

Student-Centered Assessment- Contentions, Reticence and the Way Forward

There is probably more bad practice and ignorance of significant issues in the area of assessment than in any other aspect of higher education. This would not be so bad if it were not for the fact that the effects of bad practice are far more potent than they are for any aspect of teaching. Students can, with difficulty, escape from the effects of poor teaching, they cannot (by definition if they want to graduate) escape the effects of poor assessment".¹

The last hundred years have witnessed milestone developments in the domain of curriculum development and teaching - learning in medical education. The focus of medical education has shifted from the teacher-centeredness to student-centeredness. However, this focus has yet to include assessment practices. Assessment has always been and will remain to be the most critical component of medical education in terms of its impact on the student, the system of education and the regulatory requirements. Learning, being the central outcome of any educational programme, is the main purpose of all educational interventions. Assessment not only authenticates, quantifies and certifies learning but it also evaluates the teachers, educational programme, the systems that are designed to actualize learning and the impact of learning. Therefore, if assessment is not focused on learning it loses its purpose. There is no doubt that assessment drives learning but if it does not follow the purpose for which it was designed, it can disrupt learning with lifelong consequences for the student, the system and the end-user of health care- the patient.²

With such misaligned teaching-learning and assessment systems we can have graduates that have degrees but lack competency and professionalism- the very core intended outcomes. Flexner's paradigmatic influences have had their impact on assessment practices, but the focus has largely been on methods, tools and psychometrics of assessment. Learning has unfortunately been "the little match girl" in the assessment story. Each new development in assessment like her matchsticks kindles hope of achieving the purpose of assessment. I seek to keep the flame alive and in its brightness see the details of what, "student-centered assessment" (SCA) is and how can we adopt it. Student-centered assessment;

- Is meant for the learning and development of the student, aligned with the stated learning outcomes, hence it is outcomes-based assessment;

- Is authentic assessment- it is based on high fidelity contextualized and individualized replication of the challenges and standards of performance required in the real-world health care and patient care; not some mass over-standardized tests. So that the student's grades reflect their competence of dealing with these challenges in the real life;
- Motivates deep learning encompassing diverse health care settings, populations and cultures;
- Follows the principles of equity and justice;
- Engages student as a key player not just an end-user. The student is actively engaged in setting learning goals, self-monitoring, identifying gaps in their learning and planning remediation to address the gaps;
- Ensures "student safety" in terms of the physical, mental, social and emotional wellbeing of the students and their career safety, which ultimately contributes to patient safety;
- Informative for more than one audience - making it economically more feasible and system- friendly with potential for development of not only the student but multiple stake holders including the faculty, institutions, health sector, community and the health care profession.^{2,3}

It has high potential for development of self-regulated learning, consequential validity, education impact and authenticity in terms of the congruence between the working, teaching-learning and the assessment environment. However, there are several contentions around this concept of student-centered assessment. I will indicate the core ones.

Assessment in our current framework of curriculum follows teaching and learning and when the curriculum is being designed, it is frequently an afterthought.¹ There seems to be an invisible impermeable membrane that separate assessment from the rest of the curriculum, rendering it neither complementary nor supplementary to learning, rather frequently it becomes contradictory to learning. This impermeable membrane hampers the diffusion of the student-centered reforms in medical education into the domain of assessment, depriving assessment of the fruits of these valuable curricular reforms. It not only created a mismatch between teaching -learning and assessment but has negatively impacted the learning practices and professionalism of the students.

Assessment drives learning"- whether the learning was desired or otherwise. These contentions in assessment became very vivid and explicit during the COVID-19 pandemic, when the assessments, especially the scheduled high stakes' assessments became an immense challenge.²

The contradiction and ambiguity around assessment and learning is exemplified by the use of terms like, "assessment for learning" and "assessment of learning", "formative assessment" and "summative" assessment. Assessment is about learning and nothing else, there is no compelling logic of classifying assessment in this manner. For all practical purposes, assessment in its essence is formative. Feedback to the student about their assessments is the core essential practice, whether it is an entrance examination, exit examination or part of a continuous assessment programme. It helps the student develop self-assessment capacity which further contributes to self-efficacy, self-regulated learning, better and stable career choice and overall professional development of the learner.³

The language of any discipline speaks volumes about the philosophy that guides its existence and practice. The language of assessment that we so frequently use while designing, conducting, communicating results and evaluating assessments needs to be critically evaluated through the perspective of the assessee. Assessment undoubtedly involves judgment, but that judgement does not need to display the amount of power, aristocracy, and insensitivity to the perspective of the assessee that we so commonly see. The routine uses of certain negatively worded terms like "meets expectation", "does not meet expectation", "pass and fail", "poor performance", "borderline candidate" and "discrimination index", are reflective of the lack of sensitivity of the perspective of the learner to whom these terms are applied. Change being the essential process of professional development, is the intended goal of education but from the perspective of the student, being a learner - who experiences this change, is a position of vulnerability. When a student offers himself for learning, which may change him in ways that he may not have envisioned, as radical as changes in professional identity- it's a scary phase of life with insecurities. On top of all this, when each phase of this journey is marked by milestones of assessments riddled with the aforementioned terms, it doesn't need platonic wisdom to recognize the undue

stress, anxiety, apprehension and demoralization that the language of assessment would have contributed to the experiential learning of the student, the educational impact of which has yet to be evaluated.⁴

As we advocate student-centered teaching-learning and adaptive outcome-based curricula, we aim to produce doctors that are self-regulated, self-aware, socially and emotionally intelligent and life-long learners. Our assessment practices lack theoretical and methodological rigor to support this educational goal. In the current scenario, assessment invariably invokes judgement of the quality and quantity of learning by the teacher with no room for self-assessment and peer-assessment. Self-assessment despite the problems associated with its practice has key role to play in authentic assessment systems. Lack of self and peer assessment creates a methodological paradox because the learner needs to develop the skills to evaluate their own learner, identify gaps against the given standards and set goals to fill them. This externalizes the motivation that assessment could offer and weakens the drive for internal motivation for learning.

Another aspect is that of efficient and effective assessments. We have bargained effective assessment practices for efficient ones, under the rationale of feasibility. Feasibility and cost-effectiveness are important determinants of any practice but not at the cost of the purpose. Deep approach to learning is an outcome of active self-regulated critical thinking which is the core intended outcome of all curricula. Diversity of students in terms of their learning approaches, cultural differences and creative problem solving capacity, creates variance and contributes to quality of the learning outcome. However, authentic assessment that can cater for these two factors would be time consuming and resource intensive (in terms of assessors and assessment settings) hence we succumb to the dilemma of "efficient" assessments like the standardized MCQs-based tests- compromising validity of assessment for feasibility. The approach becomes a quantitative, reductionist approach instead of the mixed qualitative-quantitative, inductive approach (QQI) that is required to capture the essence of student's competence. We have tools for this QQI approach like the portfolio-based assessment, which has yet to find common appeal.⁵

Assessments and grades have become "end" in themselves instead of being the means to the "end". Students take the assessments to "pass" and not to

learn. Superficial and strategic learning has become the norm while the well-intended catalytic effect and educational impact of assessment is disarrayed. This weakens the very construct and consequential validity of assessments.

Despite the fact that student-centered approach to assessment has the potential to produce empowered, self-regulated, self-accountable, culturally and ethically competent critical thinkers and problem solvers; there is reticence to adopt this approach. This reticence emanates from the contentions outlined earlier: lack of awareness about the philosophy, practices and impact of SCA and socio-cultural, deep non-acceptance of student autonomy and trustworthiness.²

A student-centered model of assessment would need to be framed as programmatic assessment and include constructs, such as self-assessment, formative assessment, assessment for learning, assessment to capture the “does” of performance - the workplace-based assessment, assessment for inter-professional teams and authentic assessment. It is about time that we focus on this concept and reform our assessment practices. I would like to outline a few measures that can help us plan the way forward.

- Design good quality authentic assessments;
- Integrate feedback in all assessments;
- Establish programmatic assessment systems with good tracking, follow-up and remediation mechanisms;
- Use information technology to improve the efficiency and cost-effectiveness of assessments without compromising on the purpose of the assessment. Financial tabs should not be the determining factors for assessment systems;
- Diversity, creativity, individuality should be cherished in assessment systems and regimentation, hyper structuring should be avoided. Educational programmes should not adopt the “line of production” philosophy of industrialism with similar packaging and equal standard of the product, rather focus on the principles of “humaneering”;
- Workplace-based assessment, process and showcase portfolios can improve effectiveness of

assessments by capturing the “does” of performance when done longitudinally in a variety of hospital, community-based and ambulatory settings;

- Self-assessment, peer-assessment and team-based (inter-professional) assessments need to be included in the assessment inventory;
- Choice of methods of assessment should be guided by educational philosophy of the institution and complemented by the assessment practices. Assessment should include constructs like the professional identity so that assessment is aligned with the goal of medical education.⁶

It is time to integrate; student-centered approaches in curriculum design; developments in cognitive science perspective of learning and psychometric understanding of assessments to develop feasible, sustainable and effective student-centered assessment systems.

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