



Guest Editorial

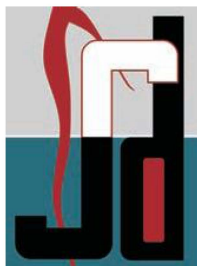


Changing Trends in Modern Postgraduate Assessment

The system of medical and dental education that exists in India has been inherited almost entirely from its colonial past and has unfortunately not changed much to keep pace with global developments. As a result, assessment techniques are imperfect and one cannot be sure of the quality of the output. Such a system also leaves itself open to manipulation by vested interests. Any manipulation of the results of postgraduate examinations cannot, but be at the cost of the consumer viz. patients. It is surprising that although sporadic attempts have taken place in the medical field to modify or alter the curriculum and particularly the teaching-learning methods, no significant effort has gone into improving the postgraduate examination scenario – most teachers feel that **'what was good enough for our teachers and ourselves as students is good enough for our student.'** An ostrich like policy of refusing to recognize the unsavory direction in which assessment techniques are heading, would result in a situation when it is suddenly realized that this is impacting the quality of health care; at that point it may not be possible to withdraw and take a different direction. Even if it is possible, enormous damage would have been done to the generations of postgraduates who have qualified during the interim and to the patients they are caring for.

Medical post-graduation (the term is used here collectively to include all branches of medicine including dentistry) involves acquisition of skills, development of attitude and professionalism, in addition to the conventional improvement in knowledge. From the point of view of future performance, all these four are equally important. However, the current system of evaluation focuses largely on the knowledge component, to an extent on skills and almost entirely neglects attitude and professionalism. It must be remembered that postgraduate assessment must be at the highest level of Miller's pyramid, viz. **"do and show"**. There is no internal assessment worth its weight based on objective criteria for any of the postgraduate courses. Evaluation is, therefore, entirely due to a final examination in which theoretical knowledge is assessed by long and short answer questions and practical skills by the so-called long and short cases. The process is completed by a cursory viva-voce which tests practically nothing as it is rushed through merely as a formality. Results are a lottery-based on the cases which the candidate is lucky (or unlucky) enough to get.

Evaluation of postgraduates, therefore, has moved on from this archaic model in many countries. The focus is on **'work place based assessment'** instead of **'examination hall based assessment.'** This implies that all activities of the postgraduate student throughout the entire



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training period contribute to the final decision at the time of summative evaluation. These activities may include work in the outpatient and inpatient departments for clinical students or laboratories for pre and paraclinical subjects, interaction with patients and relatives, operating rooms for surgical disciplines, facility with procedures, research work, discussion of clinical problems during ward rounds or combined rounds, participation in audits, postgraduate seminars and journal clubs or attendance at CME activities etc. The above mentioned activities do exist in many colleges and are part of the teaching learning process. Unfortunately they do not contribute in any significant measure to the final assessment which decides pass or fail. These activities can be incorporated in a log book and becomes a record which can be evaluated. A portfolio in addition gives an opportunity for the candidate to also record his impressions of his performance and his reaction to the feedback. One important facet which is missing from all the above activities is probably what is most important in building a professional: viz. the feedback from other health care personnel such as peers, nurses other health care workers, patients and relatives. The latter is very important for evaluation of the so called **affective domain** of learning. To put forth a rather simplistic definition, a comprehensive assessment which incorporates all the activities mentioned in this paragraph is called **“360° workplace based assessment.”** An evaluation system which incorporates this 360° concept is the ideal to work for.

However, the switch-over must ensure that this system of continuous, comprehensive and holistic evaluation incorporating all three domains of learning can be put in place only when the process of internal evaluation becomes completely objective and satisfies the candidate on this aspect. The latter is as important as the former. Unfortunately the current scenario does not encourage this thought. The IITs, right from their inception have no system of external evaluation and are based on a 100% internal evaluation based on the cumulative grade point average system. The students have no quarrel with this and have full confidence in the system and its ability to assess their standards.

When can medical evaluation reach this status? Can it ever reach this status? Is there a movement towards this aim? Are we even discussing this issue? Does the profession care? I leave it to the readers to decide.

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