

Trivializing assessment: A key factor in undermining the standards of medical education

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Examinations are an indispensable part of education both for students and teachers. The practical/clinical examination is an integral part of all summative assessments in medical training. In many departments throughout the country, the university examinations are annual rituals which are eagerly awaited by staff and faculty for various reasons ranging from breaking the monotony of the routine work to getting some financial benefits. With increasing amounts being paid as remuneration by universities, financial incentives become a major motivating factor for many faculty members to accept examinership. This brings into play numerous conflict of interest issues as universities prefer to select only “good” examiners, which translates as those who pass all students whether they deserve to pass or not. These “good” examiners close their eyes to all unethical practices such as leaking the spotters and questions that are asked, having a deal with internal examiners that they will award maximum marks for every student, accepting hospitality that is paid for by the students, and so on.

Society trusts examiners to determine the competency of medical students and permit only the fit ones to practice medicine, thereby safeguarding the interests of people. This is and should be honored, respected, and undertaken as a task bestowed with great responsibility. Society is dependent on a trained expert for this important decision-making task. Hence, it is our professional obligation to accomplish this task with the integrity and sincerity it requires. Trivializing assessment has become one of the leading contributors to falling standards in medical education and which, if left unaddressed, will have serious consequences.

TO PASS OR FAIL... WHICH IS WORSE?

Nowadays, most examiners think that it is wrong to fail students in university practical examinations of pre/paraclinical

subjects. They advocate each examiner to take a self-test – “If your son/daughter were a student in this exam, will you fail them?” In fact, the sons and/or daughters of many such examiners are actually studying in private/government medical colleges and they do not want them to be failed in the exams even if they do not deserve a pass. I do agree that we need to take a self-test; but the question needs to be, “Will you consult this student after he graduates for the health problems you or your near and dear ones have?” If your answer is yes, you can always grant him a pass.

At present, many of us are able to consult excellent doctors only because the previous generation of examiners did their job perfectly. The present generation of specialists and super-specialists went through rigorous training and assessment which weeded out the poor-quality students. If we keep granting pass to students who do not deserve it, we will be generating an ocean of incompetent doctors interspersed with small islands of competent ones. To the general public, all doctors look alike/sound alike. They might be able to identify incompetent practitioners only when they experience undue harm as their clients. This forces the society to lose faith in the whole system, which is evident by the ever-increasing number of litigations and bad press against doctors. Unless we do our job as examiners sincerely, honestly, and meticulously, future generations will never get good doctors and will fall victims to incompetent doctors.

WHO IS TO BLAME?

The important counterargument of these unscrupulous examiners is that practical exercises in the pre/paraclinical examination is now irrelevant, redundant, and, hence, no one should be failed in an exam that is no longer valid. However, this is not the solution. If one feels that the exercises in a practical exam are redundant, we should strive to change or improve it by making it relevant rather than blindly giving a pass to all students. With the advancement in pharmaceutical technology, at present, no physician prepares liniments/

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ointments/mixtures for their patients, even in remote villages. Hence, dispensing pharmacy practicals became redundant, which led to preparation of formulations being completely eliminated from the medical undergraduate examination. We need to realize that “we” are the system and if we desire, we can always bring about a change. We also need to recognize that assessment drives learning and students will never learn anything if they are gifted with a pass for face presentation in the examination. If we start assessing students rigorously, they will eventually fall in line. Hence, the blame for the present scenario clearly falls on us.

INCONGRUENT MARKING SCHEME... ARE WE DOING JUSTICE?

Recently, I had the opportunity of being an external examiner for the pharmacology practical examination of the T. N. Dr. MGR Medical University. The total marks for the practical examination was a mere 25. For these 25 marks, there were nine exercises including spotters (4 nos.) and objective structured practical examination (OSPE) consisting of five stations.^[1] I was rather shocked to learn that each OSPE station carried only one mark! Each procedure was broken down into 10 steps and each step in the checklist carried 0.1 marks. This kind of mark distribution trivialized OSPE and, hence, no examiner followed the checklist for marking but gave a global score which was very subjective and always on the high side. Assessment of skills is the primary objective of practical examination. The two procedural stations among the five OSPE stations were the only place where actual psychomotor skills were tested. Thus, allotment of just one mark for each procedural station defeated the entire purpose of practical examination.

The trivialization of assessment continued with spotters also. There were four spotters and each spotter carried 0.5 marks. Each spotter had two questions and, hence, each question in a spotter carried 0.25 marks. Most of the examiners do not award fractions like $\frac{1}{4}$ or $\frac{1}{8}$ and, hence, even if a student wrote a partly correct answer, the student was awarded 0.5 marks, which would be the full marks required for that question. During totaling, anything above 0.5 was approximated to 1.

The time allotted to various practical exercises was absurd. Each spotter (carrying 0.5 marks) was allotted 5 min and, hence, for four spotters (total 2 marks), the student got 20 min. Whereas clinical problem-solving exercise (3 marks) was allotted half the time as for spotters (10 min). There was no correlation between the marks allotted and the time provided to the students for answering them. Clinical problem-solving exercises test analytical skills, which is of higher order in the cognitive domain rather than simple recall tested by spotters. The marks and time allotted for exercises like spotters, clinical

problem-solving exercise, and others undermine the testing of analytical skills in the practical exam.

ARE HIGHER ORDER QUESTIONS EQUAL TO TORTURING STUDENTS?

Another attitude which prevails among most of the examiners is that “we should not torture our students by asking them difficult questions in exams.” Any question that tests higher order thinking is termed “difficult.” This, in turn, only promotes rote learning and all questions asked in the spotters or in viva voce are at the basic recall level. There is no need for us to sympathize with a student who has not come adequately prepared for the exam. Allowing incompetent students to pass starts a vicious circle as these students are bound to practice medicine in an irrational way, become faculty in a medical college and mask their incompetency by giving a pass to all students, so that no one finds fault with them. Thus, students who did not “earn” their pass become incompetent doctors and/or faculty and continue to propagate this drift. Until we realize this dangerous trend and intervene by doing a proper assessment, permitting only the competent and fit students to serve society, the standards of medical education will keep falling down.

Give a man a fish and you feed him for a day; tomorrow he may be a beggar

Make him learn to fish and you feed him for life; tomorrow if well learnt, he may be teaching others

ARE WE COMPROMISING ON THE ASSESSMENT TOOLS?

The practical examination is compromised due to the illogical marking scheme. The viva voce is an important method of assessment as it provides the examiner with the flexibility to test the learner on many aspects of the subject as well as take the student to higher levels of the cognitive domain. Students are also unable to cheat or follow any unfair means. Recently, I interacted with students of a government medical college during the university examination in pharmacology and found out that every student reads only the classification of drugs before viva voce examination. Have we lowered the standards of viva voce so much that every student expects that nothing more than classification of drugs will be asked? The maximum time spent by most of the examiners to examine each student is hardly 3 min, as they all want to finish the viva voce fast so that time can be spent on sightseeing, visiting temples, and shopping. For the most part, many examiners have come to consider examinations as an all-expense paid vacation with their family. Thus, in the present-day context, viva voce has lost its reliability and validity.

Examiners undertake a symbiotic relationship with their colleagues, i.e., you come as examiner and pass all my students and I will come as examiner and pass all your students. Turning up late but finishing the exam very early, examining candidates only for 2 or 3 min, asking only trivial questions all amount to unethical activities. The situation in private medical colleges is still worse – students are pushed for the university exams even if they do not have adequate internal assessment marks/attendance. Faculty members are also pressurized to give pass to everyone so that the college can claim high pass percentage and keep extracting more money from students who want to join the college. Every examiner should realize that they have been assigned an important task of conducting the exams and it needs to be done wholeheartedly and with dedication. They also need to keep in mind that it is not mandatory to give pass marks to all students, but it is the duty of every student to earn his pass.

HOW TO BRING ABOUT A CHANGE?

Similar sentiments have been echoed for the postgraduate examinations in different disciplines.^[2,3] The deterioration in the undergraduate examination indicates that the situation is hitting the skids. Many unethical practices have been reported and it is time that we change.^[4]

Examiners are indulging in different permutations and combinations of unethical activities and if we want to prevent the dwindling standards in medical education, first we all have to change our attitude of apathy and indifference to this issue. If we start assessing the students properly in every formative and summative assessment, students will automatically start learning and the standards are sure to improve. We also need to introspect and have zero tolerance to all unethical behaviors during assessments and should treat every assessment with the seriousness it deserves. As heads of departments and institutes, one needs to put his/her foot down and not permit the students who do not have the required internal assessment and attendance to sit for university exams. If the exercises in the summative assessments are redundant or the mark distribution is inappropriate, the head of the department/institute should represent it to the university. These issues should be discussed in conferences/e-groups/blogs of the concerned specialist and a collective representation should also be made. We also need to remember that the manner in which the formative assessments are being conducted is in our hands. Therefore, at a departmental level, we can

always change the pattern, so that all practical exercises have relevance. This is important because, unless the students start appreciating the clinical relevance/practical significance and learning is made meaningful, they would not appreciate the need to learn. The policy makers in universities should first identify the core competencies and the expected outcomes of a particular course and revise/redesign the exercises in the practical examination. The minimum time for which a candidate has to be examined in a viva voce should be fixed by the university and should be adhered to. Many examination centers conduct the summative examination with only one external examiner during university practical/clinical examination, which reduces the significance of having external examiners. Each university needs to plan and devise strategies to appoint adequate external examiners. “A journey of thousand miles starts with a single step.” Let us all take the first step towards better assessment of students and prevent the trivialization of established assessment methods, which will go a long way in improving the standards of medical education.

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