1. General Provisions

1.1. These Regulations define the objectives, principles, and procedures for organizing and conducting the following clinical forms of assessment of educational achievements of students in medical education programs (hereinafter referred to as clinical forms of assessment):

1. OSCE (Objective Structured Clinical Examination);
2. OSPE (Objective Structured Practical Examination);
3. Mini-CEX (Mini Clinical Evaluation Exercise);
4. DOPS (Direct Observation of Procedural Skills);
5. 360° evaluation (multi-source feedback);
6. other clinical forms of assessment provided for by the Assessment Tools Fund (ATF) and local university regulations.

1.2. These Regulations apply to all levels and forms of instruction in medical education programs (including “General Medicine”) offered at Jalal-Abad International University (hereinafter referred to as the University).

1.3. These Regulations have been developed in accordance with:
– The Law of the Kyrgyz Republic “On Education”;
– the Kyrgyz Republic’s state educational standards for medical specialties;
– the University’s internal regulatory documents (Assessment Policy, Regulations on the Student Assessment System, Regulations on the Final Examination, Regulations on the State Final Examination, etc.);
– the requirements of national and international accreditation agencies.

1.4. Clinical forms of assessment are a mandatory part of the system for monitoring and evaluating learning outcomes and are aimed at assessing students’ clinical skills, clinical reasoning, and communication and professional-ethical competencies.

1.5. The results of clinical forms of assessment are official and must be recorded in accordance with established procedures, including in the University’s automated learning management system (LMS).

2. Goals and Objectives of Clinical Forms of Assessment

2.1. The objective of clinical forms of assessment is to provide an objective, standardized, and competency-based evaluation of students’ readiness for professional medical practice.

2.2. Main objectives:
2.2.1. Assessment of the development of basic and specialized clinical skills.
2.2.2. To assess clinical reasoning and decision-making in typical and complex clinical situations.
2.2.3. Assessment of communication skills and interaction with patients and the team.

2.2.4. Assessment of compliance with patient safety standards and professional ethics.
2.2.5. Providing feedback to students on their level of professional training.

2.2.6. Providing objective data for analyzing the quality of educational programs and planning measures for their improvement.

3. Key Terms and Abbreviations

3.1. **OSCE** (Objective Structured Clinical Examination) – an objective structured clinical examination consisting of a series of stations at which the student performs standardized clinical tasks that are assessed using a checklist.

3.2. **OSPE** (Objective Structured Practical Examination) – an objective structured practical examination focused primarily on assessing practical and laboratory-based practical skills.

3.3. **Mini-CEX** (Mini Clinical Evaluation Exercise) – a brief, targeted observation of a student performing a clinical task (communicating with a patient, taking a medical history, conducting a physical examination, developing a management plan) followed by standardized assessment and feedback.

3.4. **DOPS** (Direct Observation of Procedural Skills) – direct assessment of a student's performance of a specific clinical procedure (manipulation) under the examiner's supervision using a checklist.

3.5. **360° Assessment (multi-source feedback)** – a multi-source evaluation of the trainee's professional conduct and communication skills, based on anonymous feedback from several groups of respondents (instructors, clinical mentors, peers, nursing staff, patients, as well as self-assessment).

3.6. **Station** – a separate stage of the OSCE/OSPE with a clearly defined task, time limit, checklist, and assessment criteria.

3.7. **Standardized patient** – a trained actor, student, or staff member who reenacts a given clinical scenario according to pre-prepared instructions.

3.8. **Checklist** – a standardized assessment form containing a list of criteria and/or actions used to evaluate a student's performance.

4. Types of Clinical Assessment Forms at the University

4.1. The following clinical assessment methods are used at the University, as they are implemented:

1. OSCE – for comprehensive assessment of clinical skills and clinical reasoning;

2. OSPE – for the assessment of practical and laboratory skills;
3. Mini-CEX – for assessing a student's clinical performance in real or simulated practice settings;

1. DOPS – for assessing the performance of specific clinical procedures;
2. 360° assessment – for evaluating professionalism, communication and teamwork skills, responsibility, and adherence to ethics;
3. other forms (portfolio, case-based discussion, workplace-based assessment, etc.) – provided there are relevant regulations and they are included in the FOS.

4.2. The list of clinical assessment methods used, courses, disciplines, frequency, and format of their application are determined by the curricula, course syllabi, and assessment tool banks of the educational program.

5. Planning and Organization of Clinical Forms of Assessment

5.1. The planning of clinical forms of assessment is carried out during the development and revision of educational programs, discipline syllabi, and the FOS, and is reflected in the syllabi.

5.2. The following individuals are responsible for the planning and quality of clinical forms of assessment:
– heads of relevant departments;
– heads of educational programs;
– clinical assessment coordinators, if any.

5.3. A blueprint (exam plan) is developed for OSCE/OSPE, which includes:
– a list of competencies and skills to be assessed;
– the number, type, and content of stations;
– distribution of stations by discipline/course sections;
– task difficulty levels and station weighting.

5.4. The schedule for OSCE/OSPE, Mini-CEX, DOPS, and 360° evaluations is approved by the Vice Rector for Academic Affairs / Dean and communicated to students and faculty within the established deadlines.

5.5. An examination committee or working group is established to conduct clinical forms of assessment, comprising:
– a chairperson;
– examiners;
– a coordinator/secretary;
– if necessary – technical and support staff.

6. Requirements for OSCE/OSPE stations

6.1. Each OSCE/OSPE station must include:
– objectives and competencies to be assessed;
– a standardized task (scenario);
– instructions for the trainee;
– if necessary, instructions for the standardized patient;
– a checklist for the examiner;
– time limit (typically 5–10 minutes).

6.2. The number and type of OSCE/OSPE stations are determined by the exam objectives and the requirements of the State Educational Standards (SES) and Federal Educational Standards (FES) (typically, at least 6–8 stations for formative assessment and 10–12 stations for the final exam).

6.3. Stations must cover key competency areas:
– history-taking and communication skills;
– physical examination;
– clinical reasoning and preliminary diagnosis;
– selection and interpretation of diagnostic tests;
– treatment plan and patient management;
– performing procedures;
– professional ethics and patient safety.

6.4. The use of simulators, manikins, training devices, models, and actual equipment provided by the material and technical support is permitted.

7. Procedure for Conducting OSCE/OSPE

7.1. Preparatory stage:
7.1.1. Development and approval of the blueprint, stations, and checklists by the department and the Academic Council.
7.1.2. Training of examiners and standardized patients.
7.1.3. Test run of stations (if possible).
7.1.4. Informing students about the exam format, criteria, and rules, without disclosing the specific content of the stations.

7.2. Conducting the exam:
7.2.1. Students are assigned to starting stations.
7.2.2. Time is provided before each station for students to review the instructions.
7.2.3. Work at the stations is conducted within strictly regulated time limits; movement between stations occurs upon a signal.
7.2.4. The examiner at the station evaluates the student’s performance using a checklist, avoiding leading prompts and subjective comments during the task.
7.2.5. All participants adhere to standards of ethics, professional conduct, and confidentiality.

7.3. Completion of the exam and processing of results:
7.3.1. Checklists are collected and forwarded to the person responsible for data processing.
7.3.2. Total scores are tallied by station, and final scores are calculated according to the approved grading scale.
7.3.3. Results are entered into the grade sheets and the educational process information system (AIS).
7.3.4. The results are analyzed and, if possible, aggregated feedback is provided to the students.

8. Procedure for Conducting Mini-CEX

8.1. The Mini-CEX is conducted in a clinical setting, simulation center, or classroom with the participation of a real or standardized patient.

8.2. The structure of the Mini-CEX includes:
– a brief introduction to the clinical situation;
– observation of the trainee's performance (history-taking, physical examination, clinical reasoning, communication);
– completion of a standardized form (scales/checklist);
– providing verbal feedback to the trainee.

8.3. The recommended duration of a single Mini-CEX is 10–20 minutes (including feedback).

8.4. The number of Mini-CEXs per student per semester/year is determined by the FOS and the curriculum.

8.5. Mini-CEX forms are stored in the department and/or electronically and are used when assigning the final grade for the course/practical training.

9. Procedure for Conducting DOPS

9.1. DOPS is used to assess a student's performance of a specific clinical procedure (manipulation) in a clinical setting or simulation center.

9.2. A checklist is developed for each procedure being assessed, including key steps, safety aspects, communication, and adherence to aseptic/antiseptic techniques.

9.3. DOPS Structure:
– brief instruction for the trainee;
– performance of the procedure under the direct supervision of the examiner;
– completion of the checklist;
– brief feedback to the trainee.

9.4. The number of procedures to be assessed and the list of skills tested in the DOPS format are determined by the FOS for the discipline/cycle.

10. Procedure for conducting a 360° evaluation

10.1. The 360° assessment is conducted primarily for students in senior clinical courses and is aimed at evaluating professional conduct, communication and teamwork skills, responsibility, and adherence to ethical standards.

10.2. The following groups of respondents participate in the assessment:
– faculty and clinical mentors;
– peers (peer assessment);
– clinical support staff;
– if possible, patients or their representatives;
– the student themselves (self-assessment).

10.3. The evaluation is conducted using standardized anonymous questionnaires with a rating scale (e.g., 1–5 points) based on key criteria:
– respect for patients and colleagues;
– adherence to professional ethics and confidentiality;
– ability to work in a team;
– communication skills (clarity, friendliness, listening skills);
– discipline and responsibility;
– willingness to accept and consider feedback.

10.4. Surveys are collected in paper or electronic format, ensuring the anonymity of respondents. Data processing is carried out by the responsible person (department / head of the educational program).

10.5. Results of the 360° evaluation:
– are used as a component of formative assessment and/or as a specific percentage of the final grade in a clinical discipline/practice (the weight is specified in the FOS and syllabus);
– communicated to the student in the form of summarized feedback without identifying specific respondents;
– analyzed by the department and the program director to plan activities for the development of professional competence and soft skills.

10.6. The 360° method is used in conjunction with other forms of assessment and is not used as the sole basis for making high-stakes decisions (admission to the State Final Examination, expulsion, etc.).

11. Assessment, Scales, and Threshold Levels

11.1. For each clinical form of assessment, evaluation criteria and scales (checklists, rating scales, point systems) are developed and approved at the department and Academic Council level.

11.2. The student’s final score is calculated based on the sum of scores across stations/forms, taking into account the weight assigned to each component in the FOS.

11.3. The passing threshold (minimum passing score) is established by the department/working group and approved by the Academic Council.

11.4. A student who does not reach the passing threshold is considered to have failed the corresponding assessment form and is subject to retesting in accordance with the Regulations on Retakes and other local regulations.

12. Documentation and Recording of Results

12.1. The results of clinical forms of assessment are documented by means of:
– checklists for OSCE/OSPE stations;
– Mini-CEX forms;
– DOPS forms;
– 360° feedback forms;
– examination committee protocols.

12.2. Documents are retained for the periods established by the University’s local regulations (at the department, in the dean’s office, and in the central archive).

12.3. Final results (scores, grades, “pass/fail” status) must be entered into the grade sheets and the Academic Information System (AIS) by the responsible personnel.

12.4. If OSCE/OSPE is used as part of the State Final Examination, the results are included in the minutes of the State Examination Commission.

13. Quality Assurance for Clinical Forms of Assessment

13.1. Ensuring the quality and objectivity of clinical forms of assessment includes:
– training examiners and mentors in the principles of objective assessment and the use of checklists;
– training of standardized patients (when used);
– regular analysis and review of stations, scenarios, and checklists;
– analysis of exam results (distribution of scores, identification of “too easy/too difficult” stations, typical errors);
– internal audits and mutual observation of examination events.

13.2. Based on the results of the analysis, decisions are made regarding:
– adjustments to curricula, course syllabi, and Federal Educational Standards;
– reallocating priorities in practical training;
– changes to the structure of stations/forms and assessment criteria.

14. Rights and Responsibilities of Participants

14.1. Students have the right to:
– be informed in advance of the format, criteria, and schedule for clinical forms of assessment;
– to objective assessment in accordance with approved criteria;
– be treated with respect and have professional ethics observed;
– to receive, where possible, feedback on the results (especially Mini-CEX, DOPS, 360°);
– to appeal the results in accordance with established procedures.

14.2. Students are required to:
– comply with examination rules and internal regulations;
– comply with confidentiality requirements (not to disclose the content of stations and scenarios);
– comply with ethical standards and patient safety rules.

14.3. Examiners and mentors are required to:
– know and apply the approved checklists and criteria;
– ensure the objectivity and impartiality of the assessment;
– maintain confidentiality regarding students' results;
– provide accurate and professional feedback (during Mini-CEX, DOPS, 360°).

14.4. Standardized patients are required to:
– follow the station script in accordance with instructions;
– maintain the confidentiality of information obtained during the exam.

15. Final Provisions

15.1. These Regulations shall enter into force upon approval by order of the University Rector.

15.2. Amendments and additions to these Regulations shall be made by order of the Rector based on proposals from departments and heads of educational programs, the results of internal and external monitoring of educational quality ( ), and the requirements of accreditation agencies.

15.3. Oversight of the implementation of these Regulations is entrusted to the Vice Rector for Academic Affairs and the heads of relevant departments.

Appendices (:

1. **Appendix 1.** OSCE/OSPE Station Checklist Template.
2. **Appendix 2.** Mini-CEX form template.
3. **Appendix 3.** DOPS form template.
4. **Appendix 4.** 360° evaluation questionnaire.

Appendix 1

OSCE/OSPE STATION CHECKLIST

Name of institution: _____

Course: _____

Course / Semester: _____

Station No. ___ Station name: _____

Time per station: _____ minutes

Student's full name: _____

Group: _____ Date: **«___»_____20**

Examiner: _____

1. Purpose of the station

Briefly (1–2 sentences):

To assess the student's ability _____

2. Competencies/skills being assessed

1. _____
2. _____
3. _____

3. Assessment criteria (checklist)

Mark:

1. 0 – not completed / incorrect
2. 1 – partially completed / with errors
3. 2 – completed correctly and fully

No.	Task element / action	0	1	2
1	Introduced myself to the patient, verified identity			
2	Explained the purpose and procedure			
3	Practiced hand hygiene / wore gloves			
4	Collected a targeted medical history			
5	Targeted physical examination			
6	Formulation of a preliminary diagnosis			
7	Proposed examination plan			
8	Discussion of treatment strategies / recommendations			
9	Communication skills (clarity, empathy, rapport)			
10	Adherence to ethics and patient safety			

Total score: ____ out of 20

4. Examiner's Overall Conclusion

□ The skill is sufficiently developed
□ The skill requires further development

Examiner’s comments (optional):

Examiner’s signature: _____

Appendix 2
MINI-CEX FORM (Mini Clinical Evaluation Exercise)

University: _____
Clinical site / department: _____

Student's Full Name: _____
Year / Class: _____
Date: **"___"_____20**

Observer (examiner): _____
Status: □ instructor □ clinical mentor

Case type: □ Internal medicine □ Surgery □ Pediatrics □ Other: _____

1. Structure of the encounter

1. Duration of contact with the patient: _____ minutes
2. Response time: _____ minutes

2. Rating on a scale of 1–5

1 – unsatisfactory, 3 – acceptable, 5 – high

Competency / Skill	1	2	3	4	5
1. Establishing contact with the patient					
2. Taking a medical history					
3. Physical examination					
4. Clinical reasoning (analysis, diagnosis)					
5. Examination and treatment plan					
6. Communication and explanation to the patient					
7. Professionalism (ethics, respect, confidentiality)					

Overall assessment of the case (overall, general impression):
□ 1 □ 2 □ 3 □ 4 □ 5

3. Student's strengths

4. Areas for improvement

Examiner's signature: _____

Appendix 3. DOPS Form Template

Appendix 3
DOPS (Direct Observation of Procedural Skills) FORM

University: _____
Clinical site / department: _____

Student's Full Name: _____
Year / Class: _____
Date: **"___"_____20**

Procedure: _____
(e.g., "intravenous cannulation," "blood pressure measurement," "bladder catheterization," etc.)

Observer (examiner): _____

1. Evaluation criteria (scale 1–5)

1 – unsatisfactory, 3 – acceptable, 5 – confident and safe

Stage / Skill	1	2	3	4	5
1. Preparing the work area					
2. Hand hygiene, use of gloves					
3. Explaining the procedure to the patient					
4. Proper selection of instruments/materials					
5. Technique for performing the procedure					
6. Adherence to aseptic and antiseptic practices					
7. Monitoring the patient's condition					
8. Completion of the procedure, disposal of materials					

9. Documentation and medical record entries

10. Overall safety and confidence

Overall evaluation of the procedure (overall):

□ 1 □ 2 □ 3 □ 4 □ 5

2. Comments and feedback

Strengths:

Areas for improvement:

Recommendations for the student:

Examiner’s signature: _____

Appendix 4. 360° Evaluation Form

Appendix 4
360° STUDENT EVALUATION QUESTIONNAIRE

This questionnaire is anonymous. Please answer honestly, evaluating the student's behavior in real-world collaborative work.

Faculty / Course / Group: _____
Student's Full Name (Subject of Evaluation): _____
Internship / rotation period: _____

Please indicate your status:
□ Instructor / Clinical Supervisor
□ Classmate
□ Nursing staff
□ Patient / representative
□ Student (self-assessment)

1. Rating on a scale of 1–5

1 – strongly disagree, 3 – generally agree, 5 – strongly agree

Statement	1	2	3	4	5
1. The student treats patients with courtesy and respect.					
2. The student treats colleagues and staff with respect.					
3. Maintains confidentiality and adheres to ethical standards.					
4. Is able to work in a team and helps others.					
5. Clearly and understandably explains their thoughts and information to the patient.					
6. Listens to feedback and is willing to correct mistakes.					
7. Takes their responsibilities seriously and is punctual.					
8. Follows department rules and safety requirements.					

2. Open-ended questions

1. The student's strengths (what they do well):

---

1. What do you think he/she should improve:

Thank you for participating!

Next Steps

1. Insert these appendices at the end of your Regulations (as Appendices 1–4).
2. In the FOS for clinical disciplines, simply include references:
    1. “Assessment is conducted using a checklist (Appendix 1 to the Regulations…)” etc.
3. You can adapt the wording for the Russian/Kyrgyz/English versions during translation.

APPENDIX 1.

OSCE/OSPE STATION CHECKLIST (English Version)

University: _____
Course / Discipline: _____
Year / Semester: _____
Station No. ___ | Title: _____

Allotted time: _____ minutes

Student name: _____
Group: _____
Date: "_" _____ 20
Examiner: _____

---

1. Purpose of the Station

To assess the student's ability to _____

---

2. Competencies / Skills Assessed

1. _____
2. _____
3. _____

---

3. Checklist Criteria

Scoring:

1. **0** – Not performed / incorrect
2. **1** – Partially performed / with errors
3. **2** – Performed correctly and completely

No.	Task Element / Action	0	1	2
1	Introduces self, confirms patient identity			
2	Explains the purpose of the procedure			
3	Performs hand hygiene / puts on gloves			
4	Takes a focused patient history			
5	Performs a targeted physical examination			
6	Formulates a preliminary diagnosis			
7	Proposes an appropriate plan of investigation			
8	Provides a management plan and recommendations			
9	Demonstrates communication skills (clarity, empathy, rapport)			

10 Ensures patient safety and professional ethics

Total Score: ____ / 20

---

4. Examiner's Overall Assessment

□ Skill is adequately demonstrated

□ Skill requires improvement

Comments (optional):

Examiner's signature: _____

APPENDIX 2.

MINI-CEX FORM (English Version)

University: _____

Clinical site / Department: _____

Student name: _____

Year / Group: _____

Date: "_" _____ 20

Evaluator: _____

□ Faculty

□ Clinical Preceptor

Case type:

□ Internal Medicine □ Surgery □ Pediatrics □ Other: _____

---

1. Encounter Details

1. **Time with patient:** _____ minutes
2. **Feedback time:** _____ minutes

---

2. Rating Scale

1 – Unsatisfactory | 3 – Satisfactory | 5 – Excellent

Competency / Skill	1 2 3 4 5
1. Establishing rapport with the patient	
2. Taking a medical history	
3. Physical examination	
4. Clinical reasoning (analysis, differential diagnosis)	
5. Investigation and Management Plan	
6. Communication (clarity, empathy, explanation)	

7. Professionalism (ethics, respect, confidentiality)

Overall Rating: □ 1 □ 2 □ 3 □ 4 □ 5

---

3. Strengths

---

4. Areas for Improvement

Assessor's Signature: _____

APPENDIX 3.

DOPS FORM (English Version)**

University: _____
Clinical Site / Department: _____
Student name: _____
Year / Class: _____
Date: "_" _____ 20
Procedure: _____
(e.g., IV cannulation, Foley catheter insertion, blood pressure measurement, etc.)
Evaluator: _____

---

1. Criteria (1–5 scale)
1 – Unsatisfactory | 3 – Satisfactory | 5 – Excellent

Step / Skill	1	2	3	4	5
1. Preparation of the work area					
2. Hand hygiene, gloves					
3. Explaining the procedure to the patient					
4. Appropriate selection of equipment/materials					
5. Technical performance of the procedure					
6. Aseptic/antiseptic technique					
7. Monitoring patient comfort and safety					
8. Completion and disposal of materials					
9. Documentation in the patient record					
10. Overall safety and confidence					

Overall Rating: □ 1 □ 2 □ 3 □ 4 □ 5

---

2. Feedback
Strengths:

What to improve:

Recommendations:

Assessor's Signature: _____

APPENDIX 4.

360° ASSESSMENT FORM (English Version)**

APPENDIX 4

MULTI-SOURCE FEEDBACK (360°) FORM

This form is anonymous. Please provide honest and objective feedback based on your interactions with the student.

Faculty / Year / Group: _____

Student being evaluated: _____

Clinical rotation period: _____

Your role:

□ Faculty / Clinical Preceptor

□ Peer Student

□ Nursing Staff

□ Patient / Representative

□ Self-assessment (student)

---

1. Rating Scale (1–5)

1 – Strongly disagree | 3 – Satisfactory | 5 – Strongly agree

Statement	1	2	3	4	5
1. Treats patients with respect and courtesy.					
2. Shows respect toward colleagues and staff.					
3. Maintains confidentiality and professional ethics.					
4. Works well in a team; supports others.					
5. Communicates clearly and effectively with patients.					
6. Accepts feedback and is willing to improve.					
7. Demonstrates responsibility and punctuality.					
8. Follows clinical guidelines and patient safety standards.					

---

2. Open-ended Questions

1. The student's strengths:

---

2. Areas for improvement:

Thank you for your valuable feedback!

CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition:

Effective date: “ ” _____ 20

APPROVAL SHEET

№	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department	Ташиева Т.С		29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.