

Altamash Institute of Dental Medicine

Department of Medical Education

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1. Purpose

To establish formal, ongoing program evaluation procedures to demonstrate the extent to which the College and Institute of Altamash are achieving their educational outcomes on the basis of defined learning objectives. This strategy is focused on quality assurance procedures to comply with Accreditation processes pertaining to evaluation of program effectiveness. ALL undergraduate program like MBBS, BDS, BSN, just to name a few will be covered by this policy including the programs which are not named in this document yet being conducted by ANY College or Institute of Altamash.

2. Scope

The scope of this policy includes:

- Undergraduate programs being offered by Altamash Institute and college affiliated with Jinnah Sindh Medical University (JSMU).
- Certificate/diploma courses being offered affiliated with JSMU
- Post graduate programs being offered affiliated with JSMU and College of Physicians and surgeons (CPSP) and other universities

3. Policy statement

3.1. Provide on a regular basis a variety of high quality and timely student feedback of courses, clinical rotations, and instructors and reports based on outcome data and analyses to the Curriculum Committee with Monitoring of planned changes to the curriculum have been implemented

3.2. Evaluation Model

This strategy will consist primarily of process and outcome evaluations. The Context, Input, Process and Product (CIPP) model will be the basis in judging the program's value. CIPP is a decision-focused approach to evaluation and highlights the systematic provision of information for program management and operation. However, some specific sources of data will also assess the unmet needs of medical students, reflecting needs assessment. The three evaluation components are discussed below.

3.3. Needs Assessment

It will help to identify the subject or specific areas that are not included in the program to develop the competencies in the program

3.4. Process Evaluation

The framework will determine the extent to which components in the curriculum is being implemented as intended. It will review

3.4.1. Actually being delivered

3.4.2. to the intended students

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3.4.3. in the intended amount

3.4.4. at the intended level of quality

3.4.5. Specifically, the intended and actual goals, objectives, inputs, activities, and outputs of the program will be identified. Then, any differences between what is intended and what is actually delivered will be highlighted. The framework should include measures to review course evaluations, examination reviews, and feedback.

3.5. Outcome Evaluation

Outcome evaluations measure the extent to which students are achieving various outcomes in accordance with the given formal curriculum of individual programs..

3.6. Objectives of the Evaluation

Based on the model and strategy presented above, the following objectives were developed for the Program Evaluation. The Quality Enhancement Cell should be able to:

3.6.1. Measure the extent to which the curriculum is implemented as intended.

3.6.2. Assess the degree of the horizontal and /or vertical integration of content and competencies across the curriculum in modules and years

3.6.3. Identify factors that facilitated the implementation of the curriculum.

3.6.4. Categorize issues that inhibited the execution of the curriculum.

3.6.5. Determine the extent to which the goals/objectives of individual courses and clinical clerkships are achieved.

3.6.6. Identify the strengths and weaknesses of the program.

3.6.7. Determine the overall level of satisfaction of key stakeholders with the program as appropriate.

3.6.8. Determine the level of knowledge/skill retention by students over time.

3.6.9. Determine the extent to which the program improved students' educational skills

3.6.10. Identify any unforeseen outcomes related to the program.

3.6.11. Categorize the most pertinent knowledge/skills acquired through the program.

3.6.12. Judge the extent to which the overall outcomes program were achieved.

3.6.13. Identify curriculum content that will meet the needs of current and possibly, future practice.

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3.6.14. Provide feedback to the Curriculum Committee to assist the future development and/or implementation of the program.

3.7. Methodology/Sources of Data

All data which will be collected can be in the form of questionnaires, direct interviews, Delphi method and other validated methods and will focus on the aligning the same with the above given objectives.

3.7.1. Responsibilities

3.7.1a. **Program Director/Head of Department:** Oversees the implementation and ensures all stakeholders participate.

3.7.1b. **Year Coordinators:** Ensure timely administration of surveys and evaluations.

3.7.1c. **Faculty Members:** Complete course review reports and participate in mentoring progress reviews.

3.7.1d. **Administrative Staff:** Assist in survey distribution, data collection, and compiling reports.

3.7.1e. **Quality Assurance (QA) Committee:** Analyzes collected data, generates reports, and provides recommendations.

3.7.2. Components of Evaluation: Internal Sources of Data

3.7.2a. Student Course Evaluation Form

Objective: To gather student feedback on individual courses and instructors.

Process: Administer at the end of each course (preferably online or during the last week of classes). Students rate course content, teaching methods, learning resources, assessments, and faculty performance. Include qualitative feedback sections for suggestions.

Responsible: Year Coordinators to distribute; QA Committee to collect and analyze results.

Reporting: Analysis shared with course instructors and HOD and actionable feedback for course improvements is highlighted.

3.7.2b. Faculty Course Review Report

Objective: To provide a faculty-driven review of the course, assessing learning outcomes, teaching strategies, and areas for improvement.

Process: Faculty members complete this report at the end of the year. Include evaluations of student performance, course content relevance, learning outcomes achieved, and any proposed changes.

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Responsible: Individual course Senior Faculty.

Reporting: Submitted to HOD and QA Committee for review and inclusion in the program evaluation report.

3.7.2c. Survey of Graduating Students

Objective: To assess the graduating students' perspectives on the overall BDS program, including curriculum, clinical training, facilities, and career preparedness.

Process: Conducted during the final semester before graduation. Includes Likert scale questions and open-ended feedback.

Responsible: Student Section/QA Committee.

Reporting: Data used to identify program strengths and areas for improvement. Results shared with faculty and administration for strategic planning.

3.7.2d. Student Mentoring Progress Review Form

Objective: To track the progress of students in their academic, professional, and personal development through mentoring relationships.

Process: Mentors complete this form at the end of each semester, documenting mentee progress in set goals. Focus on both academic performance and soft skills development.

Responsible: Faculty mentors.(Senior and Junior)

Reporting: Submitted to the Program Director and shared with the student (as needed). Mentoring strategies adjusted based on feedback.

3.7.2e. Faculty Survey

Objective: To gather faculty feedback on program administration, available resources, professional development opportunities, and overall work satisfaction.

Process: Administered annually. Focus on curriculum delivery, faculty workload, teaching support, and research opportunities.

Responsible: QA Committee.

Reporting: Used to inform institutional policies and faculty development programs.

3.7.2f. Alumni Survey

Objective: To assess program effectiveness from the perspective of alumni, focusing on the relevance of the education to their career paths.

Process: Administered 1-3 years after graduation. Survey covers career success, continued education, and satisfaction with the BDS program.

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Responsible: Alumni Affairs and QA Committee.

Reporting: Alumni feedback integrated into program reviews and strategic improvements.

3.7.2. g. Employer Survey

Objective: To gather feedback from employers of BDS graduates to assess the graduates' performance in the workplace and program alignment with industry needs.

Process: Conducted annually or biannually. Questions cover skills, knowledge, professionalism, and areas of improvement for new graduates.

Responsible: Human Resource Department and QA Committee.

Reporting: Results influence curriculum updates and professional skills training.

3.7.2h. Teacher Evaluation Form

Objective: To provide students' feedback on individual faculty performance regarding teaching effectiveness and interaction.

Process: Administered at the end of the course. Includes ratings on subject knowledge, communication, availability, and teaching style.

Responsible: Year Coordinators.

Reporting: Results shared with individual faculty members. Data used for faculty development and performance appraisals.

3.7.3. Data Collection and Reporting

Timeline: Evaluations are scheduled at specific intervals, ensuring data is collected systematically and regularly.

Data Analysis: The QA Committee compiles data from all evaluations and surveys.

Report Generation: Annual program evaluation reports will be generated, including recommendations for program enhancement.

Feedback Loop: Summarized feedback is shared with faculty, students, and administration to close the loop on continuous quality improvement.

3.7.3. Analysis of Internal/External Sources of Data

3.7.3.1. Correlation between Feedback from different sources

3.7.3.2. Learning Environment

3.8. Program Efficacy Review Report

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3.8.1. An annual report will be generated by the Quality Enhancement Cell / Quality Assurance Committee on ALL programs being conducted on their curriculum and delivered to the following:

3.8.1. a. Chairperson Curriculum Committee

3.8.1. b. Principals / Directors

3.8.1. c. Academic Council

3.8.2. An Executive Summary will be produced to be presented to Higher Education Commission and other relevant regulatory bodies.

4. Definitions:

- 4.1. Certificate / Diploma courses: Any professional development courses that is of less than or equal to one year and is affiliated with a HEC recognized university.
- 4.2. Undergraduate Program: Any program that falls at level 06 of Pakistan Qualification Framework.
- 4.3. Postgraduate Program: Any program that falls at level 07 or above of Pakistan Qualification Framework.

5. Linked/Referenced Documents:

- Curriculum policies PM&DC , JSMU, CPSP
- JSMU, CPSP, MDS/MSc (ZU) guidelines.
- HEC policy

6. Responsibilities:

The policy ownership lies with the department of medical education Department.

7. Revision/Modification History & Frequency:

7.1 Review Policy

The policy will be reviewed every three years. However, the owner/custodian of the policy may request for a revision based on emerging needs and with the approval from competent authority.

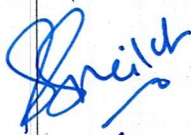
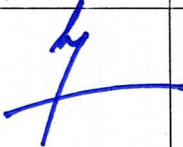
7.2. Custodian of the policy

A formal approval will be required if a policy is revised more than 25%. Director DME would determine the percentage of revision in consultation with the custodian of policy.

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Responsibility for Implementation	Department of Medical Education and Quality Enhancement Cell			
Version No:	02			
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Approved By:	Professor Dr. Hasnain Sakrani	Principal & Chairman Academic Council		26 th May 2023