

SHORT COMMUNICATION

ORAL ASSESSMENT IN MEDICAL EDUCATION: TIME FOR CHANGE

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ABSTRACT

There has been a phenomenal change in medical education in Pakistan also over the last 30 years. Through medical education, training of future doctors is done in such a way that they are capable of managing the health problems of those who seek their services in a competent and humane manner. The traditional oral examination/viva-voce is a favorite assessment tool in basic medical sciences as well as in clinical examinations for various reasons in our country.

Keywords: Medical education, Oral assessment.

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Competing interests

The oral or viva method of assessment was defined by Joughin as an "assessment in which a student's response to the assessment task is verbal, in the sense of being expressed or conveyed by speech instead of writing"¹. Oral exams are used as a complement to written exams where a set of stimulus questions are developed that address critical areas of knowledge, or sets of abilities related to a competency or set of competencies^{2,3}.

The oral examination enables instructors to test the students on all five cognitive domains of Bloom's taxonomy⁴. The examiner can ask questions about the knowledge and comprehension (levels 1 & 2), ability to apply the concepts (level 3), analytical ability (level 4) and the ability to critically evaluate and assess various concepts and theories (levels 5 & 6).

The oral examination enables interactive dialogue between candidate and assessor, allowing the examinee to discriminate between superficial and real knowledge via in-depth questioning⁵. Thus it has the potential to measure individual's professionalism, ethics, interpersonal competence and qualities⁶. Due to the direct personal contact between the examiner and the examinee, the recognition of safe and competent clinicians becomes possible⁷. The examiners can utilize it as a

means of feedback and a measure of the strengths and weaknesses of the curriculum by personally examining a sample of students⁸. There is always a flexibility in moving from one area to another during the examination⁹. It provides opportunities for testing communication, decisiveness, and critical thinking--not well addressed or not tested at all in other assessment tools². Oral examinations have the potential to ascertain the student's appropriate use of the 'scientific language,' and also to test the student's persuasive skills, oral poise, professionalism and ethics¹⁰. The ability to tailor the questions asked to the needs of each candidate is cited as an additional advantage¹¹.

In most of the cases, oral examinations tend to test at a low taxonomic level; for example, recall of factual knowledge rather than problem solving¹². Content sampling is therefore restricted as there is difficulty in sampling from a wide area¹³. Oral assessments can be highly threatening for candidates with resultant poor performance⁷.

The use of oral examinations in high-stakes assessment systems is associated with poor inter rater reliability⁸. The low reliability relates, in part, to the examiner's active participation in the examination, which can introduce bias¹⁴. The low reliability and validity also relate to low degree of objectivity¹⁴. Instead of measuring a candidate's knowledge, the oral exams may measure a candidate's personality⁹. It has been observed that verbal style and dress of the candidates influence oral examination scores¹⁵.

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In MRCGP exams, candidates from ethnic minorities and those trained abroad may experience particular hidden difficulties with oral examinations leading to discrimination¹⁶. In addition to that, candidates from working class backgrounds and, in some instances, female candidates may also be discriminated¹⁷. Increasing the number of examiners in the form of pairs or teams rather than individuals appears to increase inter-rater reliability.

Review of the literature¹⁴ reveals potential challenges when oral vivas are used as a tool of assessment in high stakes examination. Some examiners may put undue emphasis on recall of certain facts, or less common items in the differential diagnosis, and less emphasis on the logic and thought processes behind the case presentation⁹. A second problem is variability in the time different faculty devotes to the exam. A third problem is that when faculty asks the students to work through unknown cases, the difficulty of these cases and the extent to which the student has been exposed to the material varies greatly.

Structured examinations have better validity and reliability, with less susceptibility to gender or cultural bias than unstructured examinations¹⁹. It is highly recommended to implement standards, benchmarks, and performance indicators for effective oral examinations²⁰. The candidates should be informed about the examination process in advance through guidelines or orientation letters for candidates. Mock oral exams can also help to reduce students' stress levels²¹. Norman suggested that the oral examination must sample more broadly across cases and examiners to enhance reliability and enhance scope of feedback²². An environment should prevail during oral examination that the students feel free to face the oral board, so that they can answer to the full extent of their knowledge²³. Checklists have been suggested as a mechanism to reduce the variability in content of questions and grading. It may be that: "the more rigid the structure of oral exam, the higher the reliability"²⁴.

The formal training of the examiners will not only result in a uniform delivery of questions and evaluation but will increase the reliability and validity of the oral examinations. In addition, the performance of examiners should be evaluated by periodic observation and discussion of candidates' results²⁵.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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