

Student assessment: Moving over to programmatic assessment

Although considered very “hot” topic in medical education workshops, assessment remains one of the most misunderstood area of education. The most common flaw is to relate assessment to measurement. This can be seen by the emphasis on objectivity, multiplicity of psychometric methods, data manipulation using various mathematical models and believing that it is possible to capture the working of human mind in a model. Often, objectivity is also related to reliability, to the extent that less objective or subjective methods are totally discarded when designing assessment. There is plenty of literature support to show that this is not so^[1] - rather, “considered subjectivity,” as Cassidy calls it,^[2] is one of the strengths of assessment.

Interestingly, the views are rather stereotyped on the two sides of the Atlantic. While Americans are strong supporters of psychometric discourse, most educationists in Europe and Britain find expert subjective judgment of equal value. While a great majority are programmed to believe it this way, a number of voices to the contrary are being heard.^[3] People are beginning to realize that all assessment is influenced by the philosophy, values, and mission of the institution and it is not possible to have complete objectivity in assessment. In fact, focus on objectivity prevents us from assessing areas which are vital to medical practice such as teamwork, professionalism, and ethics; but which cannot be objectively assessed with our present knowledge. It sends a wrong signal to the students, assuming that it is appropriate to ignore these aspects of clinical competence.

Of all the attributes of assessment, reliability is probably one of the most misunderstood one. For some of the high stake examinations like large scale entrance examinations, it may be alright to define it as consistency of results but for most situations, including classroom and university assessments, using this definition is missing the purpose. Reliability is better viewed as “rely-ability,” implying the degree of confidence that one can place in the results. It has been consistently shown that reliability to a large extent depends on the testing time rather than objectivity of the method. In fact, higher reliability of multiple-choice questions (MCQs) or objective structured clinical examination actually stems from their ability to capture more content rather than on anything else. There are no inherently superior or inferior assessment methods.

Vleuten described a conceptual model for finding the utility of assessment as a product of its validity, reliability, feasibility, acceptability, and educational impact.^[4] In effect, it implied that it is possible to have a useful assessment, in spite of it being low on one but high on another attribute. Many of the assessments have a poor or even a negative educational impact, which lowers the utility considerably in spite of it being reliable or acceptable. Using MCQs only for entrance examinations is a case in point. Conversely, simple methods like day to day assessments, though not high on reliability may also be useful by virtue of their higher educational impact. The authors emphasized that choosing an assessment method inevitably entails compromises and that the type of compromise varies for each specific assessment context. It was also sought to be conveyed that assessment is not merely a measurement issue, but more importantly, it is an instructional design issue. Assessment has to be a part and parcel of instruction rather than being an appendage of the process.

It is not possible to use a single tool to cover all aspects of clinical competence and have to use multiple tools in terms of Miller’s pyramid. This helps to build validity of the assessment, which is considered the most important attribute. However, our obsession with objectivity prevents us from doing so. Some assessments may be high on validity, yet some others may be high on reliability. A possible solution to gain most out of assessment is to move away from individual assessments to a program of assessment.^[5] Looking at validity and reliability of the entire assessment program is a better way than looking at validity or reliability of individual tools. This allows us to use a variety of methods and also allows us to assess competencies which are currently ignored.

Adopting this concept of “programmatic assessment” makes a lot of sense as it allows us to link assessment to curriculum and ensures that no aspect of clinical competence is left un-assessed simply because an objective tool is not available.

Tejinder Singh

CMCL-FAIMER Regional Institute,
Christian Medical College, Ludhiana, Punjab, India

Address for correspondence: Dr. Tejinder Singh,
CMCL-FAIMER Regional Institute, Christian Medical College,
Ludhiana - 141 008, Punjab, India.
E-mail: cmcl.faimer@gmail.com

REFERENCES

1. Singh T. Student assessment: Issues and dilemmas regarding objectivity. *Natl Med J India* 2012;25:287-90.
2. Cassidy S. Subjectivity and the valid assessment of pre-registration student nurse clinical learning outcomes: Implications for mentors. *Nurse Educ Today* 2009;29:33-9.
3. Hodges B. Assessment in the post-psychometric era: Learning to love the subjective and collective. *Med Teach* 2013;35:564-8.
4. van der Vleuten CP. The assessment of professional competence: Developments, research and practical implications. *Adv Health Sci Educ* 1996;1:41-67.
5. van der Vleuten CP, Schuwirth LW. Assessing professional competence: From methods to programmes. *Med Educ* 2005;39:309-17.

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