

Saidu Medical College, Swat. Policy on Assessment

Policy Approver:	Academic Council, SMC
Policy No:	
Initial Approval Date:	16-06-2023
Revision Approval Date:	16-11-2024
2nd Revision Approval Date:	06-03-2026
<u>Definitions & Abbreviations:</u>	
Assessment:	The systematic process of documenting and using empirical data on the knowledge, skill, attitudes, and beliefs to refine programs and improve student learning.
Stakeholders:	Refers to students, teachers, parents, and administration.
Internal Assessment:	Assessment carried out by institution itself.
Internal Formative Assessment:	Assessment carried out by institution which does not affect student grades or promotion but is only meant for improvement in learning
External Summative Assessment:	Refers to assessment based on which students' performance is graded and decision regarding promotion is taken.
MCQs:	Multiple Choice questions.
EMQs:	Extended matching questions
SAQs:	Short Answer Questions.
SEQs:	Short Essay Questions.
SCTs:	Script Concordance Tests
SJTs:	Situational Judgement Tests
ECRE:	End of Clinical Rotation Examination
OSPE:	Objective Structured Practical Examination
OSCE:	Objective Structured Clinical Examination
OSLER:	Objective Structured Long Examination Report
DOPS:	Direct Observation of Procedural Skills
SAS:	Students Affair Section
DME:	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, presentations, 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.

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 (1st and 2nd yr.):

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

3.3.2 Internal assessments (3rd, 4th 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^o 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, OSLEP, 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 preferably be categorized into 3 groups and efforts shall be made to abide by the percentages specified wherever possible.

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%.
3. 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:

1. MCQ's assessing knowledge & comprehension 20%.
2. MCQ's assessing application 30%.
3. MCQ's assessing analysis 50%.

5 TOTAL MARKS DISTRIBUTION

Distribution of marks for summative assessment would be as follow:

5.1 Theory Portion:

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

5.2 OSPE/ OSCE:

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

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

5.3.1 Marks distribution for the 1st and 2nd 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
First Year MBBS	Block A	134	120	14	100	90	10
	Block B	133	120	13	100	90	10
	Block C	133	120	13	100	90	10
Second Year MBBS	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^{1st} and ^{2nd}Professional (Awarded by college)

INTERNAL MARKS DISTRIBUTION FOR THEORY PORTION					
		TOTAL MARKS	MODULE EXAM ATTENDANCE	BLOCK EXAM THEORY PAPAR	End of Block Presentation
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 1st & 2nd

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 3rd professional Annual summative exam

5.4.1 Marks distribution for the 3rd 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 3rd

Professional (Awarded by college)

Internal marks distribution for theory portion					
	Total Marks	Module Exam attendance	Block Exam Theory Paper	Research/ Social Accountability	End of Block presentation
Block G	14	1	8	2	3
Block H	13	2	7	1	3

Block I	13	1	7	2	3
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Internal Marks Distribution for OSCE and Clinical Rotation

	Total Marks	OSCE Exam	Clinical Rotation Exam
Block G	14	7	7
Block H	14	7	7
Block I	12	6	6

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

Block to which internal marks will be assigned	Department	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Calculation
G	Surgery	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 7.
	OBGYN	100	
H	Eye	50	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 7.
	ENT	50	
	Orthopedics	25	
	Radiology	25	
	Forensic	25	
I	Medicine	100	Marks obtained by student in clinical rotation exams will be converted to marks to obtained out of 6.
	Paeds	100	
	Clinical Pathology	25	

5.5 Marks Distribution for the 4th Professional Annual Summative exam

5.5.1 Marks distribution for the 4th 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 4th

Professional (Awarded by college)

Internal Marks Distribution for Theory Portion				
	Total Marks	Block Exam (Theory Paper)	Social Accountability	End of Block Presentation
Block J	13	9	1	3
Block K	13	9	1	3
Block L	14	10	1	3
Block M1 (Ent)	10	10	0	0
Block M2 (Eye)	10	10	0	0
Research Internal Marks (Project completion) = 15 marks				

Internal Marks Distribution for OSCE and Clinical Rotation			
	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

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

Block to which internal marks will be assigned	Department	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Calculation
J	Medicine	100	Marks obtained by student in clinical rotation exams will be converted to mark obtained out of 6.
	Paediatrics	100	
	Orthopedics	25	
K	Surgery	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 6.
	Nephrology	25	
	Gastroenterology	25	
L	OBGYN	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 6.
	Urology	25	
	Rheumatology	25	
	Endocrinology	25	
M1	ENT	100	Marks obtained by student in clinical rotation exams will

			be converted to marks obtained out of 4.
M2	EYE	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 4.

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

5.6.1 Marks distribution for the 5th 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 5th Professional Theory & OSCE exam are given as follow:

Internal marks Distribution for Theory Portion			
	Total marks	Block Exam Theory Paper	Social Accountability/ Publish research with in the duration of academic session
BLOCK N	12	10	2
BLOCK O	12	10	2
BLOCK P	12	10	2
BLOCK Q	12	10	2

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

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

Block to which internal marks will be assigned	DEPARTMENT/ Activity	Marks Allocated to ECRE including marks for Logbooks & Professionalism	Calculation
N	Surgery	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 9.
	Dermatology	50	
	Orthopedics	50	
O	Medicine	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 9.
	Pulmonology	50	
	Cardiology	50	
P	OBGYN	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 9.
	Family Medicine	50	
	Paeds Surgery	25	
Q	Paediatrics	100	Marks obtained by student in clinical rotation exams will be converted to marks obtained out of 9.
	Psychiatry	50	
	Anesthesia/Critical Care	25	

5.6.4 Clinical audit shall form part of the assessment in the final professional year and will carry additional internal marks, apart from the internal marks outlined in this assessment policy. Refer to clinical audit policy for details of marks allocation.

5.7 Clinical Rotation Guidelines

5.7.1 An End-of-Rotation Assessment will be conducted at the conclusion of each clinical rotation.

5.7.2 Attendance and participation in both the clinical rotation and the End-of-Rotation Assessment are mandatory.

5.7.3 Students with less than 85% attendance in a clinical rotation will be ineligible to appear in the End-of-Rotation Assessment.

5.7.4 Subjected to approval of concerned HOD a student who is ineligible due to short attendance or intentionally misses the assessment may be given only one opportunity to complete the required attendance as per the schedule set by the concerned department and may appear in the End-of-Rotation Assessment with the next available batch, subject to meeting attendance requirements. In such cases, the student will be awarded marks out of 70% of the total marks allocated for the End-of-Rotation Assessment.

5.7.5 No further reassessment opportunities will be provided beyond this.

6 Quality Assurance Mechanism

Quality assurance mechanism shall be in place to ensure that the whole course is assessed and in line 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>	<u>Topic 1</u>			
<u>2</u>	<u>Topic 2</u>			

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 & 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:

The Modular exam would 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.

A student who fails to attempt the BLOCKEXAM for any reason may apply for a supplemental (re-sit) exam by paying the prescribed re-sit fee, as determined by the College Curriculum Committee and absentee fine if applicable.

A student who fails to achieve passing marks may also apply for re-sit exam by paying the prescribed re-sit fee, as determined by the College Curriculum Committee.

Important Notes:

- The re-sit exam form can be obtained from the Accounts Section upon payment of the re-sit fee.
- The supplemental exam will be conducted only once for the written component; OSPE marks will remain unchanged.
- Students must apply for the supplemental assessment within three working days of the result declaration.
- Applications submitted after the deadline will not be considered.
- There would be no supplemental(re-sit) for modular 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 up to 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 up to 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 of 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



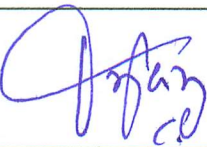
**Controller
Examination Cell
Saidu Medical College, Swat**



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



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



**Approved by:
Principal
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Swat.**

