

AGA KHAN UNIVERSITY
FACULTY OF HEALTH SCIENCES
POSTGRADUATE MEDICAL EDUCATION - EAST AFRICA

RULES AND REGULATIONS FOR EXAMINATIONS
AND DISSERTATION

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JUNE 2011

MEDICAL EDUCATION PROGRAM

Postgraduate Medical Education (PGME) programme at Aga Khan University (AKU) in East Africa offers Master of Medicine (MMed) in the following specialties: Internal Medicine; General Surgery; Imaging and Diagnostic Radiology; Anaesthesiology; Anatomic Pathology, Clinical Pathology, Paediatrics and Child Health and Obstetrics and Gynaecology in Kenya. Family Medicine is offered by AKU-Tanzania in Dar es Salaam. All programmes are four years in duration.

The organizational administrative structure includes the Postgraduate Medical Education Committee (PGMEC), which is headed by the Director of PGME and comprises Programme Directors from each specialty and two resident representatives. The Academic Administrative Officer sits in on Committee meetings. The Programme Directors in turn head up the Department Residency Training committees, which comprise other faculty and a resident representative. The Programme Director also reports to the Department Chair. The Director PGME reports to the Associate Dean, Education whom alongside the Dean, Medical College is responsible for the overall implementation of PGME.

Note:

All references to Kenyan Medical Practitioners and Dentists Board and Commission for Higher Education authorities in this document should be interpreted to include the equivalent Tanzanian authorities.

TABLE OF CONTENTS

1.0 ADMISSION OF RESIDENTS.....	6
1.1 ADMISSION PROCEDURES.....	6
1.2 ELIGIBILITY	6
2.0 DURATION OF STUDY AND COURSE CODING.....	7
3.0 CURRICULUM STRUCTURE AND DESIGN.....	7
4.0 PLANNING, SETTING, ORGANISATION AND PROCESSING OF EXAMINATIONS.....	8
4.1 INTRODUCTION	8
4.2 PLANNING	9
4.3 SETTING.....	10
4.4 ORGANIZATION.....	11
4.5 PROCESSING.....	11
5.0 FUNCTIONS AND RESPONSIBILITIES OF THE CHIEF INTERNAL EXAMINER.....	11
6.0 FUNCTIONS AND RESPONSIBILITIES OF THE INTERNAL EXAMINERS.....	12
7.0 APPOINTMENT OF EXTERNAL EXAMINERS	13
8.0 FUNCTIONS AND RESPONSIBILITIES OF EXTERNAL EXAMINERS.....	13
9.0 MANAGEMENT AND CONDUCT OF EXAMINATIONS.....	15
10.0POLICY ON SUPPLEMENTARY EXAMINATIONS	16
11.0 PROCESSING OF EXAMINATION RESULTS.....	18
12.0 GRIEVANCES AND APPEALS FOR RE-ASSESSMENT OF EXAMINATION RESULTS.....	18
13.0 DISPOSAL OF EXAMINATION SCRIPTS.....	19
14.0STUDENT ACADEMIC INTEGRITY POLICY.....	19
1.0 OVERVIEW	19
2.0 STUDENTS	19
3.0 ACADEMIC DISHONESTY.....	20
4.0 DISCIPLINARY PROCEEDINGS: ACADEMIC DISHONESTY	21
5.0 USE OF PLAGIARISM-DETECTION SOFTWARE.....	22
6.0 OFFICE OF THE REGISTRAR	25
7.0 RELATED UNIVERSITY DOCUMENTS	25
15.0COMMUNICATION OF MATTERS RELATED TO THE BREACH OF THE UNIVERSITY'S STUDENT ACADEMIC INTEGRITY POLICY.....	25
16.0 AWARD OF THE MMED DEGREE.....	26
17.0 AMENDMENT OF EXAMINATION REGULATIONS	26
18.0 SPECIFIC GUIDELINES FOR PART I & II EXAMINATION FOR MASTER OF MEDICINE	28
18.1 SURGERY	28
18.2 IMAGING AND DIAGNOSTIC RADIOLOGY.....	29
18.3 INTERNAL MEDICINE	30
18.4 FAMILY MEDICINE	31
18.5 ANAESTHESIOLOGY	32
18.6 CLINICAL PATHOLOGY.....	33
18.7 ANATOMIC PATHOLOGY	34
18.8 OBSTETRICS AND GYNAECOLOGY.....	35
18.9 PAEDIATRICS AND CHILD HEALTH.....	36
19.0 DISSERTATION GUIDELINES FOR MASTER OF MEDICINE	37
19.1 BACKGROUND.....	37
19.2 GENERAL REGULATIONS.....	37
19.3 SUPERVISION.....	38
19.4 ENDORSEMENT, SUBMISSION AND MARKING.....	39
19.5 AUTHORSHIP.....	40

19.6 THE UNIVERSITY'S GENERAL GUIDELINES FOR PhD AND MASTERS THESES / DISSERTATIONS	40
1.0 Preamble	40
2.0 General Regulations.....	40
3.0 Ordering of items for the Thesis	41
4.0 Title page.....	41
5.0 Abstract	41
6.0 Figures and Tables.....	42
7.0 Font	42
8.0 Form and Style	43
9.0 Footnotes and Endnotes	43
10.0 Bibliography	43
11.0 Spacing	43
12.0 Physical layout of the page.....	44
13.0 Pagination:	44
14.0 Declaration:.....	44
15.0 Distribution of the Thesis:	45
16.0 Specifications for binding:.....	45
17.0 Chapter title heading and sub-headings:.....	46
18.0 Colour:.....	46
19.0 Vita (for Doctoral candidates only):.....	46
20.0 Multiple-Volume Thesis:.....	46
21.0 Electronic Version:	47
19.7 MARKING GUIDELINES.....	47
a. Background	47
b. Requirements.....	47
c. Title page.....	50
d. Acknowledgement Section	51
e. Declaration Section.....	52
20.0 APPENDICES	55
Appendix A: Definitions	55
Appendix B: Dissertation evaluation form.....	57
Appendix C: Important time lines	58
Appendix D: Acronyms	59
Appendix E: Definitions and Constitution of Boards and Committees	60
Appendix F: Interim Summative Assessments and Summary of Feedback Form.....	61
Appendix G: Approvals and revisions chart	64

RULES AND REGULATIONS GOVERNING 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 MMed Part I and II. The Rules and Regulations are presented in three sections: Section A presents common aspects; Section B covers specific aspects pertaining to Part I and II Examinations of each MMed programme; and Section C deals with departmental dissertation guidelines. Appendices detailing some assessment tools and dissertation format are presented at the end. The terminology 'resident' as used in this document refers to 'student' of Master of Medicine.

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 - EA
Faculty of Health Sciences
Aga Khan University
C/o The Aga Khan University Hospital – Nairobi
P.O. Box 30270 – 00100
Tel: +254 20 3740000, 3662000, 3662106, 3662185
Fax: +254 20 3743935
NAIROBI
KENYA
Email: Pgme.enquiries@aku.edu**

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) in East Africa.

1.2 Eligibility

- (a) The Aga Khan University, East Africa Academic Committee, 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 to the applicants and other interested individuals or organizations on request.
- (c) Applicants for the MMed programmes must hold the MBChB degree or an equivalent medical qualification that is acceptable to AKU and the Kenya Medical Practitioners and Dentists Board. Applicants must be registered or qualified to be registered with the Kenya

Medical Practitioners and Dentists Board and they must have completed one year of internship.

2.0 DURATION OF STUDY AND COURSE CODING

- (a) The duration of study for the MMed programmes is four years. The Residency Programme must be completed not more than six years from the start of training.
- (b) The courses for various MMed curricula are coded in the curriculum document in a logical systematic order to enable the residents to understand the prescribed courses for each year of study.
- (c) The Part I and Part II Examinations for each specific MMed programmes are based on the approved courses for each programme.
- (d) Following the four-year programme, graduates who intend to work in Kenya are required to work under supervision for a period of two years in a hospital which is recognized by the Kenya Medical Practitioners and Dentists Board before they are awarded a license to practice as medical specialists in their specific disciplines of study.

3.0 CURRICULUM STRUCTURE AND DESIGN

- (a) The MMed degree programmes have prescribed courses, which include core courses including basic sciences, common courses, clinical rotations, electives, and dissertation. 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 normally structured and designed to fit a logical sequential order that is appropriate and relevant to the needs of the residents.
- (c) The structure of each programme ensures that the courses are spread out in a harmonized approach for the duration of the study.
- (d) All candidates must take and pass the prescribed number of courses for each programme in order to be awarded the MMed degree in a specific discipline.

4.0 PLANNING, SETTING, ORGANISATION AND PROCESSING OF EXAMINATIONS

4.1 Introduction

The overall purpose of assessing the PGME is to collect information that is useful in providing feedback to the resident on their progressive performance in acquisition of knowledge, skills and professional qualities during the period as prescribed in various MMed curricula. Such information is useful in making rational decisions and judgments on the suitability of the resident to continue. This is normally achieved through Formative Assessments. The assessments incorporate different methods and techniques such as: written Multiple Choice Questions (MCQ), Short Answer Questions (SAQs), Modified Essays Questions (MEQ); presentations, journal clubs with emphasis on attendance, quality of presentation, style and content; Workplace-based assessment(WBA) using Mini Clinical Evaluation Exercise, Direct Observation of Procedural Skills learning, Case-based discussion, Reflective Learning Logs, record of significant events, autopsy reports, wet practical; evaluation of rotations by preceptor/supervisor/consultant with emphasis on clinical knowledge, skills and professional qualities (see an example of Interim Summative Assessment and Summary of Feedback form in appendix c) among other approved tools designed by each department.

Evaluation of each resident is done by more than one person. Marks obtained in Formative Assessments do not contribute towards the final marks for Part I and II examinations. However, Formative Assessments shall be used for providing feedback and as criteria for determining progression in all the programmes.

Assessment drives or shapes learning. Desired competencies must 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 and practice of the acquired knowledge, clinical skills, Interpersonal skills, practical skills and professional behaviours in a supervised environment.

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.

One of the objectives of assessing residents' continuously is to determine their eligibility for sitting Part I and Part II of the prescribed examinations towards the award of the Master of Medicine degree in specific disciplines.

The Departmental Residency Training Committee (DRTC), which reports to the Department Chair and the Associate Dean through the Director Postgraduate 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 least three times per academic year, in support of its recommendation to:

- promote a resident to the next level of the programme of study
- allow a resident to continue in the programme
- admit a resident to the certifying examinations.

The Postgraduate Medical Education Committee approves 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.

4.2 Planning

- (a) The planning of Part I and Part II Examinations for MMed programmes is entirely under the leadership and direction of the Director PGME who works very closely with the respective Departmental Board of Examiners (DBE) through the Chair of the Department who is the Chief Internal Examiner (CIE).
- (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.
- (c) Examination for Part I and Part II for all programmes shall be held at the end of second year of the programme (except Imaging and Diagnostic Radiology, which occurs at the end of first year) and Part II examinations for all programmes at the end of the fourth year of the programme.
- (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. Additionally, a resident will only be allowed to sit Part II examinations if his/her dissertation has been accepted.
- (f) Normally, the venue for the examinations shall be at Aga Khan University Hospital, Nairobi and Aga Khan Hospital Dar es Salaam. Any other appropriate site or venue deemed appropriate by the nature of the examination shall be approved by the Associate Dean, Education in advance and communicated to candidates accordingly.

- (g) Information regarding scheduling of Part I and Part II examinations shall be communicated to the residents in a timely fashion with adequate lead-time to actual exam date(s) to enable necessary preparation on the part of concerned resident.
- (h) The University shall conduct supplementary and/or special examination(s) for the residents in accordance to the University regulations governing Postgraduate programmes.
- (i) In order to qualify for MMed examinations, the resident should have attended at least 80% of formal learning sessions including lectures and tutorials as well as common courses, and clinical rotations. Satisfactory formative assessment is a requirement. To be eligible for MMed Part II, dissertations should have been marked as passed.

4.3 Setting

- (a) The administration of formative assessments shall be done by the teaching faculty members of each department and overseen by the Programme Director.
- (b) 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.
- (c) The setting of the Part I and Part II examinations shall be done by the Departmental Board of Examiners. Examination tools prescribed by each department as provided for in the curricula and defined in section B of this document shall be used. The PGMEC shall approve Formative Assessment methods for common courses.
- (e) The common courses (Epidemiology & Biostatistics; Bioethics and Jurisprudence; Information Technology; Research Methods; Health Management and Introduction to Medical Education) shall be treated as modules. Performance in modules shall be evaluated during the teaching-learning process and the entire programme period. Assessment of residents shall be based on application of knowledge in:
 - critical appraisal of literature at journal clubs and research project
 - ability to deal with ethical problems encountered during patient care
 - use of on-line data in patient management and clinical audits
 - presentation of cases dealing with healthcare management issues
 - teaching other residents
 - attendance

- take away/sit-in assignments and/or projects deemed necessary and in fulfilment of the course objectives as stated in the approved curricula.

4.4 Organization

- (a) The CIE shall appoint an examination moderating 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 Associate Dean, Education upon recommendation by the CIE. The appointment of examiners will be approved by the Board of Graduate Studies.

4.5 Processing

- (a) The set Part I and Part II MMed examinations, shall be processed, sealed, and kept under tight security.
- (b) Standard setting exercise shall be used to determine each examination 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 Board of Graduate Studies for approval.
- (d) A candidate who fails after a second attempt in the examination shall be discontinued from the course subject to the approval of the University Board of Graduate Studies (BGS).

5.0 FUNCTIONS AND RESPONSIBILITIES OF THE CHIEF INTERNAL EXAMINER

The Chair of Department is 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 PGME Director 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.

He/she 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 to 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 approve the marking schemes.
- (f) Mark the examination papers using provided marking scheme and submit the marks for each candidate using the stipulated university requirements 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 one external examiner for each specialty who has wide teaching and research experience and at the level of Associate Professor or Senior Lecturer and above. More than one external examiner can be appointed per department depending on the need and circumstance of the programme.

The external examiner(s) shall be:

- (a) Appointed by the Associate Dean following recommendations by the Chief Internal Examiner in consultation with the DBE and upon approval by the University Board of Graduate Studies.
- (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 Board of Graduate Studies.

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.

- (c) Review and cross-check 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, audio visual equipments 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 type of 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 its required resources for effective and efficient implementation of the programme.
- (l) Participate in signing for the release of 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 Board affairs 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 Associate Dean for appropriate action. The report shall be discussed by the PGMEC and the MCFC and a summary of recommendations shall be forwarded to the BGS for consideration not later than the first quarter of the next academic year.

9.0 MANAGEMENT AND CONDUCT OF EXAMINATIONS

- (a) The invigilators for each examination paper shall be appointed by the Chief Internal Examiner in consultation with the office of the Director of PGME. The details setting out the procedures followed in conducting examinations shall be provided to the invigilators and the candidates.
- (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 Director PGME.
- (c) The Academic Office will be responsible for collecting, providing transport and storage of examination papers to and from the examination venues.
- (d) The Academic Office in consultation with the Chief Internal Examiners will ensure that, only the scheduled examination papers are distributed to the invigilators.
- (e) Invigilators shall remain in the examination room throughout the examination.
- (f) The invigilator shall collect the examination papers and the related material from the Academic Office before the start of each examination.

- (g) The invigilators shall submit examination scripts to the Chief Internal Examiner at the end of each examination, who thereafter shall submit them to the Academic Office for further action.
- (h) A candidate shall not be permitted to take an examination in case s/he reports more than fifteen minutes after the examination has started.
- (i) The invigilator will ensure that all the examinations start and end on time.
- (j) A resident 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 FBE 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 considered by the affected department to be adequate for the candidate to have received adequate remedial measures.

- (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 Board of Graduate Studies.
- (b) DBE will deliberate on circumstances resulting in failure of the candidate with a view to coming up with appropriate remedial measures needed prior to having the candidate re-sit the examinations.
- (c) DBE will identify a senior faculty member to take the responsibility of mentor and supervisor for 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 purpose 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 a 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 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 PGME Director.
 - (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 PGME director on suitability of the candidate for the re-sit.
 - (h) The supplementary examination paper will be finalised at latest one month before the proposed examination date.
 - (i) The paper which will have undergone standard setting will be sent to the external examiner for vetting.
 - (j) Following the re-examination, the marked script will be forwarded to the external examiner by courier for adjudication.
 - (k) The external examiner will make an independent report available for tabling at a special DBE meeting.

- (l) A special Departmental Board of Examiners meeting will be held to discuss the results of the supplementary or special examinations.
- (m) Results of the re-sit will be tabled at the next Medical College Faculty Council (MCFC) and EAAC who will make recommendations for approval by BGS.

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 the scripts.
- (b) The Chief Internal Examiner shall compile a consolidated mark sheet for the candidates' performance in all the examinations.
- (c) The Departmental Board of Examiners 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 East Africa Academic Committee for approval of the results by the BGS.

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) The appeal should be done 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 and report the findings in accordance to the approved university rules and regulations on examinations.

- (d) The EAAC is the final decision making body of the University in East Africa on matters pertaining to examinations. The University Board of Graduate Studies is the University's final decision making body on all matters related to graduate programmes.

13.0 DISPOSAL OF EXAMINATION SCRIPTS

The examination scripts for the Part I and Part II Examinations shall be disposed two years after candidates have completed their MMed programme.

14.0 STUDENT ACADEMIC INTEGRITY POLICY

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 community, including all 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 professional and ethical behaviour.
- 1.3 It is the responsibility of all Aga Khan University students to ensure that all academic work (formative, summative, certifying, papers, theses, dissertations, professional examinations, midterms, finals, 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 enrolled at the University for a course of studies 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 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 Ensuring that their academic work is not accessible to or being used by others. This includes protecting and / or denying access to computer files.
 - 2.2.4 Adhering to the principles of academic integrity when conducting and reporting research.
- 2.3 Graduate students are responsible for familiarizing themselves with the definitions of breaches of academic integrity in the University's research related policies (cf. Item 7.0, "Related University Documents").
- 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 improperly on academic work. (cf. Appendix A).
- 3.2 Submit the same or substantially the same academic work for two or more courses, 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 Proceedings: Academic Dishonesty

- 4.1 Academic misconduct is a serious disciplinary matter and, in addition to and notwithstanding the regulations provided herein, students charged with academic misconduct will be subject to the definitions and disciplinary procedures of the University's *Student Code of Conduct and Disciplinary Procedures*.

4.2 Notwithstanding the University's *Student Code of Conduct and Disciplinary Procedures*, when a student is found to have breached the University's Student Academic Integrity Policy, items 3.1 – 3.2, the following penalties may be applied independently or in combination for any single violation.

- 4.2.1 A letter reporting the academic dishonesty offence sent to the student and copied to the student's Dean / Director, the Registrar, the student's parents and / or a student's sponsoring agent.
- 4.2.2 A reduction of the mark on the piece(s) of academic work.
- 4.2.3 A mark of zero for the piece(s) of academic work.
- 4.2.4 A reduction of the overall course grade.
- 4.2.5 A failing mark for the course with a transcript notation.
- 4.2.6 Cancellation of admission to the University and /or enrollment at the University.
- 4.2.7 Suspension.
- 4.2.8 Expulsion.
- 4.2.9 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
- 4.2.10 Any other penalties as may be deemed appropriate for the circumstances.

4.3 Notwithstanding the University's *Student Code of Conduct and Disciplinary Procedures*, when a student is found to have breached the University's Student Academic Integrity Policy, items 3.3 – 3.17, the following penalties may be applied independently or in combination for any single violation.

- 4.3.1 Cancellation of admission to and / or enrollment at the University.
- 4.3.2 Suspension.
- 4.3.3 Expulsion.
- 4.3.4 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
- 4.3.5 Any other penalties as may be deemed appropriate for the circumstances.

5.0 Use of Plagiarism-Detection Software

5.1 Preamble

- 5.1.1 In an effort to ensure the highest academic standards, the University supports academic integrity through academic policies that define academic dishonesty.

- 5.1.2 The University and its faculty expect that all students will be evaluated and graded on their own individual work.
- 5.1.3 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.
- 5.1.4 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)
- 5.1.5 Failure to follow this practice constitutes plagiarism.
- 5.1.6 The University, through the availability of plagiarism-detection software (e.g., Turnitin.com, iThenticate, Plagiarism.org), desires to encourage responsible student behaviour, deter plagiarism, improve student learning and ensure greater accountability amongst students.
- 5.1.7 Plagiarism-detection software uses proprietary search technology to check assignments against Internet resources, proprietary databases and previously submitted student assignments.

5.2 Policy

- 5.2.1 The University's Policy on the Use of Plagiarism-Detection Software will be published in all undergraduate and graduate programme Student Handbooks (or equivalent).
- 5.2.2 Faculty who wish to use plagiarism-detection software in their course(s) must comply with the requirements set out in this Policy.
 - 5.2.2.1 "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.
- 5.2.3 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:
 - 5.2.3.1 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 _____, 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.

- 5.2.3.2 A notice to students that the work they submit to plagiarism-detection software will become part of the plagiarism-detection software database;
- 5.2.3.3 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.
- 5.2.4 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.”
- 5.2.5 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.
- 5.2.6 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.
- 5.2.7 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.

6.0 Office of the Registrar

- 6.1 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.
- 6.2 The Office of the Registrar is responsible for the procurement of plagiarism detection software.
- 6.3 The University Registrar, or his representative, will act as the secretary to academic misconduct-related disciplinary proceedings.

7.0 Related University Documents

- 7.1 Student Code of Conduct and Disciplinary Procedures
- 7.2 University Policy on Research Misconduct
- 7.3 Guidelines for Authorship
- 7.4 Policy on Code of Good Research Practice and Access to Patient Data

15.0 COMMUNICATION OF MATTERS RELATED TO THE BREACH OF THE UNIVERSITY'S STUDENT ACADEMIC INTEGRITY POLICY

- (a) The candidate and the teaching staff shall be informed of the contents of the Student Academic Integrity Policy.
- (b) The invigilators shall remind the candidate 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 Associate Dean, Education.
- (f) The Dean, Medical College shall appoint an investigating committee which shall be composed of the following representatives:
 - (i) Director Postgraduate 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 4.2 and 4.3 of the Disciplinary Proceedings: Academic Dishonesty above.

16.0 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 Board of Graduate Studies shall be responsible for considering and approving residents for the award of the MMed degrees.

17.0 AMENDMENT OF EXAMINATION REGULATIONS

Any amendment to the common rules and regulations governing University examinations shall be done by the PGMEC and approved by East Africa Academic Committee, the Board of Graduate Studies and the University's 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. The pass mark shall be adjusted to the 50th percentile which becomes the determining score for pass or fail in keeping with attainment of competency (pass) or failure to attain competency (fail) in keeping with approved programme curricula.

Examinations shall consist of a) written module and b) clinical/practical module

The pass mark for each examination module, as well as the overall pass mark as stated in approved programme curricula, shall be 50%.

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

1.	50% 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/SPOT B). Skills: Component 3 - OSCE/OSPE/SIRE	
	(a) Module pass mark = 50%	
	(b) Aggregate pass mark = 50%	
3.	If aggregate and skills/practical module(s) are > 50% failure of the knowledge module may be discussed as follows:	
	(i) 45% - 49%	Re-sit in 6 months the failed component or the knowledge module
	(ii) 40% - 44%	Re-sit in 12 months the whole exam
	(iii) <= 39%	Discretion regarding continuation
4.	If aggregate < 50% or skills module is <50%. Clear fail situation	
	(i) 45% - 49%	Re-sit whole exam
	(ii) 40% - 44%	Re-sit whole exam
	(iii) <= 39%	Discretion regarding continuation

18.0 SPECIFIC GUIDELINES FOR PART I & II EXAMINATION FOR MASTER OF MEDICINE

18.1 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)

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

18.2 Imaging and Diagnostic Radiology

Part I Examination

This exam will be taken at the end of the first year of study. It will cover the basic science courses which are taught in the first year.

a) Knowledge module:

Component 1:

Multiple-Choice Questions (MCQs).

b) Skills module:

Component 2:

Structured Image Reporting Examination (SIRE) / Objective Structured Clinical Examination (OSCE).

Part II Examination

a) Knowledge module

Component 1:

Multiple Choice Questions (MCQs)

Component 2:

Modified Essay or Short Answer Questions (MEQs/ SAQs) and/or Extended Matching Questions (EMQs).

b) Skills module

Component 3:

Structured Image Reporting Examination (SIRE) / Objective Structured Clinical Examination (OSCE).

Imaging practice and interpretation in clinical context: Assessment of clinical skills in radiology, e.g. clinical imaging skills in patient management and radiation safety practices is assessed formatively. Satisfactory performance is required for promotion within the programme.

18.3 Internal 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

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs)

Component 2:

SPOT Exam/ Modified Essay Questions (MEQs) / 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

18.4 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

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.

18.5 Anaesthesiology

Part I Examination

a) Knowledge module:

Component 1:

Multiple-Choice Questions (MCQs)

Component 2:

Modified Essay Questions (MEQs) or Extended Matching Questions (EMQs)

b) Skills module:

Component 3:

Objective Structured Clinical Examination (OSCE)

Part II Examination Components

a) Written module:

Component 1:

Multiple Choice Questions (MCQs).

Component 2:

Modified Essay or Short Answer Questions (MEQs/ SAQs) and/or Extended Matching Questions (EMQs).

b) Skills module

Component 3:

An Objective Structured Clinical Examination (OSCE).

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

18.6 Clinical Pathology

Part I Examination

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs)

Component 2:

Modified Essay Questions (MEQs) / Short Answer Questions (SAQs)

b) Skills module:

Component 3:

Objective Structured Practical Examination I (OSPE I) - Chemical Pathology/Immunopathology

Component 4:

Objective Structured Practical Examination II (OSPE II) - Microbiology/Immunopathology

Component 5:

Objective Structured Practical Examination III (OSPE III) - Haematology/Immunopathology

‘Wet’ Practical: Assessed formatively, satisfactory bench work performance is a requirement to proceed to Components 1-5.

Part II Examination

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs)

Component 2:

Modified Essay Questions (MEQs) / Short Answer Questions (SAQs)

b) Skills module:

Component 3: Objective Structured Practical Examination I (OSPEI) - Chemical Pathology/Immunopathology

Component 4: Objective Structured Practical Examination II (OSPEII) - Microbiology/Immunopathology

Component 5: Objective Structured Practical Examination III (OSPEIII) - Haematology/Immunopathology

‘Wet’ Practical: Assessed formatively, satisfactory bench work performance is a requirement to proceed to Components 1-5.

18.7 Anatomic Pathology

Part I Examination

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs)

Component 2:

Short Answer Questions (SAQs) / Modified Essay Questions (MEQs)

b) Skills module:

Component 3:

Objective Structured Clinical Examination I (OSPE I) covering Anatomic Pathology

Component 4:

Objective Structured Clinical Examination II (OSPE II) covering Forensic Pathology

Component 5:

Objective Structured Clinical Examination III (OSPE III)- covering Gross Pathology

Autopsies: Assessed formatively, performing and doing write-ups on these autopsies is a requirement to proceed to Components 1-5.

Part II Examination

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs)

Component 2:

Short Answer Question (SAQs) / Modified Essay Questions (MEQs)

b) Skills module:

Component 3:

Objective Structured Clinical Examination I (OSPE I) covering Anatomic Pathology

Component 4:

Objective Structured Clinical Examination II (OSPE II) covering Forensic Pathology

Component 5:

Objective Structured Clinical Examination III (OSPE III) covering Gross Pathology

Autopsies: Assessed formatively, performing and doing write-ups on these autopsies is a requirement to proceed to Components 1-5.

18.8 Obstetrics and Gynaecology

Part I Examination

a) Knowledge module:

Component 1:

Multiple-Choice Questions (MCQs)

Component 2:

Modified Essay Questions (MEQs) or 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:

Modified Essay or Short Answer Questions (MEQs/ SAQs) and/or 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

18.9 Paediatrics and Child Health

Part I Examination

a) Knowledge module:

Component 1:

Multiple Choice Questions (MCQs) / Extended Matching Questions (EMQs).

Component 2:

Modified Essay Questions (MEQ) / Short Essay Questions (SAQs)

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) / Short Essay Questions (SAQs)

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.

SECTION C:

19.0 DISSERTATION GUIDELINES FOR MASTER OF MEDICINE

19.1 Background

Successful completion of a dissertation is mandatory for all residents enrolled in the Postgraduate Medical Education MMed programme in East Africa. The time for design and execution of dissertation is provided for in the third and fourth years of each programme. Residents are expected to have developed their study proposals by first quarter of second year of study.

19.2 General Regulations

- a) Proposal outline shall be presented to the DBE and/or other forums by March of second year. Thereafter, subsequent development of research proposal shall be undertaken under supervision of the Departmental Dissertation Committee (DDC).
The finalised research proposal shall be forwarded to the Research and Ethics Committees for scientific, ethical and funding clearance.
- b) Monitoring process of ongoing research work related to dissertation shall be done in accordance to established Research Committee guidelines.
- c) The DDC will be responsible for ensuring compliance with dissertation timelines through the Programme Chair who is the Chief Internal Examiner (CIE).
- d) A Dissertation Standards Committee constituted by the Associate Dean, Education shall have the following roles:
 - i) Oversee compliance with dissertation guidelines and policies
 - ii) Approve supervisors on recommendation of the CIEs
 - iii) Appoint internal dissertation examiners in consultation with the CIEs.
 - iv) Review recommendations by internal dissertation examiners and advise DDC on the outcome and suitability of a dissertation for external marking.
- e) The dissertation:
 - i) Shall be a paper of high standard and include an original research study.
 - ii) Shall be presented for critique informally at departmental level and/or in other forums.

- e) Submission, assessment and recognition of outstanding work shall be based on approved university guidelines.
- f) A soft and a hard copy of unbound final dissertation, which includes research findings, shall be submitted for marking to the Academic Office by first week of April in the fourth year of study. The CIE's written clearance is required as proof of approval of the DDC. The word limit for the dissertation should be no more than 15000 words.
- g) Resubmission shall be done once.
- h) A candidate shall only be allowed to sit Part II examinations if his/her dissertation is successful.
- q) The final dissertation shall be presented to the Academic Office through the CIE for archiving.
- r) Best practice policy recommendations issuing forth from dissertations shall be followed up by CIE.
- s) The General Guidelines for PhD and Masters Theses / Dissertations at AKU (19.6 below; also see Graduate Programmes Student Handbook) apply.

19.3 Supervision

- (a) A minimum of one and maximum of three supervisors will be acceptable.
- (b) The primary supervisor shall be a content expert, part- or full-time faculty member of the department, an individual with good scientific publication track record or someone with recognized research methodology training.
- (c) The primary supervisor will be indicated as first supervisor on the dissertation. S/he may advise the candidate on choice of other supervisors to ensure success of the work if necessary.
- (d) The primary supervisor should be a content expert in the area of study. Though not mandatory, the ideal primary supervisor should be in the position of Assistant professor/senior Lecturer and above. The same should be a part or full-time faculty member. A suitable primary supervisor should be experienced in dissertation supervision and/or scientific publication in peer review journals.

- (e) Second supervisor should have ability to provide methodology support where first supervisor is lacking such skills. Such a person would be from within or outside the department or AKU. The same should have postgraduate training in research or be at the level of part-time senior lecturer or full-time Associate Professor or above with a good record of postgraduate dissertation supervision and publications in peer review journals. Such includes senior researchers in research institutions.

Research Support Unit (RSU) may offer methodology support to residents and their supervisors through Research Clinics upon request; provided the same is acknowledged in the final dissertation.

- (f) Third supervisor where included could be a faculty or non-faculty member depending on justification. A less experienced faculty member would be included to use the opportunity for self learning in addition to assisting the candidate. Inclusion of non-faculty members would be for clearly specified purposes to provide necessary assistance that may be unavailable within the faculty; e.g. diagnostic or other technical support.
- (g) Residents will have the freedom to choose their dissertation supervisors provided the choice is consistent with the stipulated University guidelines.
- (h) Supervisors will be recommended for approval of the DSC by the CIE. Any change of supervisor/s will be approved by the DSC on the basis of accompanying proper justification for such a change.
- (i) All the supervisors of a candidate plus the Chief Internal Examiner (CIE) form a Departmental Dissertation Committee.

19.4 Endorsement, submission and marking

- (a) Dissertations shall only be submitted for marking upon endorsement by all the supervisors and a written clearance from the CIE as an indication that they are satisfied with the quality of work being submitted. The DSC shall endorse a passed dissertation.
- (b) A dissertation shall be marked by two examiners.
- (c) Dissertations will only be declared as “pass” if passed by the external examiner.

- (d) Final dissertation submission accompanied by a letter of acknowledgement or acceptance for publication as evidence for manuscript submission to a peer review journal should be included where available.

19.5 Authorship

- (a) The primary author of all papers published from dissertation work shall be the candidate and not the supervisors.
- (b) The order of authorship of other supervisors will be determined by contribution that the candidate (author) feels was provided by each of the supervisors. It would however be expected that the second author is the primary supervisor unless s/he fails to meet expectations of the candidate.

19.6 The University's General Guidelines for PhD and Masters Theses / Dissertations

1.0 Preamble

These guidelines have been developed with the aim of bringing about uniformity in the preparation of Theses/ Dissertations with respect to graduate programmes at the University. All students are expected to follow these guidelines when submitting their respective thesis/ dissertation for evaluation. However, in the case of theses/ dissertations which are submitted to external certifying bodies, the guidelines of the respective certifying body will be followed.

2.0 General Regulations

- 2.1 Include documentary evidence to show that the Thesis Evaluation Committee has approved the thesis.
- 2.2 The thesis must be printed in black ink. Only highest quality of print and duplication will be accepted. Broken, uneven, blurred or light print will not be accepted.
- 2.3 Copies which are disfigured by correcting fluid or correcting tape will not be accepted.
- 2.4 The paper should have a vertical/ portrait orientation.
- 2.5 Text should appear on one side of the paper only.
- 2.6 All photographs and reproduction of photographs must be of excellent quality. Photocopies must not be used.
- 2.7 The pages of the thesis should be complete, numbered and properly collated. If the thesis is missing pages it may delay the awarding of the degree.
- 2.8 The spelling, grammar and syntax of the thesis should be carefully checked and errors rectified. It should be noted that AKU follows the British style of spelling.

- 2.9 The paper selected should be of international standard A4 size (i.e. 8.5 inches by 11 inches), white, acid free paper (of about 80 grams), and must be used throughout each copy of the manuscript. Acid free paper is required to be used to preserve the quality of the manuscript.

3.0 Ordering of items for the Thesis

- 3.1 Title page [*see 19.7 (c)*]
- 3.2 Signed Committee Approval Page [*see 19.7 (f) & (g)*]
- 3.3 Dedication (optional)
- 3.4 Copyright Agreement Page (if applicable)
- 3.5 Abstract
- 3.6 List of abbreviations and symbols used (if applicable)
- 3.7 Preface (optional)
- 3.8 Acknowledgement (Any special assistance given should be stated) [*see 19.7 (d)*]
- 3.9 Declaration [*see 19.7 (e)*]
- 3.10 Table of contents
- 3.11 List of tables
- 3.12 List of figures (if any)
- 3.13 List of illustrations (if any)
- 3.14 List of maps (if any)
- 3.15 List of terms, symbols or abbreviations (if any)
- 3.16 Body of text
- 3.17 Footnotes or endnotes (if required)
- 3.18 Bibliography (references/ literature cited)
- 3.19 Appendices (if any)
- 3.20 Glossary of frequently used acronyms (optional and depends on the thesis)
- 3.21 Vita (for PhD candidates only)

4.0 Title page [*see 19.7 (c)*]

The title page should include the following in order:

- 4.1 The name of the University
- 4.2 The name of the faculty/ department/ institute
- 4.3 Title of the thesis in capital letters.
- 4.4 Author's name (if desired state any qualifications or distinction).
- 4.5 A thesis submitted in part fulfillment of the requirements for the degree of (fill in the title of the degree).
- 4.6 City / country.
- 4.7 Month and year of submission.

5.0 Abstract

Every thesis should have a structured abstract, the number of words of which would be specified by the particular programme; generally for Master's thesis the abstract should be of approximately 300 words and for the Doctoral thesis the abstract should be of approximately 500 words.

6.0 Figures and Tables

- 6.1 A table generally refers to numerical data or textual information presented in a column format.
- 6.2 All graphs, charts, line drawings, maps, photographs, or other graphical representations are considered as figures.
- 6.3 All titles of figures and tables should be on the same page as the figure or table and should be labelled appropriately. The legend should be placed beneath the figure. However, where the figure and table fills the whole A4 page, the legend which is placed above the table, should be placed on the left hand (verso) page.
- 6.4 Tables should be inserted in the appropriate place in the text; however, if a group of tables relating to one topic is more than 4 consecutive pages then the table group should appear as an appendix.
- 6.5 Diagrams, maps, tables etc. exceeding A4 size (8.5 inches x 11 inches or 21.5 cm x 28 cm) should be folded so as to read as a right hand page when opened.
- 6.6 A figure/ table may be included with the text, or if it is larger than 4 inches long it may appear on a separate page with no text. If a table/ figure will not fit on the page of first mention move it to the top of the next page and fill in the text page that will normally come after the figure / table.
- 6.7 Leave 2 double line spaces between the text and the figure table. If a caption is longer than a line it should be single spaced.
- 6.8 Special requirement for tables: Left align table title above the table. Table captions or descriptions should be left aligned under the table.

7.0 Font

- 7.1 For the main body of the text, the following fonts should only be used:
 - 7.1.1 This font is called 'Times New Roman' and is of 12 point size.
 - 7.1.2 This font is called 'Helvetica' and is of 11 point size.
 - 7.1.3 This font is called 'Tahoma' and is of 11 point size.
 - 7.1.4 This font is called 'Palatino' and is of 12 point size.
- 7.2 Condensed type is not acceptable.
- 7.3 Chapter title, section or chapters heading and subheadings, may be in a different style and should stand out clearly from the text and should be consistent throughout the thesis.
- 7.4 Characters not available on type writers, word processing equipment or text fonts (such as superscripts and mathematical symbols) may be written by hand neatly in black ink or fine felt pen.

8.0 Form and Style

Where it is not addressed in this document, reference should be made to the Publication Manual of the American Psychological Association (APA), 5th Edition and later, or as specified by the Unit/ programme.

9.0 Footnotes and Endnotes

- 9.1 Footnotes and endnotes should be consistent with the practice in the profession. Each note should cite an authority for statements in the text.
- 9.2 Footnotes can be placed at the bottom of the page in which it appears in the text, at the end of the chapter, within the text or at the end of the thesis (endnotes) as long as placement and formatting are consistent throughout the thesis. Separate footnotes from the text with a line, and leave one single line of space between the line and the first footnote.
- 9.3 Do not footnote the title page.

10.0 Bibliography

The Reference List or Bibliography should cite all the literature or other sources referred to in the thesis. Individual entries should not be split over two pages. If an entire entry does not fit on one page, place the entire entry on the next page.

11.0 Spacing

- 11.1 The space between rows of text should be one and half lines or two lines. However, long quotations may be single line spaced and indented.
 - This sentence is an example of the use **one and half line spacing**. Some people prefer this spacing as compared to the double line spacing. However, this is a matter of choice and the sub-committee will have to decide if this or the double line spacing is to be adopted. Perhaps both kinds of line spacing could be allowed and the final choice left up to the student with the stipulation that it be consistently followed.
 - Now this sentence is an example of **double line spacing**. Many prefer this kind of spacing as the text reads better. The line spacing in the appendices though may be of single line as the appendices are not part of the main body of the thesis. The subcommittee will have to decide on which line spacing to choose as there are pros and cons with respect to either kind. Perhaps both kinds could be allowed.

- 11.2 The 'Table of Contents', 'List of Tables', 'List of Figures', 'List of Symbols', 'Bibliography' may be single line spaced provided there are two spaces between individual entries.
- 11.3 Each Footnote and Endnote entry should be separated by a single line of space.
- 11.4 Appendices should be single line spaced.

12.0 Physical layout of the page

- 12.1 For the purpose of binding a minimum of 1.5 inches, preferably 2 inches of left margin is required for all pages. Other margins should be one inch all round. This is applicable for all pages.
- 12.2 The page numbers should be printed at the bottom of the page and centred and should be approximately three quarters of an inch from the paper's edge.

13.0 Pagination:

- a. All pages shall be numbered in sequence. There should be no blank or duplicated pages.
- b. There is no page number written on the thesis title page but it is considered as page (i).
- c. All sections before the main text, including the preface, are numbered in small roman numerals (i, ii, iii, iv, etc).
- d. The main text onwards including chapter pages, illustrations, figures, tables and bibliography should be numbered in consecutive order in Arabic numerals (e.g. 1, 2, 3, etc).
- e. The appendices should also be numbered consecutively with Arabic numerals.
- f. Page numbers in landscaped pages should be in portrait orientation.

14.0 Declaration:

The declaration should indicate if any material contained in the thesis has been used before and that the main text of the thesis is an original work. The declaration immediately follows the acknowledgment and must be signed by the candidate.

15.0 Distribution of the Thesis:

- a. One copy each should be submitted to the Chair of the Thesis Committee, main Library, Department, and Research Office.
- b. Individual departments or units may advise the number of extra copies to be provided by the student.
- c. It is customary to give each member of the thesis evaluation committee a copy of the final bound thesis. However, this requirement is programme specific.
- d. The cost of meeting the specifications for binding for up to four copies will be incurred by the candidate. If additional copies are required, the requesting body should bear the cost.

16.0 Specifications for binding:

- a. The thesis should be sewn and bound in boards covered in book cloth or buckram or other binding fabrics.
- b. The cover must be stiff enough to support the thesis when stacked upright.
- c. The binding should ensure that sheets cannot be removed or added without evidence of tampering.
- d. Supplementary material such as computer discs, folded maps and other large folded sheets can be placed in a pocket inside the back cover of the bound thesis.
- e. The candidate's surname and initial, a short title, the title of the degree and the year should be printed on the spine. Lettering on the spine should read from top to bottom. (*For format of Title Page refer Item # 19.7 c below*).
- f. Thesis Binding Colour Scheme:
Master's Thesis: GREEN colour with embossed gold lettering
PhD Thesis: BLACK colour with embossed gold lettering
AKU logo with the Ayat to be printed on the thesis front hardbound cover

17.0 Chapter title heading and sub-headings:

- a. All Chapter title headings and subheadings (*up to three levels i.e. 1.0; 1.1; 1.1.1*) must appear in the Table of Contents. A consistent style should be followed for each of the different levels of headings.
- b. Headings should be single line spaced.
- c. Each chapter should begin on a new page.
- d. The first line of each paragraph should be indented.

18.0 Colour:

The use of colours is restricted to figures. All text must be in black ink.

If colours are essential in interpreting graphic illustrations, then they must be reproduced accurately in these same colours for inclusion in the thesis.

19.0 Vita (for Doctoral candidates only):

A vita of the author should be included at the end of the thesis should be preferably of one page. The information contained therein at a minimum should include: Candidate's name; Nationality; Academic qualifications; Special / Research interests; Publications (if any); Awards and Special Honours and; Any other information of pertinence.

20.0 Multiple-Volume Thesis:

- a. If the original thesis exceeds two inches in thickness, the thesis must be bound in more than one volume. The second volume should contain a title page which duplicates the title page of the first volume. Also, individual identification such as 'Volume One' and 'Volume Two' must be included on both title pages. All pages in additional volumes must continue the numbering from Volume 1 with the second title page not counted or numbered.
- b. When published papers are submitted as evidence, they should normally be bound near the back of the thesis as an appendix. However, in case the published papers are of unusual size it may be desirable to bind them in a separate volume and they should be lettered in a way so as to simulate a bound volume of the thesis.

21.0 Electronic Version:

The University requires electronic submission of all theses which should be kept by the relevant department. The document should be in Adobe Portable Document Format (PDF) format. No compression or password protection should be employed. It is the Author's responsibility to ensure that the PDF version of the thesis matches, for completeness and fidelity, with the print version of the thesis.

19.7 Marking Guidelines

a. Background

The Aga Khan University, Postgraduate Medical Education, East Africa MMed programme is based on dissertation and course work. The University requires critical and comprehensive review of dissertations.

b. Requirements

i) Final Dissertation must comply with current General Guidelines for PhD and Master's Theses / Dissertations at AKU.

- Declaration & pre-defined format – including references.
- Abstracts for Dissertations must be structured (with subheadings: Introduction, Objectives/Research Question, Methods (population, design, intervention and outcome/s of interest, analysis), Results, Conclusions and Recommendations)
- Correction for typographical errors. Extremely long or short sentences, sentences should be avoided and one should not start sentences with figures. Paragraphs should stand independently and should have a minimum of two sentences, at the least.
- Signature of all the supervisors must be appended.
- Ethical/Scientific Committee approval must be appended.

ii) Originality of Work and Utility

- Should be evident that study addresses a new research question which helps to fill a knowledge gap.
- Should be clear what clinical or public health contribution the findings will make.

iii) Literature Review

- Introduction: Demonstrates command of the area of content and ability to differentiate good quality from bad quality publications. Emphasis should be reliance on quality of cited material rather than quantity.
- There should be logical flow of presentation starting from broad to narrow problem context that terminates in persuasive study justification (study rationale) on basis of demonstrated

knowledge gap in the subject matter. To the extent that information is available, there should be citation of search from peer reviewed data bases like Cochrane Library or Best Evidence.

iv) Study Question/Objectives

- Failure or Success of a research study is based on ability to answer your research question or effectively meet the study objectives.
- The more focused the question/objective, the more likely to succeed and meet necessary methodological rigor.
- All study sections from Introduction - Conclusions, must be consistent with the objectives.
- Objectives must never be changed “mid-stream” as they are determined *a priori* (well in advance). Doing that would be tantamount to scientific deceit.

v) Methodology

- The following must be clearly defined: study site, study population and sampling procedures, study duration, inclusion and exclusion criteria (eligibility criteria), group allocation if applicable, data collection procedures, diagnostic criteria for exposure and outcome variables, objective criteria for documentation of all important study outcomes.
- Definition of study design chosen (should be most ideal for research question or otherwise satisfactorily justified).
- Sample size computation and justification of estimates used.

vi) Results

- Tabulations of baseline characteristics and indicators of levels of precision should be included (e.g. 95% confidence intervals, SD, SE etc.)
- Appropriate use of statistics – e.g. means, medians, chi square tests, multi-variate and univariate analysis.
- Analytical methods used should be suitable for design and data types.
- Appropriate use of illustrations with accurate labeling and computations.

vii) Discussion, Conclusions & Recommendations

- Refers to own findings and interprets them in the context of what is known or expected – identifies and discusses consistencies and inconsistencies in data.
- Focuses on the study objectives to demonstrate if study objectives are met – and if not, why not.
- Ability to answer research question convincingly
- Conclusions and Recommendations should be based on own study findings rather than recital of the study findings.

viii) References

- Should be consistent with PGME guidelines.
- Should include latest journal citations to demonstrate candidates' ability to keep abreast with current knowledge.

c. Title page

AGA KHAN UNIVERSITY

Type the name of Department, Faculty / Institute

*Type the title of your dissertation
in capital letters (bold)*

By

Type candidate's name in capital letters
(if desired state qualifications or distinction)

A dissertation submitted in part fulfillment of the requirements for the degree of
[fill in the title of the degree]

City / Country

Date (Day, Month, Year)

d. Acknowledgement Section

“ACKNOWLEDGEMENT”

First of all, I am grateful to my supervisor _____, whose scholarly advice, help and constant encouragement have contributed significantly to the completion of this study.

I wish to thank my Dissertation Committee members for their critical input for my study.

I also wish to thank the management, staff, faculty members, and my fellow residents for their invaluable input and for being a great source of support to me during my study.

I am appreciative of the services of _____ who assisted in the proofreading and editing of my paper and to _____ and _____ who assisted with formatting and other technical aspects.

My gratitude to the library staff as well as _____ for their support.

[You may want to acknowledge any family members or special friends here]

Thank you all

e. Declaration Section

DECLARATION

I declare this dissertation does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university and that to the best of my knowledge it does not contain any material previously published or written by another person except where due reference have been made in the text.

[If editorial assistance has been obtained, the following should be added]:

The editorial assistance provided to me has in no way added to the substance of my dissertation which is the product of my own research endeavours.

(Signature of candidate)

Date

f. Departmental Dissertation Committee

Signature
Name (Printed and underlined)
Chief Internal Examiner

Signature
Name (Printed and underlined)
Supervisor

Signature
Name (Printed and underlined)
Supervisor

Signature
Name (Printed and underlined)
Supervisor

g. Approval

Aga Khan University

Type the name of Department, Faculty / Institute

Submitted to the Board of Graduate Studies

In part fulfillment of the requirements for the degree of
[fill in the title of the degree]

Members of the Dissertation Standards Committee appointed to vet the thesis of
[Type candidate's name in capital letters]
find it satisfactory and recommended that it be submitted for evaluation by external examiners

Chair, Dissertation Standards Committee

Member, Dissertation Standards Committee

Member, Dissertation Standards Committee

Date (day, month, year)

20.0 APPENDICES

Appendix A: Definitions

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 Collaboration

Inappropriate collaboration occurs when students work together on an assignment that was intended as an individual assignment or when students work together in groups beyond the degree of permissible collaboration.

1.3 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:"

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

2.0 Useful references

- 2.1 *Little Book of Plagiarism*. Leeds Metropolitan University
www.lmu.ac.uk/the_news/oct03/PlagiarismFinal.doc
- 2.2 Higher Education Commission, Pakistan
www.hec.gov.pk/InsideHEC/Divisions/QALI/QualityAssurance/QADivision/Pages/Plagiarism.aspx
- 2.3 McMaster University: Academic Integrity Video
www.mcmaster.ca/academicintegrity/video/video3.html

Appendix B: Dissertation evaluation form

Registration Number of Candidate:

Title of Dissertation:

Supervisors:

	Name
First	
Second	
Third	

Please frankly state whether the dissertation is:

	Tick as appropriate
Approved without correction	<input type="checkbox"/>
Approved with minor corrections	<input type="checkbox"/>
Approved with major revision	<input type="checkbox"/>
Not approved for master's degree work	<input type="checkbox"/>

Comments: Kindly attach an unsigned separate review structured as follow:-

- a. *Brief summary of dissertation as you understand it as an examiner.*
- b. *Itemized specific comments indicating location in dissertation by page, line table number etc and paragraph for ease of reference to authenticate the checked remarks above.*
- c. *Conclusions & recommendations.*

Name and signature of Examiner:

Date:

Appendix C: Important time lines

Year of study	Action date	Output
2	June - December	Proposal outline presented to Department. Subsequent development of research proposal undertaken under supervision of DDC. Dissertation vetting: DDC seeks DSC input.
3	March	Clearance of proposal by Research & Ethics Committees completed. Data collection begins.
3	December	End of data collection.
4	January – March	Data analysis. Write-up of dissertation.
4	First week of April	Dissertation submitted for marking
4	May, June	Marking of dissertation
4	July	Submittal to the Library the final hard copy for binding and a soft copy to the Academic Office. (NB: Library is the repository for all dissertations.)

Appendix D: Acronyms

AC	Academic Council
AKU	Aga Khan University
BGS	Board of Graduate Studies
CAC	Chair's Advisory Committee
CATs	Continuous Assessment Tests
CIE	Chief Internal Examiner
DBE	Departmental Board of Examiners
DDC	Departmental Dissertation Committee
DRTC	Departmental Residency Training Committee
DSC	Dissertation Standards Committee
EAAC	East Africa Academic Committee
FBE	Faculty Board of Examiners
IE	Internal Examiner
MBChB	Bachelor of Medicine Bachelor of Surgery
MCFC	Medical College Faculty Council
MMed	Master of Medicine
PD	Programme Director(s)
PGME	Postgraduate Medical Education
PGMEC	Postgraduate Medical Education Committee

Appendix E: Definitions and Constitution of Boards and Committees

Examination Administration at AKU, PGME - East Africa (**NB:** The Chair of each Department is the Chief Internal Examiner).

DEPARTMENTAL BOARD OF EXAMINERS:

Chair – Chief Internal Examiner
External Examiner
Internal Examiners
Programme Director

POSTGRADUATE MEDICAL EDUCATION COMMITTEE:

Chair - Director PGME
Academic Administrative Officer
Executive Assistant (Scribe)
Internship Coordinator
Programme Director, Academic Planning and Quality Assurance
Programme Directors
Two Resident representatives

FACULTY BOARD OF EXAMINERS:

Chair – Associate Dean for Medical Education
Academic Administrative Officer (Ex-officio)
Chief Internal Examiners
Director, Postgraduate Medical Education
External Examiners
Programme Directors

EAST AFRICA ACADEMIC COMMITTEE:

Chair – Chief Academic Officer, East Africa.
Associate Registrar, East Africa
Dean, Medical College, East Africa
Dean, Nursing and Midwifery, East Africa
Director, Institute for Educational Development, East Africa
Head, Academic Planning, Faculty of Arts and Sciences, East Africa
Principal, Tanzania Institute of Higher Education
Provost
Two co-opted members.
University Registrar

One member from:

Faculty of Arts and Sciences, East Africa
Institute for Educational Development, East Africa
Nursing & Midwifery, Kampala
Nursing & Midwifery, Nairobi
Nursing and Midwifery, Tanzania
Postgraduate Medical Education Programme

Appendix F: Interim Summative Assessments and Summary of Feedback Form

(Periodically Completed by Programme Director or Programme Coordinator)

Aga Khan University

Postgraduate Medical Education - East Africa

Formative Assessments, Interim Summative Assessments and Summative (ITER) Form

Name:							
Period covered:							
Rotations completed during this period: (Rotation, Site and Dates)		PGY:					
Competency - expectations for rotation and/or level of training	Does not apply	Could not evaluate	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
			1	2	3	4	5
1. MEDICAL EXPERT							
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							
2. COMMUNICATOR							
a) communicates effectively with patients, families							
b) communicates effectively with other health professionals							
c) written medical records - timely and accurate							
3. TEAM PLAYER							
a) recognizes roles of, and interacts effectively with other health professionals							
b) consults and delegates effectively							
c) works well with non-medical staff							
4. MANAGER/LEADER							

a) uses information technology effectively							
b) allocates finite healthcare resources wisely							
c) manages time effectively							
d) demonstrates good interpersonal skills							
5. HEALTH ADVOCATE							
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							
6. SCHOLAR							
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							
7. PROFESSIONAL							
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							

Written Test Score(s) - CATs

Tool(s) and Marks obtained:

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) Other _____

Resident:

I have been informed about this feedback

Name: _____

Date: _____ **Signature:** _____

Programme Director:

Name: _____

Signature: _____

Date: _____

Appendix G: Approvals and revisions chart

	Rules and Regulations for Examinations & Dissertation
Policy Number	PGME1
Approved by	Board of Graduate Studies
Date of Original Approval	November 3, 2011
Date of Revision	None
Contact Office	Academic Administration