Lahore Medical & Dental College

Standard 10

Program Evaluation and Continuous Renewal

1. Program Evaluation

Program evaluation in dental education is a systematic and continuous process designed to assess and improve the quality, effectiveness, and outcomes of the educational program. The Context, Input, Process, Product (CIPP) model is adopted as the overarching framework for program evaluation. It supports evidence-informed decision-making by identifying program needs and priorities (Context), reviewing resources and strategies (Input), monitoring implementation (Process), and evaluating outcomes and impact (Product).

i. Purpose and Goals:

The goal of the dental program evaluation policy is to systematically assess and enhance the program's effectiveness through the CIPP model. Its purpose is to identify educational needs, assess the adequacy of curriculum, faculty, assessment, infrastructure and other resources, monitor implementation, evaluate outcomes, and use evidence for continuous improvement in curriculum, faculty development, student learning, and the overall educational environment.

ii. Stakeholder Involvement:

Involve all relevant stakeholders, including faculty, students, administrators, and external accrediting bodies, in the evaluation process. Their perspectives will provide evidence for identifying needs and expectations, reviewing inputs and implementation, and interpreting program outcomes. Stakeholder involvement should be planned, documented, and reviewed regularly.

iii. CIPP Evaluation Framework:

The program evaluation will be organized into four interrelated domains: Context—identification of needs, goals, expectations, strengths, weaknesses, stakeholder perceptions, learning environment, curriculum requirements, and accreditation expectations; Input—review of curriculum design, faculty capacity, faculty development, assessment strategies, infrastructure, technology, student support, and other resources required to achieve program goals;

Process—monitoring of curriculum implementation, teaching and learning activities, assessment practices, feedback mechanisms, course delivery, departmental reviews, and the extent to which planned activities are implemented as intended; and Product—evaluation of student performance, achievement of competencies, examination results,

research performance, graduate and alumni perceptions, and improvements or outcomes resulting from the program. Existing evaluation data are mapped as follows: current students' perceptions and learning-environment feedback—Context/Process; graduating students' and alumni perceptions—

Product (and Context where they identify needs); administration feedback—Context/Input; faculty self-evaluation—Input/Process; faculty performance evaluation by HOD—Process; course review reports by Departmental Heads—Process/Input; examination results—Product; student research performance—Product; curriculum, assessment, infrastructure, technology and faculty development—Input.

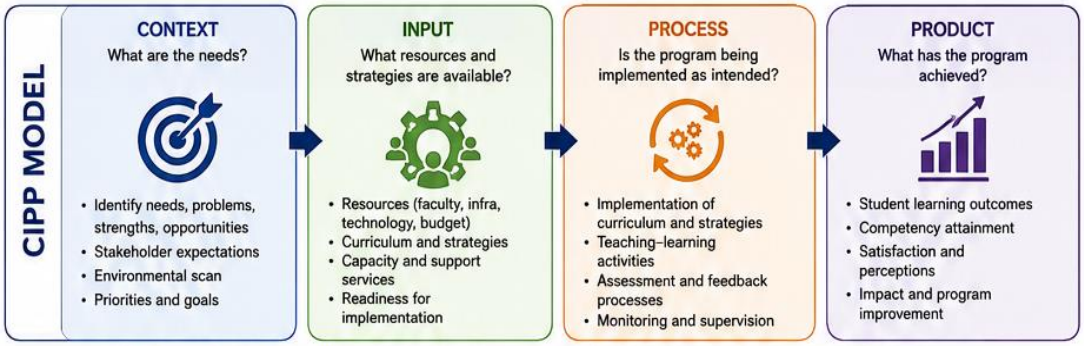
PROGRAM EVALUATION & FEEDBACK POLICY

Dental College,
LMDC

DEPARTMENT OF DENTAL EDUCATION

CIPP FRAMEWORK

This policy is anchored in the CIPP (Context–Input–Process–Product) model for program evaluation which provides a comprehensive approach to assess educational programs and drive continuous improvement.



The CIPP model guides the collection, analysis and use of data for decision-making and continuous quality improvement.

CIPP EVALUATION MATRIX

The following matrix aligns our evaluation activities with the CIPP framework to ensure comprehensive assessment and actionable improvement.

CIPP Domain	Key Evaluation Questions	Indicators (Examples)	Data Sources (Existing in Our System)	Tools / Methods	Frequency	Responsible Person/Unit	Use of Findings / Action
CONTEXT (What are the needs?)	What are the needs, expectations, problems, strengths, opportunities and external requirements that should guide the program?	• Stakeholder needs • Learning environment • Relevance of curriculum • Community and professional needs • Accreditation requirements	• Perception & experience of current students • Perception & experience of graduating students • Perception & experience of alumni • Administration feedback • External stakeholders / PMDC requirements	• Surveys/Questionnaires • Focus Group Discussions • Interviews • Environmental scan • Document review (PMDC standards)	Annually (or as required)	HOD/Department Quality Assurance Cell (QAC)	Identify needs and gaps; set priorities and goals; inform curriculum and strategic planning.
INPUT (What resources and strategies are available?)	What resources, strategies, and capacity are available to achieve the program goals?	• Faculty adequacy & qualifications • Faculty development • Infrastructure & facilities • Teaching–learning resources • Technology/IT support • Budget & financial resources • Student support services • Curriculum design & assessment resources	• Faculty self-evaluation • Performance evaluation by HOD • Course review reports by Departmental Heads • Administration feedback • Resource/infrastructure audits • IT department feedback	• Self-evaluation forms • Checklists • Resource audit • Document review • Meetings with stakeholders	Annually	HOD/QAC in collaboration with Administration and IT Department	Strengthen resources and strategies; plan faculty development; improve facilities and support systems.
PROCESS (Is the program being implemented as intended?)	How effectively is the curriculum, teaching, learning and assessment being implemented?	• Implementation fidelity • Teaching–learning activities • Assessment practices • Student engagement • Feedback processes • Academic monitoring and support • Compliance with policies and schedules	• Students feedback • Faculty performance evaluation by HOD • Faculty self-evaluation • Course review reports by Departmental Heads • Feedback from other stakeholders • Attendance records • Internal audit reports	• Surveys • Observation/visit reports • Review of teaching records • Feedback forms • Checklists • Meetings	Each term/ semester	HOD/Department QAC / Academic Committee	Enhance teaching–learning processes; address issues in implementation; ensure adherence to plan.
PRODUCT (What has the program achieved?)	What outcomes and impacts has the program achieved?	• Student achievement • Competency attainment • Examination results • Student progression & graduation • Research performance • Alumni outcomes • Stakeholder satisfaction • Program improvements	• Examination results • Research performance of students • Perception & experience of graduating students • Perception & experience of alumni • Employer/community feedback	• Examination analysis • OSCE/Clinical performence data • Tracer studies • Alumni surveys • Employer feedback • Outcome analysis reports	Annually	HOD/QAC	Measure outcomes and impact; demonstrate accountability; plan improvements for next cycle.

Note: Data from multiple sources (triangulation) will be used to enhance the validity and reliability of evaluation.

CIPP EVALUATION CYCLE

USE OF CIPP EVALUATION

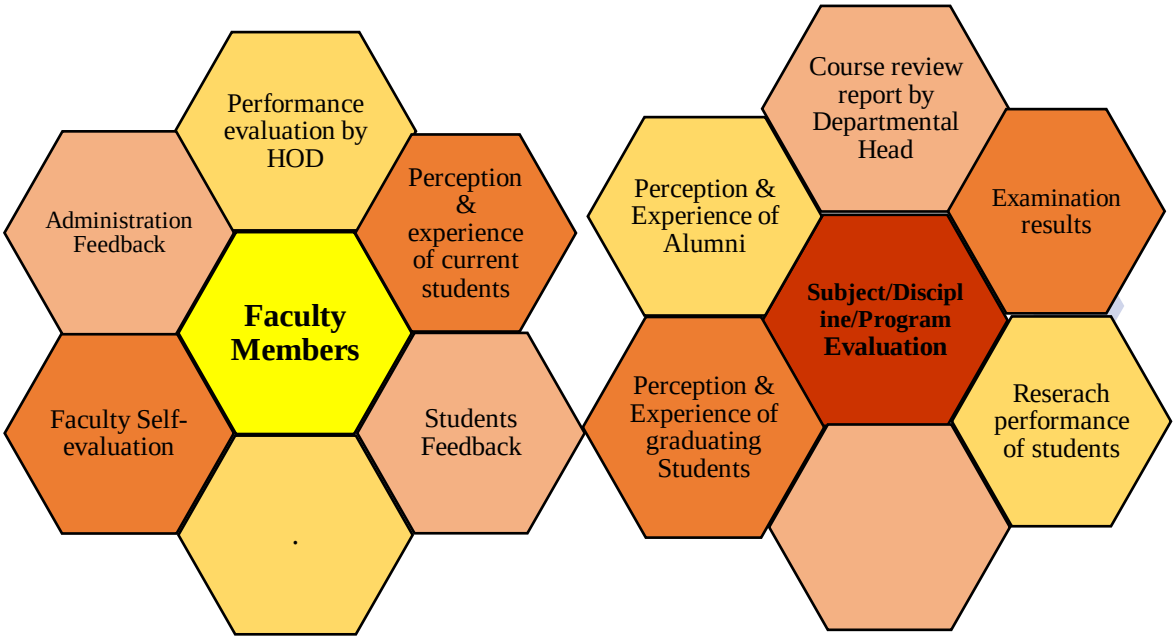
- Ensure decisions are evidence-based.
- Promote accountability and transparency.
- Demonstrate compliance with PMDC standards.
- Support strategic planning and innovation.
- Foster a culture of continuous improvement.

Important: This CIPP-based evaluation and feedback policy will be implemented across all academic programs. The cycle will be repeated annually to ensure ongoing enhancement of educational quality and outcomes.

Feedback Process for Program Evaluation – Dental College, LMDC

To ensure effective program evaluation, a structured and well-defined feedback mechanism is implemented at the Dental College, LMDC. The process includes the following steps:

1. **Initiation and Approval –** Feedback is collected annually using a standardized feedback form. The form is shared online with students and faculty after obtaining formal approval from the principal.
2. **Timeline for Submission –** A clear deadline is communicated to all respondents for submitting their feedback.
3. **Closure of Feedback Link –** Once the deadline passes, the feedback link is closed to prevent further submissions.
4. **Data Analysis –** Both quantitative and qualitative data are analyzed to identify key trends, concerns, and areas for improvement.
5. **Sharing of Results –** The analyzed results are shared with relevant stakeholders, including the Principal and faculty members.
6. **Addressing Concerns –** Specific concerns are directed to the appropriate authorities:
   • Student-related issues are forwarded to faculty through the Academic Council meeting
   • Curriculum-related matters are communicated to the Curriculum Committee through the Committee Heads meetings.
   • Any issue not covered by the feedback process can be communicated to the Principal or concerned authorities through email or a written application.
7. **Decision-Making and Implementation –** Identified challenges and suggested solutions are discussed collectively, and a consensus is reached on the proposed actions.
8. **Communication of Outcomes –** Decisions and resulting changes are formally communicated to students and faculty through official notifications or meeting minutes.



iv. CIPP-Based Data Collection Methods:

Data will be collected and mapped to the appropriate CIPP domain. Context data include perception and experience of current students, graduating students and alumni, administration feedback, learning-environment feedback, stakeholder needs, and relevant accreditation requirements. Input data include faculty self-evaluation reports, faculty development needs, curriculum/course plans, assessment tools, infrastructure and technology requirements, and resource-allocation information. Process data include student feedback, faculty performance evaluation by HOD, course review reports by Departmental Heads, implementation records, feedback sessions, assessment processes, and monitoring reports. Product data include examination results, student achievement and progression, research performance of students, graduating-student perceptions, alumni perceptions, and documented program improvements/outcomes. Triangulation of quantitative and qualitative data from multiple sources will enhance validity and reliability.

v. Assessment Tools and Indicators:

Assessment and evaluation tools will be aligned with the relevant CIPP domain and program objectives. Context and Input indicators may include stakeholder surveys, needs assessments, faculty self-evaluation, resource reviews, curriculum reviews, and accreditation gap analyses. Process indicators may include student and faculty feedback, course review reports, teaching observations, monitoring of assessment practices, and implementation audits. Product indicators may include standardized examinations, performance assessments, competency attainment, progression data, research performance, graduating-student feedback, alumni feedback, and evidence of program improvement. Longitudinal assessment will be used where appropriate to track the progression of students' knowledge, skills, attitudes, and competencies over time.

vi. Accreditation Standards:

The program evaluation aligns with relevant accreditation standards and requirements. These are subject to accreditation by Pakistan Medical and Dental Council (PMDC). Accreditation requirements will inform Context evaluation; available educational and institutional resources will be reviewed under Input; implementation and compliance will be monitored under Process; and evidence of outcomes and improvement actions will contribute to Product evaluation.

vii. Continuous Improvement:

Emphasize a culture of continuous improvement through the CIPP cycle. Evaluation findings will be reviewed regularly to identify needs and priorities, determine appropriate resources and strategies, monitor implementation, assess outcomes, and make informed decisions about curriculum modifications, innovations, faculty development, resource allocation, assessment changes, and other enhancements. Action plans should identify responsible persons, timelines, indicators, and follow-up review. Findings will be consolidated by the Department of Dental Education and shared with relevant academic and administrative committees. Actions and subsequent outcomes will be documented to close the evaluation–improvement loop.

viii. Feedback Mechanisms:

There is an established mechanism for collecting feedback from students, faculty, and other stakeholders. Feedback primarily provides Context and Process evidence and, where it concerns perceived impact or changes in learning and program quality, may also contribute to Product evaluation. Feedback should be systematically analyzed, documented, communicated to relevant stakeholders, and linked to improvement actions.

ix. Resource Allocation:

Evaluate the allocation of resources within the Input component of the CIPP model, including faculty, infrastructure, learning resources, clinical facilities, assessment resources, and technology including the IT department for collecting feedback on time. Resource decisions should be based on identified program needs and expected outcomes.

x. Ethical Considerations:

Adhere to ethical principles in data collection and analysis, ensuring confidentiality and privacy for participants. For this purpose, there is an institutional review board (IRB). Ethical safeguards will apply across all four CIPP components.

xi. Benchmarking:

Compare program outcomes and processes with national and international benchmarks to identify areas of excellence and opportunities for improvement. Benchmarking may inform Context by identifying external expectations, Input by identifying resources and practices required, Process by comparing implementation approaches, and Product by comparing educational outcomes.

xii. Faculty Development:

Provide professional development opportunities for faculty to enhance their teaching skills and stay current with best practices in medical education. Faculty development needs identified through Context, Input, and Process evaluation should be addressed and their effect on program outcomes reviewed under Product evaluation.

2. Feedback Policy

Feedback is an essential component of dental education and an integral part of the CIPP-based program evaluation system. It helps identify needs and expectations, monitor implementation, evaluate educational experiences, and inform improvements in student learning, faculty performance, and program quality.

i. Regular Feedback Sessions:
Dental education programs have scheduled feedback sessions as part of the curriculum and program evaluation process. These sessions may occur after clinical rotations, academic assessments, courses, or other relevant activities. Feedback findings should be considered within the relevant CIPP domain.

ii. Constructive and Specific Feedback:
Feedback taken is specific, constructive, balanced, and actionable. It focuses on strengths and areas for improvement and provides examples and practical suggestions. Feedback should support both learner development and program-level decision-making.

iii. Confidentiality:
Feedback discussions are held in a confidential and safe environment to encourage open and honest communication. The feedback provider and receiver should respect each other's privacy, and evaluation data should be reported appropriately.

iv. Feedback Training: Teachers should receive training in providing effective feedback. They learn how to communicate feedback in a way that is sensitive and supportive, emphasizing a growth mindset and the conversion of feedback findings into appropriate educational or program-level action.

v. Assessment Tools:

Assessment tools and standardized forms are used to guide feedback discussions and ensure consistency. Where feasible, each feedback tool should indicate its purpose and the relevant CIPP component.

vi. **Self-assessment:**
Encouraging learners and faculty to self-assess their performance and set appropriate goals can be an integral part of the feedback and evaluation process. Findings may contribute to Context, Process, or Product evaluation depending on the purpose and timing.

vii. **Timeliness:**
Feedback is delivered as soon as possible after the observed performance or relevant activity, allowing learners and programs to make timely improvements. Timely information is particularly important for Process monitoring.

viii. **Action Plans:**
Following feedback, learners or responsible departments should develop action plans to address identified areas for improvement. Plans should include goals, actions, responsible persons, timelines, required resources, success indicators, and follow-up review.

ix. **Ongoing Feedback Culture:**
Dental education programs emphasize the importance of an ongoing feedback culture. Feedback is not limited to formal sessions but is encouraged and welcomed in daily academic and clinical practice. Recurrent themes should be reviewed as evidence for Process improvement.

x. **Assessment and Evaluation:**
Feedback is linked to formal assessments and program evaluation, contributing to the overall evaluation of learner progress and program effectiveness. Feedback findings should be triangulated with examination results, course reviews, faculty evaluations, student perceptions, graduating-student perceptions, and alumni feedback.

xi. **Remediation:**
In cases where a learner or program area is struggling, feedback and evaluation findings should be used to identify the nature of the problem, determine appropriate resources and interventions, and evaluate subsequent outcomes. Remediation should consider relevant Context, Input, Process, and Product factors.

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