Undergraduate Assessment Record

Oto-Rhino-Laryngology

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

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Under Graduate Assessment Record

Department of Oto-Rhino-Laryngology

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

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

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1.University Norms 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 3 Tests)	MCQ, VSAQ, SAQ, LAQ	80	
b	Continuous Formative Assessment*	Integrated Sessions	5	
		Assignments	10	
		Self-Directed Learning	5	
	Total		**100**	40
2	**Practical Component**			
a	Practical (Average of 4 tests)	CE, OSCE, DOPS, Viva	80	
b	Continuous Formative Assessment*	Clinical Learning	15	
		AETCOM Learning	5	
	Total		**100**	40
	Grand Total		**200**	**100**

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

Note:

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

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

b. Summative Assessment - University Examination

University examinations will consist of

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

Note:

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

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

2. Curriculum Vitae

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

Signature of Student

3. Understanding Competency Based Assessment

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

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

Formative & Internal Assessment (IA)

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

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

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

Designing a system of assessment

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

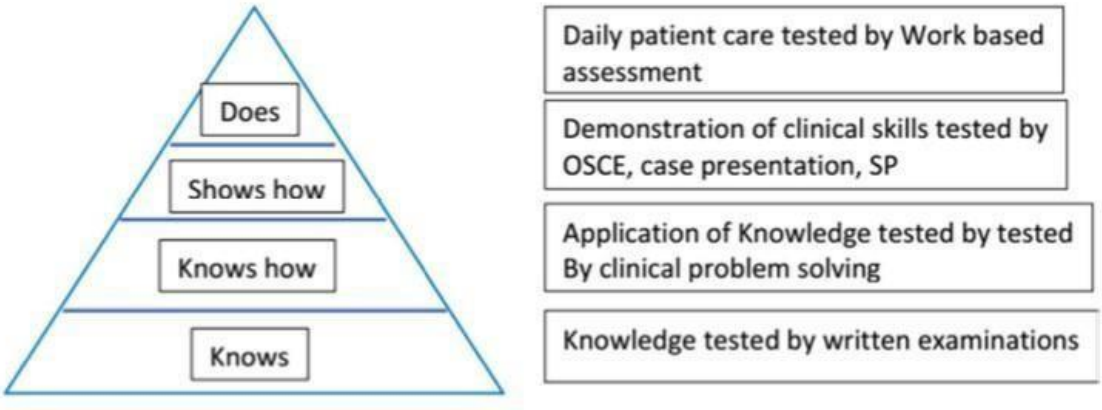

Figure 2. Assessment methods as per levels of competency (Adapted from Ramani)
OSCE: Objective Structured Clinical Examination, SP: Standardised / Simulated Patients

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.

(**i**) Practical/Clinical IA can include: practical/clinical tests, Objective Structured Clinical Examination (OSCE)/Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (miniCEX), records maintenance and attitudinal assessment.

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

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

Feedback in IA

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

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

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

4. Hours of Course Work Completed

Period of Study_____to _____

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

Note:
CRL: Classroom based Learning incl. Lectures, Integrated, Small Group Learning
HCL: Hospital based Clinical Learning including OPD, Wards and Other Areas of the Department
SDL: Self-Directed Learning
AET: Attitude Ethics and Communication

Compensatory Study Hours offered if any

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_____

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5. Formative Assessment of Classroom Learning

The term "Classroom Learning" mentioned here includes any learning that happens within the ambit of the class rooms namely the large group and small group teaching. The learning in the department predominantly fits into the Scale of 1 and 2 of the 5 level Blooms Taxonomy.
The End of Class / Module Assessment shall include: 8-10 MCQ's solved over 8-10minutes. For effective assessment and grading of performances a Likert's scale is given as under:

Number	COMPETENCY The student should be able to	Predominant Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number Required to certify
OTORHINOLARYNGOLOGY (ENT)(Topics:4, Competencies: 63)							
Topic 1: Anatomy and Physiology of ear, nose, throat, head & neck Number of competencies:(02) Number of competencies that require certification:(Nil)							
EN1.1	Describe the Anatomy & physiology of ear, nose, throat, head & neck	K	KH	Y	LGT, SGT.	Written/ Viva voce	
EN1.2	Describe the pathophysiology of common diseases in ENT like Chronic Otitis Media,,Otosclerosis, Adeno tonsillitis ,Nasal polyposis .	K	KH	Y	LGT, SGT.	Written/ Viva voce	
	Topic 4: Management of Diseases of Ear, nose and throat		**Number of competencies:(46) Number of procedures that require certification:(01)**				
EN 4.1	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Otalgia.	K/S	SH	Y	LGT, SGT,DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external Ear.	K/S	SH	Y	GT,DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.3	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of ASOM	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.4	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of OME	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.5	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ear discharge.	K/S	SH	Y	LGT, SGT, DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.6	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of mucosal type of CSOM.	K/S	SH	Y	LGT, SGT, DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.7	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM.	K/S	SH	Y	LGT, SGT, DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	

EN 4.8	Describe the clinical features, choose the correct investigations and the principles of management of complications of CSOM.	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.9	Demonstrate the correct technique for wax removal from the ear in a simulated environment	S	SH	Y	Clinical demonstration / DOAP	Skill assessment	3
EN 4.10	Observe and describe the indications for and steps involved in myringotomy and tympanoplasty	S	KH	Y	Clinical , demonstration	Written/ Viva voce	
EN 4.11	Observe and describe the indications for and steps involved in mastoidectomy	S	KH	Y	Clinical, demonstration	Written/ Viva voce	
EN 4.12	Describe the clinical features, investigations and principles of management of Acoustic neuroma	K	KH	Y	LGT, SGT	Written/ Viva voce	
EN 4.13	Describe the clinical features, investigations and principles of management of Otosclerosis	K	KH	Y	LGT, SGT	Written/ Viva voce	
EN 4.14	Describe the clinical features, investigations, and principles of management of Conductive Hearing Loss and Sensorineural hearing loss including Sudden Sensorineural Hearing Loss and Noise Induced Hearing Loss.	K	KH	Y	LGT, SGT	Written/Viva voce	
EN 4.15	Describe the anatomy of eustachian tube and discuss the clinical features, investigations, and management of Eustachian tube disorders.	K	KH	Y	LGT, SGT /Flipped class room	Written/Viva voce	
EN 4.16	Describe the clinical features, investigations, and principles of management of Facial Nerve palsy	K	KH	Y	LGT, SGT, Demonstration	Written/Viva voce/Skill assessment	
EN 4.17	Describe the clinical features, investigations and management of Vertigo and assessment of vestibular functions.	K	KH	Y	LGT, SGT, Demonstration	Written/Viva voce/Skill assessment	
EN 4.18	Describe the clinical features, investigations, and principles of management of Meniere's Disease	K	KH	N	LGT, SGT	Written/Viva voce	
EN 4.19	Describe the clinical features, investigations, and management of Tinnitus.	K	KH	Y	LGT, SGT	Written/Viva voce	
EN 4.20	Describe the clinical features, investigations, and management of Deaf child.	K/S	KH	Y	LGT, SGT	Written/ Viva voce	
EN 4.21	Elicit document and present a correct history demonstrate and describe the Causes, choose the correct investigations and describe the principles of management of Nasal Obstruction.	K/S	SH	Y	LGT, SGT, Demonstration	Written/ Viva voce/ Skill assessment	
EN 4.22	Describe the clinical features, investigations and management of DNS and observe and discuss the indications for the steps in septoplasty.	K/S	KH	Y	Clinical demonstration	Written/ Viva voce	
EN 4.23	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Adenoids	K/S	SH	Y	LGT, SGT, DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.24	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Allergic Rhinitis	K/S	SH	Y	LGT, SGT, Demonstration	Written/ Viva voce /skill assessment	

EN 4.25	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Vasomotor Rhinitis	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.26	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Rhinitis	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.27	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Nasal Polyps	K/S	SH	Y	LGT, SGT, Demonstration	Written/ Viva voce /skill assessment	
EN 4.28	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Epistaxis	K/S	SH	Y	LGT, SGT, DOAP, Bedside clinic	Written/ Viva voce/ Skill assessment	
EN 4.29	Describe the clinical features, choose the correct investigations and describe the principles of management of OBSTRUCTIVE SLEEP APNEA.	K/S	SH	N	LGT, SGT	Written/ Viva voce/	
EN 4.30	Describe the clinical features, investigations and principles of management of Head and Neck trauma.	K/S	KH	N	LGT, SGT.	Written/ Viva voce	
EN 4.31	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma	K	KH	Y	LGT, SGT.	Written/ Viva voce	
EN 4.32	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Sinusitis and its Complications	K/S	SH	Y	LGT, SGT, Demonstration	Written/ Viva voce/ Skill assessment	
EN 4.33	Describe the clinical features, investigations and principles of management of Tumours of Nose, Nasopharynx and para nasal sinus	K	KH	Y	LGT, SGT,	Written/ Viva voce	
EN 4.34	Describe the clinical features, investigation and management of granulomatous diseases of nose	K	KH	N	LGT, SGT	Written/ viva voce	
EN 4.35	Describe the clinical features, investigations and principles of management of diseases of the Salivary glands	K	KH	N	LGT, SGT	Written/ Viva voce	
EN 4.36	Describe the clinical features, investigations and principles of management of Deep Neck space Infection	K	KH	Y	LGT, SGT	Written/ Viva voce.	

EN 4.37	Elicit document and present a correct history describe the clinical features, choose the correct investigations and describe the principles of management of dysphagia	K/S	SH	Y	LGT, SGT	Written/ Viva voce	
EN 4.38	Elicit document and present a correct history, describe the clinical features, choose the correct investigations , complications and describe the principles of management of Acute & Chronic Tonsillitis	K/S	SH	Y	LGT, SGT, Bedside clinic	Written/ Viva voce/Skill assessment	
EN 4.39	Observe and describe the indications for and steps involved in a tonsillectomy / adenoidectomy and its complications	S	KH	Y	Clinical, demonstration	Written/ Viva voce	
EN 4.40	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of hoarseness of voice	K/S	SH	Y	LGT, SGT	Written/ Viva voce	

EN 4.41	Describe the clinical features, investigations and principles of management of Benign lesion of larynx, Acute & Chronic inflammation of larynx, laryngeal paralysis.	K/S	KH	Y	LGT, SGT	Written/ Viva voce	
EN 4.42	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx.	K	KH	Y	LGT, SGT /Flipped classroom	Written/ Viva voce	
EN 4.43	Describe the clinical features, investigations and principles of management of Stridor	K	KH	Y	LGT, SGT	Written/ Viva voce	
EN 4.44	Observe and describe the indications for and steps involved in tracheostomy and the care of the patient with a tracheostomy	K	KH	Y	Clinical, Demonstration	Written/ Viva voce	
EN 4.45	Describe the Clinical features, Investigations and principles of management of diseases of Oesophagus	K	KH	N	LGT, SGT	Written/ Viva voce	
EN 4.46	Describe the clinical features, investigations and principles of management of HIV manifestations of the ENT	K	KH	N	LGT, SGT /Flipped classroom	Written/ Viva voce	

6. Formative Assessment of Clinical Learning

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

Number	COMPETENCY The student should be able to	Predominant Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number Required to certify
OTORHINOLARYNGOLOGY (ENT)(Topics:4, Competencies: 63)							
EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	K/S/A/C	SH	Y	LGT, SGT, Demonstration	Skill assessment	
EN2.2	Demonstrate the correct use of conventional methods including head lamp in the examination of ear, nose and throat, the correct technique of examination of the nose & paranasal sinuses including the use of nasal speculum, examination of the throat including the use of a tongue depressor, examination of neck including	S	SH	Y	DOAP	Skill assessment/ OSCE	3
EN2.3	Demonstrate the correct technique of examination of the ear including Otoscopy and demonstrate the correct technique of performance and interpretation of tuning fork tests .	K/S/A	SH	Y	DOAP, Bedside clinic	Skill assessment/ OSCE	3
EN 2.4	Describe the correct technique to perform and interpret pure tone audiogram & impedance audiogram	K/S	SH	Y	Clinical demonstration.	Skill assessment	3
EN 2.5	Demonstrate the correct technique of otoscopy , to hold visualize and assess the mobility of the tympanic membrane , interpret and diagrammatically represent the findings.	K/S/A	SH	Y	Clinical, Demonstration	Written/ Viva voce/ Skill assessment	3
EN 2.6	Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders	K/S	SH	Y	LGT, SGT, Demonstration.	Written/ Viva voce/ Skill assessment	
EN 2.7	Identify and describe the use of common instruments used in ENT surgery. Nose: FESS, Septoplasty, Nasal Bone Reduction. Ear: Tympanoplasty, Mastoidectomy, Myringotomy. Throat: Adenotonsillectomy, Foreign Body Removal from Airway and Food passage, Tracheostomy	K	SH	Y	Demonstration, Bedside clinic .	Skill assessment	

EN 2.8	Enumerate suspect high-risk patients and risk factors associated with and identify by clinical examination malignant & pre- malignant Ent diseases	K/S	SH	Y	LGT, SGT, Demonstration	Written/ Viva voce/ Skill assessment	
EN 2.9	Counsel and administer informed consent to patients and their families in a simulated environment for Ear: Tympanoplasty, mastoidectomy, Myringotomy Nose: FESS, Septoplasty, Nasal Bone Reduction Throat: Adenotonsillectomy, Foreign Body Removal from Airway and Food passage, Tracheostomy.	S/A/C	SH	Y	DOAP, Bedside clinic	Skill assessment	
EN 2.10	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat, upper respiratory tract and food passages).	K/S/A	SH	Y	DOAP, Bedside clinic	Skill assessment	3
EN 2.11	Demonstrate the correct technique to instill topical medications into the ear, nose and throat in a simulated environment.	K/S	SH	Y	DOAP, Bedside clinic	Skill assessment.	
EN 2.12	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution and participate actively in deafness week and world hearing day	K	KH	Y	LGT, SGT	Written/ Viva voce	
EN3.1	Observe and describe the indications for and steps involved in the performance of Oto-microscopic examination.	S	KH	N	LGT, SGT, Demonstration	Written/ Viva voce	
EN3.2	Observe and describe the indications for and steps involved in the performance of Diagnostic Nasal Endoscopy.	S	KH	N	LGT, SGT, Demonstration	Written/ Viva voce	
EN3.3	Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy	K/S	KH	N	LGT, SGT, Demonstration	Written/ Viva voce	

7. Formative Assessment of Integrated Sessions

Note:

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

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 Integrated Session	1	2	3	4	5	Initial of Facilitator
1							
2							
3							

8. Formative Assessment for Assignments

Note:

1. Formative Assessment involves various methods of which out of class assignments are an important instrument.
2. The structure for the assignment should be clear mentioned at the start. The structure should include an introduction, main body of the assignment and a conclusion if it is an essay work. Illustrations, flow charts, tables and graphs should be part of the submission where ever necessary.
3. Plagiarism should be discouraged.
4. The grading of the same shall be done by the faculty team as follows:
   Scale
   1 : End of Session Assessment <35%
   2 : End of Session Assessment 35-50%
   3 : End of Session Assessment 50-60%
   4 : End of Session Assessment 60-75%
   5 : End of Session Assessment >75%

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

9. Formative Assessment of Self-Directed Learning

Note:

a Formative Assessment of SDL sessions involves assessment of student level of learning through assessment of the synopsis and biblliography

b The student shall submit the same at the end of the session. This can be both in the offline and online modes.

c The grading of the same shall be done by the faculty team as follows:

Scale

Faculty Decision	**Grade**
Poor content & presentation	1
Below Average content & presentation	2
Average content & presentation	3
Above Average content & presentation	4
Excellent content & presentation	5

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

10. Formative Assessment of AETCOM Learning

Note:

1. Formative Assessment of AETCOM sessions involves assessment of student level of learning through DOPS, OSPE sessions
2. The grading of the same shall be done by the faculty team as follows:

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

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

11. Formative Feedback Record

Note:

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

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**	

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	11
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**	

12. Certification of Skills

Note:

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

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

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

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

13A. Record of Internal Assessment Tests-Theory

S.No.	Assessment Topic	Total Marks/Grade	Marks/Grade scored	Initials of the facilitator
1	Ear	20		
2	Nose	20		
3	Throat	20		
4	Assignment	20		
5	Attendance	20		

13B. Record of Internal Assessment Tests-Clinical

S.No.	Assessment Topic	Total Marks/Grade	Marks/Grade scored	Initials of the facilitator
1	First Clinical Posting	25		
2	Ear	10		
3	Nose	10		
4	Throat	10		
5	Case Presentation	15		
6	Ward Rounds	5		
7	OSCE	5		
8	VIVA	10		
9	Attendance	10		

14. Record of University Examinations

No	Examination	Max Mark	Mark Given	% Mark	Initals of FIC