

### 2.6.1 Methods of the assessment of learning outcomes and graduate attributes

#### Outcome based assessment

SMVMCH employs a combination of formative and summative assessment techniques with more inclination towards formative methodologies; it's focused on specific competencies required for a physician.

#### Assessment can be Direct and Indirect

**Direct assessment:** Direct examination or observation of student knowledge, skills, attitudes or behaviours to provide evidence of learning. Types of direct assessment include:

Formative assessment methods: Continuous assessment is employed throughout the academic year to assess and improve the student learning process. Classical examples include; Continuous Internal Assessments, Seminars with feedback, Viva –Voce, OSPE, OSCE, Assignments, Project works like Model construction, preparation of posters, field visits, maintenance of records, log books are being adopted. Periodical monitoring of attendance and the disciplinary attributes of the students are also being taken care.

Other types of formative assessment include skills training using mannikins, model-based training on surgical techniques, prosection and dissection, think, pair and share, clarification pauses, muddiest point, entry-exit ticket, one minute paper, concept mapping, fish bowl technique, jigsaw techniques, picturing to learn, group discussions, seminar presentations, UNCLE (Unconventional Learning Exercises), CAL (Computer Assisted Learning), Quizzes during offline and online classes, simulated patients, OSVE (Objective Structured Video Examination), Virtual grand rounds, surgical video demonstrations in E-Modules and presentations by the students.

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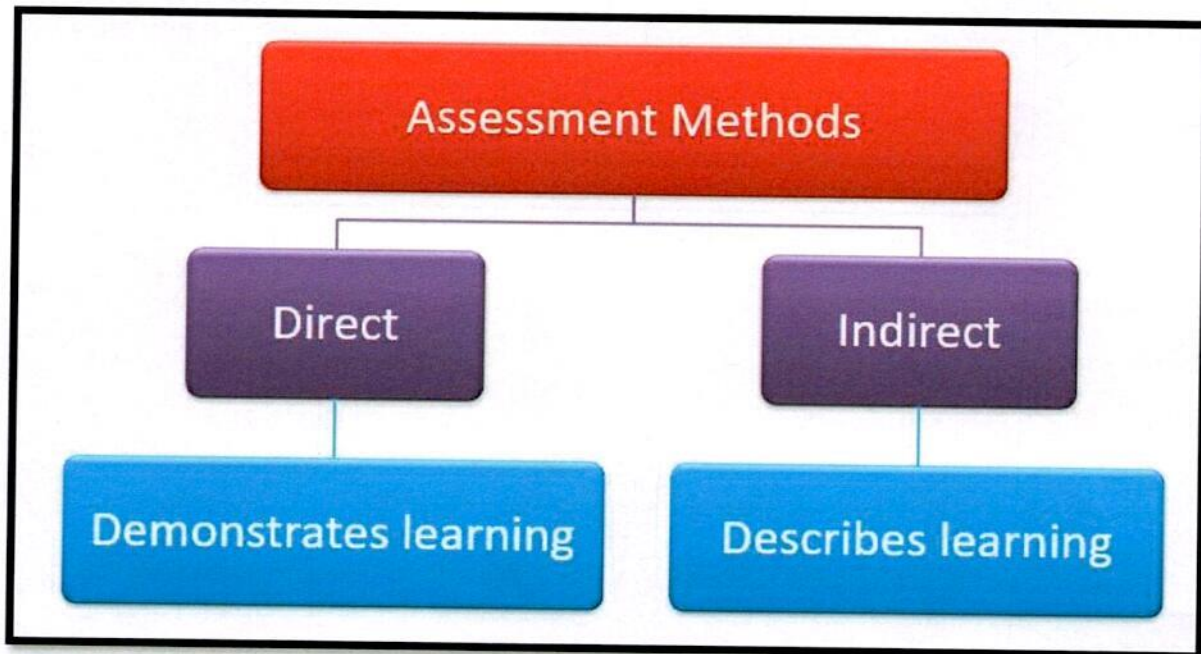
Summative Assessment: Comprehensive evaluation of the learning outcomes is done during the term end exams and model exams. The University examination results help in determining the extent to which the learning outcomes have been attained.

**Indirect Assessment:** Perceived extent or value of learning experiences. Example: Student survey, alumni feedback, teachers' feedback, parents' feedback.

### Assessment tool box

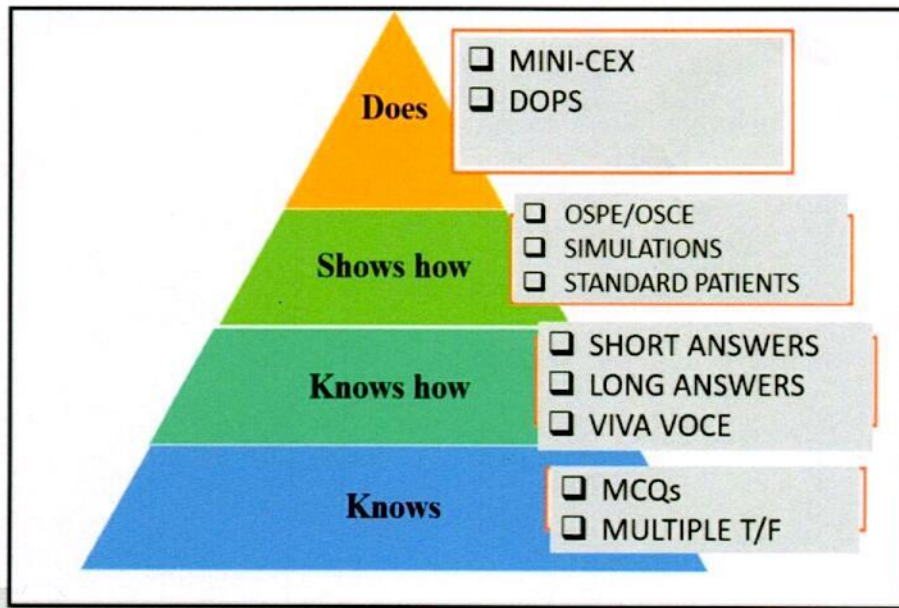
Since, no single assessment can provide us with a clear picture of assurance that learning has happened and student has gained the knowledge/skill/values. So, the Medical Education Unit (MEU) has taken initiatives to build the assessment tool box, which provides a variety of choices of assessments that can be employed by the departments to test the various domains of learning. The complete development of the tool box is under process. The screen shot of the tool box is as under:

**Figure: Types of Assessments**



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Figure: Sample Assessment methods based on Miller's pyramid



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## CHAPTER II

ADMISSION TO INDIAN MEDICAL GRADUATE PROGRAMME:  
NATIONAL ELIGIBILITY-CUM-ENTRANCE TEST  
AND COMMON COUNSELLING

5. Admission to the Indian Medical Graduate Programme

## CHAPTER III

## MIGRATION

6. Migration

## CHAPTER IV

PHASE WISE TRAINING AND TIME DISTRIBUTION  
FOR PROFESSIONAL DEVELOPMENT

7. Training period and time distribution:  
8. Phase distribution and timing of examination  
9. New teaching / learning elements
- 9.1. Foundation Course
  - 9.2. Early Clinical Exposure
  - 9.3. Electives
  - 9.4. Professional Development including Attitude, Ethics and Communication Module (AETCOM)
  - 9.5. Learner-doctor method of clinical training (Clinical Clerkship)

## CHAPTER V

COMPETENCY BASED CURRICULUM OF THE  
INDIAN MEDICAL GRADUATE PROGRAMME

10. Specific Competencies
- 10.1. Preamble
  - 10.2. Integration
  - 10.3. Pre-clinical Subjects
  - 10.4. Second Professional (Para-Clinical)
  - 10.5. Third Professional (Part I)
  - 10.6. Third Professional (Part II)

CHAPTER VI  
ASSESSMENT

11. Assessment
- 11.1 Eligibility to appear for Professional examinations

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## 11.2 University Examinations

CHAPTER VII  
INTERNSHIP

## 12. Internship

## 12.1 Goal

## 12.2 Objectives

## 12.3 Time Distribution

## 12.4 Other details

## 12.5 Assessment of Internship

## 12.6 Internship – discipline related

## CHAPTER I

## GENERAL CONSIDERATIONS AND TEACHING APPROACH

## 1. Introduction

The provisions contained in Part II of these Regulations shall apply to the MBBS course starting from academic year 2019-20 onwards

## 2. Indian Medical Graduate Training Programme

The undergraduate medical education programme is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training programme are hereby prescribed:-

## 2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

- (a) Recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession to fulfill his/her social obligations towards realization of this goal.
- (b) Learn every aspect of National policies on health and devote her/him to its practical implementation.
- (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- (e) Become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

## 2.2. Institutional Goals

- (1) In consonance with the national goals each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:
  - (a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
  - (b) be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.
  - (c) appreciate rationale for different therapeutic modalities; be familiar with the administration of "essential medicines" and their common adverse effects.

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