BAQAI MEDICAL UNIVERSITY

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BAQAI MEDICAL UNIVERSITY

ASSESSMENT POLICY

Version-1

2020

Baqai Medical University

Contents

1. Overview

The purpose is to outline a policy for assessment of undergraduate and postgraduate students of Baqai Medical University. This will guide all constituent and affiliated institutions in student's assessment. This will cover both internal assessment by the institutes and that conducted directly by the University for face to face and distance learning.

2. Definitions

2.1. Formative assessment: An assessment that is intended to stimulate student learning, and provides detailed qualitative feedback to the learner by the faculty about their progress towards achievement of objectives, and pinpoints areas for improvement. This can also to termed as assessment FOR LEARNING

2.2. Summative assessment: An assessment used to measure students' achievement on a predetermined scale of objectives after a teaching a chapter, unit, module, or course. May also provide formative evidence for future learning. This can be termed as Assessment of LEARNING

2.3. Checklist: A predetermined set out specific criteria, which faculty will use to gauge skill development or progress.

2.4. Rubric: A set of criteria against which a performance is judged for competence, with details outlining what would be required to achieve the various grade levels. This is a way of approving and making a subjective assessment more objective and consistent across multiple assessors.

2.5. Reliability: This is a measure of the consistency or reproducibility of the given assessment. If an individual or a group of students were assessed on a different day on the same contents or by a different examiner, how close the score would be.

2.6. Validity: It is scale of measuring of what the assessment is actually assessing that which it is designed to assess.

2.7. Course/Module/Rotation Objective Assessment Map: A document detailing

how each of the learning objectives comprising the unit of instruction (i.e. course, module, rotation) will be assessed. It usually takes the form of a table aligning the objectives with assessment items, and reflects the relative weighting of the individual objectives within the unit.

2.8. Examination Blueprint: A document developed for each major assessment, which could be termed medium or high stakes, outlining the course objectives it assesses, and mapping them to the relevant component of the assessment, including attention to the adequacy of sampling from the course objectives and representation as guided by the relative importance. Selection of specific tools like MCQs, OSPEs, OSCEs etc. will be part of this process.

2.9. Standard setting procedure: A procedure that is used to fix a defensible cut score for an examination. Numerous methods can be employed to establish a score representing the minimally acceptable performance of a student or a group of students in achieving the objectives from which the examination samples. This initially could be an option if the Deans, Principals or Directors decide.

2.10. MCQ: Multiple Choice Questions (True / False, One Best Answers, Extended Matching.)

2.11. SAQ: Short Answer Question

2.12. SEQ: Short Essay Question

2.13. OSCE: Objective Structured/Standardized Clinical Examination

2.14. OSPE: Objective Structured/Standardized Practical Examination

2.15. CBD: Case Based Discussions, Clinics, Mini-CEX

3. Scope

3.1. This policy will apply to the face to face teaching as well as distance learning programs including blended or hybrid programs/

3.2. The processes adopted by the constituent and affiliated institutes of the university will apply to both undergraduate and postgraduate degrees,

diplomas and certificated

4. Responsibilities:

4.1. The Examination department is responsible for application of the entire assessment policy at the university level.

4.2. The Principals or Director will implement the Examination policy guidelines within the College or Institute or in case of Post Graduate Students the concerned Deans.

4.3. The Principals / Director / Deans will be responsible for the Questions Pool that will be developed by the individual departmental faculty members.

4.4. The Chairperson of the department will be responsible for availability of all type of assessment tools like MCQ, OSPE, OSCE and others for all Summative Assessment components.

4.5. The Chairpersons of the Department will be responsible for Internal Assessment and record of each individual student and will provide the lists of these assessment to the relevant Principal / Director.

4.6. The Incharge of Question Bank will be responsible for providing the approved questions / OSCE / OSPE / etc. to the University Examination Department.

5. Process

5.1. Individual programs like MBBS, BDS, Pharm-D, BSN, MPH, MBA, MD, MS etc. will follow the guidelines provided by the respective Regulatory or Accreditation body.

5.2. The Assessment Committee of individual colleges / institutes will define the specific tools to be used for formative and summative assessment.

5.3. Each course, module or rotation will develop learning objectives outlining what the student will have learned/De able to do upon completion on the course, module of rotation. This will be part of the study guide with a plan of organized learning opportunities to assist students in attaining the above

learning objectives.

5.4. Each course, module or rotation will complete the "Course, Module or Rotation Objective Assessment Map", which provides details of how students' achievement of each of the learning objectives will be assessed. Assessment methods selected should be appropriate to the modality of the objective(s) assessed: knowledge, skill or attitude.

5.5. Each course, module or rotation will develop an "Examination Blueprint" based on the Table of Specifications (TOS) for each of the major assessments (modules, finals, and any assessment comprising 20% or more of the final grade for that component). When a course is comprised of multiple assessments less than 20%, the majority does need to be blueprinted.

5.6. The assessment planning documents (objective map, plan and blueprint) will be reviewed by the Assessment Specialist, who will work with the course / module / rotation directors and the Assessment Committee to ensure appropriate representation of curricular and program objectives.

5.7. Once finalized, the assessment planning documents will be approved by the Assessment Committee, and will guide the development of the related assessments.

6. Standard Setting

6.1. Each Assessment Committee will be responsible for standard setting assessments, and will use an appropriate standard setting procedure in order to determine the passing grade or cut score for each major assessment (OSCE or written exams). This score will represent the minimal level of competence deemed acceptable for that assessment at that level of training. Assistance with choice and implementation of appropriate standard setting procedures is available from the Assessment Specialist. When test centered methods arc used, participants will include course faculty.

6.2. Cut scores, as determined by appropriate standard setting procedures, may be adjusted to the pass mark, as defined in the course syllabus.

6.3. For testing such as oral exams, case reports essays, and performance-based assessments, attempts must be made to standardize the grading criteria to improve reliability. Rubrics developed for these purposes must reviewed by the Assessment Specialist, who will work with the faculty or head of department teaching the course/module/rotation to finalize the documents.

7. Student Feedback on Assessment

7.1. Each course/rotation must provide opportunities for formative assessment.

7.2. Students must receive constructive formative feedback (i.e. feedback beyond a numerical grade value) on their performance during each required preclinical course/module in order to allow sufficient time for remediation.

7.3. Students should have the opportunity to approach the appropriate Head of Department or designated Module Coordinator for assistance.

7.4. Any student who fails a major internal summative assessment may request to review his/her assessment by contacting the appropriate Head of Department or designated Module Coordinator. In most cases this will be accommodated, however, in some instances it cannot due to issues of exam security. Students considering an appeal should refer to the appeals process.

8. Review Process

8.1. The Assessment Committee is responsible for review of the submitted assessment documents, and will analyze any items flagged by the Assessment Specialist, Course faculty or Curriculum Committee.

8.2. Item analysis reports will be generated by the examination department and shared after declaration of results with the concerned Chairperson to review the questions / items. This will be discussed with Assessment Specialist and Head of Medical Education.

8.3. Student feedback on test items, and other statistical reports for all assessments shall also be forwarded to the Assessment Specialist, who will bring forward any issues of concern to the Assessment Committee.

8.4. Any adverse assessment performance report of high numbers of poorly performing questions, or significant concerns arising from qualitative student feedback, will require a review of the course/module/rotation assessment framework. The Assessment

8.5. Committee and Assessment Specialist will work with the course team in revising the assessment framework for any course where problems are identified.

8.6. The Assessment Committee will present its report annually to the concerned Principal / Director / Deans.

8.7. The Assessment Committee with input from the Curriculum Committee is responsible for evaluating, reviewing, and updating this policy every three years. These committees will ask for input from the Department of Medical Education during this review process.

9. Non-compliance:

Any occurrences of non-compliance of this policy will be initially dealt with Principal / Director then placed before the Vice Chancellor.