

Keynote address 3

The assessor in assessment: assessing clinical competence

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Assessment should be educational and information, i.e. a learning process.

- Why assess?
- How, and what to assess?

We assess at the end of a course to certify the level of achievement, competence and progress. Assessment often drives the curriculum (*implies that the curriculum is ever-changing / evolving according to feedback*).

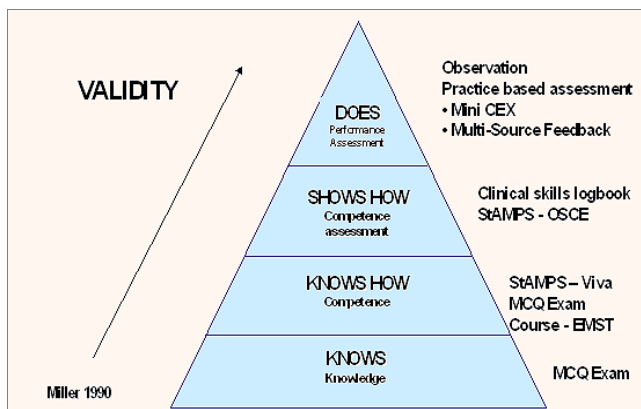
Recommendations of assessment:

- To demonstrate the depth and breadth of knowledge
- Professional attitudes and behaviours
- Range of assessment techniques
- Must be appropriate for the curriculum
- Setting standards
- Is the course valid and reliable? (*Is the assessment a good measure of the curriculum? This implies that the curriculum and assessment are closely related*)
- Is the student fit to practise?
- An evaluation of the programmes effectiveness
- Measures to evaluate practice quality
- How well schools fulfil objectives
- Leads to improvement

What are the requirements for the certification of examiners? Are there any? (*Strong focus on Objective Structured Clinical Exam - OSCE's*)

- Use evidence-based assessment instruments
- Criteria include validity, reliability, practicality (affected by external factors)

Miller's pyramid of competence



“Recommended assessment methods of 12 learning outcomes of a competent and reflective physician” (Shumway and Harden).

Areas tested during OSCE's include:

- Communication skills
- Data interpretation (patient management)
- Psychomotor skills

Problems with examiners:

- Inconsistency in marking
- Prompting at interactive stations
- Teaching in exam situations

Standardisation among examiners? Is there any?

Logistics regarding mixing of students pre- and post exam.

Training for examiners should include:

- Improvement in inter-rater reliability
- Development of appropriate assessment rating skills
- Have examiners watching and recording each other, then discuss

Issues in terms of **preparing examiners for exams**

- Misinterpretation of questions by examiners
- Examiners can feel unprepared and nervous
- Discussion prior to exams have made examiners feel better about marking.

Problems with examiners **during exams**:

- “Charity marks” - examiners awarding marks for nothing
- Prompting is common (also by the patient)
 - If the question is not clear
 - If the layout of the paper is not consistent
 - Look at question design and vetting
- Teaching during exams
- Inconsistency in asking questions (*either between examiners or between students*)
- Intimidating postures by examiners
- Inappropriate behaviours by examiners (sarcasm, boredom, yawning, leaving cellphone on)
- Examiner fatigue
- Training for selecting standardised patients

Look at implementing compulsory briefing before exams, discussing clear marking criteria, improving consistency and reminders on examiner conduct.

There is a correlation between seniority and resistance to change.