

# SHIFA COLLEGE OF MEDICINE

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## Policy Manual



COMPILED BY

DEPARTMENT OF HEALTH PROFESSIONS EDUCATION

2023-2024

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**Mission:**

**To graduate physicians for the twenty first century who abide by the rigor of scientific discipline and are altruistic, humane, knowledgeable, skillful and dutiful to their profession and the society at large.**

**1.1 Curricular Philosophy:**

The curricular philosophy revolves around principles of adult learning which encompass academic excellence through contextual learning and building knowledge on prior experiences. Team work, good communication skills, research, critical thinking and clinical problem-solving skills are emphasized. Ethical practices and self-directed learning are promoted and the students are encouraged to reflect on their experience for self-assessment and lifelong learning.

**1.2 Curricular Process:**

Shifa College of Medicine follows a spiral curriculum that is system based with integrated modules in the first three years. This is followed by clinical clerkships during the last two years.

The curriculum at Shifa College of Medicine works towards achieving its mission by focusing on the key roles of a physician “Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional” as identified in the CanMEDS. These roles have been defined by key competencies which specify the behaviors, skills and attitudes that must be displayed by the learner.

During 5 years MBBS program the curriculum is organized in three spirals which are delivered in a system based modular format. Spirals 1 & 2 span over a period of three

Calendar years with focus on the “Basis of Medicine.” Last two years constitute spiral 3

And focus on the “Practice of Medicine”.

In first 3 years the curriculum is divided into modules. Various modules constitute a block. Study guide for each module is provided to the students as a learning resource and for their guidance. Clinical cases are used as triggers for learning in modules.

Year 1 and 2 deal mainly with the normal structure, function and biochemical aspects of human body which are taught with relevance to the clinical context. Pathology, Pharmacology, Forensic and Community Medicine are also integrated where appropriate.

Year 3 mainly deals with abnormal structure and function, pharmacological aspects of therapeutics, community medicine and medico-legal aspects which are delivered in a clinical context. Moreover, the students get clinical exposure through clinical rotations.

Year 4 and 5 comprise of junior and senior clerkship respectively which are hospital based and provide the students with comprehensive clinical experience. Elective rotation of 9 weeks duration is mandatory in year 5, which allows students to gain experience in their respective field of interest either nationally or internationally.

Research, behavioral sciences, medical ethics, communication skill, professionalism and evidence-based medicine are addressed in an integrated manner throughout the curriculum as longitudinal theme. Islamic and Pakistan studies are taught and assessed integrating with modules.

Record of students' performance during each module or clerkship is maintained in e-logbooks/Clinical clerkship logbooks that contribute towards the continuous/internal assessment.

Both synchronous and Asynchronous e – learning is part of curriculum. Online teaching, learning and assessment strategies are used where appropriate, ensuring its applicability and relevance. Google classroom is used for sharing resource material, schedules and important announcements.

### **1.3 Administration for Courses & Clerkships**

Each course is led by a faculty member who is the module/clerkship director and plans the content, its implementation and assessment with the help of a team of relevant faculty members. The Course director conducts weekly meetings as scheduled with the help of the Department of Health

Professions Education (DHPE). All communication between the faculty members is coordinated through the Coordinator DHPE.

Schedules and related information are communicated to all stakeholders (students, faculty, admin, students affairs and others) from relevant departments, through the coordinators (Basic and Clinical Health Sciences) and student representatives.

## **1.4 Teaching Strategies**

Following teaching strategies are employed at Shifa College of Medicine:

### **Large group interactive sessions (LGIS)**

These sessions are used to introduce the clinical theme and to discuss concepts in an interactive manner utilizing audio visual aids.

### **Small group discussions (SGD)**

Small group discussion is one of the main learning strategies. Specific learning objectives are discussed in small groups of 8-12 students. These sessions involve teachers/instructors who facilitate the process. These discussions are conducted in a sequence starting with reading the case scenario by students followed by brainstorming within the group about the application of the learnt knowledge, and clarification of concepts by facilitator.

### **Problem based learning sessions (PBL)**

PBL is utilized as one of the teaching strategies based on learning objectives. Three sessions for one problem are conducted with an interval of 1-2 days. A case scenario pertaining to the relevant theme is given to the students. In the first session students identify objectives related to that particular case, followed by self-assigned tasks and discussions in the subsequent sessions.

### **Integrated practical sessions**

Students are divided into groups that perform relevant practical activities in basic sciences and clinical skill laboratories. Knowledge learnt in theoretical sessions is related to and reinforced in these practical sessions.

## **Self-directed learning (SDL)**

Sufficient time is allocated in the curriculum for self-directed learning. Students are encouraged to utilize this time effectively employing the most appropriate learning strategies.

## **Case-based discussions (CBDs)**

The Case-based discussions take place between students and their preceptors about a particular clinical scenario related to a particular topic. Students are taught about important themes, differential diagnosis and diseases. It includes discussions about symptoms and signs, diagnosis, management and complications.

## **Bedside teaching in the in-patient setting (IPD) and Emergency Department**

Bedside teaching is used as an effective strategy to teach clinical and communication skills. Special emphasis is placed on history taking physical examination and interpretation of findings.

## **Outpatient teaching**

Teaching and one-to-one interaction with OPD patients is another very effective modality where students learn out-patient management and charting out investigation plans based on clinical presentations.

## **Operation room learning**

Common surgical procedures being performed are observed and assisted by medical students. This focuses upon the application of surgical anatomy.

## **Morning reports**

Morning reports include case-presentations by the students followed by detailed discussion between the students and the faculty/preceptor. Diagnostics reasoning and clinical decision making are judged and scored.

## **Case write-ups**

PICO (Population, intervention, control and outcomes) framework is employed as evidence based-practice for cases. Students are required to bring a related research article with appraisal.



## **Clinical methods/Skills**

Conducted on real patients/mannequins and techniques like suturing, applying skin tractions or Plaster of Paris casts etc. are taught.

## **1.5 Resources**

All small and large group sessions are conducted in designated lecture halls and classrooms for each academic year. Practical sessions are conducted in practical labs and clinical skill sessions are conducted in Shifa Clinical & Informatics Laboratory (SCIL). Students are provided an opportunity to learn through simulated patients in SCIL lab and interact with the patients both in the community & hospital settings

## **1.6 Attendance** *(Please refer to the attendance policy for details)*

Students' attendance is marked in all sessions, record of which is maintained by the basic and clinical science coordinators under the supervision of the module/clerkship directors. Eligibility of the students for professional exams is determined on the basis of the attendance:

**Years I – III:** At least 90% in each block

**Year IV -** At least 90% in clerkships of examining subjects (Cumulative of Years III and IV).

**Year V -** At least 90% in clerkships of examining subjects (Cumulative of Years III, IV and V).

## **1.7 Assessment** *(Please refer to the assessment policy for details.)*

Both formative and summative assessments are used to assess the performance of the students. Constructive feedback is given for reflection and clarification of the concepts.

Summative theory exam is conducted at the end of each module/clerkship. Skills are assessed in integrated practical examination (IPE) and Objective structured clinical examination (OSCE) which are carried out at the end of each block and clerkship respectively. Continuous assessment which comprises end of module theory and log book marks contribute 40% marks towards theory of final professional examination. Similarly end of block IPE, end of clerkship OSCE and log book for practical/clinical sessions contribute 40% marks towards practical of final professional

examination. Annual/professional examinations carry 60% marks both for theory and practical component.

### **1.8 Evaluation** *(Please refer to the evaluation policy for details)*

Quality assurance is carried out through evaluation of the course and faculty by the students. Each of the faculty member in the team is evaluated by the course director and similarly the course director is evaluated by the team members. Online evaluation forms are used for this purpose. Reports are shared with the respective course director and faculty to reflect upon and make required changes where appropriate for future improvement.

### **1.9 Support for Course**

All academic activities are planned and implemented with the guidance of the DHPE and after the approval of the Dean/Principal SCM and the College Academic Council. All logistic support is provided by the administrative staff of the institute.

### **1.10 Information to Students/Parent**

End of the module/block & clerkship results are uploaded on the student portal and forwarded to the parents via examination department. However, students with low attendance & score are highlighted by BHS & CHS coordinators who refer them to their respective course directors for further guidance & counseling, which is also intimated to parents via student's affairs department.

## 2. SCM Attendance & Leave Policy | 2023-24

Medical profession requires dedication, seriousness, and commitment. Our attendance policy fosters professionalism and helps them acquire in-depth knowledge and hands-on learning experience which is fundamental for a healthcare professional.

### **2.1 Attendance Criteria for Eligibility to Appear in Professional Annual Examinations**

#### **Academic Years I– III**

- 1.** A minimum of 90 % attendance in each block will be a mandatory eligibility criterion for appearing in professional exam of that block.
- 2.** Students with less than 90% but not below 75 % in any block can appear in Second Annual examination of that block.
- 3.** Students with attendance of less than 75 % in any block will not be allowed to sit in the Annual as well as Second annual (supplementary) examination of that block. These students will have to repeat that block as a whole, and maintain 90 % attendance in repeating year.

#### **Non-Examining Subjects in Year III & IV.**

- 1.** If the attendance is less than 90% in any non-examining subject, the deficient attendance will have to be compensated in following year.

#### **Academic Years IV & V- Junior/Senior Clerkships**

- 1.** A minimum of 90 % attendance in each clerkship will be a mandatory eligibility criterion to appear in Professional Examinations of that clerkship.
- 2.** Students with less than 90% but not below 75 % in any clerkship can appear in Second Annual examination of that clerkship.
- 3.** Students with attendance less than 75% in any clerkship will not be allowed to sit in annual and second annual examination of that clerkship. These students will have to repeat those clerkship rotations in forthcoming year.

## **2.2 Leave Policy:**

100% attendance is recommended for students. However, 10% leverage will be available to cater the occasional issues and exigencies such as:

- i. Illness
  - ii. Death in the family
  - iii. Immigration/ Residence permit
  - iv. Students' own marriage
- Leave requests exceeding the permissible 10 %, due to a genuine reason must be submitted with valid proof for further evaluation.
  - It will be evaluated by the respective module director and after due diligence respective chairperson (BHS/CHS) may also be consulted where required.
  - Special cases will be referred to a special committee constituted by Dean/Principal.

## **2.3 Leave Rules for Students appearing in 2<sup>nd</sup> Annual Examinations**

Any Student appearing in the 2<sup>nd</sup> annual examination will be required to attend the ongoing academic sessions of modules/clerkships of his/her regular year. They will be granted leave only on the day of second annual examinations.

## **2.4 Leave Rules for students repeating the year**

- i) Student failing in the second annual examination (Supplementary) of a block/clerkship and repeating the year will be required to attend that block/clerkship and give professional examination only in the block/clerkship s/he has failed.
- ii) Leave/Eligibility policy will be the same as that of a regular student.

## 3. SCM Assessment/Examination Policy | 2023-24

### **Assessment**

“Assessment drives learning”. It is an important part of the teaching and learning process that is used to track the learning of students, as well as make decisions on their progression to the next level. Moreover, assessment results are utilized to reflect on the content and teaching strategies for further improvement.

### **3.1 Introduction & Eligibility**

Both formative and summative assessments are carried out at SCM.

**Formative Assessment** is carried out throughout modules and clerkships using varied formats and feedback is provided to students to help address their learning gaps.

### **Summative Assessment**

Summative assessment comprises of two components:

- End of year professional examination
- Internal continuous assessments (end of module/clerkship examination + logbook)
- Summative assessment constitutes:
  - i. Written assessment
    - Multiple Choice Questions (MCQs)
    - Extended Matching Questions (EMQs)
    - Short Answer Questions (SAQ)
    - Logbook (includes SGDs + Mini-tests, Histories/Case write-up)
  - ii. Performance (Practical) Assessment
    - Integrated Practical Examination (IPE)-Years I – III
    - Objective Structured Clinical Examination (OSCE)-Years III, IV & V

- Logbook (includes Practical Lab sessions, Clinical encounters, Morning Reports, Case Discussions, MINI-CEX,)

Additional Strategies may be used as and when required.

## **3.2 Written Assessment Weightings**

For all assessments (internal continuous, professional), the breakdown of assessment is as follows:

<b>Assessment</b>	<b>Weighting</b>
*MCQ (± EMQs) (Number may vary for modules)	70
*SAQ (Number of SAQs may vary for each module)	30

\*MCQ- Multiple Choice questions, EMQ- Extended Matching Questions, SAQ- Short Answer Questions

## **3.3 Assessments Overview: Years I-II**

- i. Logbook
- ii. Mini tests during the module
- iii. End of Module Written Examination
- iv. End of Block IPE

## **3.4 Assessments Overview: Years III**

- i. Logbook
- ii. Mini tests during the module
- v. End of Module Written Examination
- vi. End of Block IPE
- vii. End of rotation OSCE (For clinical rotations)

### **3.5 Weighting:**

#### **Break- up of internal continuous assessment for written component**

The weighting, expressed in percentages of end of module assessment is as follows:

<b>Examination</b>	<b>Weighting (expressed as percentage %)</b>	
	<b>Written</b>	<b>Logbook theory (SGDs, PBLs, mini-tests* etc.)</b>
<b>End of Module</b>	95%	5%

\* (Mini-tests/mid-module exam marks, where applicable, will be included in the learners' logbook marks and NOT as a separate entity.)

#### **Break- up of internal assessment for practical component**

End of block IPE marks will comprise 95%. Cumulative marks of practical/skill sessions in a block (from all the modules comprising that block) will contribute 5% of the total block IPE marks added towards internal continuous assessment. This will constitute internal continuous assessment (40%) for prof/annual IPE at the end of that year.

<b>Examination</b>	<b>Weighting (expressed as percentage %)</b>	
	<b>IPE</b>	<b>Logbook (practical/skill sessions)</b>
<b>End of Block</b>	95%	5%

Weighting for professional examination, calculated as follows:

<b>Contribution towards respective examination</b>	<b>Internal Assessment</b>	<b>Continuous</b>	<b>Professional examination</b>
<b>Theory</b>	40 %		60 %
<b>IPE</b>	40 %		60 %

### **3.6 Assessment of Clinical Sciences: Overview**

The assessment of Clinical Sciences comprises of:

<b>Year of study</b>	<b>Assessment tools</b>
Year III: Clinical Rotation	End of Rotation Composite examination
Year IV: Senior Clerkship	End of Clerkship Written Assessment + OSCE
Year V: Senior Clerkship	End of Clerkship Written Assessment + OSCE

### **3.7 Weighting:**

Break-up of internal continuous assessment in clerkships of Year III is as follows:

<b>Examination</b>	<b>Weighting (expressed as %age)</b>	
<b>Theory</b>	<b>End of Rotation Exam</b>	<b>Logbook</b>
	70 %	30 %
<b>OSCE</b>	<b>End of Rotation Exam</b>	<b>Logbook</b>
	90 %	10 %



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Break-up of internal continuous assessment in clerkships of Year IV and Year V is as follows:

Examination	Weighting (expressed as %age)	
	Theory	End of clerkship
90 %		10 %
OSCE	End of clerkship	Logbook (Clinical encounters, Morning Reports, Case Discussions, MINI-CEX etc.)
	70 %	30 %

The subject based weighting of assessments, expressed in percentages, is as follows:

Weightings (expressed as percentages) Applicable for this year										
Clerkship	Internal Assessment <i>Contribution towards respective Professional examinations</i>						Professional Examination		Total	
	From Year III		From Year IV		From Year V		Written	OSCE	Written	OSCE
	Written	OSCE	Written	OSCE	Written	OSCE				
Medicine	5	5	15	15	20	20	60	60	100	100
Surgery	5	5	15	15	20	20	60	60	100	100
OBGYN	10	10	30	30			60	60	100	100
Pediatrics	10	10	30	30			60	60	100	100
Ophthalmology	10	10	30	30			60	60	100	100
ENT	10	10	30	30			60	60	100	100
Family Medicine					40	40	60	60	100	100

For all clinical subjects the internal continuous assessment is generated from end of clerkship written and OSCE assessment. The breakdown of scores is listed in the respective logbook of the subjects.

### **3.8. Rules for Overdue Exam for Basic & Clinical Sciences:**

- Any student not being able to appear for end of module/clerkship examination, due to a valid reason (Ref. Section 2.2) must submit an application with valid proof before the examination to the respective course director.
- In case of an emergency, the student must inform course director within 24 hours of the missed exam. These applications will be processed within 3 working days of missed exam.
- For any student who misses the last end of course (module/clerkship) exam due to an emergency, must submit an application to the course director. These applications should be processed within first week of pre-exam break and missed exam conducted, prior to the professional examination of respective year.

#### **If a student has missed a scheduled exam due to a valid reason, she/he is eligible for an overdue exam.**

The scoring for an overdue exam will be adjusted to a maximum of 60% for both written and OSCEs/IPEs. The process for permission to sit in an overdue assessment will be as follows:

- Students have to submit an application stating the reason for missed exam with documentary evidence to the module/ clerkship director.
- In case of medical leave or family emergency the module/clerkship director should be informed before or within twenty-four hours of the missed exam along with provision of supporting documents
- It will be evaluated by the concerned module/clerkship director and respective chairperson (BHS/CHS) may be consulted if required.
- **Special cases will be referred to a special committee constituted by Dean/Principal.**
  - For special cases, Principal or his appointed committee will approve or reject the application. Each application will be evaluated on a case-to-case basis.
  - The outcome of the decision (approved or rejected application), notified to the student, will then be submitted to the Student Affairs Department for record keeping.
  - If permitted, to take an overdue examination in clinical clerkships (Y-III, Y-IV, Y-V), student will appear with the subsequent batch in the end-of-clerkship examination that

she/he missed. In case a student misses his or her last clerkship examination, a separate examination may be offered to him/her during pre-exam break. (Ref. Section 3.10)

- In Years I – III, the overdue exam will be approved & scheduled by the module director.
- Overdue end-of-course IPE/OSCE may be modified (according to requirements).
- In case, a student is absent in an overdue exam without prior intimation and a valid reason, s/he will not be given any additional chance to take the examination before the first annual examination.

### **3.9. Rules for Re-Sit Exam**

- i. A student scoring less than 50 % in a block theory examination will have the option to take a Re-sit in the module(s) with the lowest score of the failed block to improve his/ her scores.
- ii. A student scoring less than 40 % or in a block practical examination will have the option to take a Re-sit of the failed block to improve his/ her scores.
- iii. A student scoring less than 50 % in a clerkship theory will have the option to take a Re-sit of the failed clerkship to improve his/ her scores.
- iv. A student scoring less than 40 % in a clerkship OSCE will have the option to take a Re-sit of OSCE of the failed clerkship to improve his/ her scores.
- v. A student has to apply for Re-Sit by submitting an application to the examination department within the first week of declaration of result. Examination department will forward it to the concerned course director for approval.
- vi. Higher of the two scores will be considered final. (Previously attempted examination and re-sit examination)
- vii. Students must take full responsibility for remedial learning. Faculty members will be available to provide support and guidance.
- viii. Re-sit/Remedials of block I, Block III and Block V in years I-III will be conducted during summer break. Re-sit/Remedials of block II, Block IV and Block VI in years I-III will be conducted during Pre-exam break.
- ix. For Re-sit examination in clinical clerkships (Y-III, Y-IV, Y-V), student will appear with the subsequent batch in the end of clerkship examination that s/he missed. In case a student

misses his or her last clerkship examination, a separate examination may be offered to him/her during pre-exam break.

- x. Re-sit examinations for clerkship rotations will be conducted in the same academic year.
- xi. The scoring for the Re-Sit exam will be adjusted to a maximum of 50% for both written and OSCEs/IPEs.
- xii. In case, a student is absent in Re-Sit exam without prior intimation or a valid reason, s/he will not be given any additional chances to take that examination before first annual examination.
- xiii. For special cases a committee will be constituted by Dean/Principal.
- xiv. The same policy will be applicable for repeaters.

### **B)Examination Policy**

#### **3.10. Professional/University Examinations:**

##### **General Guidelines:**

In the Professional Examination, for the block/clerkship both written (MCQs &SAQs) and performance assessment IPE/OSCE will be used.

- i. In the written examination, weighting of scores of MCQs and SAQs is 70% and 30% respectively.
- ii. The Integrated Practical Examination (IPE) consists of integrated, interactive, and multidisciplinary stations.
- iii. Performance assessment for all clinical subjects (Medicine, Surgery, Obs/Gyne, Pediatrics, ENT, Ophthalmology and Family Medicine) will be based on comprehensive OSCE.
- iv. The examinations schedule is proposed by the college and approved by the University.
- v. Professional examinations involve internal and external examiners.
- vi. **Pass scores:**  
Students need to score at least 50% in the final result of the Professional Examinations to be promoted to the next class.

**Students are required to pass both written and performance components of the professional examinations separately in order to be promoted to the next class.**

### **3.11 Detail of Professional Examinations:**

- i. The First Professional MBBS Examination is held at the end of the first academic year.
- ii. The Second Professional MBBS Examination is held at the end of the second academic Year.
- iii. The Third Professional MBBS Examination held at the end of the third Academic Year.
- iv. The Fourth Professional MBBS Examination is held at the end of the fourth Academic Year.
- v. The Final Professional MBBS Examination is held at the end of the fifth Academic Year.

### **3.12 Examinations Results:**

#### **3.14.1 Internal continuous Assessments Results:**

- i. Students can access their performance reports from their online portal after completing evaluation/feedback at the end of each module/clerkship.

#### **3.14.2 Professional Examinations Results**

- ii. Professional examination results are announced by the university according to blocks (comprising of system-based modules) and clinical disciplines.
- iii. The transcript mentions the marks obtained in written examination & IPE in individual blocks and written exam & OSCE of clinical disciplines.
- iv. Professional examination results are displayed on the notice board and uploaded on the college website.
- v. Transcripts for the professional examinations are issued by the university against the payment which will be charged to the students as part of examination fee.

Transcripts can be collected from the Examination Department SCM. Duplicate transcripts are issued on payment.

### **3.13 Eligibility to appear in the second annual examinations**

Following students are eligible to appear in 2nd annual professional examination

- i. Students with minimum of 75 % attendance.
- ii. A student failing in any professional examination is required to appear in the second annual examination only of the block/clinical discipline(s) he/she has failed.
- iii. A student failing either written or practical examination of a block /clinical discipline will have to appear in the second annual of both written and practical examinations of that block/clinical discipline.
- iv. The second annual examination will be held according to the dates specified in the academic calendar for each academic year. The interval between first and second annual examination shall not exceed more than two months. It is not related with the declaration of results.

## **C)SCM Detained Students Policy**

### **3.14 Number of Attempts:**

- i. Any student who fails to clear any professional examination both in annual and 2nd annual shall not be eligible for continuation of medical studies of MBBS Shifa College of Medicine.
- ii. On the students' request and after due evaluation and approval by a committee constituted by the Dean/ principal, a maximum of another two chances may be given to retake the relevant examination.
- iii. A maximum of four availed or un-availed chances will be allowed to a student to clear any professional examination. (As per PM&DC policy)

- iv. Student failing in the second annual examination (Supplementary) of a block/clerkship and repeating the year will be required to attend that block/clerkship and will ONLY reappear in the block/ clerkship s/he has failed.
- v. The details of retake examinations / course work / clinical rotations will be decided by the committee.
- vi. The MBBS degree must be completed within a total period of Ten years from the date of admission in first year OR a maximum of two academic years for each academic year fee paid by the student at SCM.
- vii. If the retake request is not approved by the committee, an NOC will be issued from College and University to the respective student after the submission of clearance form. And intimation will be sent to PMC accordingly.
- viii. The clearance of College/University dues will be required to obtain NOC.
- ix. After obtaining the NOC, the student can apply to another institute to continue his/her studies.
- x. If a student fails to qualify the retake examination and is detained and permitted by the university to repeat the academic year, the corresponding seat of the detained student shall remain vacant and not be filled by transfer of another student or any other means. (As per PM&DC policy)
- xi. Any MBBS student who fails to clear any professional examination in four chances, availed or un-availed, will not be eligible for continuation of MBBS program in the subsequent professional examinations and will be removed from the program.

### **3.15 Internal Assessment/Attendance:**

- i. A student who is allowed for retake by the committee will be required to maintain at-least 90% attendance in the relevant block/ clerkship and the internal assessment which is higher of the two (previous & remedial duration) will be considered.

### **3.16. Retake examination Fees:**

- i. The retake of university professional examination fees will be charged as per university policy.
- ii. In accordance with this policy, any student who has been detained in a particular academic year and subsequently required to repeat the same year, will be subject to paying the full tuition and examination fees that are applicable to the next batch of the students starting that year

### **3.17. Length of Degree:**

- i. The ten-year rule would be applicable to the students of MBBS according to which: “The entire graduation period must NOT exceed Ten years” OR a maximum of two academic years for each academic year fee paid by the student at SCM.

### **3.18. Study Gap during course of MBBS:**

“Where any student has qualified a professional MBBS examination and wants to take a gap in the course of MBBS by temporarily discontinuing his/her studies, the following would be the procedure:

- i. He/she has to apply with the consent of parent/guardian mentioning the reasons and expected duration. He/ She is required to provide the supporting documents.
- ii. A committee constituted by the Dean / Principal will evaluate the application and would decide.
- iii. It would be only one time during the course of MBBS and for one year.
- iv. The validity of any professional examination is (03) years therefore, after that he/she has to re-take the last professional examination passed, after exhaustion of all the granted chances, the candidate will be expelled from the College and PMC will be intimated.
- v. To re-join his/her studies of the MBBS, he /she would be assessed by the committee again to ensure that he/she is able to continue the studies and to document the deficiencies/additional requirements which need to be met.



- vi. The applicant must apply for taking a study gap before the beginning of the session. If he/she applied after the start of the session, he/she will have to pay the tuition fee for the existing session.
- vii. Approval of gap/rejoining would be notified by the Dean / Principal to be considered effective.
- viii. Approved gap years would be counted within the ten years rule for MBBS.

**4.1 Preamble**

Evaluation is a process of analyzing the quality of education against the set standards consisting of both qualitative and quantitative data. Evaluation by the students of each module/clerkship is mandatory. Evaluation data is generated using three approaches, as follows:

- i. End of module/clerkship evaluation is done by students at the end of each module/clerkship.
- ii. Evaluation of faculty members involved in the module/clerkship is done by students at the end of each module/clerkship.
- iii. The module/clerkship director evaluates all team members and vice versa at the end of each module/clerkship.

**4.2 Process**

- i. Evaluation is carried out through online portal.
- ii. User name and password for the portal is given to the student at the start of Year I.
- iii. Evaluation is initiated at the end of each module/clerkship.

**Year I & II**

Evaluation of each module as well as teaching faculty involved is conducted at the end of each module.

**Year III**

Evaluation of each module as well as teaching faculty involved is conducted at the end of each module.

Evaluation of clinical rotations is carried out at the end of each rotation, by the students.

There will be no evaluation of clinical faculty involved in 3<sup>rd</sup> year rotations.

**Year IV & V**

Evaluation of clinical clerkships as well as teaching faculty involved is conducted at the end of each clerkship.

- iv. Emails are sent to inform students/faculty about the due dates for evaluation.
- v. Report of each module/clerkship is shared with the concerned faculty members, module/clerkship directors, DHPE, HODs, chairpersons BHS & CHS, Principal/Dean FHS and VC- STMU.

- vi. The process of evaluation is mandatory for the students. The result of end of the module/clerkship exam of each student is linked with the submission of evaluation.

## 5. SCM Electives Policy

2023-24

1.The Student Electives are a mandatory component of the Final year for Shifa College of Medicine students starting from the Class of 2022. Without successful completion of the electives, the student may not sit for the first annual exam and will not graduate till he/she completes this requirement.

2.It is encouraged for students to complete their electives outside of Shifa International Hospital and Shifa College of Medicine in the field of their choice. If for some reason the student cannot get placements outside, he/she may do their electives at Shifa as a last resort. However, the reasons for not getting placement will be scrutinized by the Student Electives Committee.

3.The Student Electives Committee and department of Student Affairs will facilitate (as much as is possible) the students for gaining elective opportunities nationally and internationally. However, it is the prime responsibility of the student to arrange his/her own electives using the VSLO portal (for which SCM pays an annual fee) and/or personal contacts. The students will be informed of their elective slots 6 months to a year in advance for preparation. Once the student has confirmed his elective placement, the Students Electives Committee and the department of Student Affairs must be notified.

4.Each elective rotation is of 9 weeks for which the student must utilize a minimum of 6 weeks for this purpose. If for some reason the student wants to exchange his/her slot, he may do so with another student on a mutual basis.

5.No student will be allowed to avail electives at the cost of the MBBS Final year rotations. It is advised that students plan their travel and return well in advance to avoid any absences in their next rotations.

6.The students will be required to get their logbooks/portfolios signed by their respective elective supervisors and submit them on their return to Student Affairs office.

7.Shifa College of Medicine will not bear any cost involved in availing or completion of the elective.

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8.Failure to complete the elective rotation or provide evidence of completion of electives will result in the student's disqualification for sitting in the annual exam till the requirement is fulfilled.

9.Email and contact numbers of relevant supervisors along with graded and signed portfolio will be required to be submitted to Department of Student Affairs for documentation and future reference.

## 6. Academic misconduct by the Students Policy

2023-24

The college strives to uphold academic standards across its entirety. The philosophy of the Academic Misconduct policy is grounded in the belief to create and maintain a safe, fair, and ethical environment for all members of Shifa College of Medicine. This policy recognizes that academic misconduct, including cheating, plagiarism, and other forms of dishonesty, undermines the integrity of the academic process. The policy is designed to promote and uphold the principles of academic honesty and integrity, to foster a culture of respect for academic excellence, and to promote the pursuit of truth and knowledge. It establishes clear expectations and standards for behavior, and outlines consequences for violations of these standards. The policy is guided by the principles of fairness and transparency; and seeks to ensure that all members of the academic community at college are held accountable for their actions.

Different types of academic misconduct were identified by the committee as follows:

- Incomplete attendance [less than 90%].
- Omitting mandatory presentations on assigned dates.
- Missing the end-of-rotation/ clerkship exam.
- Cheating in attendance/ forgery of signatures.
- Sick leave from physicians outside the recognized and authorized hospital (Ref. Section 7.4).
- Misbehavior with faculty/ staff/ fellow students.
- Plagiarism/ copying assignments

### 7.1 Incomplete attendance

- Attendance will be 90 % for all subjects
- There should be no compensation for physical absence, however compensation/remediation for learning only, should be offered to students who have missed their academic activities. This should not be considered compensation for physical attendance.

- The attendance of 3<sup>rd</sup> and 4<sup>th</sup> year should be combined for 4th Professional examination, whereas attendance of 3<sup>rd</sup>, 4<sup>th</sup> and final year should be combined for 5th Professional examination
- 90% attendance will be mandatory for First annual examination eligibility.
  - Students with combined attendance between 75 to 90 % can appear in Second Annual.
  - Students with less than 75 % attendance will have to repeat the year.
- In all emergent situations the approved leave applications should fall into the allowed 10% absence, under all circumstances, regardless of the reason. No extra leaves will be allowed in any other instances.
- In special cases (death of a family member, serious illness which requires admission or quarantine or any other deemed unavoidable) where approved leave exceeds the 10%, a special committee comprising of at least three professors /HODs shall approve the leave, deduct the number of approved leave days beyond 10% from the total attendance and count 90% from the remaining attendance.
- Attendance will be counted/recorded on weekly basis and those students who are found deficient, will be counselled. The counselling form will be signed by the students and sent to their parents through students' affair department.

### **7.2. Omitting mandatory presentations/ tasks on designated dates.**

In the event that a student fails to fulfill mandatory presentation or task on the designated dates, they shall be deemed absent for the entirety of the day by the clerkship or module director. Furthermore, the student is required to provide a written explanation letter to the clerkship or module director, as an additional measure.

### **7.3. Missing the end-of-rotation/ clerkship/ module exam including OSCE / IPE.**

In the event of an emergency, the student is obligated to notify the block/module/clerkship director(s) within a 24-hour time frame of any missed exam. In the case of a genuine reason prior to the exam, the student should send a formal application to the module/clerkship director(s) and Head of the Examination Department, seeking adjustment for the next scheduled

module/clerkship/block exam. It is imperative that this adjustment is implemented prior to the Professional Examination of the respective academic year.

### **7.4. Sick leave from physicians outside the hospital**

It is mandatory for any student who requires sick leave, to obtain a medical certificate only from the physician or consultant at the SFCHC / SIH. In the event that the student is out of town or at home, they may engage in tele-consultation with the physician at the SIH or SFCHC via e-Shifa, on payment. Medical certificates from outside the above-mentioned hospital will not be accepted.

### **7.5. Cheating in attendance/ forgery of signatures**

The committee holds zero tolerance for signature forgery. All such cases should be forwarded to the disciplinary committee. In the event of the initial occurrence of cheating in attendance or proxy, the preceptor shall apprise the clerkship or module director, who will subsequently seek explanation from the student and impose additional assignments, extra call duties or a one-day absence from the proceedings, as deemed necessary. However, in the event of repeated attempts at such behavior, the matter shall be immediately referred to the disciplinary committee via the Head of the Department.

### **7.6. Misbehavior with Faculty/ Staff/ Fellow students**

Any case of misbehavior of students with the faculty/staff /fellow students should be intimated immediately by the complainant faculty/staff member/student, to the respective Head of the Department and disciplinary committee if required for necessary action.

### **7.7. Plagiarism/ Copying Assignments**

In case of copying others work (histories/case-write ups/ assignments), the student will be called by the module /clerkship director for explanation and impose penalty according to the severity of the offence. Copying/ manipulating others research data/ work is considered a serious offence and all such cases should be referred to the disciplinary committee.



## Disclaimer

This manual outlines the information relating to all policies for the information of faculty, students and other stakeholders of Shifa College of Medicine. It will be superseded by any policy of the concerned regulatory body.