Editorial:

Thoughts on Examination of Medical Students

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Assessment of medical students should ideally be continuous throughout their training. In practice, however, most of the weight is put on examinations done at certain points during training, mostly at the end of terms, the end of a year or on finishing training at the end of the final year. These examinations usually consist of written, clinical and oral parts or any one or combination of these. The clinical part comprises a long case and a short case sessions. Each part is intended to assess certain qualities. Examination is not just testing medical knowledge. Ability to use this knowledge in making proper decisions, skills and attitudes are important and enter in the assessment to various degrees in different parts of the examination.

The proportion of the final mark allotted to each part of the examination takes into account the qualities that part assesses and how well it assesses them. A good examiner, therefore, confines himself in each part to what that part is intended to assess. Ignoring this may mean increasing the weight given to some qualities on the expense of others. A common practice of this kind is to convert a large proportion of the clinical examination to assessment of knowledge by asking theoretical questions on the expense of assessing the ability to use this knowledge and assessing skills and attitudes. By doing so the examiner wastes a large part of the clinical examination time in assessing attributes the assessment of which was assigned to the written examination. He also increases the proportion of the mark allotted to theoretical knowledge beyond the proportion assigned to it.

The classical clinical examination comprising a long case and short cases sessions is to a large extent subjective. An attempt to make it objective was made by the introduction of what is called the objective structured clinical examination (OSCE). Applying this needs a lot of staff and preparation which is not available to many centres. In our teaching centres, the classical long and short case examinations are practiced and are likely to remain in use for the foreseeable future. It is therefore advisable to try to make them as good and fair as possible.

The long case examination:

The aim of this is to assess the ability of the candidate to deal properly with a common and important medical problem which shows that he has encountered it during his training. Rare and mysterious cases should be avoided. Since dealing with a case includes obtaining information by history taking and physical examination, deciding on appropriate investigations, interpreting the information gathered and making decisions of management, all these abilities should be assessed. Questions and discussions should centre on the particular patient and not on the disease. Questions outside the case itself do not serve the required purpose, shorten the time left for relevant questions and unduly increase the mark given for general theoretical knowledge.

The examiner should try to ascertain as far as possible that the information told by the candidate as he presents the history and physical examination are correct by

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checking on them (or some of them) himself. Since laboratory, radiology and other technological tests form an important part of the practice of modern medicine using the results of these tests available in the patient's notes is recommended. Treatment should be included in the discussion.

The short case examination:

The main aim here is to assess the ability of the candidate to perform physical examination properly, detect physical signs, interpret them and draw rapid conclusions concerning possible diagnosis or differential diagnosis. Examining on patients without physical signs will therefore fail to fulfill these aims and may confuse the candidate. Theoretical questions which go beyond the above mentioned aims assess factual knowledge for which other parts of the examination are assigned.

Additional remarks:

1. To be fair students should be allowed equal times with their patients and be subjected for equal times to their examiners. This means they should receive their long cases at set intervals and not simultaneously and the examiner should stop when his time expires.
2. The main purpose of the examination is to assess the student. Although some examiners like to use the opportunity to teach him, this should not be allowed to affect the assessment. Therefore correcting student's mistakes, if it is to be done, should be done gently so that it does not confuse him or depress his morale. Blaming the student for his mistakes and humiliating him should be avoided however poorly he performs. The examiner's job is to give him the mark he deserves.
3. When it becomes obvious that the candidate does not know the answer to a question the examiner should leave it without dwelling on it too long and wasting time which can be used to test the candidate's competence in other areas.
4. Fluency or difficulty in English may bias the examiner. Although good English is helpful to a doctor, the examiner should keep in mind that his main job is to assess the candidate's competence in medicine.
5. The examiner is likely to be unduly affected by the last or first thing the student says or does or by some particular point the examiner likes or dislikes. It is therefore useful, on deciding the mark to revise the performance of the student in the various details of the examination and try to make an overall assessment. It is even better to have specially prepared checklists indicating the various details and the mark assigned to each.