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QUEENS MEDICAL COLLEGE

A Project of ILI Education & Health Solutions (Pvt) Limited

11-Km Main Ferozepur Road, Kasur Contact: 0307-1060830

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Ihsan Mumtaz Teaching Hospital

71-E Johar Town, Molana Shoukat Ali

Road, Lahore

Contact: 042-35202130, 0307-1060830

Bhatti International Teaching Hospital

BIT Hospital, 2-Km Raiwind Road, Kasur

Contact: 049-2721872

Ref No: QMC/ /2025

Date:

Policy on Providing feedback to Students

1. Purpose

This policy outlines the principles and guidelines for providing feedback to students, both in general and after assessments, to ensure it is constructive, timely, and supports student learning and development.

2. Scope

This policy applies to all faculty members and teaching staff involved in teaching, mentoring, and assessing students across all academic programs offered by the institution.

3. Principles of Feedback

Feedback should:

- 1. Be Constructive:** Focus on Improving student performance and reinforcing strengths.
- 2. Be Specific:** Provide detailed and clear information about performance and areas for improvement.
- 3. Be Timely:** Delivered promptly to allow students to reflect and act on it effectively.
- 4. Be Respectful:** Encourage a positive learning environment by maintaining professionalism and empathy, Sandwich approach should be followed.
- 5. Be Actionable:** Include suggestions or strategies for improvement.
- 6. Be Continuous:** Provided regularly assessments. throughout the learning process, not just after assessments.
- 7. Be Confidential:** The feedback should be in privacy and confidential.

4. General Feedback Guidelines

- 1. Contextualization:** Feedback should be aligned with the intended learning outcomes and course objectives.
- 2. Student Involvement:** Encourage students to self-assess and reflect as part of the feedback process.



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3. **Two-Way Communication:** Allow students to seek clarification or discuss feedback.
4. **Documentation:** Keep records of feedback provided during critical interactions or major assessments.
5. **Equality:** Ensure that feedback is provided consistently across all students without bias.
6. **Equity:** Feedback is given according to the need.

5. Feedback After Assessments

5.1 Types of Feedback

Formative Feedback: Provided during the learning process to help students identify strengths and weaknesses and improve before summative assessments

Summative Feedback: Delivered after assessments to evaluate overall performance and provide guidance for future learning.

5.2 Timing

Feedback for summative assessments should be given within two weeks of the results being released.

5.3 Content of Feedback

1. **Conducive Environment:** Make the student comfortable with conducive environment
2. **Strengths:** Highlight areas where the student performed well.
3. **Performance Summary:** A general overview of the student's performance in relation to assessment criteria.
4. **Areas for Improvement:** Identify specific weaknesses with examples.
5. **Action Plan:** Provide recommendations and resources for improvement.
6. **Encouragement:** Motivate students to address challenges constructively.

5.4 Methods of Delivery

Individual Feedback: Provided during one-on-one sessions, especially for personalized guidance.

Group Feedback: Delivered to address common trends or issues observed in assessments.



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Written Feedback: Offered through annotated scripts, rubrics, or digital platforms.

Oral Feedback: Provided during tutorials, clinical debriefings, or review sessions. Ache Cament
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5.5 Policy for Incorporating Workplace-Based Assessment (WBA) in Clinical Years

1. Introduction:

- Rationale for incorporating WPBAs in clinical education.
- Augment with the institution's educational goals and accreditation standards.
- Overview of WPBAs and their significance in competency-based medical education

II. Objectivust

- Define the purpose of WPBAs in clinical training
- Specify the skills and competencies to be assessed through WPBAs eg,
• Communication, clinical reasoning, procedural skills, professionalism).

III. Scope

Applicability to clinical years (specify years and rotations)

Targeted students and faculty members.

Iv. Assessment Methods

Types of WPBAs to be implemented:

- Mini-Clinical Evaluation Exercise (Mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CBD)
- Multi-Source Feedback (MSF)
- Patient Encounter Logs/Reflective Practice

. Integration with other assessment methods (e.g., OSCEs, written exams).

v. Implementation Plan

Roles and Responsibilities

- Faculty: Observing and providing feedback.
- Students: Engaging actively in WPBAs and self-reflection.
- Program Coordinators: Overseeing the implementation and ensuring quality



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Training and Capacity Building

- Faculty development sessions on conducting WPBAS.
- Student orientation on the purpose and process.

Assessment Schedule

- Frequency and timing of WPBAs during clinical rotations.
- Allocation of WPBAs across specialties.

vi. Feedback Mechanism

- Guidelines for providing formative and summative feedback.
- Emphasis on constructive and actionable feedback.

vii. Documentation and Record Keeping

- Tools and platforms for recording WPBAS.
- Confidentiality and access to assessment records.

viii. Evaluation and Quality Assurance

- Regular review of the WBA process.
- Mechanisms to ensure reliability and validity of assessments.
- Feedback from students and faculty for continuous improvement

6. Roles and Responsibilities

Faculty Members:

1. Provide timely and constructive feedback to students in alignment with this policy
2. Document key feedback Interactions for accountability
3. Participate in training on effective feedback practices.

Students:

1. Actively engage with feedback and seek clarification when needed.
2. Use feedback to guide self-improvement and learning strategies.

Program Administration:

1. Ensure faculty are trained and supported in delivering feedback effectively.
2. Monitor the implementation of this policy and collect feedback for continuous improvement.



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7. Monitoring and Review

1. The implementation of this policy will be reviewed annually by the Academic Committee.
2. Regular feedback from students and faculty will be collected to assess the effectiveness of feedback practices.
3. Recommendations for policy updates will be submitted to the institutional leadership for approval.

Sr. No	Name of Members	Department	Members	Signature
1	Prof. Dr. Yasoob Ali	Anatomy	Member	
2	Prof. Dr. Saadia Shahzad	Community Medicine	Member	
3	Prof. Dr. Ejaz Hussain	Dermatology	Member	
4	Dr. Hassan Shoaib	Medical Education	Member	
5	Dr. Javid Munir	Forensic Medicine	Member	
6	Dr. Muhammad Faheem	Biochemistry	Member	

Dr. Naeem Shahzad
Asst professor of Anatomy
(Secretary)

Prof. Dr. Muhammad Amin
HOD/Professor of Anatomy
(Chairman)

Prof. Dr. Shireen khawar
Principal
Queens Medical College, Kasur