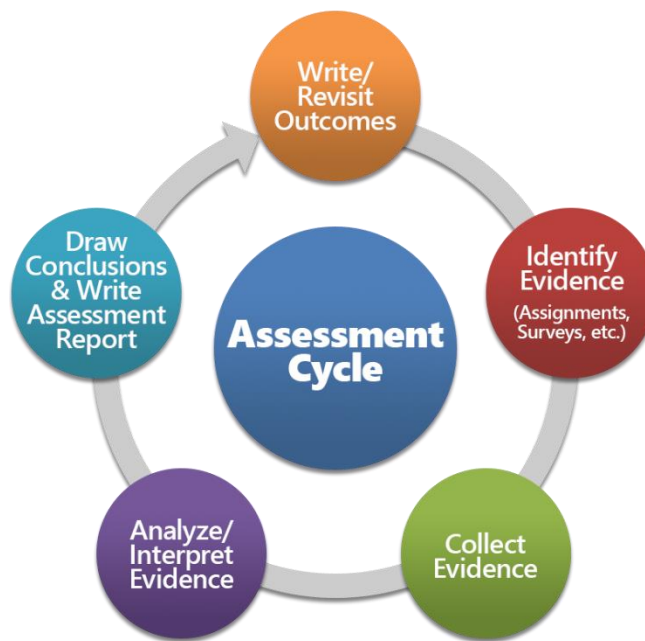




KING ABDULAZIZ UNIVERSITY
FACULTY OF MEDICINE IN RABIGH

Assessment Unit Policy Booklet



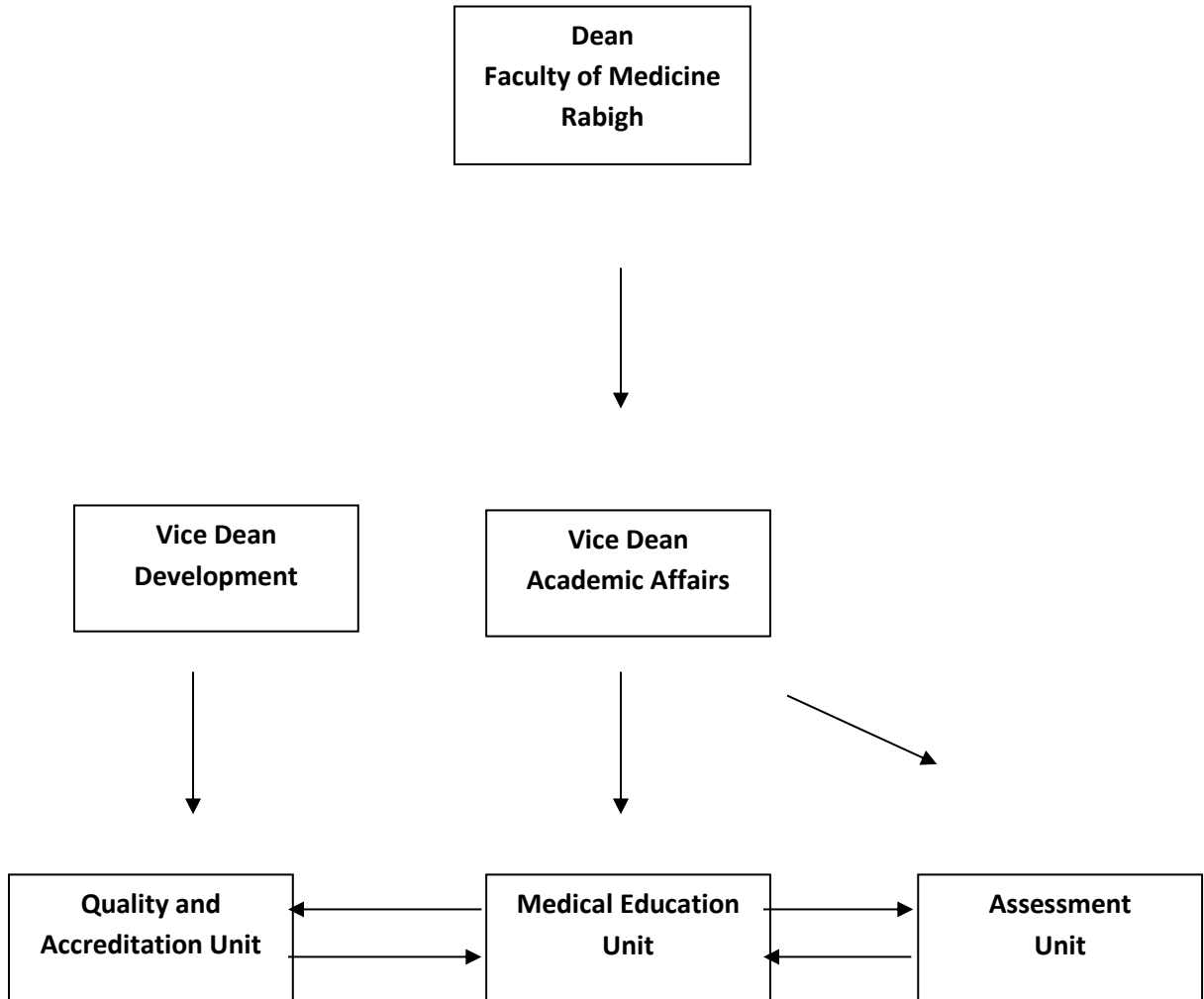
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Organogram of Assessment Unit



Introduction

In medical education, the assessment is always considered a fundamental part of the learning process and undergraduates recognize it as a leading motivator to guide and push their learning. Generally, the mode of assessment decides about the students' approach towards learning. Prof. Van der Vleuten defines five criteria for deciding the efficacy of a specific approach of assessment: "reliability (the degree to which the measurement is accurate and reproducible), validity (whether the assessment measures what it claims to measure), impact on future learning and practice, acceptability to learners and faculty, and costs (to the individual trainee, the institution, and society at large)."

"Assessment is the process whereby students learning outcomes are measured and developed, feedback is given to students on their progress and final result grades are awarded. Assessment is a core academic activity and an essential component of the learning process." The assessment is defined as "the process of identifying, gathering and interpreting information about a student's learning".

Basic aim for establishing a separate unit of assessment at Rabigh Medical College is to improve the quality of education. For any educational institute, it is inevitable to establish an independent and fully equipped assessment unit having qualified medical educationists. Therefore, a separate assessment unit at Rabigh Medical College has been established.

The aim of writing this booklet is to assist in developing a uniform assessment policy across five years for all the modules.

Vision

The assessment unit of RMC is committed to improving the standard of assessment in Rabigh Medical College.

Mission

The mission of the assessment unit of RMC is to serve as the nexus for assessment and evaluation activities in the medical education program and improve the standard of the assessment

Policy statement

Rabigh Medical College ensures that assessment procedures and academic progress are employed impartially and consistently in the RMC and that these practices conform to the needs of the accreditation bodies such as NCAAA.

Scope

The policies mentioned in this booklet are applicable to all “formal summative assessments” and explains measures to strengthen the firm principles of the assessment procedure and adequate scholastic improvement.

Objectives

- To facilitate good quality test items like MCQs, OSCE, OSPE stations and others for students assessment and for storing them in the Rabigh Medical College question bank.
- To align the student assessment with program outcome and course objective according to the provided blueprints.
- To facilitate uploading and formatting examinations for the module electronic exams.
- To examine the psychometric characteristics of the test items and to give feedback on the exam results.
- To arrange for networking with other assessment units and organization (like IDEAL International Consortium)
- To properly execute AU strategies and measures.
- To make sure overall integrity and confidentiality of the assessment.

- To provide centralized facilitation for assessment-related issues, from conduction of examination in state of the art highly equipped technical environment to secure storage of exam material
- To arrange various workshops as part of the faculty training program
- To secure and maintain proper storage of examinations.
- To perform research

Strategies

- Central control of assessment through a well-secured office.
- Multidisciplinary collaboration from all faculty and departments.
- Use of a spectrum of instruments that are valid, reliable and cover the required objectives and competencies.
- Ensure high quality of assessment through review, revision, and evaluation.
- Active involvement of students and faculty through regular feedback.

Assessment Principles

1. Assessment should align the Program outcomes and course learning objectives given in the study guide.
2. The assessment program should be structured around the modular system and core courses.
3. Summative assessments are under central control.
4. Assessment employs multiple assessment tools to assess the whole range of educational objectives.
5. Assessments should promote critical thinking, self-directed learning, problem-solving skills, patient management skills, and teamwork.
6. The effective and constructive feedback should be provided after all formative assessments.
7. Assessment tools must be time-tested and have good reliability, validity, feasibility, and practicability.

Quality Assurance

The assessment unit will collaborate with the relevant committees to assist in the evaluation and quality assurance of the assessment program.

Methods of Students Assessment

To prevent subjective variations and to overcome the challenges beset by conventional theoretical, clinical and practical examinations, the Faculty of Medicine utilizes the latest tools that are available for the assessment of its students. These include:

- Using standardized exams for all phases
- Employing an approach which assesses the student's knowledge on a more continuous basis throughout the delivery of the course
- Using more objective methods of assessing students such as:
 - Objective Structured Clinical Examination (OSCE)
 - Objective Structured Practical Examination (OSPE)

It is envisioned that use of such tools would minimize the variability that is encountered in utilizing the more traditional modes of examination and provide a more objective assessment of student's knowledge and skills in various basic and clinical subjects.

Rules governing the exams in the Faculty of Medicine

Phase I (Second and Third years):

- 1) The passing grade for all courses is a minimum of 60% or higher. This is inclusive of on-going assessments and the grade obtained in the final exam
- 2) Those who fail to obtain the desired passing grade will have another opportunity to Re-sit the exam before the start of the next academic year
- 3) If a student does not obtain the minimum passing grade in the Re-sit exam, he will be allowed to transition to the next year but will be required to Re-sit the exam next year and must pass that exam.
- 4) Students are required to repeat the entire academic year if they do not pass the Re-sit exams in one or more Core Courses and/or in two or more System-based courses
- 5) To satisfy all the requirements, a student is allowed to stay for a maximum of two years in given academic level

- 6) In all Re-sits, the final grade is entirely dependent on the performance of the student in that exam. It does not include the grade for continuous assessment that the student may have obtained during the regular course-work

Phase II (Clinical Years: Fourth, Fifth, and Sixth Years):

- 1) If the student is not successful in any one of these courses, he is allowed to re-sit the exam twice; each student will have a total of three opportunities to pass a given course
- 2) All students have to pass the final written exam in all clinical subjects that are offered in this phase

General instructions for the coordinators and invigilators for examination

- All the faculty members involved in the module should submit their questions one week before the mid-module exam and ten days before the final exam.
- It is the responsibility of the coordinator to prepare the exam with the help of the questions sent by the involved teaching faculty members and from the Q-bank.
- All questions should be submitted to coordinator via chairperson of the department.
- It is the responsibility of the coordinator to contact with deanship of E-learning for scheduling and uploading of the exam.
- Q-bank should contain only those questions that have been reviewed by the members of the assessment unit.
- In E-exam paper, questions should be arranged randomly for students.
- The allocated time for each item should not be more than 60-90 seconds per item.
- The recommended time for statement questions is 30-60 seconds while for scenario-based questions is 90 seconds.
- The selection of questions should be according to the Assessment Blueprint.
- The invigilators must be present in the exam room for the whole duration of the exam. ^[1]_{SEP}

Following points should be taken into consideration for conducting exam:

a) Before the exam

- The coordinator and faculty members should reach in the exam hall/computer lab at least 30 minutes before the start of the exam for checking that all computers are working and seating arrangement is appropriate.

- The coordinator will ensure that the exam starts on time.
- Invigilators should provide necessary information to the students.

b) During the exam

- All students must present their valid “student ID card” to enter the exam hall.
- In the case of written exam students should submit all answer sheets and question papers to the invigilator before leaving.
- Students are not permitted to communicate with other students during an exam either written, verbally, electronic, or any other method.
- Cheating in the exam in any form is not allowed.
- According to university rules cheating in the exam is a serious offense that could lead to students removal from the University.
- The invigilator could verbally warn and/or impound students answer sheet/ expel the student from exam hall if cheating occurs.
- Those students who may need special support for exam are advised to consult with the Vice Dean Basic/Clinical Sciences. The VD will advise the coordinator.
- Students are advised not to make any travel plans before the end of any scheduled exam period.
- The mobile phones, iPods, personal digital assistant, and other electronic gadgets are not be allowed in the exam hall or after switching these gadgets off should be handed over to the invigilators.
- The invigilator must ensure that the candidate appearing in the exam is the same person who has enrolled for the same module exam.
- Students may not leave the exam hall after login into e-exam during the first thirty minutes of the allocated time.
- Up to fifteen minutes late arrivals will be allowed to sit in the exam; however, no extra time will be permitted.
- The candidate who arrives after 15 minutes after the start of the exam would not be allowed to sit in the exam.

- Once the exam begins, no communication between students is allowed.

c) After the exam


- It is the responsibility of the coordinator to collect the item analysis report and submit to the AU for their report.
- The coordinator should not announce the result before discussing the item analysis report to the AU.
- Item analysis report should be discussed in the third module meeting with the faculty members involved in the module.
- The module coordinator will send the defected items for improvement to the corresponding chairperson of the department.
- The coordinator will pick up to 50% questions from the Q-bank and remaining 50% questions should be newly constructed.
- Items having problems in both difficulty and discrimination indices should be avoided in the next exam.
- If the exam reliability is less than 60%, then that exam will be canceled, and a new date will be announced for reexamination.
- If any candidate finds any error or ambiguity in the question, which may affect his/her result, then the student/s are encouraged to contact the assessment unit member immediately after completion of the exam or send email to au.rabigh@kau.edu.sa.

Examination interruptions

- In case if the examination is affected by an unanticipated interruption (for example, computer/software malfunction, a power failure, etc.) the coordinator/invigilator will implement appropriate immediate action such as to arrange:
 - a) other computers (if available)
 - b) hard-copy exam
- If student/s are provided the hard-copy of the exam, then the time allowed will be 90 minutes or whatever the total time of the exam.

- If there is minor disruption to an exam (less than 15 min), then coordinator may accommodate that student/s by providing an equivalent period of additional time added to the end of the allocated exam time after consulting with the Distance-Learning Unit.
- If there is a significant disruption to an exam or repeated minor disruption in the same exam then coordinator would be responsible for arranging paper exam on the same day.
- In case of emergency (like rain, unexpected holiday etc.), if exam could not be arranged as scheduled then a new exam date and time should be announced after consulting with the Vice Dean Basic/Clinical Sciences.

It is expected that all the candidates and invigilators abide by all the e-exam policies strictly.



Assessment Marks for Phase I

Item		Total	Type	Notes
Ongoing Course Assessment (40%)	Continuous Assessment*	20%	Assignment	Short essays, concept mapping, etc.
			Presentations	PPT presentation, oral presentation...etc.
			Reports	Case report, lab report ... etc.
			In-class Activities	Participation, discussion forum ... etc.
			Small Groups Discussions	PBL, CBL, TBL, ... etc.
	Mid-Course Exam	20%	Written **	45 min, 30 MCQs,
Final Assessment (50-60%)	Final practical	20%	OSPE	Courses without practical will add these marks to the during-course activities
	Final written	40%	Written Exam **	90-120 min; 60-90 MCQs,

*At least 3 different types of continuous assessment should be done.

** Written exam may have MCQs, EMQs and/or SAQs.

The BEC, ECS, ethics and professionalism and patient safety courses are exempted from the above distribution due to their short time and/or special activities.

Assessment Marks for Phase II

Assessment		Total	Type	Assessment	Number
Continuous Assessment [Logbook]	Long Mod	25%		Punctuality, attendance, class participation	
				Class quiz	
	Short mod	25%		Case presentation*	3-4
				Case write-ups	1-2
Midterm Exam 1		20%	Written	MCQs (10%)	60-75 min, 40-50 MCQs.
			Clinical	Short case, long case, OSCE (active) (10%)	
Final Exam	Long Mod	55 %	Written	MCQ (20%)	90-150min, 75-100 MCQs
				Data show/interpretation (10%) *	
	Short mod	55%		Clinical	Short case, long case, OSCE (25%)

*If no data show then MCQs and OSCE will be of 25 and 30 marks respectively.

Benchmarks for exam questions/exam evaluation

a) Difficulty Index

Difficulty Index	Remarks	Action
>.8 (>80%)	Easy	Omit/Need modification
.3-.8 (30-80%)	Moderate	Retain
<.3 (<30%)	Difficult	Omit/Need modification

b) Discrimination index

DI	Remarks	Action
>.4	Excellent	Retain
.2-.4	Good/Fair	Retain/improve
<.1 OR negative	Poor	Delete/modify

c) Reliability

Reliability	Interpretation
.90 & above	Excellent reliability
.80 - .90	Very good for a classroom test
.70 - .80	Good for a classroom test. There are probably a few items which could be improved.
.60 - .70	Somewhat low. This test should be supplemented by other measures (e.g., more test) for grading
.50 - .60	Suggests need for revision of test. The test definitely needs to be supplemented by other measures (e.g., more tests) for grading.
.50 or below	Questionable reliability. This test should not contribute heavily to the course grade, and it needs revision.

Level of questions

For Basic Sciences

Knowledge= 70-80%, Cognition = 20-30%

For Clinical Sciences

Knowledge= 30-40%, Cognition = 60-70%