



# MANSAROVAR DENTAL COLLEGE

Mansarovar Campus, Rani Avanti Bai Marg, Village- Hinotia Aalam,

Ward No. 84, Kolar Road, Bhopal (M.P) 462042

Tel: +91-9111777225, 761158888. Website: [www.mansarovardentalcollege.com](http://www.mansarovardentalcollege.com)

## **2.5.3 Information on examination reforms**



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## **2.5.3 INFORMATION ON EXAMINATION REFORMS:**

**The Mansarovar Dental College, Hospital & Research Centre, Bhopal has reforms for the examination conduction at internal and university level which comprises of objective structured clinical examination (OSCE)/objective structured practical examination (OSPE).**

### **Internal Examination Reforms:**

The examination hall is under continuous CCTV surveillance.

- The halls are installed with the latest cameras and high speed internet connections.
- The internal assessment examination is conducted three times in a year for every subject. The syllabus for the same is uniformly distributed and students are informed about the same well in advance.
- To improve the learning process written examination is followed by viva voice, chair-side discussions and practical examination for pre-clinical subjects and patient work in clinical department. The assessment for the all exercises is done as stated by the University.
- All the students are well informed about the disciplines, eligibility, requirements of attendance and examination related guidelines of the university and the institution.
- Two sets of question papers are prepared and submitted to the exam controller in a sealed envelope 10 days before the commencement of the exam and one question paper is randomly selected by the exam controller and handed over to the concern department one day before the exam.
- For the purpose of investigating unfair means resorted to by students at the College level, the Institutional Student Grievance & Redressal Committee shall be appointed by the principal along with a Flying squad who will be visiting the examination hall during the exam. The committee shall have one/two senior faculty members including Examination controller.



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- Any grievance regarding examination or internals such as, erratic evaluation, totaling mistake, out of the syllabus questions be addressed by the HOD/Incharges of the concern Department and the Exam controller.
- The marks of the internal exams are displayed on the notice board within a week of the commencement of last practical exam to ensure transparency in evaluation. Answer sheets are also shown to all the students. The Head of the department primarily redress all grievances about evaluation, including the internal assessment marks awarded to the students. In case of dissatisfaction, the same is put before the committee appointed by the principal which then looks after such grievances and redress the same.

## **University Examination Reforms:**

- The parent university takes care of all examination reforms.
- Practical Exams are being conducted and recorded with cameras and videos records are submitted to the university on the same day of examinations.
- Only a particular clinical procedure or experiment is usually given for the examination as per DCI syllabus. The clinical and practical examination provides a number of chances for the candidate to express the skills.
- A number of examination stations with specific instructions is provided. This includes clinical procedures, laboratory experiments, spotters etc.
- Evaluation is made objective and structured. The method of objective structured clinical examinations is followed. This will avoid examiner bias because both the examiner and the examinee are given specific instructions on what is to be observed at each station. This assessment provides a platform to assess a graduate for the competencies required for general dental practice.



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- A aggrieved student who has the grievance(s) at university level can apply for verification of marks, by applying to the university for the same through the principal of the college. The principal, after verifying the facts, shall forward it to the concerned section of the university. The university redress all such grievances within a reasonable time, preferably within fifteen days of the receipt of application.
- The University provides the photocopy of answer books to students on demand after paying for the prescribed fees. Students on receiving their own answer-sheet can then verify the answer book. In addition, follow up is kept with the University until the grievance is settled.
- If the student is not satisfied with this decision, he/she can submit appeal to the higher authorities (Registrar / VC) within a stipulated time.

## Examination Policy

### A. Passing Rules of BDS

#### *Marks distribution in each subject:*

Each subject shall have a maximum of 200 marks.

Theory 100

Practical/Clinical 100

#### **Theory – 100**

University written exam 70

Viva-Voce 20

Internal assessment (Written) 10

**Total** 100

#### **Practical Clinical - 100**

University Exam 90

Internal assessment 10

(written) **100**



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## **Practical and Viva Voce Only in University Examination**

Pre-clinical Prosthodontics, Pre-clinical Conservative Dentistry

Internal Assessment	-	20
Practical	-	60
Viva Voce	-	<u>20</u>
		<b>100</b>

### **Criteria for a pass:**

Fifty percent of the total marks in any subject computed as aggregate for theory, i.e. University written exam, viva voce and internal assessment and practical's including University written exam and internal assessment, separately is essential for a pass in all years of study.

For declaration of pass in a subject, a candidate shall secure 50% marks in the University examination both in Theory and Practical/Clinical examinations separately, as mentioned below:

- A candidate shall secure 50% marks in aggregate in University theory including .Viva-Voce and Internal assessment obtained in University written examination combined together.
- In the University practical/ clinical examination, a candidate shall secure 50% of University practical marks and Internal Assessment combined together.
- In case of Pre-Clinical Prosthetic Dentistry and Pre-Clinical conservative dentistry in II BDS, where there is no written examination, minimum for pass is 50% of marks in Practical and Viva Voce combined together in University examination including Internal Assessment i.e. 50/100 marks.
- Successful candidates who obtain 60% of the total marks or more shall be declared to have passed the examination in First Class. Other successful candidates will be placed in Second Class. A candidate who obtains 75% and above is eligible for Distinction. Only those candidates who pass the whole examination in the first attempt will be eligible for distinction or class.



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## **Grace Marks:**

Grace marks up to a maximum of 5 marks may be awarded to students who have failed only in one subject but passed in all other subjects. Any candidate who fails in one subject in an examination is permitted to go to the next higher class and appear for the same subject and has to complete it successfully to appear for the next higher examinations.

## **Passing Rules of MDS**

### ***Distribution of marks at the university examination:***

#### **Theory:**

Paper –I                      75 Marks

Paper -II                      75 Marks

Paper -III                      75 Marks

Paper -IV                      75 Marks

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**Total                      300 marks**

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Practical & Clinical Examination      : 200 marks

Viva-voce                                      : 100 marks

A candidate who wishes to study for MDS shall have to take the full course of 3 years in that speciality.

### **Criteria for declaring as pass:**

To pass in the University examination, a candidate shall secure in both theory examination and in practical/ clinical including viva voce independently an aggregate of 50% of total marks allotted (150 marks out of 300 allotted for theory and 150 out of 200 for clinical + 100 for viva voce together). A candidate securing less marks as described above shall be declared to have failed in the examination.



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A candidate who is declared successful in the MDS Examination shall be granted a Degree of Master of Dental Surgery in the respective speciality.

**The Mansarovar Dental College, Hospital & Research Centre, Bhopal has opted OSCE/OSPE to evaluate the undergraduate and postgraduate examination.**

**OBJECTIVE STRUCTURED CLINICAL & PRACTICAL EXAMINATION (OSCE/OSPE)**

## **INTRODUCTION:**

Assessing teaching- learning outcomes in anatomical knowledge is a complex task that requires the evaluation of multiple domains: theoretical, practical and clinical knowledge, In general theoretical knowledge is tested by a written examination system constituted by multiple choice questions (MCQS) and/or short answer questions (SAQ) and long answer question (LAQ). The assessment of practical knowledge (three-dimensional anatomical concepts) involves oral, spot or objective structured practical examinations (OSPE). Final, the application of anatomical knowledge to patients is tested mainly through objective structured clinical examinations (OSCE).

Clinical practical examination is designed to test the skill, performance and capability of the candidate in communication, clinical examination, dental procedures or prescription, latest techniques, evolution and interpretation of results so as to undertake independent work as a specialist.

The OSCE incorporates the use of standardized Patients first described by Barrows and Abrahamson in 1964. The use of standardized patients allows the nature of problems and the level of difficulty to be standardized for all students. OSCE is effective tool for the evolution in medical and dental field.

The OSCE is very flexible and tests a wide range of task and skills. The choice is set within the boundaries set by stated outcomes and more specific learning objectives. Candidates who are



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familiar with the format of certain "unusual stations should be given consideration for which formative OSCE is highly recommended.

The other exam components should not be forgotten, such as paper tests of knowledge, and other higher tests of cognition. If the whole examination presents an unbalanced and overlapping distribution of competencies tested the "value of the OSCE is diminished."

For setting up a successful OSCE and above all shall reflect the capabilities expected of the students. The team needs to consider whether an OSCE can give information about all attributes expected from the candidates at the level of the test.

## **OBJECTIVES:**

It is a multi station, multi task process of assessment which reflects the objectives-construct validity. It sets at an appropriate level understanding and applying theory- not a series of MCQS, but tests the practical skills

## **Importance of clinical examinations:**

- Minimum sets of equipments are required.
- Ideal for comprehensive program.
- More definitive and more authentic in terms of training doctors.
- Usually cheaper than a practical exam



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## Practical Stations Can Be

- I. Use of a microscope
- II. Investigation
- III. Histopathology
- IV. Applied anatomy - X-rays etc
- V. Measurement BMI function tests
- VI. Elementary clinical skills-integration

The examination is to measure clinical capability and is very meticulous and should not be undertaken by those without experience.

## PURPOSE OF OSCE/OSPE

1. Do
2. Show
3. Know
4. Understand

## Stations:

All Staff members distribute the stations among themselves or ask the other staff to participate in the preparation process. All station designers need prepare a number of documents related to their station.



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## **Station's Profile**

This profile is usually used for the identification of the characteristics of the station in the item bank. An estimate of the time needed for the task, and the domain and competence tested (objective/construct of the station). The profile should also include a proposal of the suitable examiner (for example a surgeon).

The documentation specifies the items suitable for the demonstration of the skill, whether it is a patient (non-standardized or standardized), a model /cast or an interactive animation. The repetitive item should also be clearly specified, for example a video of a patient Station materials must be prepared.

## **Opening Statement of Station**

This is important as it is expected to prepare the mindset of the examinee and provide a semi-real-life situation. A scenario should as much as possible, use the patient's language rather than technical medical terminology. It should provide enough information to guide the examinee to the required task, but not too little. a standardized format for the task is helpful- for example providing the patient's name, age, presenting complaint, and the setting (such as clinic, emergency department) – and must be uniform for all stations. Bearing in mind the time constraint for any station, care must be taken not to overload the scenario with any unnecessary detail.

## **INSTRUCTIONS:**

Clear instructions should be written for examiners, examinees and patients.

### **Instructions for candidates/ examinee**

Candidate instructions consist of the skills to be demonstrated. It should be clear and precise, Any person reading the instructions should have a full understanding of the task.



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More than one capability can be tested, clear instructions for both tasks must be provided. It is always useful for the candidate to know the division of marks between tasks and questions that might be asked.

## **Instructions for the examiners**

Explicit instructions should always be provided for the examiners of a station. As an introduction the station profile shall be presented with a clear statement of the construct being measured.

## **Instructions and training material for patients:**

There shall be a short and informative description of what will happen at the clinic some stations may require unusual responses, If a history is to be given the details shall be provided, and preferably surplus to requirements (complete history) to avoid leading the candidates by the absence of important information that a patient would normally give.

## **SCORING AND MARKING FORM**

The constructor should follow the rules and standards agreed upon. The format of the form(s) to be used should be specified by the head of the departments as there are various formats. The most widely used are:

### **i. The Check List**

This is a list of the expected items if the task is completely performed. The staff must decide the degree of detail with which items will be described. Statements regarding skills and behaviors expected to be in most or all clinics should not be given a high mark as this will affect the overall mark of the exam. Scoring is usually of the yes/no, done/not done type. This method of rating is particularly useful for inexperienced examiners



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## ii. The Scoring Scale

A scoring scale has a list of statements in detail about the task to be performed. The candidate will be rated across a scale such as satisfactory, borderline, weak, not done or problems. A mark is assigned for each level in the scale, like 2, 1.5, 1, 0.5 and 0 for the example given earlier.

## iii. Global rating

This concept can be used for different purposes. Some examiners would like to assess the overall performance in the station to differentiate the competent from the insufficiently competent. In this case a mark should be allocated for this global rating. This is usually used with the checklist and is not necessary in the rating scale.

## iv. Formative OSCEs

New stations should be scheduled for testing and standardization where examiners make sure that the task is objective and doable. If a clinical sign needs to be demonstrated by the candidates with a non-standardized patient, the examiners must make sure that the sign is clear and can be detected by the examinees before the OSCE starts, and this can only be done by the examiner examining the non-standardized patient himself, and not during the OSCE itself.

### Recommended Regulations

- Every station must correspond to a specific item.
- The task must be clearly stated ( On simulated patient, non standardized patient, phantom or simulation equipment)
- Candidate should explain the examiner exactly what they are going to do.
- Every station must have an specific marking schedule, and all stations must have one set of total marks, for example ten or twenty
- The following materials must be available for every station:



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## **ASSIGNING RULES AND RESPONSIBILITIES:**

The preparation of an OSCE is different from preparing knowledge-based exams with multiple choice or essay questions.

- Choosing and preparing the venue, the exam materials the use of video technology.
- A good alternative venue is a clinical environment is needed in the absence of skills lab.
- When planning an OSCE, the testing area should be mapped
- Use of video technology in OSCEs is increasing. To save time and money, some of the stations involve videotaped material.

## **ADMINISTERING THE OSCE**

- Examiners should arrive at least 45 minutes before the start time to familiarise themselves with the details of the station and also with their patients.
- Candidates should arrive at the venue at least 30 minutes prior to the start time.
- The candidates should be given a final briefing.

## **MARKING**

1. All mark sheets are collected from each station and checked for candidate identification, name and/or number.
2. Adequate time should be allowed to process the marks and the data manager should be supported by sufficient staff to ensure no candidate score is omitted.



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## **Recommended standards and guidelines for the delivery of exams**

1. An OSCE committee should be appointed with an exam coordinator to supervise the delivery process helped by a support team.
2. A suitable exam venue should be chosen, prepared and tested well ahead of the exam day with sufficient space for patients, examiners at their stations and briefing and rooms for candidates.
3. The selection of examiners should be based on specific criteria, including training participation etc
4. To reduce variability and improve reliability, workshops/training courses must be organized
5. The evaluation of students at each station could be done by examiners physically present at the station
6. Instructions, answers and reflection could be done on papers posted and located at each station or preferably in an examinee's OSCE
7. Debriefing of examiners, patients, candidate representatives and support staff should be done as soon after the day of the OSCE as is convenient.
8. Some of the stations will need to be recorded for standardization purposes and to give further feedback.



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GPS Map Camera



Bhopal, Madhya Pradesh, India

Mansarovar Dental College Hospital and Research Center, Bairagarh Chichali, Kolar Rd,  
Bhopal, Madhya Pradesh 462042, India

Lat 23.152556°

Long 77.423493°

05/04/23 02:00 PM GMT +05:30



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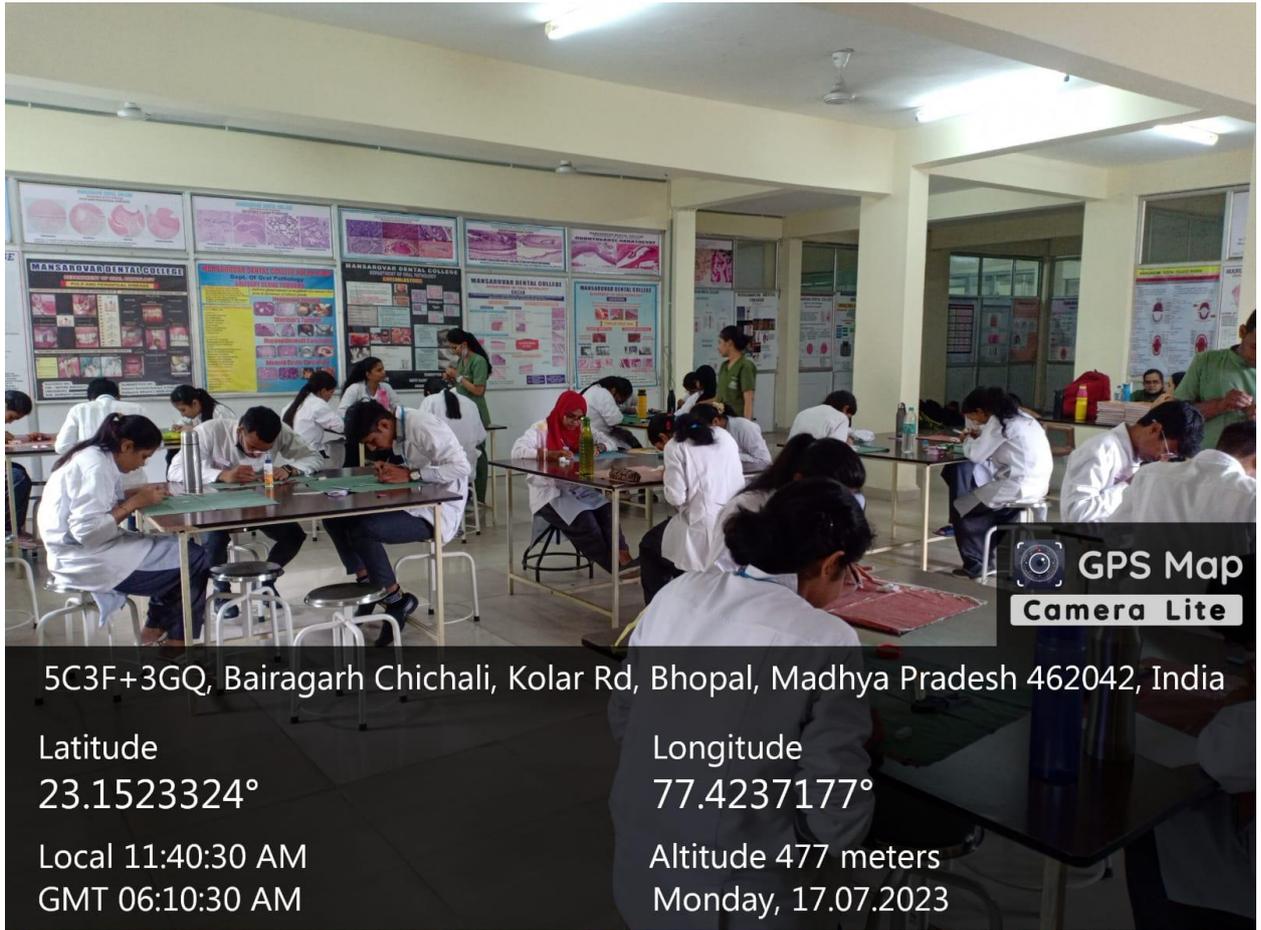


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Latitude  
23.1523324°

Local 11:40:30 AM  
GMT 06:10:30 AM

Longitude  
77.4237177°

Altitude 477 meters  
Monday, 17.07.2023