other requirements.

## **STUDENTS WITH SPECIAL NEEDS OR CIRCUMSTANCES**

Support is provided for students with a range of needs. Please refer to policies on Special Consideration, Reasonable Adjustment for more information in this topic.

### **Benchmarks for assessment**

For the ACP Training Program, TEQSA approved courses and other College courses, benchmarks are set against industry standards, related courses and previous assessments.

## **RECOGNITION OF PRIOR LEARNING**

The College will provide all students the opportunity to seek recognition of their prior learning. Further information can be found in the Recognition of Prior Learning policy. This also applies to individuals who have completed nationally accredited units of competence and can provide satisfactory evidence that the unit has been previously awarded to the candidate.

## **ASSESSORS**

Assessors are required to meet the minimum standard as set out by the College. Where an assessor does not hold the required training and assessment competence, but is a recognised industry expert, appropriate supervision arrangements will be put in place to support the gathering of valid evidence.

### **Assessment validation**

Assessment validation is the process where assessors compare and evaluate their assessment methods, assessment procedures and assessment decisions. Australasian College of Phlebology will facilitate regular assessment validation opportunities to maintain a quality assessment and to continuously improve assessment strategies.

## **ASSESSMENT RESULTS**

Pass requirements vary across all courses. They are outlined in the relevant course/subject outlines and may include:

- Achieving a required level of competency
- Demonstrating evidence of required skill/knowledge
- Achieving a predetermined pass mark (e.g. 70%)
- Achieving a pass mark as determined by norm-referenced methods
- Satisfactorily completing observed clinical hours, tasks and/or procedures
- Satisfactory attendance/participation in set tasks

Subject results on student records and transcripts will be recorded as grades according to the course they are enrolled in.

# Assessment Procedures

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Students will be given information about their course of study, the learning outcomes and the assessment strategies employed to provide clear and timely feedback on the learning to the student and assessment of the student's achievements in relation to the learning outcomes and based on written assessment criteria.

**Assessment Tasks** for the Master of Phlebology and its nested courses may include:

- Subject-based online quiz
- Subject-based online short written responses
- Subject-based participation in online discussion forum
- Subject-based project or assignment
- Written examinations involving multiple choice responses
- Written examinations involving short written responses

**Assessment Tasks** for the Clinical Training program may include:

- Logbook of clinical procedures undertaken
- Presentations at the Annual Scientific Meeting
- Summative in Training Assessment (SITA)
- Written examinations involving multiple choice responses
- Written examinations involving short written responses
- Clinical examinations based on case studies and patient scenarios

## Marking Procedures

Subject-based online assessments:

Subject-based online quizzes are marked electronically using an automated online system.

Subject-based online short written responses may be marked electronically or by the Instructor.

Subject-based participation in online discussion forum will be evaluated by the Instructor or Subject Coordinator.

Subject-based projects will be marked by the Instructor, with samples of work second marked by the Subject Coordinator for the purposes of moderation.

## Written examinations

Written examinations involving multiple choice responses are marked electronically using an automated online system.

Written examinations involving short written responses are double marked (using blind marking processes). Marks allocated to questions are clearly labelled on the examination paper.

## Examination rules

1. Candidates must comply with all instructions issued by the Examination Supervisor. Failure to comply may result in a candidate being disqualified from the examination.
2. Candidates must be present in the examination room 15 minutes before the commencement time of the examination.
3. No candidate will be admitted to the examination room after commencement of the exam except in extenuating circumstances and at the discretion of the supervisor.
4. Candidates may bring water into the examination. No food is allowed, unless part of an approved reasonable adjustment application.
5. Candidates must present photographic identification at every examination. A driver's licence or passport is acceptable.
6. Candidates must bring writing implements to the examination. They may not bring paper, text books, or other forms of study materials into the premises.
7. Candidates may write in any manner they wish on the question papers.
8. All paper required for answering the examination or rough work will be provided.

9. For multiple choice examinations no written material may leave the examination room either during or at the completion of the examination. This includes question papers, rough work done by students/trainees, and all answer sheets whether used or unused.
10. For the Fellowship written paper trainees may remove both the question paper and their rough work at the completion of the examination.
11. All items brought into the examination room which are not necessary for the writing of answers or completion of answer sheets will be kept by the invigilator out of reach of the candidates during the examination. No access to this material will be allowed until the completion of the examination time, except in special circumstances and at the discretion of the examination supervisor. Candidates who are leaving an examination early may take their bags (see below).
12. No computers, headphones, laptops, iPads, mobile phones, 'Smart Watches', PDAs, iPods, MP3/4 players, cameras or other transmission or storage devices are permitted. All items must be switched off and left in bags with the invigilator from the commencement of the reading time until the completion of the examination time.
13. A clock will be on display in the examination room. A 10 minute warning call is normally made by the Invigilator. The only personal timekeeping device candidates may bring is a watch or small portable clock. No device can emit audible noises or be set or programmed to beep, vibrate or trigger an audible alarm.
14. All writing and other materials used in an examination must be stored in a clear plastic zip-lock bag. No opaque containers will be allowed at examination desks.
15. The computerised answer sheets and written answer booklets must be identified with the candidate's examination number, the name of the examination paper and the date only. This information is written on the cover of every MCQ answer sheet and every ACP written paper answer booklet. Candidates' names and the venue at which they are sitting are not to appear.
16. Candidates must write their candidate number on the front page of each examination question paper.
17. A candidate who wishes to leave the examination room temporarily must obtain the consent of the supervisor before doing so. Consent to return to the examination room must also be obtained from the supervisor.
18. Candidates who have completed their examination papers may leave any examination early but not in the last 10 minutes.
19. After the supervisor advises that there are 10 minutes remaining in the examination, all candidates must remain seated until the supervisor advises them that they may leave
20. Candidates must cease writing immediately at the end of the examination. Failure to do so may result in disqualification from the examination by the Board of Censors.
21. Any candidate who considers that they may be unable to comply with these examination rules must notify the Honorary Secretary of the College in writing for the consideration of the Board of Censors a minimum of six months prior to the examination date.
22. Complaints about the running of the examination, including perceived breaches of these rules must be made in writing to the Honorary Secretary. All such complaints will be handled in strictest confidence.

### **Clinical examinations**

Clinical examinations are undertaken by trainees in the Clinical Training Program and are based on case studies and patient scenarios are panel marked (with 2 examiners observing and assessing 1 student per case) and the individual student is normally assessed by at least 2 pairs of examiners (that is 4 examiners) across the cases undertaken during a clinical exam.

- Number of cases to be undertaken normally follows the following pattern:
  - Year 1 Basic Training – 3 short cases
  - Year 2 Advanced Training – 3 short cases & 2 ultrasound cases
  - Year 3 Advanced Training – 3 short cases & 2 ultrasound cases
  - Year 4 ACP Fellowship – 2 long cases
- Marks for each case are equally weighted.
  - Individual marks are allocated by each examiner on the panel, followed by discussion and a panel mark allocated.
  - Moderation across panels by end of exam.
  - If a Fail is allocated for one case, due to misdiagnosis or proposed treatment that may place the patient at risk, then a Fail will be allocated for the entire Clinical Examination.

## Marking criteria for short and long case examinations

- History and Examination
  - Appropriate history taking, emphasizing relevant history
  - Examination accurately elicits relevant signs, includes important negative signs
  - Requires no prompting to elicit significant history and signs
  - Displays systematic and fluent approach
- Diagnosis and Investigation
  - Appropriate differential diagnosis
  - Recognizes crucial information
  - Logical approach (eg refining diagnosis)
  - Orders appropriate tests
  - Is able to correctly interpret test results
  - Is able to confidently arrive at provisional diagnosis
- Judgement and Approach to Management
  - Approach is appropriate to the clinical context
  - Explores treatment options, including conservative options
  - Adapts approach to additional information
  - Approach demonstrates learning from clinical experiences
  - Approach based on evidence and guidelines
- Safe Practice
  - Recognizes life-threatening or potentially serious aspects
  - Considers potential adverse consequences of actions, and demonstrates safe judgement
  - Aware of ethical and/or legal implications of actions
- Application of medical knowledge / inter-professional communication
  - Applies relevant knowledge correctly
  - Depth of understanding demonstrated in decisive and confident approach
  - Clear and concise discussion
  - Demonstrates ability to recognize and respond to critical information
- Interaction with Patient
  - Introduces him/herself to patient
  - Appropriate and sensitive approach to history and examination
  - Shows respect for patient
  - Recognises and modifies examination when painful
  - Understands the impact of disease on patient