



# Undergraduate Assessment Record Oto-Rhino-Laryngology

**The Tamil Nadu  
Dr. M.G.R. Medical University,  
Chennai**

**The Tamil Nadu Dr. M.G.R. Medical  
University,  
Chennai**



**Under Graduate Assessment Record  
Department of Oto-Rhino-Laryngology**

Competency based education implemented by this university is an outcome-based learning on a framework of competencies. The present system needs an ongoing and longitudinal assessment to identify the learning, enable learning opportunities and acquire the mandated competency. Consequently, this university is enabling this assessment record to decide if the learner has acquired the mandated competencies. This assessment record is designed to collect and analyze data of a student's learning in relation to a required competency and the learner's stage of training, based on - use of knowledge, technical skills, clinical reasoning, communication, emotions, values and reflection continuously and consistently and not isolated to the final examination. As given in the MCI document on "Competency Based Assessment Module for Undergraduate Medical Education-2019" - "Informal assessments should happen during teaching-learning activities with the express purpose of finding out the stage of the student and taking corrective action in teaching-learning methodology on an ongoing basis. During lectures, small groups or seminars, use of techniques like clickers, one-minute papers and muddiest point provide valuable information to check understanding and provide developmental feedback. Same can be done during practical/clinical teaching using one-minute preceptor (OMP) or SNAPPS technique (Summarize history and findings, Narrow the differential; Analyze the differential; Probe preceptor about uncertainties; Plan management; Select case-related issues for self-study). Many of these do not need to be considered for pass/fail decisions but are useful to aid learning and acquire competencies. These can be planned by the teachers on a day to day basis and modified depending on the tasks at hand.

*This Assessment Record for the Undergraduates is to be maintained by the Faculty of the concerned Department and shall be shown to the student during the feedback sessions and at the end of the course period.*

# Table of Contents

No	Content	Page
1	University Norms for Assessment of the Course	5
2	Curriculum Vitae	7
3	Understanding Competency Based Assessment	8
4	Hours of Course Work Completed	12
5	Formative Assessment of Classroom Learning	13
6	Formative Assessment of Clinical Learning	16
7	Formative Assessment of Integrated Sessions	19
8	Formative Assessment of Assignments	20
9	Formative Assessment of Self-Directed Learning	21
10	Formative Assessment of AETCOM Learning	22
11	Formative Feedback Record	23
12	Certification of Skills	40
13	Record of Internal Assessment Tests	46
14	Record of University Examinations	48

# 1. University Norms for Assessment of the Course

## a. Internal Assessment

No	Type of Assessment	Methods of Assessment	Total Marks	Min Pass Mark
<b>1</b>	<b>Theory Component</b>			
a	Theory Tests (Average of 3 Tests)	MCQ, VSAQ, SAQ, LAQ	300	
b	Continuous Formative Assessment*	Integrated Sessions	25	
		Assignments	10	
		Attendance	10	
		Seminar	10	
		Self-Directed Learning	20	
	<b>Total</b>		<b>375</b>	
<b>2</b>	<b>Practical Component</b>			
a	Practical (Average of 2 tests)	CE, OSCE, DOPS, Viva	150	
b	Continuous Formative Assessment*	Clinical Learning	150	
		AETCOM Learning	30	
		Certifiable Skills	50	
		SVL Lab activity	50	
		Research	20	
		Journal	40	
		Attendance	10	
	<b>Total</b>		<b>500</b>	
	<b>Grand Total</b>			<b>50%</b>

\*Continuous Formative Assessment shall be based on a day-to-day assessment of learning. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, integrated classes, participation in Clinical OPD and Inpatient Classes, AETCOM, SDL, and Research Projects.

### Note:

1. Regular periodic examinations shall be conducted throughout the course. There shall be no less than 8 internal assessment examinations and no less than 4 practical examinations.
2. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills. Colleges and teachers should try to build their valid assessment tools.
3. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
4. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
5. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
6. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better. Remedial measures for learners who are either not able to score qualifying marks or have missed on some assessments due to any reason(s) shall be

allowed with a record.

7. It is also recommended that learners should sign with date whenever they are shown IA records in token of having seen and discussed the marks.
8. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.

## **b. Summative Assessment - University Examination**

University examinations will consist of

1. Theory: 1 paper of 100 marks
2. Practical Exam + Viva: 100 marks

Note:

1. Theory Examinations: Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple-Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.
2. Practical/clinical examinations will be conducted in the laboratory/Dissection Hall. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Emphasis should be on candidate's capability to demonstrate skills, write a description, analyze the case etc.,
3. Viva/oral examination should assess approach to problem solving, applied situations, attitudinal, ethical and professional values. Candidate's skill in interpretation of clinical case charts, clinical photographs, common investigative data, identification of histopathology slides / specimens, radiological images etc. is to be also assessed
4. Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
5. Pass in University Exam will be 50% marks in theory and clinical.

These concepts have been incorporated from the "Competency Based Assessment Module for Undergraduate Medical Education-2019"

## 2. Curriculum Vitae

Name of Student											
Name of Parent/Guardian											
Date of Birth & Age											
Permanent Address											
Address for Postal Communication											
Landline Phone (Home)											
Mobile Phone (Parent/Guardian)											
Mobile Phone (Parent/Guardian)											
Mobile Phone (Student)											
Email ID (Parent/Guardian)											
Email ID (Student)											

Signature of Student

### 3. Understanding Competency Based Assessment

Assessment requires specification of measurable and observable entities. This could be in the form of whole tasks that contribute to one or more competencies or assessment of a competency per se. Another approach is to break down the individual competency into learning objectives related to the domains of knowledge, skills, attitudes, communication etc. and then assess them individually. However, as stated earlier, using individual domain framework may not always result in making an accurate assessment of the specific competency. Therefore, efforts should be made to include competencies in the assessment process as much as possible. CBA is very useful to convey a message to the learners to structure their learning around competency framework.

- CBA operates within the framework of competencies. Assessment tools should align competencies/objectives.
- CBA should help to acquire competencies/objectives (*Assessment for learning*) and their certification (*Assessment of learning*).
- CBA is continuous and ongoing process with opportunities for providing developmental feedback.
- Direct observations of learners improve utility of CBA and feedback.
- Multiple assessors, multiple tools and multiple assessments improve the validity and reliability of CBA.

#### **Formative & Internal Assessment (IA)**

Formative assessment is an assessment conducted during the instruction with the primary purpose of providing feedback for improving learning. It also helps the teachers and learners to modify their teaching learning strategies. The feedback is central to formative assessment and is linked to deep learning, seeking to explore the educational literature and its pedagogical lessons for healthcare educational practice. It provides inputs to both learners and teachers regarding adequacy of teaching-learning. A variety of feedback principles and techniques can be used depending on the context.

Although there can be a debate on the summative or formative nature of IA, it still provides the best opportunities for formative purposes. IA is when assessment is done by the teachers who have taught the subject. It overcomes the limitations of day-to-day variability and allows larger sampling of topics, competencies and skills. In competency based curriculum, IA provides useful avenues for both formative and summative assessment. The IA focuses on the process of learning i.e. how the learners have learnt throughout the course. This assessment gives priority to psychomotor, communication and affective domains. These are those domains which are usually not assessed by the traditional assessment methods. It should involve all faculty members of a department (Senior Residents upwards) and not just one or two senior teachers. This helps to build the ownership of teaching-learning and assessment as well as provide 'hands-on' experience in assessment to all teachers. In that way, IA can be a very useful tool for assessing all competencies in any competency based curriculum.

IA should not be considered as an assessment without external controls and can be utilized in a manner to overcome some its perceived weaknesses. Utility of IA can be further improved by involving all teachers in the department and limiting the contribution of individual teacher, test or tool.

## Designing a system of assessment

While designing an internal assessment, all domains of learning i.e. cognitive, psychomotor and affective should be taken into account and weightage should be assigned to these domains for assessment. We can divide various domains into smaller components and assign marks to each component. Make a blueprint of assessment, then circulate to few learners and faculty, take their comments/ views/feedback and revise as per the need. Miller's pyramid (figure 2) provides a simple way to select appropriate tool for assessment. Efforts should be made to climb higher in the pyramid.<sup>6, 13</sup> The following adapted example illustrates this:

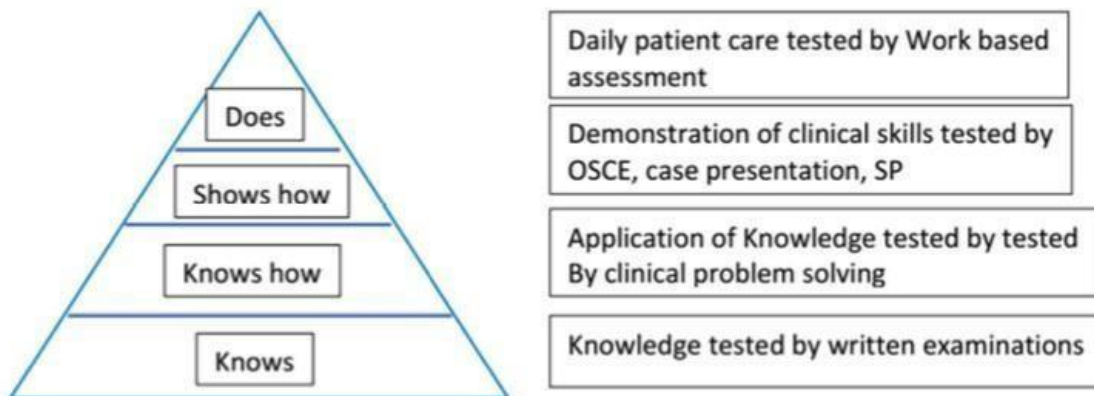


Figure 2. Assessment methods as per levels of competency (Adapted from Ramani) OSCE: Objective Structured Clinical Examination, SP: Standardised / Simulated Patients

The key to building validity and to make CBA assessment useful is to align it with competencies/objectives. Including some aspects from competencies of other phases is useful to assess integration of concepts. Some examples of such alignment can be seen in the competency sheet given in Table 1.

Table 1. Deriving assessment methods from objectives

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3	Identify the etiology of meningitis based on given CSF parameters	K/S	SH	Y
--------	---	-----	----	---

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.3.1	At the end of the session the PII student must be able to enumerate the most common causes of meningitis correctly	Short note or part of structured essay: Enumerate 5 causes of meningitis based on their prevalence in India
PA42.3.2	At the end of the session the PII student must be able to enumerate the components of a CSF analysis correctly	Short note or part of structured essay: Enumerate the components tested in a CSF analysis
PA4.3.3	At the end of the session the PII student must be able to <b>describe</b> the CSF features for a given etiologic of meningitis <b>accurately</b>	Short note or part of structured essay: Describe the CSF findings that are characteristic of tuberculous meningitis
PA4.3.4	At the end of the session the PII student must the able to identify the aetiology of meningitis correctly from a <b>given set of CSF parameters</b>	Short note / part of the structured essay/ Skill station/ Viva: Review the CSF findings in the following patient and identify (write or vocalise) the most likely ethology

### Table 1. Deriving assessment methods from objectives

A useful approach, especially for affective, psychomotor and communication domains, is to adopt the concept of assessment toolbox. A toolbox is a listing of available tools (and rating forms, if required), which are suggested for a particular competency or sub-competency and aims at improving the value of assessment data.<sup>14</sup> The listed tools are suggestions only and can be freely used either singly or in combination by teachers to suit particular requirements. Efforts should be made to use multiple tools even for a given competency to improve validity and reliability of assessment. While assessment will continue to be subject based, efforts must be made to ensure that phase appropriate correlates are assessed to determine if the learner has internalised and integrated the concept and its application.

### **Internal Assessment Scheduling of IA**

A student who has not taken minimum required number of tests for IA each in theory and practical will not be eligible for University examinations. Proper records of the work should be maintained which will form the basis for the learners' internal assessment and should be available to the assessors at the time of inspection of the college by the Medical Council of India.

### **Components of IA**

- (i) Theory IA can include: theory tests, send ups, seminars, quizzes, interest in subject, scientific attitude etc. Written tests should have short notes and creative writing experiences.
- (i) Practical/Clinical IA can include: practical/clinical tests, Objective Structured Clinical Examination (OSCE)/Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (miniCEX), records maintenance and attitudinal assessment.

Colleges and teachers should try to build capacity to use a variety of assessment tools. A number of tools are available in the form of assessment toolbox. The construct validity and predictive utility of internal assessment is high. Many of the tools mentioned for IA may appear subjective. However, by virtue of being high on validity and by conveying a message to the learners to not ignore skills, attitudes and communication (educational impact), they contribute to better learning. Since stakes at IA are low, the use of expert subjective assessments to cover areas which are not assessable by conventional objectivised assessment tools is appropriate. There is plenty of evidence in literature to suggest that expert subjective assessments can be as reliable as highly objective ones.

Assessment of Foundation Course should be included in formative assessment of first phase. Assessment of Early Clinical Exposure should be included in formative as well as in internal assessment in first phase subject-wise. There should be at least one assessment based on direct observation of skills, attitudes and communication at all levels. Communication and attitudinal assessment should also be built in all assessments as far as possible.

### **Feedback in IA**

Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The feedbacks

need to be structured and the faculty and learners must be sensitized to giving and receiving feedback. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better. It is also recommended that learners should sign with date whenever they are shown IA records in token of having seen and discussed the marks. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.

(These concepts have been incorporated in the proposed Regulations in Graduate Medical Education, 2019 (GMER 2019) and are reproduced here.

## 4. Hours of Course Work Completed

Period of Study \_\_\_\_\_ to \_\_\_\_\_

No	Month	No of Hours of the Course					Hours Attended by the Student				
		CRL	HCL	SDL	AET	Total	CRL	HCL	SDL	AET	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Note:

CRL: Classroom based Learning incl. Lectures, Integrated, Small Group Learning

HCL: Hospital based Clinical Learning including OPD, Wards and Other Areas of the Department

SDL: Self-Directed Learning

AET: Attitude Ethics and Communication

**Compensatory Study Hours offered if any**

---



---



---

## 5. Formative Assessment of Classroom Learning

The term "Classroom Learning" mentioned here includes any learning that happens within the ambit of the class rooms namely the large group and small group teaching. The learning in the department predominantly fits into the Scale of 1 and 2 of the 5 level Blooms Taxonomy.

The End of Class / Module Assessment shall include: 8-10 MCQ's solved over 8-10minutes. For effective assessment and grading of performances a Likert's scale is given as under:

Grade	Characteristic							
1	Score < 35% marks in the end of class assessments							
2	Score 35%-50% marks in the end of class assessments							
3	Score 50%-60% marks in the end of class assessments							
4	Score 60%-75% marks in the end of class assessments							
5	Score > 75% marks in the end of class assessments							
Number	COMPETENCY The student should be able to	Level K/KH/S H/P	Grading Scale					Initial of facilitator
			1	2	3	4	5	
<b>Topic: Anatomy and Physiology of ear, nose, throat, head &amp; neck</b>								
EN1.1	Describe the Anatomy & physiology of ear, nose, throat, head & neck	KH						
EN1.2	Describe the pathophysiology of common diseases in ENT	KH						
<b>Topic: Management of diseases of ear, nose &amp; throat</b>								
EN4.1	Describe the clinical features, investigations and principles of management of Otagia	SH						
EN4.2	Describe the clinical features, investigations and describe the principles of management of diseases of the external Ear	SH						
EN4.3	Describe the clinical features, investigations and describe the principles of management of ASOM	SH						
EN4.5	Describe the clinical features, investigations and describe the principles of management of OME	SH						
EN4.6	Describe the clinical features, investigations and describe the principles of management of Discharging ear	SH						
EN4.7	Describe the clinical features, investigations and describe the principles of management of CSOM	SH						
EN4.8	Describe the clinical features, investigations and describe the principles of management of squamosal type of CSOM	SH						
EN4.10	Describe the indications for myringotomy and myringoplasty	KH						
EN4.12	Describe the clinical features, investigations and describe the principles of management of Hearing loss	SH						
EN4.13	Describe the clinical features, investigations management of Otosclerosis	KH						
EN4.14	Describe the clinical features, investigations and management of Sudden Sensorineural Hearing Loss	KH						
EN4.15	Describe the clinical features, investigations management of Noise Induced Hearing Loss	KH						

EN4.16	Describe the indications for pure tone audiometry	KH						
EN4.18	Describe the clinical features, investigations and management of Facial Nerve palsy	KH						
EN4.19	Describe the clinical features, investigations management of Vertigo	KH						
EN4.20	Describe the clinical features, investigations management of Meniere's Disease	KH						
EN4.21	Describe the clinical features, investigations management of Tinnitus	KH						
EN4.22	Describe the clinical features, investigations and describe the principles of management of Nasal Obstruction	SH						
EN4.23	Describe the clinical features, investigations and principles of management of DNS	KH						
EN4.24	Enumerate the indications of septoplasty	KH						
EN4.25	Describe the clinical features, investigations and describe the principles of management of Nasal Polyps	SH						
EN4.26	Describe the clinical features, investigations and describe the principles of management of Adenoids	SH						
EN4.27	Describe the clinical features, investigations and describe the principles of management of Allergic Rhinitis	SH						
EN4.28	Describe the clinical features, investigations and describe the principles of management of Vasomotor Rhinitis	SH						
EN4.29	Describe the clinical features, investigations and describe the principles of management of Acute & Chronic Rhinitis	SH						
EN4.30	Describe the clinical features, investigations and describe the principles of management of Epistaxis	SH						
EN4.31	Describe the clinical features, investigations and principles of management of trauma to the face & neck	KH						
EN4.32	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma	KH						
EN4.33	Describe the clinical features, investigations and principles of management of Acute & Chronic Sinusitis	SH						
EN4.34	Describe the clinical features, investigations and principles of management of Tumours of Maxilla	KH						
EN4.35	Describe the clinical features, investigations and principles of management of Tumours of Nasopharynx	KH						
EN4.36	Describe the clinical features, investigations and principles of management of diseases of the Salivary glands	KH						
EN4.37	Describe the clinical features, investigations and principles of management of Ludwig's angina	KH						
EN4.38	Describe the clinical features, investigations and principles of management of type of dysphagia	SH						
EN4.39	Describe the clinical features, investigations and principles of management of Acute & Chronic Tonsillitis	SH						
EN4.40	Describe the indications for tonsillectomy / adenoidectomy	KH						
EN4.41	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharynx	KH						

EN4.42	Describe the clinical features, investigations and principles of management of hoarseness of voice	SH							
EN4.43	Describe the clinical features, investigations and principles of management of Acute & Chronic Laryngitis	KH							
EN4.44	Describe the clinical features, investigations and principles of management of Benign lesions of the vocal cord	KH							
EN4.45	Describe the clinical features, investigations and principles of management of Vocal cord palsy	KH							
EN4.46	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx	KH							
EN4.47	Describe the clinical features, investigations and principles of management of Stridor	KH							
EN4.48	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Airway Emergencies	SH							
EN4.49	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of foreign bodies in the air & food passages	SH							
EN4.50	Observe and describe the indications for and steps involved in tracheostomy	KH							
EN4.51	Observe and describe the care of the patient with a tracheostomy	KH							
EN4.52	Describe the Clinical features, Investigations and principles of management of diseases of Oesophagus	ENT							
EN4.53	Describe the clinical features, investigations and principles of management of HIV manifestations of the ENT	KH							

## 6. Formative Assessment of Clinical Learning

The term "Clinical Learning" mentioned here includes any learning happens within the ambit of the department OPD, Wards and Other areas as small group bed side teaching, clinical demonstrations, observation classes. The learning in the department predominantly fits into the Scale of 1 - 4 of the 5 level Blooms Taxonomy. The End of Class/Module Assessment shall include: DOPS / OSCE / Spotters / Viva of 10 minutes. For effective assessment and grading of performances a Likert's scale is given as under:

Grade	Characteristic							
1	Score < 35% marks in the end of class assessments							
2	Score 35%-50% marks in the end of class assessments							
3	Score 50%-60% marks in the end of class assessments							
4	Score 60%-75% marks in the end of class assessments							
5	Score > 75% marks in the end of class assessments							
Number	COMPETENCY The student should be able to	Level K/KH/S H/P	Grading Scale					Initial of facilitator
			1	2	3	4	5	
EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	SH						
EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	SH						
EN2.3	Demonstrate the correct technique of examination of the ear including Otoscopy	SH						
EN2.4	Demonstrate the correct technique of performance and interpret tuning fork tests	SH						
EN2.5	Demonstrate the correct technique of examination of the nose & paranasal sinuses including the use of nasal speculum	SH						
EN2.6	Demonstrate the correct technique of examining the throat including the use of a tongue depressor	SH						
EN2.7	Demonstrate the correct technique of examination of neck including elicitation of laryngeal crepitus	SH						
EN2.8	Demonstrate the correct technique to perform and interpret pure tone audiogram & impedance audiogram	SH						
EN2.9	Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders	SH						
EN2.10	Identify and describe the use of common instruments used in ENT surgery	SH						
EN2.11	Identify by clinical examination malignant & pre- malignant ENT diseases	SH						
EN2.12	Counsel and administer informed consent to patients and their families in a simulated environment	SH						
EN2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract)	SH						
EN2.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment	SH						
EN3.1	Observe and enumerate the steps involved in performance of Oto-microscopic examination in a simulated environment	KH						
EN3.2	Observe and enumerate the steps in performance of diagnostic nasal Endoscopy	KH						
EN3.3	Observe and enumerate the steps in performance of Rigid/Flexible Laryngoscopy	KH						
EN3.4	Observe and enumerate the steps involved in the removal of foreign bodies from ear, nose & throat	KH						
EN3.5	Observe and enumerate the steps in the surgical procedures in ear, nose & throat	KH						
EN3.6	Observe and describe the steps involved in emergency procedures in ear, nose & throat	KH						

## 7. Formative Assessment of Integrated Sessions

Note:

1. Formative Assessment of integrated teaching sessions involves assessment of student level of sessional learning.
2. The student shall be given a 15-20 MCQ test at the end of the session. This can be both in the offline and online modes,
3. The grading of the assignment shall be done by the faculty team as follows

<b>Faculty Decision</b>	<b>Grade</b>
Poor content & presentation	1
Below Average content & presentation	2
Average content & presentation	3
Above Average content & presentation	4
Excellent content & presentation	5

No	Title of Integrated Session	1	2	3	4	5	Initial of Facilitator
1							
2							
3							

## 8. Formative Assessment for Assignments

Note:

1. Formative Assessment involves various methods of which out of class assignments are an important instrument.
2. The structure for the assignment should be clear mentioned at the start. The structure should include an introduction, main body of the assignment and a conclusion if it is an essay work. Illustrations, flow charts, tables and graphs should be part of the submission where ever necessary.
3. Plagiarism should be discouraged.
4. The grading of the same shall be done by the faculty team as follows:

Scale

- 1 : End of Session Assessment <35%
- 2 : End of Session Assessment 35-50%
- 3 : End of Session Assessment 50-60%
- 4 : End of Session Assessment 60-75%
- 5 : End of Session Assessment >75%

No	Topic of Assignment	1	2	3	4	5	Initial of Facilitator
1							
2							
3							

## 9. Formative Assessment of Self-Directed Learning

Note:

- a Formative Assessment of SDL sessions involves assessment of student level of learning through assessment of the synopsis and bibliography
- b The student shall submit the same at the end of the session. This can be both in the offline and online modes.
- c The grading of the same shall be done by the faculty team as follows:

Scale

**Faculty Decision**

**Grade**

Poor content & presentation

1

Below Average content & presentation

2

Average content & presentation

3

Above Average content & presentation

4

Excellent content & presentation

5

No	Assigned SDL Topic	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							

## 10. Formative Assessment of AETCOM Learning

Note:

1. Formative Assessment of AETCOM sessions involves assessment of student level of learning through DOPS, OSPE sessions
2. The grading of the same shall be done by the faculty team as follows:
  - 1 : End of Session Assessment <35%
  - 2 : End of Session Assessment 35-50%
  - 3 : End of Session Assessment 50-60%
  - 4 : End of Session Assessment 60-75%
  - 5 : End of Session Assessment >75%

No	Assigned AETCOM Topic	1	2	3	4	5	Initial of Facilitator
1							
2							

## 11. Formative Feedback Record

### Note:

1. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time.
2. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
3. The evaluation of tests should be provided to the student within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
4. The learner should sign with date whenever they are shown the test records in recognition of their having seen and discussed the performance.
5. The learner Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination
6. Some suggestions for handling the Feedback process
  - a. Start with the learner's agenda for the session
  - b. Evaluate the performance of the learner in the previous sessions and outcomes the learner is trying to achieve
  - c. Enquire about problems faced by the learner in the process of learning in the classroom, at home and during the assessments.
  - d. Encourage the learner to think about goal setting
  - e. Encourage self-assessment and self-solving problems
  - f. Offer space for the learner to make suggestions, to generate solutions
  - g. Be non-judgmental and specific, prevent vague generalization, provide balanced feedback
  - h. Offers suggestions and alternatives, make suggestions rather than prescriptive comments. Be valuing and supportive
  - i. Structure and summarize the session to ensure that learner has some specifics to take home.

<b>Formative Feedback Session</b>	<b>1</b>
<b>Date</b>	

<b>Type of Assessment</b>	
<b>Topic of Assessment</b>	

**Feed Back received from Student**

**Feed Back given to the Student**

**Remedial Action Suggested**

<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>	<table border="1"> <tr> <td><b>Signature of Student</b></td> <td></td> </tr> </table>	<b>Signature of Student</b>	
<b>Signature of Student</b>			

<b>Formative Feedback Session</b>	<b>2</b>
<b>Date</b>	

<b>Type of Assessment</b>	
---------------------------	--

<b>Topic of Assessment</b>	
----------------------------	--

<b>Feed Back received from Student</b>

<b>Feed Back given to the Student</b>

<b>Remedial Action Suggested</b>

<b>Timeline of Remedial Action</b>	
------------------------------------	--

<b>Signature of Mentor</b>		<b>Signature of Student</b>	
----------------------------	--	-----------------------------	--

<b>Formative Feedback Session</b>	<b>3</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>4</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>5</b>
<b>Date</b>	

<b>Type of Assessment</b>	
---------------------------	--

<b>Topic of Assessment</b>	
----------------------------	--

<b>Feed Back received from Student</b>

<b>Feed Back given to the Student</b>

<b>Remedial Action Suggested</b>

<b>Timeline of Remedial Action</b>	
------------------------------------	--

<b>Signature of Mentor</b>		<b>Signature of Student</b>	
----------------------------	--	-----------------------------	--

<b>Formative Feedback Session</b>	<b>6</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>7</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>8</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>9</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>10</b>
<b>Date</b>	

<b>Type of Assessment</b>	
---------------------------	--

<b>Topic of Assessment</b>	
----------------------------	--

<b>Feed Back received from Student</b>

<b>Feed Back given to the Student</b>

<b>Remedial Action Suggested</b>

<b>Timeline of Remedial Action</b>	
------------------------------------	--

<b>Signature of Mentor</b>		<b>Signature of Student</b>	
----------------------------	--	-----------------------------	--

<b>Formative Feedback Session</b>	<b>11</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>12</b>
<b>Date</b>	

<b>Type of Assessment</b>	
---------------------------	--

<b>Topic of Assessment</b>	
----------------------------	--

<b>Feed Back received from Student</b>

<b>Feed Back given to the Student</b>

<b>Remedial Action Suggested</b>

<b>Timeline of Remedial Action</b>	
------------------------------------	--

<b>Signature of Mentor</b>		<b>Signature of Student</b>	
----------------------------	--	-----------------------------	--

<b>Formative Feedback Session</b>	<b>13</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>14</b>
<b>Date</b>	

<b>Type of Assessment</b>			
<b>Topic of Assessment</b>			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>15</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

<b>Formative Feedback Session</b>	<b>16</b>
<b>Date</b>	

Type of Assessment			
Topic of Assessment			
<b>Feed Back received from Student</b>			
<b>Feed Back given to the Student</b>			
<b>Remedial Action Suggested</b>			
<b>Timeline of Remedial Action</b>			
<b>Signature of Mentor</b>		<b>Signature of Student</b>	

# 12.Certification of Skills

**Note:**

1. Certification of Skills (COS) should be provided to learners at all points of the course so that they are aware of their performance and remedial action can be initiated well in time for the student to achieve the goal of obtaining a certified skill.
2. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
3. The results of assessment for COS should be discussed at the the end of the assessment and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
4. The learner should be given a date for remedial session wherein they will be reassessed.
5. A maximum of 5 remedial sessions may be offered beyond which he shall not be certified for the current academic session. The university and MCI regulations will be mandatory.
6. Example:

EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat
-------	--

<b>Type of Skill</b>	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat		
<b>Type of Assessment</b>	Direct Observation of Procedural Skills		
<b>Performance of Student</b>	The student is able to 1. Demonstrate the correct method wearing the head lamp 2. Demonstrate the correct use of a headlamp in the examination of the ear 3. Demonstrate the correct use of a headlamp in the examination of the nose 4. Demonstrate the correct use of a headlamp in the examination of the throat		
<b>Feed Back of Learner</b>	Mr. AXR tells that he is not able to visualize the nasal septum using the head lamp		
<b>Feed Back of Facilitator</b>	Facilitator reassures the learner. "Mr.AXR" is adviced to learn again. The facilitator explains the key points to identify the nasal septum and explains the procedure of use of the head lamp. The learner is adviced to write it in the log book and get verified.		
<b>Remedial Action Suggested</b>	"Mr.AXR" is adviced to repeat the assessments 10days later		
<b>Remedial Assessment</b>	1		
<b>Performance of Student</b>			
<b>Certification of Skill</b>	Certified that the learner has successfully completed the certification of the Skill for competency EN2.2.		
<b>Date of COS</b>			
<b>Signatures</b>			
	Learner	Facilitator	Professor

## Certification of Skills - Competency:.....

<b>Type of Skill</b>			
<b>Type of Assessment</b>			
<b>Performance of Student</b>			
<b>Feed Back of Learner</b>			
<b>Feed Back of Facilitator</b>			
<b>Remedial Action Suggested</b>			
<b>Remedial Assessment</b>	1	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	2	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	3	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	4	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	5	<b>Date</b>	
<b>Performance of Student</b>			
<b>Certification of Skill</b>	Certified / Not Certified		
<b>Date of COS</b>			
<b>Signatures</b>			
	Learner	Facilitator	Professor

## Certification of Skills - Competency:.....

<b>Type of Skill</b>			
<b>Type of Assessment</b>			
<b>Performance of Student</b>			
<b>Feed Back of Learner</b>			
<b>Feed Back of Facilitator</b>			
<b>Remedial Action Suggested</b>			
<b>Remedial Assessment</b>	1	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	2	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	3	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	4	<b>Date</b>	
<b>Performance of Student</b>			
<b>Remedial Assessment</b>	5	<b>Date</b>	
<b>Performance of Student</b>			
<b>Certification of Skill</b>	Certified / Not Certified		
<b>Date of COS</b>			
<b>Signatures</b>			
	Learner	Facilitator	Professor

## 13A. Record of Internal Assessment Tests-Theory

Name of Institute :												
Faculty : Final MBBS						Year/Phase- Part - II			Date : dd/mm/yyyy			
<b>DEPARTMENT OF Paediatrics/ENT/Ophthalmology</b>												
S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
			100	100	100	10	25	10	10	10	10	375

# 13B. Record of Internal Assessment Tests-Clinical

Name of Institute :												
Department of Paediatrics/ENT/Ophthalmology												
Faculty : Final MBBS			Year/Phase- Part-II					Date : dd/mm/yyyy				
			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal (Record book/Portfolio)	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	50	20	40	10	500

## 14. Record of University Examinations

No	Examination	Max Mark	Mark Given	% Mark	Initials of FIC