

# Saidu Medical College, Swat. Policy on Assessment

<b>Policy Approver:</b>	Academic Council, SMC
<b>Policy No:</b>	
<b>Approval Date:</b>	16 <sup>th</sup> - JUNE 2023
<b><u>Definitions &amp; Abbreviations:</u></b>	
<b>Assessment:</b>	The systematic process of documenting and using empirical data on the knowledge, skill, attitudes, and beliefs to refine programs and improve student learning.
<b>Stakeholders:</b>	Refers to students, teachers, parents, and administration.
<b>Internal Assessment:</b>	Assessment carried out by institution itself.
<b>Internal Formative Assessment:</b>	Assessment carried out by institution which does not affect student grades or promotion but is only meant for improvement in learning
<b>External Summative Assessment:</b>	Refers to assessment based on which students' performance is graded and decision regarding promotion is taken.
<b>MCQs:</b>	Multiple Choice questions.
<b>EMQs:</b>	Extended matching questions
<b>SAQs:</b>	Short Answer Questions.
<b>SEQs:</b>	Short Essay Questions.
<b>SCTs:</b>	Script Concordance Tests
<b>SJTs:</b>	Situational Judgement Tests
<b>ECRE:</b>	End of Clinical Rotation Examination
<b>OSPE:</b>	Objective Structured Practical Examination
<b>OSCE:</b>	Objective Structured Clinical Examination
<b>OSLER:</b>	Objective Structured Long Examination Report
<b>DOPS:</b>	Direct Observation of Procedural Skills
<b>SAS:</b>	Students Affair Section
<b>DME:</b>	Department of Medical Education

## 1 PURPOSE & SCOPE

The purpose of this assessment policy for Saidu Medical College is to establish assessment practices for students which ensures the achievement of outcomes outlined in the institutional mission statement. This policy is developed by the Department of Medical Education in collaboration with examination cell of Saidu Medical College, which works under the umbrella of Department of Medical Education. This policy has been designed to ensure adaptation and implementation of evidence-based assessment strategies at Saidu Medical College. The Assessment policy would cover the Assessment of Knowledge, Skills and Attitude of Students from First Year to Final Year M.B.B.S. at Saidu Medical College, Swat

This policy shall only be applicable to internal assessments. All external assessment (annual exams) would be conducted in accordance with regulation set by Khyber medical University.

## 2 GUIDING PRINCIPLES

- 2.1 **Assessment shall be used for the purpose of promoting learning.**
- 2.2 **Assessments shall be outcomes oriented.**
- 2.3 **Although Examination cell would carry out the major responsibility however assessment would be a combine effort of all stakeholders of the institution.**
- 2.4 **Every effort shall be made to ensure the transparency of assessment.**
- 2.5 **Assessment methods shall be developed and reviewed considering validity,**

reliability, feasibility, fairness, educational impact, cost effectiveness, acceptability, and defensibility.

**2.6 Compensatory mechanism in cases of informed absence (Approved by Director SAS), illness or other extenuating circumstance shall exist provided it does not allow students to promote or graduate without the ability to demonstrate the high-level outcomes set for each academic year.**

**2.7 The internal assessment would be viewed as a continuous process rather than unit of curriculum representing the end of module or block.**

**2.8 Continuous faculty development programs shall be conducted for ensuring the maintenance of standards and authenticity of assessment.**

**2.9 All assessment related information shall be clear, accessible and time provided to all stake holders.**

**2.10 Regular feedback regarding assessment would be obtained from all stakeholders to improve the process of assessment.**

**2.11 There shall be two types of assessments, Internal Assessments (carried out by the Institution) and External Summative assessment, (Carried out by the University)**

**2.12 The Internal Assessment would be subdivided into: Formative assessment & Summative assessment**

**2.13 Mode of assessment maybe MCQs, SAQs, SEQ's, OSPE, OSCE, SJTs, DOP's, assignment, research projects, clinical audits, logbooks, and portfolios.**

### **3 ASSESSMENT STRATEGIES TOOLS AND OUTLINE**

#### **3.1 Formative Assessments.**

Formative assessments shall be carried out by the end of each module which would be called as EME (end module exam). The end module exam would only comprise of multiple-choice questions. This would contain at least 100 MCQs and would be conducted by examination cell.

These tests would have no effect on students (internal marks) and the sole purpose would be to provide feedback to students regarding their strengths and weaknesses. Department of medical education shall ensure to include one full day for feedback after the result of formative exam is announced.

#### **3.2 Summative Assessments**

Two types of summative assessment shall be carried out including:

- Internal Summative Assessments (Low stake assessments)
- External Summative Assessments (High stake assessments)

There shall be an Internal Summative Assessment after the conclusion of each block. This would be called as EBE (end of block exam). The timing of EBE would be decided by the department of medical education and examination cell in collaboration so that space in time tables and venues may be arranged however, it should not be delayed by more than two weeks following the last teaching session of the Block and students shall be given at least two days preparation leave for revision before exam.

### **3.3 Assessment tools used:**

#### **3.3.1 Internal assessments (1<sup>st</sup> and 2<sup>nd</sup> yr.):**

- (1). For assessment of knowledge, MCQ's, SEQ's.
- (2). For assessment of skill and attitude, OSPE.

#### **3.3.2 Internal assessments (3<sup>rd</sup>,4<sup>th</sup> year):**

- (1). For assessment of knowledge MCQ's, SEQ's, EMQ's, SCT and case cluster mcqs.
- (2). For assessment of skill and attitude OSCE, SJT, DOPS, and 360<sup>o</sup> assessments where ever possible depending on feasibility.

#### **3.3.3 Internal assessments (final year):**

- (1). For assessment of knowledge MCQ's, SEQ's, EMQs and SCT case cluster mcqs.
- (2). For assessment of skill and attitude OSCE, OSLER, Clinical Audit, SJT, DOPS, WPBAs and 360 degree assessments .

## **4 ASSESSMENT DEVELOPMENT AND IMPLEMENTATION**

### **4.1 MCQs Collection for Modular Exams**

Members of the examination cell (as nominated by each department) would be responsible for collecting MCQ's from the faculty after each teaching session and submit to Examination Cell at least one week before the exam. They would also be required to report non-compliance to the respective Head of department and the Controller of the examination, who would then inform chairman of the curriculum committee in written.

Each member of the examination cell would check the MCQ's against the following criterion:

1. Are the MCQ's in line with the module objectives?
2. Are the MCQ's constructed properly?
3. Is the key provided with MCQ's?

### **4.2 MCQs for Block Exams**

MCQS for block exams would be constructed by faculty members on a specified day in the DME conference hall. It shall not contain any MCQ from the End of module exam.

### **4.3 GUIDELINES FOR MCQs DISTRIBUTION**

The MCQ's collected shall be categorized into 3 groups.

#### **4.3.1 MCQs distribution For First and Second year MBBS**

The percentage of MCQ's for cognitive domain shall be as follows:

1. MCQ's assessing knowledge & comprehension 60%.
2. MCQ's assessing application 25%.
3. MCQ's assessing analysis 15%.

#### **4.3.2 MCQs distribution For Third and Fourth year MBBS**

The percentage of MCQ's for cognitive domain shall be as follows:

1. MCQ's assessing knowledge & comprehension 30%.
2. MCQ's assessing application 30%.

- MCQ's assessing analysis 40%.

#### 4.3.3 MCQs distribution For Final year MBBS

The percentage of MCQ's for cognitive domain shall be as follows:

- MCQ's assessing knowledge & comprehension 20%.
- MCQ's assessing application 30%.
- MCQ's assessing analysis 50%.

## 5 TOTAL MARKS DISTRIBUTION

Distribution of marks for summative assessment would be as follow:

### 5.1 Theory Portion:

- External Summative Assessment Theory Portion (University) = 90 %
- Internal Summative Assessment Theory Portion (College) = 10%

### 5.2 OSPE/ OSCE:

- External Summative Assessment OSPE/ OSCE Portion (University) = 90 %
- Internal Summative Assessment OSPE/ OSCE Portion (College)= 10%

### 5.3 Marks distribution for the of 1st and 2nd professional Annual exam

- #### 5.3.1 Marks distribution for the of 1<sup>st</sup> and 2<sup>nd</sup> professional Theory & OSPE exam are given as follow:

	Block Name	Theory Marks			OSPE Marks		
		Total Theory Marks	External Theory Marks	Internal Theory Marks	Total OSPE Marks	External OSPE Marks	Internal OSPE Marks
<b>First Year MBBS</b>	Block A	134	120	14	100	90	10
	Block B	133	120	13	100	90	10
	Block C	133	120	13	100	90	10
<b>Second Year MBBS</b>	Block D	134	120	14	100	90	10
	Block E	133	120	13	100	90	10
	Block F	133	120	13	100	90	10

#### 5.3.2 DISTRIBUTION OF THE 10% INTERNAL THEORY MARKS 1<sup>st</sup> and 2<sup>nd</sup> Professional (Awarded by college)

INTERNAL MARKS DISTRIBUTION FOR THEORY PORTION					
		TOTAL MARKS	MODULE EXAM ATTENDANCE	BLOCK EXAM THEORY PAPER	ASSIGNMENT ON MOODLE
First Year MBBS	BLOCK A	14	1	9	4
	BLOCK B	13	0	9	4
	BLOCK C	13	1	8	4

Second Year MBBS	BLOCK D	14	1	9	4
	BLOCK E	13	1	8	4
	BLOCK F	13	1	8	4

**5.3.3 DISTRIBUTION OF THE 10% INTERNAL OSPE/ OSCE MARKS 1<sup>st</sup> & 2<sup>nd</sup> Professional (Awarded by college)**

INTERNAL MARKS DISTRIBUTION FOR OSPE				
		TOTAL MARKS	OSPE	RESEARCH/SOCIAL ACCOUNTABILITY
First Year MBBS	BLOCK A	10	8	2
	BLOCK B	10	8	2
	BLOCK C	10	8	2
Second Year MBBS	BLOCK D	10	8	2
	BLOCK E	10	8	2
	BLOCK F	10	8	2

**5.4 Marks distribution for the of 3rd professional Annual summative exam**

**5.4.1 Marks distribution for the of 3<sup>rd</sup> professional Theory exam are given as follow:**

Block Name	Total Theory Marks	External Theory Marks	Internal Theory Marks	Total OSPE Marks	External OSPE Marks	Internal OSPE Marks
Block G	134	120	14	134	120	14
Block H	133	120	13	134	120	14
Block I	133	120	13	132	120	12

**5.4.2 DISTRIBUTION OF THE 10% INTERNAL THEORY AND OSPE/OSCE MARKS 3<sup>rd</sup> Professional (Awarded by college)**

Internal marks distribution for theory portion					
	Total Marks	Module Exam attendance	Block Exam Theory Paper	Research/ Social Accountability	Assignments on Moodle
Block G	14	1	8	2	3
Block H	13	2	7	1	3
Block I	13	1	7	2	3

<b>Internal Marks Distribution for OSCE and Clinical Rotation</b>			
	Total Marks	OSCE Exam	Clinical Rotation Exam
Block G	14	7	7
Block H	14	7	7
Block I	12	6	6

Allotted internal Marks for Clinical Rotation combined are =  $7+7+6 = 20$

**5.4.3 Marks assigned to each End of Clinical Rotation Exam in the Third professional year are as follow:**

Department	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Marks obtained by student out of 700 in clinical rotation exams would be converted to .... Marks obtained out of: 20  And then Distributed in three Internal clinical rotation marks of the three blocks
Medicine	100	
Surgery	100	
OBGYN	100	
Paeds	100	
Eye	50	
ENT	50	
Orthopedics	25	
Clinical Pathology	25	
Radiology	25	
Forensic	25	
<b>Total</b>	<b>700</b>	

**5.5 Marks Distribution for the of 4th Professional Annual Summative exam**

**5.5.1 Marks distribution for the of 4<sup>th</sup> professional Theory exam are given as follow (Awarded by University):**

Block Name	Total Theory Marks	External Theory Marks	Internal Theory Marks	Total OSPE Marks	External OSPE Marks	Internal OSPE Marks
Block J	133	120	13	133	120	13
Block K	133	120	13	133	120	13
Block L	134	120	14	168	120	13
					20	15
Block M1	100	90	10	83	75	8
Block M2	100	90	10	83	75	8

**5.5.2 DISTRIBUTION OF THE 10% INTERNAL THEORY AND OSPE MARKS 4<sup>th</sup> Professional (Awarded by college)**

<b>Internal Marks Distribution for Theory Portion</b>			
	Total Marks	Block Exam Theory Paper	Assignments on Moodle
<b>Block J</b>	13	9	4
<b>Block K</b>	13	9	4
<b>Block L</b>	14	10	4
<b>Block M1 (Ent)</b>	10	10	0
<b>Block M2 (Eye)</b>	10	10	0
Research Internal Marks (Project completion) = 15 marks			

<b>Internal Marks Distribution for OSCE and Clinical Rotation</b>			
	Total Marks	OSCE Exam	Clinical Rotation Exam
BLOCK J	13	7	6
BLOCK K	13	7	6
BLOCK L	13	7	6
BLOCK M1 (ENT)	8	4	4
BLOCK M2 (EYE)	8	4	4

Allotted internal Marks for Clinical Rotation combined are =6+6+6+4+4 = 26

**5.5.3 Marks assigned to each End of Clinical Rotation Exam in the fourth professional year are as follow**

Department	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Marks obtained by student out of 750 in clinical rotation exam would be converted to..... Mark obtained out of :26
Medicine	100	And then Distributed in five internal clinical rotation marks of five blocks
Surgery	100	
OBGYN	100	
Paediatrics	100	
EYE	100	
ENT	100	
Orthopedics	25	
Urology	25	
Nephrology	25	
Gastroenterology	25	
Rheumatology	25	
Endocrinology	25	
<b>TOTAL</b>	<b>750</b>	

**5.6 Marks distribution for the of Final professional exam are given as follow:**

**5.6.1 Marks distribution for the of 5<sup>th</sup> professional Theory and OSCE exam are given as follow:**

Block	Total Marks Theory	External Theory	Internal Theory	Total Marks OSCE	External OSCE	OSLER	Internal OSCE
Block N	132	120	12	168	120	30	18
Block O	132	120	12	168	120	30	18
Block P	132	120	12	168	120	30	18
Block Q	132	120	12	168	120	30	18

**5.6.2 Internal Marks distribution for the of 5<sup>th</sup> Professional Theory & OSCE exam are given as follow:**

Internal marks Distribution for Theory Portion			
	Total marks	Block Exam Theory Paper	Assignment on Moodle
BLOCK N	12	8	4
BLOCK O	12	8	4
BLOCK P	12	8	4
BLOCK Q	12	8	4

Internal Marks Distribution for OSCE and Clinical Rotation			
	Total Marks	OSCE Exam	Clinical Rotation Exam
BLOCK N	18	9	9
BLOCK O	18	9	9
BLOCK P	18	9	9
BLOCK Q	18	9	9

Allotted internal Marks for Clinical Rotation combined are = 9+9+9+9=36

**5.6.3 Marks assigned to each End of Clinical Rotation Exam in the final professional year are as follow**

DEPARTMENT/ Activity	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Marks obtained by student out of 850 in clinical rotation exam would be converted to.. Marks obtained out of 36
Clinical Audit	100	And then distributed in internal clinical rotation marks of the four blocks
Medicine	100	
Surgery	100	
Paediatrics	100	
OBGYN	100	
Psychiatry	50	
Pulmonology	50	
Cardiology	50	
Dermatology	50	
Orthopedics	50	



Family Medicine	50	
Anesthesia/Critical Care	25	
Paeds Surgery	25	
<b>TOTAL</b>	<b>850</b>	

## 6 Quality Assurance Mechanism

Quality assurance mechanism shall be in place to ensure that the whole course is assessed and inline with the defined objectives of the course.

### 6.1 Exam Blueprints (TOS)

The examination cell would be responsible for preparing and disseminating (TOS) table of specification before exam, design an MCQ paper with or without SEQ portion strictly in line with the blueprints and conduct the exam.

The following guidelines would be used for designing TOS.

#### For theory Exam with Total 100 marks

<u>S/No</u>	<u>Unit/ Section / objective of course</u>	<u>Number of study hours</u>	<u>Percentage out of total study hours</u>	<u>Converted percentage to number of MCQs out of 120 mcqs (each carrying 1 mark)</u>
<u>1</u>	Topic 1			
<u>2</u>	Topic 2			

#### For OSPE/ OSCE Exam with Total 100 marks

<u>S/No</u>	<u>Unit/ Section / objective of course</u>	<u>Number of study hours</u>	<u>Percentage out of total study hours</u>	<u>Converted percentage to number of observed &amp; Non-observed, interactive and Viva Stations</u>
<u>1</u>	<u>Objective 1</u>			
<u>2</u>	<u>Objective 2</u>			

### 6.2 Psychometric (Pre and Post-Hoc) Analysis

6.2.1 All MCQ's collected a meeting of the subject specialists would be called to ensure the quality of the MCQ paper. Items that are of poor quality shall be dropped.

6.2.2 After exam, the student responses shall be analyzed statistically for difficulty index, discrimination index and distractor efficiency. The quality MCQ's are identified and reserved for future use while those requiring revision shall be sent back to department for review.

**6.2.3 A subject and outcome based percentage report for each student shall also be prepared and shared with respective department and tutors for timely feedback.**

**6.3 Examiners**

**6.3.1 Internal examiners for basic sciences shall include Professors, Associate Professors and Assistant professors for viva stations and interactive stations, however services of lecturers/ demonstrators can be utilized on interactive stations wherever required.**

**6.3.2 Internal examiners for clinical subjects shall include Professors, Associate Professors and Assistant professors for viva stations short cases , OSLER and interactive stations, however services of Senior registrars can be utilized for short Cases and interactive stations wherever required . Please note that medical officers and trainees are not allowed as examiners.**

**6.3.3 Services of external examiners may be utilized during the block exams and the college shall ensure arrangement, remuneration and refreshment of external examiners for internal exams.**

**6.4 Feedback**

**6.4.1 Special attention would be given to feedback from teachers as well as students on the assessment process itself, apart from the feedback provided to students after assessment. Specially formulated feedback forms would be utilized either electronically via google forms or on paper directly to obtain student feedback on assessment. Templates attached as annexure 2 and 3.**

**6.4.2 At least three sessions of 1 hour each would be dedicated to feedback on student responses by faculty members, a day after each internal assessment.**

**6.5 MCQs Bank:**

After the exam once the student's feedback is received and the answer sheets are analyzed statistically for difficulty index, discrimination index and distractor efficiency. The quality MCQ's would be added to MCQ's bank.

**6.6 Online Assessment:**

In special circumstances, on the recommendation of college curriculum committee, where in campus exam is not feasible, internal theory exam may be conducted via Moodle fulfilling all the prerequisites of online exams.

**6.7 Standard setting**

Criterion-referenced standard would be used for all exams, specifically Angoff's method would be utilized.

## **6.8 Supplemental assessment**

Students failing the end of block exam would be offered supplemental assessment if they apply for the same within 3 days of the result. The supplemental exam would only be offered for the written part of the exam. OSPE marks would remain the same as in the end of block exam.

## **6.9 Eligibility**

Attendance would not be counted towards the end of module exam. However, in order to be eligible for end of block exam the student must have a **minimum attendance of 75%**, failing which a student would not be allowed to sit in the end of block exams.

## **6.10 Unfair Means**

**6.10.1 For the purpose of fair assessment and discouraging unfair means during the exam, examination cell shall ensure that the surveillance camera installed in the examination halls are in working condition at all times.**

**6.10.2 Any student found guilty of indulging in unfair means shall be removed from examination hall immediately and reported to the controller of examination in written. Upon verification, internal exam marks would be deducted according to the weightage of that particular exam.**

## **6.11 Examination record**

**6.11.1 In case of internal exams, examination cell shall ensure proper storage of student MCQs response sheets and OSPE/ OSCE answer sheets and internal examiners marking sheets for upto one year after the session ends.**

**6.11.2 In case of External exams, examination cell shall ensure proper storage of OSPE/ OSCE response sheets and internal / external/ interactive stations examiners marking sheets for upto one year after the announcement of result by KMU.**

# **7 Grievance Redressal policy for Internal Examination:**

**7.1 Students can apply for re-checking re-totaling within one week of the announcement of results.**

**7.2 Student grievance regarding exams shall be addressed within two days of application and report of re-checking/ re-totaling notified within a week.**

**7.3 Issues with conduct examination reported by students in their feedback shall be addressed in the post exam meeting of the Examination cell and a report be send to the Director Department of medical education.**

## 8 EXTERNAL SUMMATIVE ASSESSMENT

8.1 External assessment is carried out once by the end of each academic year by the university. External assessment is comprised of two parts. Theory (MCQs) & OSPE or OSCE/ OSLER


8.2 The Khyber medical university has set its own regulations including grievances redressal for conducting the External Summative Assessment, attached as Annexure 1.

8.3 Examination of the theory portion of external exam is the sole responsibility of KMU.

8.4 Conducting OSPE, OSCE and OSLER is the responsibility of the Examination cell of SMC, however, exam dates, notification of internal & external examiners and their remuneration is the responsibility KMU for these examination

8.5 Controller of Examination at SMC serves as coordinator for External OSPE, OSCE & OSLER Examination and is responsible for compilation and forwarding of these results via registered mail.


8.6 Controller of examination would ensure that internal assessment marks obtained by students are sent to KMU before commencement of Annual theory and OSCPE/OSCE Examination



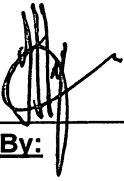
**Controller  
Examination Cell  
Saidu Medical College, Swat**



**Director  
Department of Medical  
Education  
Saidu Medical College, Swat**



**Chairman  
College Curriculum Committee  
Saidu Medical College, Swat**



**Approved By:  
Principal  
Saidu Medical College.  
Swat.**