



Undergraduate Assessment Record

PATHOLOGY

**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 Pathology**

Preface

Competency based education implemented by this university is an outcomebased 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.

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I. Proposed plan for Assessment of the Course

a. Internal Assessment

No	Type of Assessment	Methods of Assessment	Total Marks	Min Pass Mark
1	Theory Component			
a	Theory Tests (Average of 8 Tests)	MCQ, VSAQ, SAQ, LAQ	40	
b	Continuous Formative Assessment	Assignments	4	
		Integrated Sessions	4	
		Self-Directed Learning	2	
	Total		50	
2	Practical Component			
a	Practical (Average of 4 tests)	PE, OSPE, DOPS, Viva	40	
b	Formative Assessment	Case Based Learning	5	
		AETCOM Learning	5	
	Total		50	
	Grand Total		100	50

Note:

- 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 CBL, AETCOM, SDL, Projects.
- 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.
- 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.
- 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.
- 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.
- 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. 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: 2 papers of 100 marks each. (Total 200 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, 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 investigative data, , identification of specimens, 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 practical .

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)											

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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:

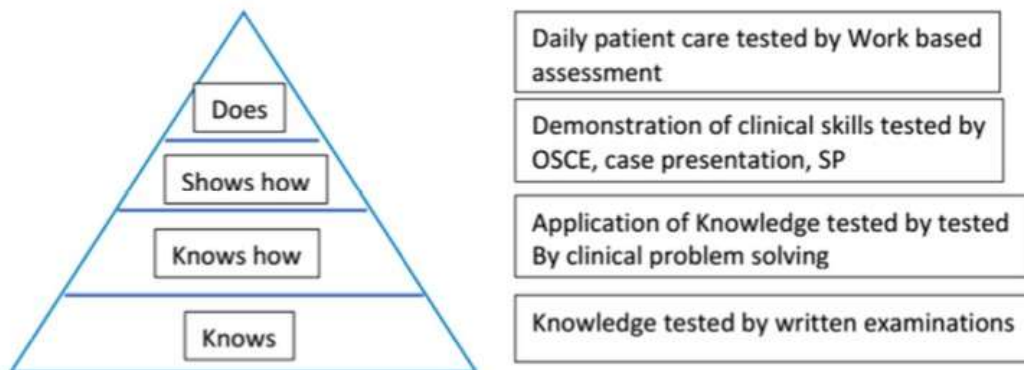


Figure 2. Assessment methods as per levels of competency (Adapted from Ramani)
OSCE: Objective Structured Clinical Examination, SP: Standardised/ Simulated Patients

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 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
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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 be 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: 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				
		CL	PL	CBL	SDL	AET	CL	PL	CBL	SDL	AET
1	September										
2	October										
3	November										
4	December										
5	January										
6	February										
7	March										
8	April										
9	May										
10	June										
11	July										
12	August										

Note:

CL: Classroom Hours incl. Lectures, Integrated Teaching, Small Group Learning

PL: Practical Learning including Clinical pathology and Histopathology

CBL: Case based learning

SDL: Self-Directed Learning

AET: Attitude Ethics and Communication

Compensatory Study Hours offered if any

5. Formative Assessment for Classroom Learning

The term "Classroom Learning" mentioned here includes any learning happens within the ambit of the department as large group and small group teaching, demonstrations, practical classes (clinical and histopathology) etc. The learning in the department predominantly fits into the Scale of 1 and 2 of the 5 level Blooms Taxonomy. The Assessment Methods would include

1. End of Lecture Class/Module Assessment: 5-8 MCQ's solved over 5-8 minutes
2. End of Practicals-clinical pathology : OSPE/slide spotters of 10 to 12 minutes
3. End of practicals-Histopathology: slide spotters of 10 to 12 minutes

For effective assessment and grading of performances a Likert's scale is given as under:

Assessment:

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	
Topic: Introduction to Pathology								
PA1.1	Describe the role of a pathologist in diagnosis and management of disease	K						
PA1.2	Enumerate common definitions and terms used in Pathology	K						
PA1.3	Describe the history and evolution of Pathology	K						
Topic: Cell Injury and Adaptation								
PA2.1	Demonstrate knowledge of the causes, mechanisms, types and effects of cell injury and their clinical significance	KH						
PA2.2	Describe the etiology of cell injury. Distinguish between reversible-irreversible injury: mechanisms; morphology of cell injury	KH						
PA2.3	Intracellular accumulation of fats, proteins, carbohydrates, pigments	KH						
PA2.4	Describe and discuss Cell death- types, mechanisms, necrosis, apoptosis (basic as contrasted with necrosis), autolysis	KH						
PA2.5	Describe and discuss pathologic calcifications, gangrene	KH						
PA2.6	Describe and discuss cellular adaptations: atrophy, hypertrophy, hyperplasia, metaplasia, dysplasia	KH						
PA2.7	Describe and discuss the mechanisms of cellular aging and apoptosis	KH						

PA2.8	Identify and describe various forms of cell injuries, their manifestations and consequences in gross and microscopic specimens	SH							
Topic: Amyloidosis									
PA3.1	Describe the pathogenesis and pathology of amyloidosis	KH							
PA3.2	Identify and describe amyloidosis in a pathology specimen	SH							
Topic: Inflammation									
PA4.1	Define and describe the general features of acute and chronic inflammation including stimuli, vascular and cellular events	KH							
PA4.2	Enumerate and describe the mediators of acute inflammation	KH							
PA4.3	Define and describe chronic inflammation including causes, types, non-specific and granulomatous; and enumerate examples of each	KH							
PA4.4	Identify and describe acute and chronic inflammation in gross and microscopic specimens	SH							
Topic: Healing and repair									
PA5.1	Define and describe the process of repair and regeneration including wound healing and its types	KH							
Topic: Hemodynamic disorders									
PA6.1	Define and describe edema, its types, pathogenesis and clinical correlations	KH							
PA6.2	Define and describe hyperemia, congestion, hemorrhage	KH							
PA6.3	Define and describe shock, its pathogenesis and its stages	KH							
PA6.4	Define and describe normal haemostasis and the etiopathogenesis and consequences of thrombosis	KH							
PA6.5	Define and describe embolism and its causes and common types	KH							
PA6.6	Define and describe Ischaemia/infarction its types, etiology, morphologic changes and clinical effects	KH							
PA6.7	Identify and describe the gross and microscopic features of infarction in a pathologic specimen	SH							
Topic: Neoplastic disorders									
PA7.1	Define and classify neoplasia. Describe the characteristics of neoplasia including gross, microscopy, biologic, behaviour and spread. Differentiate between benign from malignant neoplasms	KH							
PA7.2	Describe the molecular basis of cancer	KH							
PA7.3	Enumerate carcinogens and describe the process of carcinogenesis	KH							

PA7.4	Describe the effects of tumor on the host including paraneoplastic syndrome	KH							
PA7.5	Describe immunology and the immune response to cancer	KH							
Topic: Basic diagnostic cytology									
PA8.1	Describe the diagnostic role of cytology and its application in clinical care	KH							
PA8.2	Describe the basis of exfoliative cytology including the technique & stains used	KH							
PA8.3	Observe a diagnostic cytology and its staining and interpret the specimen	KH							
Topic: Immunopathology and AIDS									
PA9.1	Describe the principles and mechanisms involved in immunity	KH							
PA9.2	Describe the mechanism of hypersensitivity reactions	KH							
PA9.3	Describe the HLA system and the immune principles involved in transplant and mechanism of transplant rejection	KH							
PA9.4	Define autoimmunity. Enumerate autoimmune disorders	KH							
PA9.5	Define and describe the pathogenesis of systemic Lupus Erythematosus	KH							
PA9.6	Define and describe the pathogenesis and pathology of HIV and AIDS	KH							
PA9.7	Define and describe the pathogenesis of other common autoimmune diseases	KH							
Topic: Infections and Infestations									
PA10.1	Define and describe the pathogenesis and pathology of malaria	KH							
PA10.2	Define and describe the pathogenesis and pathology of cysticercosis	KH							
PA10.3	Define and describe the pathogenesis and pathology of leprosy	KH							
PA10.4	Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases	KH							
Topic: Genetic and paediatric diseases									
PA11.1	Describe the pathogenesis and features of common cytogenetic abnormalities and mutations in childhood	KH							
PA11.2	Describe the pathogenesis and pathology of tumor and tumour- like conditions in infancy and childhood	KH							
PA11.3	Describe the pathogenesis of common storage disorders in infancy and childhood	KH							
Topic: Environmental and nutritional diseases									
PA12.1	Enumerate and describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol	KH							

PA12.2	Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation	KH							
PA12.3	Describe the pathogenesis of obesity and its consequences	KH							
opic: Introduction to haematology									
PA13.1	Describe hematopoiesis and extramedullaryhematopoiesis	KH							
PA13.2	Describe the role of anticoagulants in hematology	KH							
PA13.3	Define and classify anemia	KH							
PA13.4	Enumerate and describe the investigation of anemia	KH							
PA13.5	Perform, Identify and describe the peripheral blood picture in anemia	SH							
opic: Microcytic anemia									
PA14.1	Describe iron metabolism	KH							
PA14.2	Describe the etiology, investigations and differential diagnosis of microcytic hypochromic anemia	KH							
PA14.3	Identify and describe the peripheral smear in microcytic anemia	SH							
Topic: Macrocytic anemia									
PA15.1	Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	KH							
PA15.2	Describe laboratory investigations of macrocytic anemia	KH							
PA15.3	Identify and describe the peripheral blood picture of macrocytic anemia	SH							
PA15.4	Enumerate the differences and describe the etiology and distinguishing features of megaloblastic and non-megaloblastic macrocytic anemia	KH							
Topic: Hemolytic anemia									
PA16.1	Define and classify hemolytic anemia	KH							
PA16.2	Describe the pathogenesis and clinical features and hematologic indices of hemolytic anemia	KH							
PA16.3	Describe the pathogenesis, features, hematologic indices and peripheral blood picture of sickle cell anemia and thalassemia	KH							
PA16.4	Describe the etiology pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia	KH							
PA16.5	Describe the peripheral blood picture in different hemolytic anaemias	KH							
PA16.6	Prepare a peripheral blood smear and identify hemolytic anaemia from it	P							
PA16.7	Describe the correct technique to perform a cross match	SH							
Topic: Aplastic anemia									
PA 17.1	Enumerate the etiology, pathogenesis and findings in aplastic anemia	K							
PA17.2	Enumerate the indications and describe the findings in bone marrow aspiration and biopsy	K							
Topic: Leukocyte disorders									

PA18.1	Enumerate and describe the causes of leucocytosis leucopenia lymphocytosis and leukemoid reactions	KH							
PA`18.2	Describe the etiology, genetics, pathogenesis classification, features, hematologic features of acute and chronic leukemia	KH							
Topic: Lymph node and spleen									
PA19.1	Enumerate the causes and describe the differentiating features of lymphadenopathy	KH							
PA19.2	Describe the pathogenesis and pathology of tuberculous lymphadenitis	KH							
PA19.3	Identify and describe the features of tuberculous lymphadenitis in a gross and microscopic specimen	SH							
PA19.4	Describe and discuss the pathogenesis, pathology and the differentiating features of Hodgkin's and non-Hodgkin's lymphoma	KH							
PA19.5	Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen	SH							
PA19.6	Enumerate and differentiate the causes of splenomegaly	KH							
PA19.7	Identify and describe the gross specimen of an enlarged spleen	SH							
Topic: Plasma cell disorders									
PA20.1	Describe the features of plasma cell myeloma	SH							
Topic: Hemorrhagic disorders									
PA21.1	Describe normal hemostasis	KH							
PA21.2	Classify and describe the etiology, pathogenesis and pathology of vascular and platelet disorders including ITP and haemophilia's	KH							
PA21.3	Differentiate platelet from clotting disorders based on the clinical and hematologic features	SH							
PA21.4	Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of disseminated intravascular coagulation	KH							
PA21.5	Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of Vitamin K deficiency	KH							
Topic: Blood banking and transfusion									
PA22.1	Classify and describe blood group systems (ABO and RH)	KH							
PA22.2	Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing	SH							
PA22.4	Enumerate blood components and describe their clinical uses	KH							
PA22.5	Enumerate and describe infections transmitted by blood transfusion	KH							
PA22.6	Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction	KH							
PA22.7	Enumerate the indications and describe the principles and procedure of autologous transfusion	KH							

Topic: Clinical Pathology									
PA23.1	Describe abnormal urinary findings in disease states and identify and describe common urinary abnormalities in a clinical specimen	SH							
PA23.2	Describe abnormal findings in body fluids in various disease states	KH							
PA23.3	Describe and interpret the abnormalities in a panel containing semen analysis, thyroid function tests, renal function tests or liver function tests	SH							
Topic: Gastrointestinal tract									
PA24.1	Describe the etiology, pathogenesis, pathology and clinical features of oral cancers	KH							
PA24.2	Describe the etiology, pathogenesis, pathology, microbiology, clinical and microscopic features of peptic ulcer disease	KH							
PA24.3	Describe and identify the microscopic features of peptic ulcer	SH							
PA24.4	Describe etiology and pathogenesis and pathologic features of carcinoma of the stomach	KH							
PA24.5	Describe etiology and pathogenesis and pathologic features of Tuberculosis of the intestine	KH							
PA24.6	Describe etiology and pathogenesis and pathologic and distinguishing features of Inflammatory bowel disease	KH							
PA24.7	Describe the etiology, pathogenesis, pathology and distinguishing features of carcinoma of the colon	KH							
Topic: Hepatobiliary system									
PA25.1	Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia	KH							
PA25.2	Describe the pathophysiology and pathologic changes seen in hepatic failure and their clinical manifestations, complications and consequences	KH							
PA25.3	Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical and laboratory features. Describe the pathology, complications and consequences of hepatitis	KH							
PA25.4	Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	KH							
PA25.5	Describe the etiology, pathogenesis and complications of portal hypertension	KH							
PA25.6	Interpret liver function and viral hepatitis serology panel. Distinguish obstructive from nonobstructive jaundice based on clinical features and liver function tests	P							
Topic: Respiratory system									
PA26.1	Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	KH							
PA26.2	Describe the etiology, gross and microscopic appearance and complications of lung abscess	KH							

PA26.3	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	KH							
PA26.4	Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis	KH							
PA26.5	Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	KH							
PA26.6	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance, metastases and complications of tumors of the lung and pleura	KH							
PA26.7	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma	KH							
Topic: Cardiovascular system									
PA27.1	Distinguish arteriosclerosis from atherosclerosis. Describe the pathogenesis and pathology of various causes and types of arteriosclerosis	KH							
PA27.2	Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms	KH							
PA27.3	Describe the etiology, types, stages pathophysiology, pathology and complications of heart failure	KH							
PA27.4	Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever	KH							
PA27.5	Describe the epidemiology, risk factors, etiology, pathophysiology, pathology, presentations, gross and microscopic features, diagnostic tests and complications of ischemic heart disease	KH							
PA27.6	Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis	KH							
PA27.7	Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion	KH							
PA27.8	Interpret abnormalities in cardiac function testing in acute coronary syndromes	SH							
PA27.9	Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies	KH							
PA27.10	Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	KH							
Topic: Urinary Tract									
PA28.1	Describe the normal histology of the kidney	K							

PA28.2	Define, classify and distinguish the clinical syndromes and describe the etiology, pathogenesis, pathology, morphology, clinical and laboratory and urinary findings, complications of renal failure	KH							
PA28.3	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings, progression and complications of acute renal failure	KH							
PA28.4	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings progression and complications of chronic renal failure	KH							
PA28.5	Define and classify glomerular diseases. Enumerate and describe the etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis	KH							
PA28.6	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of IgA nephropathy	KH							
PA28.7	Enumerate and describe the findings in glomerular manifestations of systemic disease	KH							
PA28.8	Enumerate and classify diseases affecting the tubular interstitium	KH							
PA28.9	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of acute tubular necrosis	KH							
PA28.10	Describe the etiology, pathogenesis, pathology, laboratory findings, distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy	KH							
PA28.11	Define classify and describe the etiology, pathogenesis pathology, laboratory, urinary findings, distinguishing features progression and complications of vascular disease of the kidney	KH							
PA28.12	Define classify and describe the genetics, inheritance, etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	KH							
PA28.13	Define classify and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features progression and complications of renal stone disease and obstructive uropathy	KH							
PA28.14	Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors	KH							
PA28.15	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of thrombotic angiopathies	KH							
PA28.16	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of urothelial tumors	KH							

Topic: MaleGenitalTract									
PA29.1	Classify testicular tumors and describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of testicular tumors	KH							
PA29.2	Describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the penis	KH							
PA29.3	Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, urologic findings & diagnostic tests of benign prostatic hyperplasia	KH							
PA29.4	Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the prostate	KH							
PA29.5	Describe the etiology, pathogenesis, pathology and progression of prostatitis	KH							
Topic: FemaleGenitalTract									
PA30.1	Describe the epidemiology, pathogenesis, etiology, pathology, screening, diagnosis and progression of carcinoma of the cervix	KH							
PA30.2	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the endometrium	KH							
PA30.3	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the leiomyomas and leiomyosarcomas	KH							
PA30.4	Classify and describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of ovarian tumors	KH							
PA30.5	Describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of gestational trophoblastic neoplasms	KH							
PA30.6	Describe the etiology and morphologic features of cervicitis	KH							
PA30.7	Describe the etiology, hormonal dependence, features and morphology of endometriosis	KH							
PA30.8	Describe the etiology and morphologic features of adenomyosis	KH							
PA30.9	Describe the etiology, hormonal dependence and morphology of endometrial hyperplasia	KH							
Topic:Breast									
PA31.1	Classify and describe the types, etiology, pathogenesis, pathology and hormonal dependency of benign breast disease	KH							
PA31.2	Classify and describe the epidemiology, pathogenesis, classification, morphology, prognostic factors, hormonal dependency, staging and spread of carcinoma of the breast	KH							
PA31.3	Describe and identify the morphologic and microscopic features of carcinoma of the breast	SH							

PA31.4	Enumerate and describe the etiology, hormonal dependency and pathogenesis of gynecomastia	KH							
Topic:Endocrinesystem									
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	KH							
PA32.2	Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis	KH							
PA32.3	Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism	KH							
PA32.4	Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus	KH							
PA32.5	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	KH							
PA32.6	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications and metastases of pancreatic cancer	KH							
PA32.7	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency	KH							
PA32.8	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome	KH							
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	KH							
Topic: Bone andsoft tissue									
PA33.1	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis	KH							
PA33.2	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of bone tumors	KH							
PA33.3	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of soft tissue tumors	KH							
PA33.4	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of Paget's disease of the bone	KH							
PA33.5	Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis	KH							
Topic:Skin									
PA34.1	Describe the risk factors pathogenesis, pathology and natural history of squamous cell carcinoma of the skin	KH							

PA34.2	Describe the risk factors pathogenesis, pathology and natural history of basal cell carcinoma of the skin	KH							
PA34.3	Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors morphology clinical features and metastases of melanoma	KH							
PA34.4	Identify, distinguish and describe common tumors of the skin	SH							
Topic: Central Nervous System									
PA35.1	Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis	KH							
PA35.2	Classify and describe the etiology, genetics, pathogenesis, pathology, presentation sequelae and complications of CNS tumors	KH							
PA35.3	Identify the etiology of meningitis based on given CSF parameters	P							
Topic: Eye									
PA36.1	Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma	KH							
Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. Column D: K – Knows, KH - Knows How, S - Shows how, P- performs independently, Column F: DOAP session – Demonstrate, Observe, Assess, Perform. Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation									

6. 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 assignment shall be done by the faculty team as follows

Faculty Decision

Grade

Poor content & presentation
Below Average content & presentation
Average content & presentation
Above Average content & presentation
Excellent content & presentation

1
2
3
4
5

No	Title of Assignment	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

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25							
26							
27							
28							
29							
30							

7. Formative Assessment for 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							
11							
12							
13							

14							
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19							
20							
21							
22							
23							
24							
25							

8. Formative Assessment for Case Based Learning

Note:

1. Formative Assessment of CBL sessions involves assessment of student level of learning through assessment of the synopsis and reflection
2. The student shall submit the same at the end of the session.
3. The grading of the same 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	Assigned CBL session	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

12								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

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
Below Average content & presentation
Average content & presentation
Above Average content & presentation
Excellent content & presentation

1
2
3
4
5

No	Assigned SDL Topic	1	2	3	4	5	Initial of Facilitator
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

21							
22							
23							
24							
25							

10. Formative Assessment for 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							
3							
4							
5							
6							
7							
8							
9							
10							

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 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. The learner 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	I
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	

Formative Feedback Session	6
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	7
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	8
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	9
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	10
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	I I
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	12
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	13
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	14
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	15
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	16
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	17
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	18
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	19
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	20
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	

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:

PA 16.6	Prepare a peripheral blood smear and identify hemolytic anaemia from it
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Type of Skill	Prepare a peripheral blood smear and identify hemolytic anaemia from it		
Type of Assessment	1.DOPS:Making proper thin peripheral smear 2.DOPS:Quality of staining 3.DOPS:proper focusing of smear 4.DOPS:Reporting of peripheral smear in prescribed format		
Performance of Student	1.DOPS :Poor peripheral smear preparation 2.DOPS:Poor staining 3.DOPS:Problem in focusing correct area 4.DOPS:Wrong interpretation of results		
Feed Back of Learner	The learner "Mr.AXR" stated that the day these practical session given in the lab he was having fever and did not attend the class		
Feed Back of Facilitator	Facilitator reassures the learner. "Mr.AXR" is adviced to learn again. The facilitator explains the key points to identify and explains the procedure .The learner is adviced to write it in the log book and and get verified.		
Remedial Action Suggested	"Mr.AXR" is adviced to repeat the assessments 10days later		
Remedial Assessment	1	1.DOPS:Making proper thin peripheral smear 2.DOPS:Quality of staining 3.DOPS:proper focusing of smear 4.DOPS:Reporting of peripheral smear in prescribed format	
Performance of Student	1.DOPS :correct peripheral smear preparation 2.DOPS:proper staining 3.DOPS:able to focus correct area 4.DOPS:Identify and report the slide in prescribed format		
Certification of Skill	Certified that the learner has successfully completed the certification of the Skill for competency PA 16.6.		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

Certification of Skills - Competency PA:.....

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back 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 / Not Certified		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

Certification of Skills - Competency PA:.....

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back 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 / Not Certified		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

Certification of Skills - Competency PA:.....

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back 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 / Not Certified		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

Certification of Skills - Competency PA:.....

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back 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 / Not Certified		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

Certification of Skills – Competency PA:.....

Type of Skill			
Type of Assessment			
Performance of Student			
Feed Back of Learner			
Feed Back 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 / Not Certified		
Date of COS			
Signatures			
	Learner	Facilitator	Professor

I3B. Record of Internal Assessment Tests-Practical

[illegible]

I4. Record of University Examinations

[illegible]

