



KING SAUD UNIVERSITY
COLLEGE OF MEDICINE
DEPARTMENT OF MEDICAL EDUCATION

Rules & Regulations

Examination Policy and Procedures

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EXAMINATION POLICY AND PROCEDURES

1. STATEMENT OF PURPOSE: POLICY AND PROCEDURES DOCUMENTS

The regulations outlined in this document are intended to define the policy and procedures for assessment of students enrolled in the College of Medicine at King Saud University. These regulations have been developed in accordance with the rules and regulations of the Ministry of Higher Education and King Saud University (KSU) to explain the details, to suit the Medical College.

2. INTRODUCTION:

- 2.1 In the first two years, the reformed medical program comprises sequential teaching and learning blocks/course and encourages integration of basic and clinical sciences. Longitudinal streams such as professionalism, communication skills and introduction to clinical medicine are established in the design of the curriculum.
- 2.2 Continuous and summative final assessments are used throughout the medical program.

3. ASSESSMENT IN THE THREE PHASES OF THE CURRICULUM

3.1 Phase I: Pre-Medical Year:

At the end of the preparatory (pre-medical) year students are examined with the aim to assess their readiness for all the health colleges. This examination is conducted by the preparatory year deanship.

3.2 Phase II: Year1 – 2:

During these two years the students are assessed throughout the block/course as formative assessment and then at the end of each block/course as summative assessment. These blocks are as follow: in year one - Foundation block, Musculoskeletal block, Respiratory block, cardiovascular block and Renal Block. In year 2 CNS Block, Gastrointestinal and Haematology Block, Reproductive Block and Endocrine Block.

- 3.2.1 A student who passes all blocks in Phase II, and obtains an *annual grade point average (GPA)* of at least 2.0, is allowed to progress to Phase III of the medical program. The names of the students who did not meet the requirement will be sent to the Vice-Dean for Academic Affairs and Students Advisory Committee to take appropriate action.
- 3.2.2 A student, who does not appear in the final blocks/course examination without a valid excuse, will be given a grade of "0". However, if a student does not attend due to a valid reason, which is approved by the College Board, he/she is required to sit the remedial examination which should be held before the beginning of the next academic year.
- 3.2.3 There will be a re-sit (remedial) examination for the failed blocks/course, within a duration that does not exceed one month prior to the beginning of the academic year. The remedial (re-sit) examination carries a 60% pass score equivalent to grade D2. If a student could not attend the scheduled remedial examination, he/she will be given a grade of "0" and he/she has to repeat that block/course.
- 3.2.4 A student who fails only or does not appear for one block/course can sit remedial examination for that block. In case he/she fails even the remedial examination he/she can carry over the block to the 2nd year.

3.2.5 A student who fails two blocks has to sit for the remedial examination for both blocks.

3.2.5.1 If he/she passes the remedial examination for both blocks then he/she can be promoted to 2nd year.

3.2.5.2 If he/she passes the remedial examination of one block and fails the other block, he/she can carry over that block to 2nd year and has to repeat the exams for the failed block with the next academic year final exam, for the failed block.

3.2.5.3 If he/she fails the remedial examination for both blocks he/she has to repeat the academic year for the failed blocks only and can **NOT** be allowed to progress to the 2nd year.

3.2.6 A student who fails the final examination of three blocks in a year, then he/she can **NOT** sit for the remedial examination at all. He/She has to repeat the failed blocks.

3.2.7 All the students in 2nd year have to pass all blocks/courses to be allowed to progress to the 3rd year. Failure of even one block/course after the re-sit exam, he/she has to repeat that block.

3.3 Phase III: Year 3 and Phase IV: Years 4 and 5

3.3.1 The 3rd year in the program is a transitional year between an integrated human system taught in Phase II, and clerkship years (Years 4 and 5 in the program). In year three students learn essential clinical including Medicine and Surgery and non-clinical courses such as research methodology, ethics, forensic medicine, medical informatics and preventive medicine.

3.3.2 The fourth and fifth years are the final clinical clerkship years where major clinical subjects (Internal Medicine, General Surgery, Pediatrics and OB/Gynecology and the rotations like Ophthalmology, Dermatology, ENT Clinical Practice, Orthopedics, Primary Health Care and Psychiatric) take place.

3.3.3 A student, who does not attend the final course/block examination without a valid excuse he/she is given a grade of "0". However, if he/she does not attend due to a valid reason accepted by the College Board, then he/she is required to sit a remedial examination.

3.3.4 A student, who fails one or two blocks/courses in phase III & IV, shall sit a remedial examination. The remedial examination will carry a 60% pass score with a grade of D2.

3.3.5 A student, who fails two blocks/courses in the re-sit exam in any of years (4 or 5) of the program, shall repeat that year, for that block / course in order to progress to the next year.

4 ACADEMIC WARNINGS:

4.1 Attendance:

4.1.1 If a student misses more than 25% of the block/course activities, without any valid excuse he/she shall not be allowed to sit for final block/course examination and shall be given a grade of Denied (DN).

4.1.2 However if a student has a valid excuse and attendance at least 50% in a block/course then he/she can appeal to the college board and if approved, can sit for the final block/course examination.

4.2 If a student fails two blocks/courses after remedial examination or obtains annual GPA of less than 2.0 by the end of any academic year, he/she shall receive an academic warning.

4.3 A student will be dismissed from the University if he/she receives three consecutive academic warnings; however, the University Council, based upon the recommendations of the College Board, may grant a student a fourth chance (if there is a possibility that he/she can raise his/her annual GPA to ≥ 2.0 , and improve his/her performance.)

4.4 A student should complete the graduation requirements within a time frame that does not exceed 50% of the total duration of the medical program; however, the University Council may grant an exception to extend the time up to double the duration of the program (i.e. from 5 years to 10 years.)

5 PREPARATION FOR EXAMINATION

- 5.1 The block committee / course organizer has the authority and the responsibility to develop the number of questions for each topic delivered to the students according to a well structured exam blue-print.
- 5.2 All MCO, must be developed according to the guideline provided (Appendix -1) (OSPE, OSCE)
- 5.3 Question / exam materials should be reviewed by the departmental examination committee, then by the block committee members. The materials will be finalized by the examination committee (Pre-clinical or Clinical) for final submission with the exam blueprint.
- 5.4 The block committee/course organizer shall submit the examination questions for the final and remedial examination to the Assessment & Evaluation Center no later than three weeks prior to the examination date along with the exam blueprint, for review.
- 5.5 The block committee/ course organizer shall provide properly formatted questions, with model answer, distribution of marks, and clear instruction to the Assessment & Evaluation Center.
- 5.6 The examination center and the block committee are responsible for arranging the invigilators for the exam.
- 5.7 For each examination room there should be at least two invigilators. One faculty member who must be contents expert for ongoing examination must visit the all examination halls to answer question from students within the first half of the exam.
- 5.8 The examination material and the answer sheets shall be provided by the Assessment and Evaluation Center. The course/block chair must provide the details of the exam to prepare the examination answer sheets.
- 5.9 Booking for examination rooms shall be the responsibility of the Assessment and Evaluation Center.
- 5.10 Date of the examination within the assigned week will be decided by the Departments offering the course in coordination with the examination committee at the department of medical education, and shall be approved by the Vice-Dean for academic affairs.

5.11 All course/block chair/organizer should process and store their exam materials in the Assessment and Evaluation Center to ensure the security and confidentiality of the exam material.

6 DURATION OF EACH EXAMINATION

- 6.1 OSPE (Objective Structured Practical Exam) – 3 - 4 minutes for each station according to the difficulty of the question, (for the first and second year examination)
- 6.2 OSCE (Objective Structured Clinical Examination) 5 - 10 minutes for each station, (for the 3rd, 4th & 5th years) clinical years.
- 6.3 Multiple Choice Question – 1½ minutes will be given for each question.

7 EXAMINATION ADJUSTMENTS.

7.1 Unexpected temporary disability or medical condition:

If a student has an unexpected temporary disability or a medical condition that the bars/prevent him/her to sit for the exam then he/she has to provide a detailed medical report to the Academic Guidance Committee and the student has to sit for re-sit examination, provided that he/she has been granted an approval letter from the Vice Dean for Academic for the final examination.

8 DESIGN OF THE EXAMINATION

8.1 Number of questions

8.1.1 Multiple Choice Questions (Midterm/Final) – 50-70 MCQs in midterm & 80 -100 MCQs in final examination. All questions shall be single best answer questions and would be based on a well structured exam blueprint .However for the short duration courses like ophthalmology, E.N.T., psychiatry and dermatology there would be 60 MCQs for the mid-term exam and not less than 4 OSCEs stations in addition to slide show or other form of clinical examination suitable for the respective specialties like Mini-CEX for the final exam. All MCQs in clinical year, should be context-rich scenario based.

8.1.2 Regarding the Final OSPE (Objective Structured Practical Exam) in first & second year there shall be 15–25 stations and for the Final OSCE (Objective Structured Clinical Examination) for the clinical years there shall be minimum of 8 stations.

8.2 Total Marks Distribution for first and second year

8.2.1 Final MCOs (Multiple Choice Questions) would carry 30% of the total marks

8.2.2 OSCE (Objective Structured Clinical Examination) or OSPE (Objective Structured Practical Exam) would carry 30% of the total marks

8.2.3 Midterm – Multiple Choice Questions would carry 25% of the total marks

8.2.4 Small Group Discussion (as continuous assessment) based on the evaluation form would carry 5% and two scenario- based cases would carry 10%, based entirely on the educational objectives addressed in the small group teaching session.

8.3 Total Marks Distribution for Clinical Years

8.3.1 For the clinical years the continuous assessment would carry 40-60% of the total marks, while the final assessment would carry 40-60% of the total marks too. The assessment method/tools used would be at the discretion of the respective departments in the clinical years.

8.3.2 All students in the clinical year (year 3, 4 &5) will have a final written examination in the form of MCOs & clinical examination in the form of OSCE. Scores obtained from one examination cannot compensate from other examination. In other words, in order to pass final examination, a student must score a minimum of 60% in each of these two examinations.

8.4 Withdrawal from the Whole Academic Year or Block/Course

8.4.1 A student can withdraw from any block/course or even the whole academic semester or year as follows:

8.4.1.1 During the phase-II (1st & 2nd year of the medical college)
A student can withdraw from a block/course at least $\frac{1}{3}$ of the whole period of that block/course before the final exam. He/ She can withdraw up to 4 blocks/courses in his/her whole career in the college.

- 8.4.1.2 During phase-III, (3rd year) as it is an annual system, he/she can withdraw 8 weeks before the final exam.
- 8.4.1.3 During phase IV (4th & 5th year) as there are courses, so a student can withdraw from a course/rotation at least $\frac{1}{3}$ of the whole period of that course/rotation before the final exam.
- 8.4.1.4 A student can withdraw from the whole academic year and or two semesters and or 4 courses/blocks/rotations.
- 8.4.1.5 The total period of students withdrawal should not exceed two academic years only once in his/her entire 5 years medical program
- 8.4.1.6 Special situations for withdrawal after the approved deadlines such as sickness, death of a family member shall be evaluated separately by Academic Guidance Committee and then by the Vice-Dean for academic affairs.
- 8.4.1.7 All applications shall be evaluated by the Vice-Dean of Academic Affairs and processed by the University Dean of Registration & Admission.

8.4.1.7 Deferring Academic year/ semester.

A student can defer a semester before the end of the first week of that semester not to exceed two semesters together or 3 separate semesters.

He /She can defer a whole year before the end of the first week but cannot defer two consecutive years together.

9 EXAMINATION DAY

- 9.1 On the day of the examination, all the invigilators shall report to the Assessment and Evaluation Center at least 30 minutes prior to the examination. Copies of examination papers shall be provided by the Assessment and evaluation centre in an officially sealed envelope. The Center shall also provide the answers sheets.
- 9.2 Invigilators shall check the ID card of each student and mark in the attendance form whether a student is present or absent. A student who fails to show his ID card will be considered absent.
- 9.3 Student attendance shall be taken during the first hour or first 30 minutes of each examination.

- 9.4 At the end of the exam, invigilators should collect all the exam material including all extra copies and attendance sheets. Answer sheets and examination papers shall be returned in the official envelope to the Assessment and Evaluation centre. Invigilators shall write down the number of answer sheets returned in the envelope and provide their name and signature on the envelope.
- 9.5 No faculty member is allowed to take the examination material out of the examination hall.
- 9.6 No faculty member is allowed to keep the examination materials in his/her office. Marking of the examination papers will be organized by the "Assessment and Evaluation Center".
- 9.7 A representative from each department involved in the exam shall be available to answer any questions from the students during the first half of the exam.

10 EXAMINATION ROOM PROTOCOL

10.1 Instructions for the invigilators:

- 10.1.1 Invigilators must be at the examination room at least fifteen minutes prior to the start of the exam.
- 10.1.2 Students shall be present in the examination room, seated five minutes before the start of the exam.
- 10.1.3 The invigilators should ensure that every student signs the examination attendance sheet upon arrival in the examination hall.
- 10.1.4 The invigilators are required to check the proof of identity of each student and ensure that the student is placed in his/her correct seat number.
- 10.1.5 An invigilator may ask a student to leave the examination hall if there is evidence of cheating, bad behavior (such as disturbing and distracting other students), or possession of unauthorized materials (e.g. course material, books, flash cards, mobile phones, electronic dictionaries, iPods, etc). The decision shall be taken by the supervisor of the examination hall together with the reporting invigilator. Details about the incidence shall be reported in the appropriate form. (Appt 2)

- 10.1.6 The invigilator should report the incidence with a copy of the completed form to the Assessment and Evaluation Center and a letter shall be issued to the vice dean to allocate a disciplinary committee to investigate the case and give recommendations as per university regulations.
- 10.1.7 At the beginning of the examination all students have to check their exam booklet and ensure that no page is missing. If there is any discrepancy or a missing page, the block chairman shall be informed and the exam material shall be replaced by a correct copy.
- 10.1.8 The supervisor of the invigilation team shall announce the start of the exam and the total time allowed for the examination. He shall also inform the students about the end of the exam, 10 minutes prior to the end and then the final conclusion of the exam as well.

10.2 Instructions for the candidates:

- 10.2.1 Only those students with an attendance of at least 75% will be allowed to sit the block / course or end of the year exam. No student will be allowed in the examination room if their name did not appear in the student's examination list. They should sit in the exam hall with their respective names only.
- 10.2.2 A Student who arrives in the examination hall within the first 30 minutes after the commencement of the examination shall be permitted to attend the examination, but will not be allowed any extra time. However, students who arrive in the examination hall after 30 minutes of the commencement of the examination shall not be permitted to sit the exam.
- 10.2.3 Each student shall be asked by the invigilators to show their identification card in each examination. Failure to provide a proof of identification during an exam may result in expulsion from the exam room.
- 10.2.4 No student is allowed to leave the examination before the first half of the total duration of the exam.
- 10.2.5 Students may take their calculator into the examination room, if this has been stated on the cover page of the examination paper
- 10.2.6 Mobile phones, flash cards, electronic dictionaries, iPods, books, bags, notes, or any electronic devices are not permitted in any

examination room. The College does not take any responsibility for materials left by students outside the examination hall.

- 10.2.7 All students are requested to comply with the college dress code and should wear their I.D.

10.3 Illness during examination

- 10.3.1 If a student becomes ill during the examination and temporarily leaves the examination room, under supervision, he/she shall not be given extra time as compensation.
- 10.3.2 If the student is unable to continue the examination, the invigilator shall document the incidence and report the matter to the Assessment and Evaluation Centre, Department of Medical Education. The Vice-Dean for academic affairs shall determine and appropriate action will be taken.

11 BREACH OF THE EXAMINATION POLICY

11.1 Expulsion from the examination room:

The supervisor of the examination hall has the authority to expel any student from the examination room if he/she commits an infringement of the examination regulations and an incidence report has to be filled and signed by all the invigilators in the exam hall.

11.2 Report and Investigation:

The invigilator shall report any breach of the examination regulations committed by a student immediately, and the case will be reported to the Assessment and Evaluation Centre, Department of Medical Education, and Vice Dean of Academic Affairs as an incident report. (Appendix 2)

11.3 Failure to attend the scheduled Examination:

If a student could not attend an exam because of an illness or other exceptional causes beyond his/her control, he/she shall

inform the Student Academic Adviser no later than five working days from the day of the examination.

The application completed by the student shall indicate the reason for not attending the exam and has to provide original and appropriate documents as supporting evidence to his application (e.g. a medical or sick leave report).

If the application has been approved, a student shall be informed in writing with a decision about the re-sit exam.

11.4 **Failure to attend the Re-sit exam:**

If a student fails to attend the re-sit exam, he/she shall complete an application along with the original and appropriate documentary evidence to the Vice Dean Academic Affairs justifying his/her absence or inability to attend the re-sit examination. Approval will be granted in exceptional cases and each case will be considered on its own merits.

11.5 **Post – Examination:**

- 11.5.1 After the exam, the invigilator must collect all question papers and the answer sheets and returns them to the Assessment and Evaluation Centre, Department of Medical Education. Papers shall be placed in the official envelop provided. The number of exam papers returned shall be stated.
- 11.5.2 Correction of the MCO papers shall be conducted at the Assessment and Evaluation Centre. The block/course organizer will be responsible for arranging the faculty responsible for marking the non-MCO examination papers. He is also responsible for providing the model answers for these questions and the distribution of marks. Marking of the exam papers shall be completed within 72 working hours.
- 11.5.3 After the computation of the examination results, the Assessment and Evaluation centre will conduct further analysis including item analysis and reliability tests.
- 11.5.4 The block/course committee shall review the results and the statistical analysis performed for all the exams.
- 11.5.5 Question papers and answer sheets shall be kept in the Assessment and evaluation centre for two weeks after the release of results. Those documents shall then be stored in the control room for three years.

11.5.6 The examination results shall be released to the students, as marks and GPA within 2 weeks of the time of examination.

Examination results shall be approved by the Assessment Committee of each block & head of dept.

11.5.7 Detailed Continuous assessment results to be announced 2 weeks before the final exam and the student should have feedback on their performance in their assessment.

12 ASSIGNMENT OF GRADES

12.1 Grading & coding system

GPA	Grade Codes	Grades	Percentage of Marks
5.0	A+	Excellent Plus	95 -100
4.75	A	Excellent	90 < 95
4.5	B+	Very Good Plus	85 < 90
4.0	B	Very Good	80 < 85
3.5	C+	Good Plus	75 < 80
3.0	C	Good	70 < 75
2.0	D+	Pass Plus	65 < 70
2.0	D	Pass	60 < 65
1.0	F	Fail	
2.0	D2	Passed the resit exam	Less than 60

12.2 Cumulative GPA

To calculate the cumulative GPA, please refer to the Higher Education Council, Saudi Arabia rules and regulation document Pg-90-91. Refer the website of the deanship for admission and registration.

www.ksu.edu.sa/Deanships/Registrationandadmission

12.3 Examination arrangements for candidates with special circumstances

Special examination may be granted for a student who has a permanent or temporary disability. These arrangements are meant to allow the candidate to complete the examination to the best of his/her ability.

These special arrangements are meant to facilitate the students and it is hoped that it would not be abused by the students.

A student shall submit an application to the Vice Dean academic requesting examination under special circumstances together with supporting evidence for his/her application.

13 APPEALS FOR RECHECKING OF EXAMINATION MARKS

13.1 Regulations:

- 13.1.1 A student may apply for an appeal in writing for manual rechecking of his/her continuous assessment to the block/Course chair or course organizer, within one week after the release of the results.
- 13.1.2 For rechecking of final block/course examination an application (designed for this purpose) should be submitted by the student. The application shall be submitted to the Department concerned within two weeks of the release of the exam results. And it shall be accompanied with a valid reason and approved by the Vice dean of the Academic Affairs. This will ensure that the application has been entered in the system. (Appendix 3)
- 13.1.3 A student who has previously submitted an application for rechecking of his/her mark/exam papers for three occasions and there has been no evidence for a need for changing his/her marks, then such a student cannot apply again for an appeal for rechecking.
- 13.1.4 Once an application has been approved by the Vice Dean for Academic Affairs, the head of the concerned department shall ask the course/block organizer to recheck the results and report within 15 days. If no changes are made the student has a right to see his/her answer paper. If the student is convinced then he/she will sign to withdraw his application for rechecking and head of the department will keep the application and it will be counted one of the three appeals allowed for the student.
- 13.1.5 If the student is not satisfied with the decision, then the head of the department shall form a committee of two faculty members excluding course or block/organizer and this committee will decide after revision, to change the results or recommend the withdrawal and student will be notified about the committee decision

- 13.1.6 If the student is not satisfied with the committee decision, he/she can appeal to the College Board through the dean within fifteen days of previous decision.
- 13.1.7 The College Board has the right to recommend either with holding the appeal or the re-checking through a formation of another committee with three faculty members one of them from another department and block/course organizer not to be included in the committee will report within 15 days to the Board of decision will be made accordingly, and this will be the final decision.

14 Phase V - Internship

- 14.1 Currently the assessment in this phase is based only on the evaluation reports from different departments.
- 14.2 A portfolio will be introduced soon for the assessment of this phase assessment because the current assessment system cannot adequately assess graduates' competencies. The use of portfolio-based assessment has been found to be useful at this stage. A graduate must demonstrate the ability to fulfill the outcomes of the internship and per criteria identified for marking portfolios.
- 14.3 Assessment in this phase shall be based on work-place based assessment, where instruments such as Mini-CEX, DOPS, Multisource (360 degree feedback) shall be introduced.
- 14.4 Candidates and teachers shall be trained in workshops on each of these assessment tools and how to apply them.
- 14.5 At the end of the " Internship' training, the heads of the departments shall prepare an evaluation report (according to the attached form also based on cumulative evaluation of workplace based assessments "Portfolio"). The report shall be signed by a faculty member and the supervisor of the ' intern' training program or a consultant physician and the head of department. The report shall show the attendance, discipline and professionalism, and completion of portfolio assessment, after approval by the supervisor of the internship & vice dean for academic affairs.
- 14.6 The supervisor of the intern training program or in case of his absence the acting chair shall discuss the final evaluation with the interns in a positive and constructive way, showing the strengths and weaknesses in his/her performance and suggest the ways in which it can help him to improve his/her performance in the future. The intern must sign the evaluation form, and this is not for the approval of the evaluation, but to document the fact that discussion and feedback have been received.

- 14.7 If the intern physician did not achieve a grade of (60%) in the evaluation OR the department has some concerns about the intern, the department may recommend that the candidate has to repeat whole of his/her rotation, after approval of the supervisor of the internship & Vice Dean for Academic Affairs.

Glossary of Medical Terms

Assessment & Examination Centre

The centre is under the department of Medical Education consist of faculty members other staff to serve the education system by monitoring and providing high quality assessments of student's performance. Also provides guidance and assistance to faculty in developing and overseeing a program of evaluation and feedback and to prepare assessment plans and reports.

Block Chair

A block chair is a faculty member in charge of planning and conducting a particular specialty block or course.

Continuous assessment:

(Synonymous to formative assessment)

Continuous assessment is the assessment of a pupil's progress throughout a course of study

DOPS

Direct Observation of Procedural Skills (DOPS) is a workplace-based assessment of clinical procedural task performed by trainees on patients evaluating a particular skill.

End of the year examination

A summative assessment administered in the end of an academic term.

Formative assessment

Formative assessment is the part of the assessment process which evaluates on-going teaching/learning process throughout the course. it also includes feedback to the students.

MCOs

Multiple Choice Questions (MCO's) is an assessment tool to assess knowledge consisting of stem, that directly or indirectly possess a question and a set of distracters from which the answer is selected

Midterm examination

A summative assessment administered in the middle of an academic term/course.

Mini- CEX

Mini Clinical Evaluation Exercise (mini – CEX) is a workplace based assessment of clinical skills of trainees which can be used in both formative and summative assessment.

OSCE

Objective structured Clinical Examination (OSCE) is an assessment tool to assess clinical competencies on clinical models and standardized patients or simulated patients. It consists of a series of 'stations' where candidates performed a standardized task in a specified time.

OSPE

Objective Structured Practical Examination (OSPE) is an assessment tool to assess laboratory exercises in pre-clinical sciences. It consists of a series of 'stations' where candidates perform a standardized task in a specified time.

Summative assessment

A summative assessment (or final examination) is the part of assessment process which evaluates student learning/teaching process at the end of a block/course

Appendices :

1. Appendix 1: MCO writing guidelines.
2. Appendix 2: Examination invigilator incidents report.
3. Appendix 3: Appeal for rechecking final exam.

Appendix-1

PRE-SUBMISSION CHECKLISTS FOR MCQ

MCQ Number:

Course/Block:

Submitted by:

Overall	Yes	No	Maybe
The topic is important for the learners			
The level of difficulty is appropriate			
Stem			
Stem is clear, concise and complete			
Contains no jargons or abbreviations			
It describes an integrated clinical vignette <ul style="list-style-type: none"> • <i>Pre Clinical years:</i> 30-40% of total MCQs should be Scenario based • <i>Clinical years:</i> 70-80% of total MCQs should be Scenario based 			
Test beyond knowledge recall and memorization			
Avoid negative questions <ul style="list-style-type: none"> • Use EXCEPT only exceptionally 			
Lead-in			
Focuses on one aspect (of disease or condition) as much as possible			
Can be answered without looking at the options for the scenario based questions			
Options			
All options are uniform/homogenous (length, grammatical construct)			
Options do not give clue to the answer			
Avoid usage of ambiguous or absolute terms (e.g. almost, never, frequent)			
There is no 'all of the above' or 'none of the above' option			
Put in order if the options are numerical			

Decision

- Accept; as it is
- Revise; minor changes (see comments below)
- Resubmit; major changes necessary (see comments below)

Comments

Basic Structure of clinical Vignette

Age, gender: (e.g.: A 5 year-old boy)

Site of care : (e.g.: in emergency room/in-patient)

Presenting problem: (presented with ...)

Duration: (e.g.: for two days)

History (+/_ Family history)

Physical findings: Pertinent positive and negative

Laboratory findings: Pertinent positive and negative

Good Lead-In: Focuses on One Aspect of the Disease

Etiology

Investigation

Prognosis

Epidemiology

Treatment

Prevention

Disease mechanism

Clinical findings

Ethical dilemma

Examples of Lead-In Questions

- What is the most likely pathogen (causing the problem)
- What is the most likely histo-pathological feature expected in this patient?
- Deficiency/excess /imbalance of which of the following substrate might have caused the problem?
- Which of the following investigation is most appropriate?
- Which of the following test is most likely to have diagnosed the problem?
- Which of the following feature is expected in patient?
- Which of the following complications is most likely develop in this patient?
- Which of the following is the most appropriate screening test?
- The condition could have been prevented by supplementation of which of the following substance?
- Which of the following immunizations should be administered at this point?

Reference: Case SM, Swanson DB. *Constructing Written Test Questions*

For the Basic Clinical sciences. Third Edition. NBME. Philadelphia,

PA. 1998. Web address: <http://www.nbme.org/nbme/itemwriting.html>

Do's and Don'ts of writing MCQ

MCQ writing step	Do	Don't
Before writing	<ul style="list-style-type: none"> • MCQs should assess learning outcomes or important concepts • Identify the cognitive level at which the MCQ should be pitched, e.g. factual recall, application of knowledge or evaluation • Decide on the topic and content area 	<ul style="list-style-type: none"> • Do not assess trivial, insignificant facts
Writing the stem	<ul style="list-style-type: none"> • Should be a <i>common</i> clinical case • Include as much information as required to arrive at the correct answer, i.e. a long stem (with short options) 	<ul style="list-style-type: none"> • Do not synthesise for the candidate, i.e. give details of the patient's complaint in simple language • Avoid technical item flaws, such as <ul style="list-style-type: none"> ❖ A word in the stem repeated in the option(s) ❖ Tricky/complicated stems ❖ Clues to the answer in the stem • Do not include any question (task for the candidate) in the stem
Writing the lead-in	<ul style="list-style-type: none"> • Should clearly indicate how to answer the MCQ • Should preferably be a question • Refer back to the topic & content area, when constructing the lead-in • Try to present a task to the candidate, e.g. what is the diagnosis? 	<ul style="list-style-type: none"> • Use questions and avoid phrases e.g. Regarding epilepsy: • Avoid technical item flaws, such as: <ul style="list-style-type: none"> ❖ Absolute terms, e.g. always, never ❖ Frequency terms, e.g. rarely ❖ 'Which of the following statements is correct?' This type of lead-in may lead to heterogeneous options ❖ Negative questions
Checking the stem and lead-in	<ul style="list-style-type: none"> • Lead-in and stem must give enough information to answer the MCQ, <i>without/before</i> reading the options • Both should be clear, precise and simple 	<ul style="list-style-type: none"> • Do not create a 'test within a test'.
Writing the options	<ul style="list-style-type: none"> • Should have <i>only</i> one clear answer • Distractors should be clearly incorrect, but plausible • Should be short and uncomplicated • All options should be homogeneous, i.e. like needs to be compared with like, e.g. all options being clinical signs • List in a logical order • The positions of the correct option should vary with other MCQs • All options are of similar length • Use coherent, consistent terminology, e.g. pathognomonic, typical, or recognised feature 	<ul style="list-style-type: none"> • Avoid technical item flaws, such as: <ul style="list-style-type: none"> ❖ Related to testwiseness <ul style="list-style-type: none"> - Grammatical cues - Logical cues - Absolute terms - Long correct answer - Word repeats - Convergence strategy ❖ Related to irrelevant difficulty <ul style="list-style-type: none"> - Inconsistent numerical data - Vague terms, e.g. may - Overlapping questions - Double options, e.g. do X and Y - Language not parallel to others - 'None of the above/all of the above' - Answer is 'hinged' to another MCQ
After writing	<ol style="list-style-type: none"> 1. Does the MCQ assess an important concept? 2. Does the MCQ test factual recall of knowledge, application or evaluation? 3. Can the MCQ be answered by <i>only</i> reading the stem & lead-in? 4. Are all the options homogeneous? 5. Is the MCQ (stem, lead-in and options) devoid of technical item flaws? 	

Appendix -2

INCIDENT REPORT

تقرير واقعه

COURSE:	المقرر:
NAME OF STUDENT:	اسم الطالب:
STUDENT'S NUMBER:	رقم الطالب:
INCIDENT TIME:	وقت الواقعة:

DETAILS:	تفاصيل الواقعة:
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.....
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PLACE:	المكان:
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INVIGILATOR'S COMMITTEE MEMBERS:	لجنة المراقبين:
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- ١-
- ٢-
- ٣-

DATE:	التاريخ:
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نموذج رقم (٢)

Appendix -3

Kingdom of Saudi Arabia
Ministry of Higher Education
College of Medicine
& King Khalid Univ. Hospital



المملكة العربية السعودية
وزارة التعليم العالي
جامعة الملك سعود
كلية الطب
ومستشفى الملك خالد الجامعي

((استمارة طلب إعادة تصحيح ورقة الامتحان النهائي))

اسم الطالب	الرقم الجامعي	رقم الهاتف	رقم الجوال	السنة الدراسية
١- نعم أنا الطالب المذكور اسمه أعلاه أُرغب بالتقدم لإعادة تصحيح ورقة إجابتي للمقرر :				
رقم ورمز المقرر	اسم المقرر	عدد الساعات	رقم ورقم المقرر	رقم ورقم المقرر
رقم الشعبة	تاريخ عقد الامتحان	الفصل الدراسي	رقم ورقم المقرر	رقم ورقم المقرر
٢- وذلك للأسباب التالية :				
.....				
.....				
.....				
٣- هل سبق أن تقدمت بطلب إعادة تصحيح ورقة إجابة خلال دراستك بالكلية ؟				
<input type="checkbox"/> لا <input type="checkbox"/> نعم (مقرر) العام الأكاديمي (..... /) . النتيجة : <input type="checkbox"/> ثبت صحة ما تقدمت به . <input type="checkbox"/> لم يثبت صحة ما تقدمت به .				
٤- إقرار بالعلم بما ورد في نظام الجامعة القاضي بما يلي :				
١- أنه لا يحق لي التقدم بأكثر من طلب لإعادة تصحيح أكثر من مقرر واحد خلال السنة الدراسية .				
٢- إذا ثبت عدم صحة ما تقدمت بطلبه فلا يحق لي مستقبلاً أن أتقدم بأي طلب لإعادة تصحيح أي مقرر .				
٣- أتعهد بصحة المعلومات أعلاه و للكلية الحق في إلغاء طلبي و اتخاذ ما تراه مناسباً إذا ثبت غير ذلك .				
اسم الطالب : التوقيع : التاريخ : / / ١٤٤٠ هـ .				
معدل الطالب في السنة السابقة	هل سبق دراسة المقرر ؟	معدل الطالب التراكمي	نسبة غياب الطالب في المقرر	عدد الإنذارات
اسم المسئول :	التوقيع :	التاريخ : / / ١٤٤٠ هـ .	نسبة غياب الطالب في المقرر	عدد الإنذارات
١ هل سبق أن تقدم الطالب بطلب إعادة تصحيح للأعوام السابقة :				
<input type="checkbox"/> لا <input type="checkbox"/> نعم (مقرر) العام الأكاديمي (..... /) . النتيجة : <input type="checkbox"/> ثبت صحة ما تقدم به . <input type="checkbox"/> لم يثبت صحة ما تقدم به .				
٢ هل سبق أن تقدم الطالب بطلب إعادة تصحيح مقرر لهذا العام ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا				
اسم المسئول : التوقيع : التاريخ : / / ١٤٤٠ هـ .				
توجيه سعادة الدكتور وكيل كلية الطب للشؤون الأكاديمية :				
.....				
.....				
.....				

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- 3 Dent JA, Harden RM, A Practical Guide for Medical Teachers. Churchill Livingstone, Elsevier Limited 2005.
- 4 Driessen E, Tartwijk J, Vleuten C, Wass V. Portfolio in medical education: why do they meet with mixed success? A systematic review. Medical Education 2007; 41: 1224-1233.
- 5 Wilkonson JR, Crossley JM A, Wragg A, Mills P, Cowan G, Wade W. Implementing workplace-based assessment across the medical specialties in the United Kingdom. Medical Education 2008; 42: 364-373.

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2 October 2011