



THE AGA KHAN UNIVERSITY

FACULTY OF HEALTH SCIENCES
POSTGRADUATE MEDICAL EDUCATION

RULES AND REGULATIONS FOR EXAMINATIONS

REVISED FEBRUARY 2022

POSTGRADUATE MEDICAL EDUCATION PROGRAM

Postgraduate Medical Education (PGME) programme at Aga Khan University (AKU) offers Master of Medicine (MMed) in the following specialties: Internal Medicine; General Surgery; Paediatrics and Child Health, Obstetrics and Gynaecology, and Family Medicine. All the courses are approved by University Academic Council, and accredited by the national regulatory authorities.

The overall implementation of the MMed programmes is the responsibility of the Dean, Medical College; the Associate Dean, Medical Education; departmental chairs who are also the Chief Internal Examiners, and all of who constitute the Medical College Faculty Council (MCFC). Program Directors and coordinators from all specialties make up the Postgraduate Medical Education Committee (PGMEC) charged with the day to day educational and clinical training activities. Each specialty has a standing Departmental Residency Training Committee (DRTC), which is comprised of faculty and student representatives, and coordinates the residency affairs of their respective departments. The Academic Office provides overall administrative support to the leadership, faculty and students.

Note:

All references to Medical Council of Tanganyika and Tanzania Commission for Universities in this document should be interpreted to include the equivalent professional regulatory authorities in the East Africa Community.

Table of Contents

Postgraduate Medical Education Program	ii
Table of Contents	iv
List of Abbreviations and Acronyms	v
1.0 Admission Of Residents	1
1.1 Admission Procedures	1
1.2 Eligibility	1
2.0 Duration of Study and Course Coding	2
3.0 Curriculum Structure And Design	2
4.0 Planning, Setting, Organisation And Processing Of Examinations	3
4.1 Introduction	3
4.2 Summative assessments	4
4.3 Formative Assessments	4
4.4 Professional Skills Assessment	5
4.5 Planning	5
4.6 Setting	6
4.7 Organization	8
4.8 Processing	8
5.0 Functions and Responsibilities of the Chief Internal Examiner	8
6.0 Functions And Responsibilities of the Internal Examiners	9
7.0 Appointment of External Examiners	10
8.0 Functions and Responsibilities of External Examiners	10
9.0 Management and Conduct of Examinations	12
10.0 Policy on Supplementary Examinations	14
11.0 Processing of Examination Results	16
12.0 Grievances and Appeals for Re-Assessment of Examination Results	16
13.0 Disposal of Examination Scripts Records	17
14.0 Breach of The University's Student Academic Integrity Policy	17
15.0 Award of the MMed Degree	18
16.0 Amendment of Examination Regulations	18
Appendix I: Schedule of Key Examination Activities	25
Appendix II: Student Academic Integrity Policy	27
Appendix III: Interim Summative Assessments and Summary of Feedback Form	37

List of Abbreviations and Acronyms

AKU	-	Aga Khan University
CBDs	-	Case-based Discussions
CIE	-	Chief Internal Examiner
DBE	-	Departmental Board of Examiners
DOPS	-	Direct Observation of Procedural Skills
DRTC	-	Departmental Residency Training Committee
EMQs	-	Extended Matching Questions
FBE	-	Faculty Board of Examiners
ISASF	-	Interim Summative Assessment and Summary of Feedback form
MBChB	-	Bachelor of Medicine and Bachelor of Surgery
MCFC	-	Medical College Faculty Council
MCQs	-	Multiple Choice Questions
MCT	-	Medical Council of Tanganyika
MEQs	-	Modified Essay Questions
Mini-CEX	-	Mini Clinical Evaluation Exercises
MMed	-	Master of Medicine
OSAT	-	On-Site Assessment and Training
OSCE	-	Objective Structured Clinical Examination
OSPE	-	Objective Structured Practical Examination
PGME	-	Postgraduate Medical Education
PGMEC	-	Postgraduate Medical Education Committee
RWG	-	Registrar's Working Group
SAQs	-	Short Answer Questions
SIRE	-	Structured Image Reporting Examination
TCU	-	Tanzania Commission for Universities
TOS	-	Table of Specification

RULES AND REGULATIONS GOVERNING EXAMINATIONS AT POSTGRADUATE MEDICAL EDUCATION PROGRAMME

These Rules and Regulations are intended to guide Master of Medicine (MMed) residents, faculty and academic support staff on common and specific issues governing University examinations including Formative Assessments, and Summative MMed Part I and II examinations. The Rules and Regulations are presented in two sections: Section A presents common aspects; and Section B covers specific aspects pertaining to Part I and II Examinations of each MMed programme. Appendices of related University policies and applicable forms are included at the end of this handbook.

SECTION A

1.0 Admission of Residents

1.1 Admission Procedures

Enquiries for admission to the various postgraduate medical education programmes should be addressed to:

**The Director
Postgraduate Medical Education
Faculty of Health Sciences
Aga Khan University
Ufukoni road
P. O. Box 38129
DAR ES SALAAM - TANZANIA.
Email: pgme.dar@aku.edu
<https://www.aku.edu/mcea>**

The closing date for receiving applications for the programme is normally determined by the Aga Khan University Faculty of Health Sciences' Postgraduate Medical Education Committee (PGMEC).

1.2 Eligibility

- a) The Aga Khan University Council sets out the eligibility and minimum admission requirements for each programme.

- b) The specific admission requirements for each programme are spelled out and are available in the curriculum documents to the applicants and other interested individuals or organizations on request.
- c) Applicants for the MMed programmes must be holders of a MBChB or MBBS degree or an equivalent medical qualification that is recognised by AKU and the Medical Council of Tanganyika (MCT). Applicants must also be registered or qualified for registration with the MCT if they have been trained outside Tanzania, or are of foreign nationality. In addition, they must have completed one year of post-basic qualification medical internship programme.

2.0 Duration of study and course coding

- a) The duration of study for each MMed programme is spelled out in the curriculum. The Residency training programme must be completed within the stipulated duration, and no more than two years after, unless under exceptional circumstances as the DRTC will determine and petition the Associate Dean, Medical Education for approval.
- b) The prescribed courses for each year of study for various MMed curricula are coded in the curriculum document and course catalogue in a logical and systematic order.
- c) The Part I and Part II Examinations for each MMed programme are based on the approved courses of study.
- d) Following the successful completion of the training programme, graduates who intend to work in Tanzania are required to work under supervision for the duration stipulated by the MCT and in a hospital which is recognized by the Council before they can be awarded specialist recognition and licensed to practice independently in their specific disciplines.

3.0 Curriculum structure and design

- a) The MMed degree programmes have prescribed courses, which include core courses, basic sciences, common courses, clinical rotations, electives and a research project. The need and structure of each programme determines to a great extent the teaching and assessment methods.

- b) The prescribed courses for each programme are structured and designed to fit a logical sequential order that is appropriate and relevant to the specialty training programme, and the expected learning outcomes.
- c) The structure of each programme ensures that the courses are spread out in a harmonized approach for the duration of the training.
- d) All candidates must take and pass the prescribed number of courses for each programme in order to qualify for award of the MMed degree in the specialty they have been enrolled in.

4.0 Planning, setting, organisation and processing of examinations

4.1 Introduction

The overall purpose of assessing the PGME trainees is to gather and document expedient information for providing feedback to them, to the trainers and examiners on their progressive performance in the acquisition of knowledge, skills, attitudes and professional competencies during the period of training as prescribed in the MMed curricula. Such information is utilised in making rational decisions, assessments and judgments on the evolution of teaching and learning at different levels of the program.

The Departmental Residency Training Committee (DRTC), which reports to the Department Chair and the Associate Dean - Medical Education provides a consensus view based on Formative Assessments to allow a resident's progress to the next level. The DRTC must document evidence of regular and timely performance feedback (interim summative assessments) and communicate the outcomes to residents, at the end of each quarter at least three times per academic year, in support of its recommendation to:

- a) Promote a resident to the next level of the programme of study
- b) Remediate a resident with identified gaps in knowledge, skill or attitude
- c) Allow a resident to continue in the programme
- d) Admit a resident to the certifying examinations.

The Postgraduate Medical Education Committee (PGMEC) formulates the specific rules and regulations governing the methods and procedures of conducting continuous assessments and the summative Part I and Part II MMed exams of the Residency Programme. Such rules

are thereafter approved and ratified by the Medical College Faculty Council before implementation.

4.2 Summative assessments

Summative examinations are administered at the end of the academic year or on completion of Part I or II of the programme. The assessments incorporate different methods and techniques and vary by program. They include assessment modules such as:

- a) Multiple Choice Questions (MCQs)
- b) Modified Essay Questions (MEQs)
- c) Short Answer Questions (SAQs)
- d) Extended Matching Questions (EMQs)
- e) Objective Structured Clinical Examination (OSCE)
- f) Objective Structured Practical Examination (OSPE)
- g) Structured Image Reporting Examination (SIRE)

4.3 Formative Assessments

Evaluation of each resident is done by more than one examiner. Formative Assessments shall be used for providing feedback and as criteria for determining progression and eligibility to sit MMed examinations at Part I and II in their journey towards award of the Master of Medicine degree in specific disciplines. However, marks obtained in formative assessments do not contribute towards the final marks for Part I and II examinations

Assessment drives or shapes learning. Desired competencies will therefore be assessed on a day-to-day basis at the workplace to determine strengths and weaknesses of each individual resident. Continuous and regular assessments provide opportunities for correction, remediation and practice of the acquired knowledge, clinical skills, Interpersonal skills, practical skills and professional behaviours in a supervised environment.

Workplace-based assessments are conducted using different assessment tools and modules that may vary by programme. These are specified in each specialty's curriculum, and include:

- a) Mini Clinical Evaluation Exercises (Mini-CEX)
- b) Direct Observation of Procedural Skills (DOPS)
- c) Case-based Discussions (CBDs)
- d) On-Site Assessment and Training (OSAT)
- e) Reflective Learning Logs

- f) Record of significant events
- g) Observed Structured Clinical Examinations (OSCE)
- h) Autopsy reports
- i) Wet practical

Preceptors/supervisors/consultants will assess and evaluate students during assigned internal or external rotations, with emphasis on progressive acquisition of clinical knowledge, demonstration of skills and application of professional qualities. An example of the Interim Summative Assessment and Summary of Feedback form (ISASF) is provided in appendix III. Appropriately selected acquired methods matched to learning outcomes shall be used for the improvement of learning. This will be achieved through use of continuous appraisal tools mentioned above.

4.4 Professional Skills Assessment

Assessment of Professional Skills will be conducted in Part I and II, by use of Common OSCEs. Residents are expected to pass the Professional Skills Assessments at year 1 for the Part I component and at Year 3 for Part II, as criteria for eligibility to sit the written summative exams.

4.5 Planning

- a) The planning of Part I and Part II Examinations for MMed programmes is conducted under the leadership and direction of the Associate Dean - Medical Education who works very closely with the respective Departmental Board of Examiners (DBE), the Chairs of Department, who are also the Chief Internal Examiners (CIE) and the Programme Directors.
- b) The CIE or his designate shall ensure that qualified and experienced teaching staff, according to the approved programme guidelines, set the specific MMed Examinations modules.
- c) Formative and Summative assessments for MMed Part I and Part II will be administered through secure computer-based and/or paper examination formats.
- d) Summative examination for Part I for all programmes shall be held at the end of second year of the programme; with the exception of Imaging and Diagnostic Radiology, where Part I examinations will occur at the end of first year. Part II examinations for all

programmes shall be held at the end of the fourth year of training, except in General Surgery, which occurs at the end of the fifth year.

- e) Formative appraisals shall be used for providing feedback and as criteria for determining progression in all the programmes. Passing Part I examinations is a prerequisite to sitting Part II examinations.
- f) The venue for the summative examinations shall be at Aga Khan University campus. Any other appropriate site or venue deemed appropriate for the nature of the examination module shall be approved by the Dean, Medical College in advance and communicated to candidates accordingly.
- g) Information regarding scheduling of Part I and Part II examinations shall be communicated to the candidates in a timely fashion with adequate lead-time to actual exam date(s) to enable necessary preparation on the part of concerned candidates.
- h) The University shall conduct supplementary and/or special examination(s) for the eligible candidates in accordance with the University regulations governing Postgraduate programmes.
- i) In order to qualify for MMed examinations, the resident should have attended at least 80% of scheduled core and common courses' formal learning sessions, including didactic lectures, tutorials as well as scheduled clinical rotations. Satisfactory performance in formative assessments is a requirement for determining eligibility to sit summative examinations.
- j) A final year resident will only be admissible to sit Part II examinations if his/her dissertation has been marked as passed by the internal and external examiners.

4.6 Setting

- a) The setting and processing of Part I and Part II Examinations shall be undertaken according to the approved University regulations and guided by the principles of assessment of residents' performance in professional educational programmes.
- b) The setting of the Part I and Part II examinations shall be done by the members of the teaching faculty in conjunction with the Departmental Board of Examiners

(DBE). Examination tools and modules prescribed by each department as provided for in the curricula and defined in section B of this document shall be used.

- c) In setting the examination items, the examiners should pay particular attention to:
 - i. Sufficient coverage of the depth and breadth of the syllabus
 - ii. Range of assessment across the different domains of learning, in line with the current Table of Specification/Exam Blueprint
 - iii. Relevance of question items for the level of training of candidates to be examined
 - iv. Appropriate construction of the stem, correct answer keys and relevant distractors; where applicable
 - v. Fair weightage of marks for each question.
- d) The administration of formative assessments shall be done by the teaching faculty members of each department and overseen by the Programme Director.
- e) The PGMEC shall approve formative assessment methods for common courses.
- f) The common courses (Research, Epidemiology & Biostatistics; Bioethics and Jurisprudence; Information and Communication Technology; Health Systems Management and Introduction to Medical Education) shall be treated as modules. Performance in each module shall be evaluated during the teaching-learning process and over the entire programme period. Assessment of residents shall be based on application of knowledge in:
 - i. Critical appraisal of literature at journal clubs and research project
 - ii. Ability to deal with ethical problems encountered during patient care
 - iii. Use of on-line data in patient management and clinical audits
 - iv. Presentation of cases dealing with healthcare management issues
 - v. Teaching other residents
 - vi. Attendance
 - vii. Take away/sit-in assignments and/or projects deemed necessary in fulfilment of the course objectives as stated in the approved curricula.

4.7 Organization

- a) The CIE shall appoint an examination moderation committee for various examination papers in the department. The moderators should be senior academic staff, and the Programme Director of the department shall chair the committee.
- b) Internal and external examiners shall be appointed by the Dean, Medical College upon recommendation by the CIE. The appointment of examiners will be approved by the MCFC.

4.8 Processing

- a) The set Part I and Part II MMed examinations shall be processed, sealed and kept under lock and key in the case of paper format exams, or secure password protection in the case of computer-based examinations.
- b) Criterion based standard setting shall be used to determine each examination's cut score. Pass or fail shall be based on the approved cut score and criterion referencing reflected in each department's examination blue print or table of specification (TOS).
- c) Final examination marks for Part I and Part II as well as pass, fail, and discontinuation recommendations shall be presented by the DBE through the CIE to the Faculty Board of Examiners (FBE) for consideration. Recommendations of the FBE will be presented to the University Academic Council for approval and ratification.
- d) A candidate who fails after a second attempt in the summative examination at Part I or Part II shall be discontinued from the course subject to the approval of the University Academic Council.

5.0 Functions and responsibilities of the chief internal examiner

The Chair of Department is also the Chief Internal Examiner (CIE) in each MMed programme. Their main functions and responsibilities on issues pertaining to examinations are as follows:

The CIE shall:

- a) Chair the DBE, which will provide guidelines on the structure and setting of examinations in the department

- b) Provide leadership, direction and management on the planning, setting and organisation of the examinations
- c) Submit to the Associate Dean, Medical Education a list of names of candidates who qualify to sit Part I and Part II examinations
- d) Ensure that management of examinations is undertaken effectively and efficiently
- e) Be responsible for working out logistics of distributing examination scripts to the external examiners for moderation
- f) Designate the task of handling examination materials to and from the Academic Office for processing and distribution to candidates, Internal Examiners and External Examiners
- g) Present the consolidated examination results for Part I and Part II Examinations to the Departmental Board of Examiners for consideration and recommendation to the Faculty Board of Examiners for approval
- h) Ensure that the External Examiners report is presented and discussed by the teaching staff in the department and ensure that agreed recommendations in the report are implemented by the department.

6.0 Functions and responsibilities of the internal examiners

The Internal Examiner(s) will undertake the following functions and responsibilities pertaining to Part I and Part II MMed Examinations.

They shall:

- a) Be at the level of a Lecturer (Senior Instructor equivalent) or above who has taught the course he/she is examining
- b) Be appointed by the Chief Internal Examiner
- c) Set examination papers in accordance with approved examination guidelines for Part I and II Examinations for each MMed programme

- d) Be appointed to invigilate any of the MMed examinations
- e) Prepare and avail marking schemes for the examination papers which they have set for each course to the CIE. The Departmental Board of Examiners shall review and approve such marking schemes
- f) Mark the examination papers using the approved marking scheme and submit the marks for each candidate using the stipulated consolidated mark sheets for presenting examination results
- g) Report cases of irregularities in any of the examinations and also make a comprehensive report on the irregularities to the Chief Internal Examiner for further action.

7.0 Appointment of external examiners

The University shall appoint external examiners for each specialty. The appointee shall be a person with wide teaching and research experience and be at the level of Associate Professor or Senior Lecturer and above. More than one external examiner may be appointed per department depending on the need and circumstance of the programme.

The external examiner(s) shall be:

- a) Appointed by the Dean, Medical College following recommendations by the Chief Internal Examiner in consultation with the DBE and upon approval by the MCFC
- b) A person who has not taught a course which s/he is appointed to examine either as a full time or part time staff of AKU during the last four years
- c) Appointed for a specified duration of time as approved by the MCFC.

8.0 Functions and responsibilities of external examiners

The overall function and responsibility of external examiner(s) - regional and/or international - is to ensure that academic standards for each MMed programme are maintained within the framework of managing and implementing the programme. The specific functions and responsibilities of external examiner(s) are as follows:

- a) Review Part I and Part II Examination tools and make judgments as to their suitability for examining the level of candidates being assessed
- b) Moderate Part I and Part II Examination papers in accordance to each MMed curriculum's course content and expected learning outcomes
- c) Review and crosscheck the marking of examination scripts and particularly scripts for candidates with high and low scores in the examinations
- d) Take part in clinical/practical examinations
- e) Interpret the Examination Rules and Regulations governing the PGME programme in making judgment and decisions on residents' performance and the standards of the programme
- f) Examine the available information as evidence in making judgments and decisions on the quality of the programme. Normally, the evidence may include documented reports, audiovisual equipment used, observations made, and interviews in the form of direct questioning of relevant individuals.
- g) Write a report on the residents' performance on the examinations. The report will normally consist of the following aspects:
 - i. Suitability of Part I and Part II examination tools
 - ii. Overall residents' performance
 - iii. Strength and weaknesses of residents
 - iv. Scope and depth of knowledge, competencies and professional qualities of residents
 - v. Curriculum structure and design with reference to teaching and assessment of residents
 - vi. Structure and organisation of examinations and the marking schemes
 - vii. Quality of teaching in relation to residents' performance
 - viii. Lessons learned
 - ix. Observations and recommendations towards improving teaching and learning and improvement of the quality of the programme.
- h) Comment on the comparability of MMed examination tools and candidates with own institution's with respect to:

- i. The tools of assessment used
 - ii. The standard of the examinations
 - iii. Conduct of the examinations
 - iv. Content of the academic programme as prescribed in the curricula.
- i) Participate in Faculty Board of Examiners' meetings which will consider and approve the examination results for the residents in various MMed programme.
- j) Provide feedback to teaching staff on various aspects pertaining to institutional policy on methods and procedures of assessment of residents' performance.
- k) Provide feedback and advice on the curriculum and required resources for effective and efficient implementation of the programme.
- l) Signing the approved results of residents' performance in each of the MMed programmes. The signing testifies that the results have been agreed upon by the Board of Examiners and that the Board's proceedings have been conducted according to the institutional framework on examination rules and regulations.
- m) Submit a written report on conduct and administration of examinations to the Dean, Medical College for appropriate action. The report shall be discussed by the PGMEC and the MCFC and a summary of recommendations shall be forwarded to the University Academic Council for consideration no later than the first quarter of the next academic year.

9.0 Management and conduct of examinations

- a) The examinations shall be administered on the dates, and at the venues and times specified in the approved timetable.
- b) The schedule for the various examinations shall be submitted to all the relevant offices, invigilators and residents by the Academic Office in liaison with the Associate Dean, Medical Education.
- c) The Academic Office will be responsible for collecting, providing secure transport and storage of examination material to and from the examination venues; and for

publishing or unpublishing computer-based examinations on the approved electronic assessment platforms.

- d) Candidates will only be allowed to use one approved electronic device (Laptop, desktop or tablet) for taking computer-based examinations; and to use designated credentials to access any examinations they are registered for as candidates.
- e) The Academic Office in consultation with the Chief Internal Examiners will ensure that only the scheduled examination papers are distributed to the invigilators, or are published online for the candidates.
- f) The invigilators for each examination shall be appointed by the Chief Internal Examiner in consultation with the office of the Associate Dean- Medical Education. The details setting out the procedures followed in conducting examinations shall be provided to the invigilators and the candidates.
- g) Invigilators shall remain in the examination room throughout the examination session for the in-person papers. Online examinations shall be invigilated using electronic proctoring tools for the entire duration of the online assessments.
- h) Candidates must abide by the instructions given for each specific examination, as well as other instructions provided by the invigilators before, during or at the end of the examination.
- i) The invigilators shall submit examination scripts in the case of paper formats to the Chief Internal Examiner at the end of each examination, who thereafter shall submit them to the Academic Office for further action.
- j) A candidate shall not be permitted to take an examination in case she/he reports later than fifteen minutes after the start of the examination.
- k) The invigilator will ensure that all the examinations start and end on time, and as scheduled.
- l) A candidate who is unable to sit the scheduled examination because of circumstances beyond his/her control (e.g. sickness, accident, bereavement etc.) may apply for a special examination to the DBE who will immediately convene a panel to

investigate the underlying circumstance and make appropriate recommendations. Such recommendations shall include, if approved, when the candidate shall sit the special examinations.

10.0 Policy on supplementary examinations

The pass/fail criteria for MMed examinations are laid out in section B of this document. Supplementary examinations shall be conducted within six months from the date of release of the examination results following a period of remediation as approved by the affected department's DRTC.

- a) In the event of one or more candidates failing to pass the University examinations as required, the DBE will meet within one week following official approval of examinations results by the FBE
- b) DBE will deliberate on circumstances resulting in failure of the candidate(s) with a view to coming up with appropriate remedial measures needed prior to having the candidate(s) re-sit the examinations
- c) DBE will identify a senior faculty member to take the responsibility of mentoring and supervising the candidate
- d) The following will be minimum expectations in every case:
 - i. First meeting between mentor/supervisor will be held within two weeks from the time of official approval of the results
 - ii. The mentor will keep written records of all the meetings
 - iii. The plan of work will be agreed between the mentor and the candidate. The same will be documented and a copy signed by both parties copied to the CIE. The plan of work will delineate purposes of each of the sessions
 - iv. The CIE will share remedial plans with the external examiner and request for his input which shall be fed back to the DRTC and the faculty member/supervisor

- v. The candidate and supervisor will sign a certificate indicating that the former has a copy of the MMed examinations guidelines and fully understands its contents and the contents of these guidelines that govern the conduct of supplementary examinations
 - vi. After the first meeting with the candidate, the faculty mentor will provide feedback at the next DRTC meeting. This will in any case be within two weeks from the first meeting of the parties.
- e) The faculty member will provide the CIE with brief reports of remedial encounters, performance of assignments/exercises provided and record of feedback on monthly basis in the case of supplementary examinations. Each of the reports will be endorsed by both the candidate and mentor
- f) The DBE in consultation with the external examiner will recommend suitable date for re-examination to the Associate Dean – Medical Education
- g) The mentor will make a comprehensive progress report to the DRTC one month before the proposed re-examination date. This will enable the committee to advise the CIE and Associate Dean – Medical Education on suitability of the candidate for the re-sit
- h) The supplementary examination paper will be finalized one month before the proposed examination date, at the latest
- i) The standard set supplementary examination paper will be sent to the external examiner for review and moderation
- j) Following the re-examination, the marked scripts will be forwarded to the external examiner for adjudication
- k) The external examiner will make an independent report available for tabling at a special DBE meeting, where the results of the supplementary or special examinations will be discussed
- l) Results of the re-sit will be tabled at the next FBE who will make recommendations for approval of the results by the University Academic Council.

- m) A candidate who fails the supplementary examinations will be discontinued from the programme.

11.0 Processing of examination results

- a) All Internal Examiners are required to submit results, scripts and any other relevant assessment material to the Chief Internal Examiner within the University agreed period of time after marking of the scripts
- b) The Chief Internal Examiner shall compile a consolidated mark sheet for the candidates' performance in all the examinations taken
- c) The Departmental Board of Examiners (DBE) shall receive and consider the results of candidates' performance in all the examinations and make their recommendations to the Faculty Board of Examiners for consideration and approval
- d) The Faculty Board of Examiners may accept, reject, vary or modify the examination results presented by the Department Board of Examiners
- e) The Faculty Board of Examiners shall make decisions on matters pertaining to examination results and make recommendations to the University's Academic Council.

12.0 Grievances and appeals for re-assessment of examination results

- a) The University may consider appeals for reassessment of examination/dissertation results under exceptional and varied reasons
- b) Appeals should be made within one week of the release of the results
- c) In such circumstances the Dean of the Medical College may consider appointing an independent committee to investigate the matter and report on the findings in accordance to the approved university rules and regulations for examinations
- d) The University Academic Council is the final decision making body of the University on matters pertaining to examinations, while the MCFC is the University's final decision-making body on all matters related to graduate programmes

- e) The policy on appeals in the Graduate Programmes Student Handbook, Chapter XI applies.

13.0 Disposal of examination scripts records

The examination scripts for the Part I and Part II Examinations, as well as computer based examination records shall be disposed of seven years after candidates have completed their MMed programme.

14.0 Breach of the university's student academic integrity policy

- a) The candidates and the teaching staff shall be informed of the contents of the Student Academic Integrity Policy.
- b) The invigilators shall remind the candidates of the penalties pertaining to any breach of the Student Academic Integrity Policy.
- c) The invigilators shall report any breach of the Student Academic Integrity Policy as a matter of urgency to the Chief Internal Examiner and thereafter write a comprehensive report on the same.
- d) The candidate(s) involved in a suspected breach of the Student Academic Integrity Policy shall be required to make a written statement which shall be submitted to the Chief Internal Examiner by the invigilator.
- e) The Chief Internal Examiner and the invigilator shall make a written report to the Dean, Medical College.
- f) The Dean, Medical College shall appoint an investigating committee which shall be composed of the following representatives:
 - i. Associate Dean – Medical Education (Chair)
 - ii. Head of Department concerned
 - iii. Programme Director of the relevant department
 - iv. Teaching faculty member
 - v. Secretary to the Committee shall be the University Registrar or his representative.

- g) Candidates found guilty of any examination irregularity or malpractice shall be liable to penalties spelled out in section 4.2 and 4.3 of the Student Academic Integrity Policy – see Appendix II.

15.0 Award of the MMed degree

- a) A resident who has undertaken all the prescribed and approved courses for a specific academic programme and satisfied all the requirements as specified in the curriculum and in these rules and regulations governing postgraduate MMed degree programmes shall be awarded the MMed degree.
- b) The University Academic Council shall be responsible for considering and approving residents who have fulfilled all the requirements for the award of the MMed degrees.

16.0 Amendment of examination regulations

Any amendment to the common rules and regulations governing University examinations shall be done by the PGMEC and approved by MCFC, before ratification by the University Academic Council.

SECTION B

Examination tools used by departments are subject to variation in keeping with modern trends in assessment of professional examinations. The Medical College Faculty Council has adopted “criterion based standard setting” which is an internationally accepted approach to determining examination pass marks. Marks obtained through this process shall be translated accordingly to reflect approved curricula requirements.

Examinations shall consist of a written module and a clinical/practical module. Each module must be passed separately. Program-specific criteria for passing examination modules and components are outlined in Section 17.0 under each program's guidelines.

The pass mark for each examination module, as well as the overall pass mark as stated in the approved programme curricula, shall be 60%.

Policy on pass mark and pass/fail criteria is summarized in the table below.

1.	60% pass mark subject to standard setting	
2.	Pass each of module A and B separately: A). Knowledge: Component 1 – MCQ; Component 2 - MEQ/EMQ/SAQ B). Skills: Component 3 - OSCE/OSPE*/SIRE	
(a)	Module/component pass mark = 60%	
(b)	Aggregate pass mark = 60%	
3.	If aggregate and skills/practical module(s) are > 60%, failure of the knowledge module may be discussed as follows:	
i)	50% - 59%	Re-sit in 6 months the failed component(s) of the knowledge module (year progression)
ii)	40% - 49%	Re-sit whole exam in 12 months (year repeat)
iii)	<= 39%	Discretion regarding continuation
4.	If aggregate < 60% or skills module is <60%. Clear fail situation.	
ii)	50% - 59%	Re-sit whole exam (year repeat)
iii)	<= 49%	Discretion regarding continuation

17.0 Specific guidelines for Part I & II Master of Medicine examinations

17.1 Surgery

Part I Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs).

Component 2: Modified Essay Questions (MEQs).

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

Part II Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs).

Component 2: Modified Essay Questions (MEQs).

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

Component 4: Long Case

High order clinical skills: Assessed formatively, satisfactory performance required to proceed to Components 1-3.

17.2 Internal Medicine

Part I Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs).

Component 2: Short Answer Questions (SAQs)

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE).

Part II Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Short Answer Questions (SAQs)

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

Component 4: Long Case

High order clinical skills: Assessed formatively, satisfactory performance required to proceed to Components 1-3

17.3 Family Medicine

Part I Examination

a) Knowledge Module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Extended Matching Questions (EMQs)

b) Skills Module:

Component 3: Objective Structured Clinical Examination (OSCE)

Part II Examination Components

a) Knowledge Module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Extended Matching Questions (EMQs)

b) Skills Module

Component 3: Objective Structured Clinical Examination (OSCE)

High order clinical skills: Assessed formatively, satisfactory performance required to proceed to Components 1-3.

17.4 Obstetrics and Gynaecology

Part I Examination

a) Knowledge module:

Component 1: Multiple-Choice Questions (MCQs)

Component 2: Extended Matching Questions (EMQs)

b) Skills module:

Component 3: Objective Structured Clinical Examination (OSCE)

Part II Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Extended Matching Questions (EMQs) testing knowledge in
reproductive health

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

High order clinical skills: Assessed formatively, satisfactory performance required to
proceed to Components 1-3

17.5 Paediatrics and Child Health

Part I Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Modified Essay Questions (MEQ)

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

Part II Examination

a) Knowledge module

Component 1: Multiple Choice Questions (MCQs)

Component 2: Modified Essay Questions (MEQs)

b) Skills module

Component 3: Objective Structured Clinical Examination (OSCE)

High order clinical skills: Assessed formatively, satisfactory performance required to proceed to

Components 1-3

Appendix 1: Schedule of Key Examination Activities

Aga Khan University
Postgraduate Medical Education
Schedule of Annual Examination Activities

Timeline(S)	Activity	Responsibility
Week 1 - 3	• Course and Examination Scheduling • Nomination, approval and appointment of Internal and External Examiners.	• Chief Internal Examiners • MCFC • Academic Office
Week 5 - 20	• Examination setting and Internal moderation	• Programme Directors • Chief Internal Examiners • DBEs
Week 21 - 22	• Submission of draft Examinations to the Academic Office • Secure transmission of password-protected draft exam papers to the External Examiners for Review and Moderation	• Programme Directors • Chief Internal Examiners • Academic Office
Week 32 - 40	• Feedback from the External Examiners • Incorporation of comments and recommendations • Proof-reading and finalization of examination papers • Printing and packaging	• Programme Directors • Chief Internal Examiners • Academic Office
Week 36 -37	• Collation of Work-place based and common courses assessments	• Programme Directors • Chief Internal Examiners • Academic Office

	• Preparation of the Eligibility Reports by programme and candidate	
Week 38	• Eligibility Meeting to review candidates for MMed Part I and II	• MCFC • Chief Internal Examiners
Week 41 - 44	• Preparation of Examinations cards • Preparation of candidates' exam attendance sheets • Preparation of mark sheets	• Academic Office
Week 45- 46	• Administration of written, oral and practical examinations as time-tabled	• Invigilators • Internal and External Examiners • Academic Office
Week 46-47	• Marking of examinations • DBE meeting • Submission of Results and Consolidation in the Mark Sheets • FBE Discussions and Approval of the Part I and II MMed Results • Release of Provisional Results	• Invigilators • Internal and External Examiners • Academic Office
Week 48	• Submission of Results to the Registrar's Working Group	• Dean • Academic Office
Week 50-51	• Approval and ratification of examination results by the University Academic Council	• Dean • Registrar • University Academic Council

Appendix II: Student Academic Integrity Policy

AGA KHAN UNIVERSITY Guidelines, Policies and Procedures

Policy Name	Student Academic Integrity Policy
Policy Number	017
Approved by	Academic Council
Date of Original Approval	July 22, 2010
Date of Revision	January 27, 2015
Contact Office	Office of the Registrar

1.0 Overview

- 1.1 The main purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. The attainment of this purpose requires the individual integrity of all members of the University student community, including all non-degree / visiting, undergraduate, graduate and postgraduate students.
- 1.2 The mission, vision, values, policies and practices of the Aga Khan University declare unequivocally that academic integrity is considered to be an integral component of ethical, professional and personal behaviour.
- 1.3 It is the responsibility of all students at Aga Khan University to ensure that all academic work (formative, summative, certifying, papers, theses, dissertations, all examinations – professional, midterms, finals, etc. – projects, group work assignment etc.) submitted as part of their course work and / or programme of study, in whole or in part, meets the University's test for academic integrity.

2.0 Students

- 2.1 *Definition:* for the purposes of this Policy, a student shall mean and include any individual admitted to and/or enrolled at the University for any course including those leading to an undergraduate, graduate or postgraduate certificate, diploma, or degree or any individual registered with any other university or institution who has been accepted for an approved programme of study or training or approved to take a course at the University.

- 2.1.1 For the purposes of the Student Academic Integrity Policy, Postgraduate Medical Education (PGME) Interns, Residents and Fellows shall be deemed to be students of the University.
- 2.2 Students are responsible for being aware of and demonstrating behaviour that is honest and ethical in their academic work, including but not limited to:
- 2.2.1 Following faculty member's instructions related to referencing sources of information, the proper methods for collaborating on academic work and / or engaging in group work.
- 2.2.2 Asking for clarification of the instructions where necessary.
- 2.2.3 Adhering to the principles of academic integrity when conducting and reporting research.
- 2.3 Students are responsible for familiarizing themselves with the definitions of breaches of academic integrity in the University's research related policies.
- 2.4 Students are responsible for their behaviour and may face penalties under this Policy, if found to be guilty of academic misconduct.

3.0 Academic Dishonesty

It shall be deemed a breach of the University's Student Academic Integrity Policy to:

- 3.1 Collaborate on academic work without approval or to improperly collaborate on academic work. For example, when the instructor,
- States that students must complete an assignment independently;
 - Ask students to complete an experiment (lab) with a partner but to write individual reports on the results.
- 3.2 Submit the same or substantially the same academic work for more than one course without prior written approval of the member(s) of faculty.
- 3.3 Plagiarise (cf. Appendix A).
- 3.4 Cheat on examinations, including the use of unauthorized aids during the writing of the examination.
- 3.5 Submit false or altered documents.
- 3.6 Submit false information or false medical documentation to gain a postponement, advantage or leave from mandatory session(s).

- 3.7 Provide a false signature for attendance at any class or assessment procedure or on any document related to attendance or the submission of material where the signature is used as proof of authenticity or participation in the academic assessment.
- 3.8 Misrepresent academic credentials from other institutions or to submit false information for the purpose of gaining admission or credits.
- 3.9 Misrepresent registration / participation in a conference, seminar, symposium, etc.
- 3.10 Submit or present work as one's own that has been purchased or acquired from another source.
- 3.11 Receive and / or distribute test or course materials that are in the process of being prepared or have been stored.
- 3.12 Alter a grade or using altered course materials to have a course grade changed.
- 3.13 Steal, destroy or tamper with another student's work.
- 3.14 Forge, alter or fabricate Aga Khan University documents, including but not limited to transcripts, letters of reference or other official documents.
- 3.15 Impersonate another student either in person or electronically for the purpose of academic assessment.
- 3.16 Assist another student in the commission of academic misconduct.
- 3.17 A breach of the University's *Policy on Research Misconduct*. (cf. Appendix A)

4.0 Disciplinary Procedures

- 4.1 For undergraduate non-credit courses, certificates, diploma and undergraduate degree programmes, any breach of the Student Academic Integrity Policy will be immediately reported to the Board of Undergraduate Studies.
- 4.2 For graduate non-credit courses, certificates, advanced diplomas, postgraduate, post-doctoral and other graduate programmes, including PGME, any breach of the Student Academic Integrity Policy will be immediately reported to the Board of Graduate Studies.
- 4.3 Once informed, the University Registrar will convene and refer the matter to the University's Academic Integrity Committee for investigation.
- 4.4 The Academic Integrity Committee:

- 4.4.1 The Academic Integrity Committee will be a standing committee, appointed by the Provost, and shall consist of at least five members of the faculty, one of whom shall be the Chairperson.
 - 4.4.2 Normally, the Committee shall be composed of two members from Pakistan, two members from East Africa and one member from the UK.
 - 4.4.3 The University Registrar shall serve as secretary to the Academic Integrity Committee.
 - 4.4.4 Members of the Academic Integrity Committee will be appointed for a two-year term, which may be extended for a further period of two years.
 - 4.4.5 The Provost will ensure there is continuity of membership on the Committee and will have the discretion to extend the tenure or co-opt members on the Committee whose tenure have expired and who are involved in on-going cases.
 - 4.4.6 There must be a quorum of at least three members of the Committee present for a hearing to proceed.
 - 4.4.7 The Academic Integrity Committee will be entitled to use services of any personnel of the University as the Committee may deem appropriate for the purposes of assisting the Committee in conducting its hearings.
- 4.5 The Committee's proceedings:
- 4.5.1 Committee hearings will be conducted in a fair and transparent manner.
 - 4.5.2 The Committee will invite the concerned student(s) to present his / her (their) point(s) of view.
 - 4.5.3 The Committee may, at its discretion, call other people deemed appropriate for seeking any information or evidence with regard to the offence.
 - 4.5.4 Unless otherwise authorized by the Provost, the Committee will normally complete its proceedings within 15 working days.
 - 4.5.5 The outcome of the Committee's investigation will be communicated in writing to the Chair of the relevant Board of Studies who will inform the student(s) of the hearings outcome.
 - 4.5.6 A copy of the decision of the Committee will be sent to the University Registrar.

5.0 Disciplinary Proceedings: Academic Dishonesty

- 5.1 When a student is found to have breached items 3.1 – 3.2 of the University's Student Academic Integrity Policy, the following penalties may be applied independently or in combination for any single violation.
 - 5.1.1 A letter reporting the academic dishonesty offence sent to the student and copied to the student's Dean / Director, the Registrar, the student's sponsoring agent, and, where applicable / appropriate, the student's parents.
 - 5.1.2 A reduction of the mark on the piece(s) of academic work.
 - 5.1.3 A mark of zero for the piece(s) of academic work.

- 5.1.4 A reduction of the overall course grade.
 - 5.1.5 A failing mark for the course with a transcript notation.
 - 5.1.6 Cancellation of admission to the University and /or enrollment at the University.
 - 5.1.7 Suspension from the University, with a transcript notation.
 - 5.1.8 Expulsion from the University, with a transcript notation.
 - 5.1.9 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
 - 5.1.10 Any other penalties as may be deemed appropriate for the circumstances, with a transcript notation.
- 5.2 When a student is found to have breached items 3.3 – 3.17 of the University's Student Academic Integrity Policy, the following penalties may be applied independently or in combination for any single violation.
- 5.2.1 Cancellation of admission to and / or enrollment at the University.
 - 5.2.2 Suspension, with a transcript notation.
 - 5.2.3 Expulsion, with a transcript notation.
 - 5.2.4 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
 - 5.2.5 Any other penalties as may be deemed appropriate for the circumstances.

6.0 Appeals

- 6.1 Any appeal of the Academic Integrity Committee's decision must be made within 10 working days of the date of the letter notifying the student of the decision.
- 6.1.1 Disagreement with the Committee's decision is not a reason for appeal.
 - 6.1.2 Students must clearly state the reason for the appeal.
 - 6.1.3 Students must make their appeal in writing.
 - 6.1.4 An appeal may only be made by the student. Appeals received from parties other than the student will not be considered.
- 6.2 Appeals should be addressed to the University Registrar who will be responsible for forwarding the matter to the University's Provost.
- 6.3 In cases where the Provost is not available to consider an appeal within the prescribed timelines, the Provost will forward the matter to a Vice Provost who will act in her / his place.
- 6.4 Upon the receipt of an appeal, the Provost or his / her designate will convene and refer the matter to an Appeals Committee for investigation and review.
- 6.5 The Appeals Committee

- 6.5.1 The Appeals Committee will be an ad hoc committee and shall consist of three members of the faculty, one of whom shall be designated as the Chairperson of the Appeals Committee.
 - 6.5.2 The Appeals Committee will be entitled to use services of any personnel of the University as the Committee may deem appropriate for the purposes of assisting the Committee in conducting the disciplinary proceedings.
 - 6.5.3 The University Registrar will serve as the secretary to the Appeals Committee.
- 6.6 The Appeals Committee's proceedings:
- 6.6.1 The Appeals Committee hearings will be conducted in a fair and transparent manner.
 - 6.6.2 The Appeals Committee will invite the concerned student(s) to present his / her (their) point(s) of view.
 - 6.6.3 The Appeals Committee may, at its discretion, call other people deemed appropriate for seeking any information or evidence with regard to the offence.
 - 6.6.4 Unless otherwise authorized by the Provost or his / her designate the Appeals Committee will complete its proceedings within 10 working days.
 - 6.6.6 The outcome of the Appeals Committee's investigation will be communicated to the Provost or his / her designate in writing.
 - 6.6.7 The Provost or his / her designate may act upon the recommendation(s) of the Appeals Committee or in accordance with his / her judgment.
 - 6.6.8 In exercising his / her right of a making decision, the Provost shall not be required to provide a hearing to the student.
 - 6.6.9 The decision of the Provost or his / her designate shall be final and binding on all parties.
 - 6.6.10 A copy of the decision will be sent to the University Registrar who will convey the results of the appeal to the student(s).

7.0 Use of Plagiarism-Detection Software

7.1 Preamble

- 7.1.1 In an effort to ensure the highest academic standards, the University supports academic integrity through academic policies that define academic dishonesty.
- 7.1.2 The University and its faculty expect that all students will be evaluated and graded on their own individual work.
- 7.1.3 The University recognises that students often have to use the ideas of others as expressed in written, published or unpublished works in the preparation of essays, papers, reports, theses, dissertations and publications. Students are encouraged to use anti-plagiarism software as a 'plagiarism protection' and learning tool.
- 7.1.4 The University expects that both the data and ideas obtained from any and all published or unpublished material will be properly acknowledged and

- sources disclosed including proper citations when work is copied or paraphrased. (cf. Appendix A)
- 7.1.5 Failure to follow this practice constitutes plagiarism.
 - 7.1.6 The University, through the availability of plagiarism-detection software, specifically Turnitin.com, desires to encourage responsible student behaviour, deter plagiarism, improve student learning and ensure greater accountability amongst students.
 - 7.1.7 Plagiarism-detection software uses proprietary search technology to check assignments against Internet resources, proprietary databases and previously submitted student assignments.
- 7.2 Policy
- 7.2.1 The University's Policy on the Use of Plagiarism-Detection Software will be published in all undergraduate and graduate programme Student Handbooks (or equivalent).
 - 7.2.2 Faculty who wish to use plagiarism-detection software in their course(s) must comply with the requirements set out in this Policy.
 - 7.2.2.1 "Use" is defined as member of faculty submitting students' assignments to plagiarism-detection software themselves and/or faculty members requiring students to submit their papers to plagiarism-detection software before papers are graded.
 - 7.2.3 In the courses in which members of faculty intend to use plagiarism-detection software they must communicate this to the students in the course syllabus. The course syllabus should include:
 - 7.2.3.1 A notice that plagiarism-detection software will or may be used for all student papers in the course:

Sample Statement

In this course you will be required to submit some material in electronic form. When this is required, it will be noted. The electronic material will be submitted to Turnitin a plagiarism-detection service to which AKU subscribes. This is a service that checks textual material for originality. It is increasingly used in universities around the world. A page describing the plagiarism-detection software the University's reasons for using it are attached.

- 7.2.3.2 A notice to students that the work they submit to plagiarism-detection software will become part of the plagiarism-detection software database;
- 7.2.3.3 A statement that if the student objects to having his or her paper(s) submitted to the student papers database of plagiarism-detection software, that objection must be communicated in writing to the

instructor at the beginning of the course. The paper(s) will then be run through plagiarism-detection software excluding the student papers database, thus omitting the depositing of the paper(s) into that database.

- 7.2.4 Students who are advised of the use of plagiarism-detection software in a particular course, as set out above, are deemed to agree, by taking the course, to submit their papers to plagiarism-detection software for “textual similarity review.”
- 7.2.5 Students at all times retain the copyright in their work. Moreover, plagiarism-detection software protects students’ privacy because it does not make students’ papers available to outside third parties. Students should be advised of this.
- 7.2.6 In the courses in which plagiarism-detection software will or may be used, students should be provided with instruction and/or resources about what plagiarism is and how to avoid it.
- 7.2.7 Where the results of a plagiarism-detection software originality report may be used to charge a student with academic misconduct, the student must be notified of the result of the report, and the student must be given an opportunity to respond before any disciplinary penalty is imposed. The date, time, and results of such a meeting should be documented. A hard copy of the original plagiarism-detection software originality report must be retained.

8.0 Office of the Registrar

- 8.1 The Office of the Registrar shall be responsible for developing policies and procedures to detect misrepresentation of credentials during the admissions process and to provide support in maintaining academic integrity during the writing of examinations.
- 8.2 The Office of the Registrar is responsible for the procurement of plagiarism detection software.

APPENDIX A

1.0 Definitions

1.1 Plagiarism

Plagiarism is defined as the submission or presentation of another person's thoughts or words or software, in whole or in part, as though they were your own. Any quotation from the published or unpublished works of other persons must, therefore, be clearly identified as such by being placed inside quotation marks, and students should identify their sources as accurately and fully as possible.

1.1.1 What does this mean?

- When writing an assignment, you must use your own words and thoughts.
- When you use another person's exact phrasing, you must distinguish the text or material taken from that source from your own (i.e. through the use of quotation marks or an indentation).
- When you use another person's thoughts or ideas, though you may not be directly quoting them, you must both acknowledge that these are not your own and reference the original source (i.e. through a footnote or other appropriate form of reference).
- If you are paraphrasing what another person has stated, you must use completely different language, essentially re-writing it. Altering a sentence or paragraph slightly is neither appropriate nor adequate. And remember, paraphrases still require a reference notation.
- Each instructor has specific expectations for how students are to acknowledge sources in their courses. These are often explained in the course outline or in class. You are encouraged to ask questions if you do not understand what your instructor expects of you when it comes to acknowledging sources used in course work or assignments.
- The work you do for a course must be unique to that course. Submitting an assignment that has already been graded in another course constitutes plagiarism unless you have sought and obtained the permission of the instructor in whose course you are currently enrolled.
- If you are unsure whether or not to reference a source, err on the side of caution and do so anyway, as the sanctions for plagiarism may be quite severe.

1.1.2 Why is this important?

The main purpose of a university is the pursuit of knowledge and scholarship. This requires the integrity of all members of the University community. As a student at the Aga Khan University, you are expected to practice intellectual honesty and to fully acknowledge the work of others by providing appropriate references in your scholarly work. Scholars do not take credit that is not earned. Academic dishonesty is

destructive to the values of the University, not to mention unfair to students who pursue their studies honestly.

1.2 Research Misconduct

The University's *Policy on Research Misconduct* states that "Misconduct in research is defined to include any one or more of the following acts:"

- 1.2.1. Fabrication and / or falsification of research related data or in reporting research outcomes.
- 1.2.2. Plagiarism in all research related matters including publications, appropriation of another person's ideas, processes, results, outputs or words without giving appropriate credit.
- 1.2.3. Inappropriate use of others' intellectual property (without reference or acknowledgment).
- 1.2.4. Denial of individual rights such as authorship to collaborative partners in research publications.
- 1.2.5. Non-compliance with Institution's policies on 'conflict of interest', 'intellectual property rights' and 'authorship guidelines'.
- 1.2.6. Deliberate misuse of institutional or sponsor's funds for financial gains.
- 1.2.7. Wilful failure to honour an agreement or contract with the funding agency to perform certain tasks.
- 1.2.8. Publishing any data or results that are against the internationally accepted general principles of research and scholarly activities.
- 1.2.9. Deliberate destruction of one's own or others' research data or records or research related property.
- 1.2.10. Making use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application.

Appendix III: Interim Summative Assessments and Summary of Feedback Form

(Completed quarterly by the Programme Director or Programme Coordinator)

 THE AGA KHAN UNIVERSITY	Aga Khan University EA-NAI-Residency program	Evaluated By: <u>evaluator's name</u> Evaluating : <u>person (role) or moment's name (if applicable)</u> Dates : <u>start date to end date</u>
--	---	--

* indicates a mandatory response

Head Evaluator-ISASF

Competency - expectations for rotation and/or level of training could not evaluate* = rotation outside of the campus, absence due to illness/leave is marked as zero (0)

MEDICAL EXPERT

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
*a) basic science knowledge	☐	☐	☐	☐	☐	☐	☐
*b) clinical knowledge	☐	☐	☐	☐	☐	☐	☐
*c) history taking and physical examination complete, accurate, organised	☐	☐	☐	☐	☐	☐	☐
*d) clinical decision making e.g. data interpretation and diagnostic skills	☐	☐	☐	☐	☐	☐	☐
*e) recognition and management of emergencies	☐	☐	☐	☐	☐	☐	☐
*f) technical and procedural skills	☐	☐	☐	☐	☐	☐	☐

COMMUNICATION SKILLS

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
*a) communicates effectively with patients, families	☐	☐	☐	☐	☐	☐	☐
*b) communicates effectively with other health professionals	☐	☐	☐	☐	☐	☐	☐
*c) written medical records - timely and accurate	☐	☐	☐	☐	☐	☐	☐

TEAM PLAYER/INTERPERSONAL SKILLS

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	consistently meets	regularly meets	frequently exceeds	consistently exceeds
*a) recognizes roles of, and interacts effectively with other health professionals	☐	☐	☐	☐	☐	☐	☐
*b) consults and delegates effectively	☐	☐	☐	☐	☐	☐	☐
*c) works well with non-medical staff	☐	☐	☐	☐	☐	☐	☐

SYSTEM BASED PRACTICES

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	consistently meets	regularly meets	frequently exceeds	consistently exceeds
*a) uses information technology effectively	☐	☐	☐	☐	☐	☐	☐
*b) allocates finite healthcare resources wisely	☐	☐	☐	☐	☐	☐	☐
*c) manages time effectively	☐	☐	☐	☐	☐	☐	☐
*d) demonstrates good interpersonal skills	☐	☐	☐	☐	☐	☐	☐

PATIENT CARE/HEALTH ADVOCATE

			1	2	3	4	5
--	--	--	---	---	---	---	---

	Does not apply N/A	Could not evaluate*	Rarely meets	consistently meets	regularly meets	frequently exceeds	consistently exceeds
*a) identifies socio-economic determinants of health of patient and communities							
*b) understands when and how to advocate appropriately on behalf of patients and communities	☐	☐	☐	☐	☐	☐	☐

SCHOLAR/RESEARCHER

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
*a) maintains learning log consistently	☐	☐	☐	☐	☐	☐	☐
*b) actively addresses learning needs identified in learning log	☐	☐	☐	☐	☐	☐	☐
*c) critical appraisal - literature, feedback from supervisors, own practice	☐	☐	☐	☐	☐	☐	☐
*d) undertakes further training or study where necessary	☐	☐	☐	☐	☐	☐	☐
*e) contributes to development of new knowledge	☐	☐	☐	☐	☐	☐	☐
*f) provides feedback to peers constructively	☐	☐	☐	☐	☐	☐	☐

PROFESSIONAL

			1	2	3	4	5
	Does not apply N/A	Could not evaluate*	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
*a) demonstrates integrity, honesty, compassion and respect for diversity	☐	☐	☐	☐	☐	☐	☐
*b) applies ethical principles appropriately	☐	☐	☐	☐	☐	☐	☐
*c) seeks and accepts advice, demonstrates awareness of personal limitations	☐	☐	☐	☐	☐	☐	☐
*d) meets deadlines, is punctual / meets commitments made							

Tool(s) and Marks obtained:

1-Written Test Score(s) - CATs

*MCQ

[0, or positive number only, no decimals]

*SAQ/EMQ/MEQ

[0, or positive number only, no decimals]

*OSCE/OSPE/SIRE

[0, or positive number only, no decimals]

Workplace-Based Assessments (WBAs)

TOOL

*Procedure/Daily log cases (delete as appropriate)

[0, or positive number only, no decimals]

*Objective skills assessment of Surgical and Technical Skills (OSATS)

[0, or positive number only, no decimals]

Mini-CEX / Mini-Anaes-CEX / Mini-IPX (delete as appropriate)

[0, or positive number only, no decimals]

*Multi-Source Feedbacks (MSF)

[0, or positive number only, no decimals]

***Mutually Agreed Statements of Training (MAST)**

[0, or positive number only, no decimals]

***Case-Based Discussions (CBDs)**

[0, or positive number only, no decimals]

***Independent Interpretation and Reporting**

[0, or positive number only, no decimals]

Summary of Feedback

***Strengths**

***Weaknesses**

***Recommendations**

***REPORT**

- ☐ a) Proceeds to the next rotation (Within the year)
- ☐ b) Promoted to the next academic year (end of academic year)
- ☐ c) Successfully completed training program (final year resident)
- ☐ d) Repeating rotation

Other

The following will be displayed on forms where feedback is enabled... (for the evaluator to answer...)

***Did you have an opportunity to meet with this trainee to discuss their performance?**

- ☐ Yes
- ☐ No

(for the evaluatee to answer...)

***Did you have an opportunity to discuss your performance with your preceptor/supervisor?**

- ☐ Yes
- ☐ No

***Are you in agreement with this assessment?**

- ☐ Yes
- ☐ No

Please enter any comments you have (if any) on this evaluation.