Learning to Assess Makes a Student a Better Assessee

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Abstract: An assessor can perform better as an Assessee! In other words, a good examiner becomes a very good candidate himself, if he appears for the exam! Here in our project, we taught students how to do an assessment, by assessing each other so that, the students can become better performers in the exams.

1. Introduction

Assessment is the integral part of any education. There are two categories of assessments routinely employed in Medical education; formative and summative assessments [1]. Formative assessment guides and orients the students to future learning [1]. So it's importance is growing in the present medical curriculum as it acts a driving force for learning [1,2], in virtue of the trend that the students learn better when an exam is anticipated.

An Assessor can perform better as an Assessee, when he becomes an Assessee himself! In other words, a good examiner becomes a very good candidate, if he appears for the exam. He can perform better because, he knows the intricacies of assessment and what the examiner/assessor expects from a candidate. So after conducting an evaluation or assessment, the assessor knows, what all things the assessor looks for, in the candidate. So he is aware of the points to learn for that examination/assessment, if he becomes a candidate himself! In short, it will be beneficial to the students, if we give them a class about the assessment itself. If we teach them the basics of an assessment, by assessing each other, it will help them become better performers in the exam [3,4]

2. Objectives

To create an awareness about the intricacies of assessment among students, by assessing each other.

3. Materials and methods

After obtaining written informed consent, 64 first year medical students were selected, by random recruitment. Using a simple lesson plan of teaching hand washing, the students were trained to teach to the selected community. The students taught the household, in a one to one basis, using live demonstration. In each team of two students, one student became the trainer, and the other student assessed his teaching. While the trainer (Assessee) student taught proper hand washing, followed by a live demonstration, the observer student (Assessor) silently observed and assessed him, by filling the specific checklist. In the next house their roles were reversed, where the trainer student became the assessor, who then became the trainer. Pre-validated check lists were used for assessment, to minimize subject bias. The principles of Objective Structured Clinical Examination[OSCE] were employed in this assessment. The importance as well as the hardships, in the process of assessment was explained to the students.

In our study, there were 32 teams having two students in each, where student A is the assessor and student B is the Assessee [candidate]. So when B demonstrated, A assessed him, using the specific checklists. Here, in a team, Student A is the Assessor who assessed the performance of B (Assessee). In the subsequent session, A became the Assessee and B became his Assessor. So A knows what are the things the assessor expecting in him as a candidate [Assessee]. He also gets an idea about the areas where the candidate(himself) went wrong, rather, the possible areas of errors occurred. After returning to the campus, the students assembled in the college canteen, where, in their respective teams, they explained to each other, how they evaluated his partner. The difficulties in assessment were discussed and also how he/she managed to carry out the assessment in the prescribed manner.
Observer check list of trainer \[n=64\]

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Parameter</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Friendly &amp; Helpful Attitude</td>
<td>Y N</td>
</tr>
<tr>
<td>2</td>
<td>Self introduction</td>
<td>Y N</td>
</tr>
<tr>
<td>3</td>
<td>Explanation of the procedure</td>
<td>Y N</td>
</tr>
<tr>
<td>4</td>
<td>Demonstration of the procedure</td>
<td>Y N</td>
</tr>
<tr>
<td>5</td>
<td>Answering questions</td>
<td>Y N</td>
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<tr>
<td>6</td>
<td>Encouraging to perform</td>
<td>Y N</td>
</tr>
</tbody>
</table>

4. Discussion

Assessment is a vital part of any education, to measure the effectiveness of the teaching-learning activity\[1\]. There are two categories of assessments, routinely employed in Medical education; formative and summative assessments \[1,3,4\]. The former is proposed to guide learning and produce a change in performance \[1,2\]. Though there are different methods used for assessment, each has its own merits and flaws \[1\]. This is curbed by combining multiple methods. In our study, Objective structured clinical examination [OSCE] and checklists are used to avoid subjective bias. An added advantage of OSCE, is, each student is exposed to the same type of assessment \[5\]. Scoring is done with specific checklist, which reduces bias to the minimum. The scoring of the students may be done by observers including peers and not by the faculty alone. Advantages of Checklists \[5,6\] are, it reduces subjective bias, is effective to assess any competence. The points can be broken down into subcategories \[4\] and even inexperienced personnel can do the assessment.

It is generally accepted that assessment is a driving force for learning. Students learn more focussed on anticipation of a specific exam pattern \[7,8\]. If the students are provided with the knowledge about the type of assessment and the important learning objectives, the inadvertent effects of assessment, like the tendency to cram before examination can be avoided \[1\], facilitating thorough learning.

Having this idea in mind, we started this project where, we trained the students, how to assess each other by using the simple lesson plan of teaching hand washing technique to the selected community. All the four domains of teaching skills \[9\] were included as individual points in our pre validated checklist. All aspects of competence, depicted in Miller's Pyramid \[10\] as well as Bloom's Taxonomy \[11\] were incorporated like, cognition (knows, knows how), psychomotor skills (shows how), attitude and communication skills. The students assessed each other, making it a reciprocal peer assessment \[12\] that reduced the possible bias.\[13,14\]. In a team of two students, one student (Student A, the Assessor) assessed the performance of the trainer (Student B, the Assessee). In the subsequent session, Student A became the Assessee and B became his Assessor. After assessing each other, both the students in a team sat together and explained to each other, how he/she assessed the other \[3\]. The hardships that they came across and how they could tide over those, were discussed.\[2,4,15\].

In our project, when student A becomes the Assessee, he knows the possible mistakes and the things the examiner [Assessor] is concentrating at. Hence, student A can perform better than student B. In short, if the examiner appears for the same exam, he will perform as a better candidate, as he is already aware of the intricacies of the assessment and also the possible areas of error \[4,7,8,15\].

5. Conclusion

Through our project, we could create an awareness among the participant students, how to do an assessment \[1,4,5\]. This will help the student become a better candidate (Assessee), having understood the importance \[7,8\] as well as the nuances of the assessment, can study more focussed.\[1, 2,4,7,8,15\]. The limitation of our study is that, the performance of A was not assessed using post test.

6. References


[5]. Al-Wardy N. Assessment Methods in Undergraduate Medical Education. Sultan Qaboos University Medical Journal [Internet], 2010 [cited 4 August 2016];10(2):203.


[9]. AT-COM Module 2015: Attitude and communication competencies for Indian Medical Graduates by the reconciliation board of The Medical Council of India 2015


