Undergraduate Assessment Record

Orthopaedics

The TN Dr. M.G.R. Medical University
Chennai

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

Under Graduate Assessment Record

Department of Orthopaedics

Preface

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 analyse 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; Analyse 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

1. University Norms for Assessment of the Course

a. Formative / Internal Assessment

No	Type of Assessment	Methods of Assessment	Total Marks	Min Pass Mark
1	Theory Component			
A	Theory Tests (Average of 3 Tests)	MCQ, VSAQ, SAQ, LAQ	30	
B	Formative Assessment	Assignments	4	
		Integrated Sessions	4	
		Self-Directed Learning	2	
	Total		40	
2	Practical Component			
A	Practical (Average of 3 tests)	Clinical case presentation, spotting, OSCE, exercises , Viva	30	
B	Formative Assessment	DOAP	5	
		AETCOM Learning	5	
	Total		40	
3	Log Book/Academic Record		20	
	Grand Total		100	50

Note:

1. Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, integrated classes, participation in AETCOM, SDL, Projects.
2. 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.
3. 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.
4. 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. 5.

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.

6. 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.
7. 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.
8. 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.

9. 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: :50 marks (25% of General surgery)
2. Practical Exam + Viva:40+ 10=50 marks(25% of General surgery)

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/ clinics. The objective will be to assess proficiency and skills in History Taking, conduct physical examination, interpret data and form clinic social case diagnosis Emphasis should be on candidate's capability to demonstrate communication skills, analyse 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 common factors associated with health and disease
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 practical

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.6, 13 The following adapted example illustrates this:

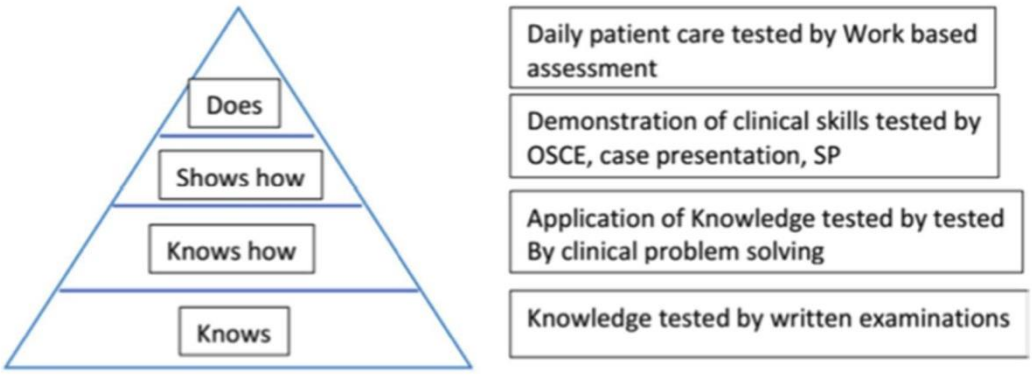

Figure 2. Assessment methods as per levels of competency (Adapted from Ramani) OSCE: Objective Structured Clinical Examination, SP: Standardised/ Simulated Patients

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 Table1.

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 **describe** the CSF features for a given etiologic of meningitis **accurately**	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 **given set of CSF parameters**	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.14 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.

(ii) Practical/Clinical IA can include: clinical case presentation, practical tests, Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (mini-CEX), 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.

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. Formative Assessment of Classroom / Clinical Training

The term "Classroom Learning" mentioned here includes any learning that happens within the ambit of the department as large group and small group teaching, demonstrations, dissection classes, practical classes, museum classes etc. The learning in the department predominantly fits into the Scale of 1 and2of the 5 level Blooms Taxonomy.

The Assessment Methods would include
1. End of Lecture Class/Module Assessment: 5-8 MCQ's solved over 5-8minutes
2. End of clinical training : OSCE of 10-12minutes
3. End of Practicals /Module: Spotting / OSCE/ Epidemiological exercises
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	Grading Scale					Initial of
			1	2	3	4	5	Facilitator
Topic: Skeletal Trauma, Poly trauma								
OR1.1	Describe and discuss the Principles of pre-hospital care and Casuality management of a trauma victim including principles oftriage	K/KH						
OR1.2	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of shock	K/KH						
OR1.3	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of soft tissue injuries	KH/SH						
OR1.4	Describe and discuss the Principles of management of soft tissueinjuries	K/KH						
OR1.5	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of dislocation of majorjoints, shoulder, knee, hip	K/KH						

OR1.6	Participate as a member in the team for closed reduction of shoulder dislocation / hip dislocation / knee dislocation	SH						
Topic: Fractures								
OR2.1	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fracture of clavicle	KH/SH						
OR2.2	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fractures of proximal humerus	K/KH/SH						
OR2.3	Select, prescribe and communicate appropriate medications forrelief of joint pain	KH/SH						
OR2.4	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of fracture of shaft ofhumerus and intercondylar fracture humerus with emphasis on neurovasular deficit	K/KH						
OR2.5	Describe and discuss the aetiopathogenesis, clinical features, mechanism of injury, investigation & principles of management of fractures of both bones forearm and Galeazzi and Monteggia injury	K/KH						
OR2.6	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of distal radius	KH						
OR2.7	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of pelvic injuries with emphasis on hemodynamic instability	K/KH/SH						
OR2.8	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of spine injuries with emphasis on mobilisation of the patient	K/KH						
OR2.9	Describe and discuss the mechanism of injury, Clinical features, investigations and principle of management of acetabular fracture	K/KH						

OR2.10	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of proximal femur	KH						
OR2.11	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of (a) Fracture patella (b) Fracture distal femur (c) Fracture proximaltibia with special focus on neurovascular injury and compartment syndrome	K/KH						
OR2.12	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of Fracture shaft of femur in all age groups and the recognition and management of fatembolism as a complication	K/KH						
OR2.13	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of: (a) Fracture both bones leg (b) Calcaneus (c) Small bones of foot	K/KH						
OR2.14	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of ankle fractures	K/KH						
OR2.15	Plan and interpret the investigations to diagnose complications offractures like malunion, non-union, infection, compartmental syndrome	SH						
OR2.16	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of open fractures withfocus on secondary infection prevention and management	K/KH						

Topic:Musculoskeletal Infection								
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/KH/ SH						
OR3.2	Participate as a member in team for aspiration of joints undersupervision	SH						
OR3.3	Participate as a member in team for procedures like drainage ofabscess, sequestrectomy/ saucerisation and arthrotomy	SH						
Topic:Skeletal Tuberculosis								
OR4.1	Describe and discuss the clinical features, Investigation and principles of management of Tuberculosis affecting major joints(Hip, Knee) including cold abcess and caries spine	K/KH						
Topic: Rheumatoid Arthritis and associated inlammatory disorders								
OR5.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of various inflammatory disorder of joints	K/KH						
Topic: Degenerative disorders								
OR6.1	Describe and discuss the clinical features, investigations and principles of management of degenerative condition of spine (Cervical Spondylosis, Lumbar Spondylosis, PID)	K/KH						
Topic: Metabolicbone disorders								
OR7.1	Describe and discuss the aetiopathogenesis, clinical features,investigation and principles of management of metabolic bonedisordersinparticularosteoporosis,osteomalacia,rickets,Paget'sdisease	K/KH						

Topic:Poliomyelitis								
OR8.1	Describe and discuss the aetiopathogenesis, clinical features, assessment and principles of management a patient with PostPolio Residual Paralysis	K/KH						
Topic:Cerebral Palsy								
OR9.1	Describe and discuss the aetiopathogenesis, clinical features, assessment and principles of management of Cerebral palsypatient	K/KH						
Topic:BoneTumors								
OR10.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of benign and malignant bone tumours and pathological fractures	K/KH						
Topic:Peripheral nerve injuries								
OR11.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of peripheral nerveinjuries in diseases like foot drop, wrist drop, claw hand, palsies ofRadial, Ulnar, Median, Lateral Popliteal and Sciatic Nerves	K/H						
Topic:Congenital lesions								
OR12.1	Describe and discuss the clinical features, investigations and principles of management of Congenital and acquired malformations and deformities of: a. limbs and spine - Scoliosis and spinal bifida b. Congenital dislocation of Hip,Torticollis, c. congenital talipes equino varus	KH						
Topic:Procedural Skills								
OR13.1	Participate in a team for procedures in patients and demonstratingthe ability to perform on mannequins / simulated patients in the following: i. Above elbow plaster ii. Below knee plaster iii. Above knee plaster iv. Thomas splint v. splinting for long bone fractures vi. Strapping for shoulder and clavicle trauma	KH /SH						

OR13.2	Participate as a member in team for Resuscitation of Polytraumavictim by doing all of the following : (a) I.V. access central - peripheral (b) Bladder catheterization (c) Endotracheal intubation (d) Splintage	KH /SH						
Topic:Counselling Skills								
OR14.1	Demonstrate the ability to counsel patients regarding prognosis inpatients with various orthopedic illnesses like a. fractures with disabilities b. fractures that require prolonged bed stay c. bone tumours d. congenital disabilities	KH /SH						
R14.2	Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limp amputation, permanentfixations etc..	KH /SH						
OR14.3	Demonstrate the ability to convince the patient for referral to ahigher centre in various orthopedic illnesses, based on the detection of warning signals and need for sophisticated management	KH /SH						

5. Formative Assessment of Assignments

Note:

1. Formative Assessment involves various methods of which out of class assignments are important instruments.
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 assignment shall be done by the faculty team as follows

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	Title of Assignment	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

6. 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 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 Integrated Session	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

7. Formative Assessment of Self-Directed Learning

Note:

1. Formative Assessment of SDL sessions involves assessment of student level of learning through assessment of the synopsis and biblliography
2. The student shall submit the same at the end of the session. This can be both in the offline and online modes.
3. 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							
6							
7							
8							
9							
10							

8. 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:

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	Competency The student should be able to	Level (K/KH/SH)	1	2	3	4	5	Initial of Facilitator
1								
2								
3								
4								
5								

9. 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 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.
4. Thelearner should sign with date whenever they are shown IA records in token of having seen and discussed the marks.
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 generalisation, provide balanced feedback
    h. Offers suggestions and alternatives, make suggestions rather than prescriptive comments. Be valuing and supportive
    i. Structure and summarise the session to ensure that learner has some specifics to take home.

Formative Feedback Session	1
Date	

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

Formative Feedback Session	2
Date	

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

Formative Feedback Session			3
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session	4
Date	

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

Formative Feedback Session			5
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

10.Certification of Skills

Note:

1. certification of skills 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 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.
2. The results of assessment of COS should be discussed at 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/she shall not be certified for the current academic session.

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
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Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
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Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
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Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

11 A. Record of Internal Assessment Tests-Theory

No	Topic of Assessment	Type of Assessment	Max Mark	Mark Given	% Mark	Initals of FIC
1						
2						
3						

11B. Record of Internal Assessment Tests-Practical

No	Topic of Assessment	Type of Assessment	Max Mark	Mark Given	% Mark	Initals of FIC
1						
2						
3						

12. Attendance Record

Details	Attendance Percent		
	Second Professional MBBS	Third Professional MBBS Part I	Third Professional MBBS Part II
Theory			
Practicals			