



Basic Levelof Assessment for Staff in Health Sector

Session 1:

Definition of Assessment:

The process of documenting, often times in measurable terms, knowledge, skills, attitudes and beliefs

In medical educational terms we can think of assessment as:

The process by which knowledge, skills and behaviors may be tested and judgments made about competence or performance.

Purpose of Student Assessment:

Ц	Evaluating the effectiveness of the course
	Getting feedback
	Motivating teachers and learners
	Measuring improvement over time
	Testing students' performance
	Showing the effectiveness of the $\ curriculum/quality$ assurance
	Introducing curriculum change
	Ranking students
	Identifying effective teaching







Assessment cycle

How do we know if the student has learned?

Answer the six key assessment questions for your own learning context:

- ✓ What should be assessed?
- ✓ How should it be assessed?
- ✓ Why assess the learner?
- ✓ When should the learner be assessed?
- ✓ Who should assess the learner?
- ✓ Where the learner should be assessed?

Design an appropriate assessment to check whether a student has achieved a given learning outcome.

Effective Assessment:

- ✓ Alignment with learning outcomes (blueprint)
- ✓ Explicit and transparent assessment rubrics/policy
- ✓ Equitable for all students
- ✓ Multiple assessment methods





- ✓ Adequate sampling
- √ Validated methods of standard setting
- ✓ Timely feedback, balance between formative & summative
- ✓ Identification of underperforming students
- √ Regular review and quality assurance
- ✓ Consistency across teaching sites

Assessment guidelines:

Before setting an exam:

- 1-Identify intended learning outcomes of the course.
- 2-Classify them according to the three domains
- 3-Define what is to be tested
- 4- Select most appropriate test method/format
- 5-Apply and score
- 6-Continually and systematically investigate alternative methods for empowering students to learn.

Essential Criteria for a Good Tool of Assessment (Psychometrics):

Constructing a Good Test:

Utility Formula:

Utility = $R \times V \times E \times A \times C$

- Reliability,
- Validity,
- Educational impact,
- Acceptability,
- Cost / Feasibility





Types of Assessment:

- Summative assessment
 Fair and based on appropriate criteria
- Formative assessment
 Aim is to get the students to reveal their strengths and weaknesses.

Types of Assessment Tools that fulfills Competency Based Education:

- ✓ Multiple Choice (MCQ)
- ✓ SBA
- ✓ Short answer questions (SAQ)
- ✓ Extended matching questions (EMQ)
- ✓ Script Concordance Test (SCT)
- ✓ Objective Structured Clinical Exam (OSCE)
- ✓ Mini Clinical Evaluation Examination (Mini-CEX)
- ✓ Portfolio/Log book
- ✓ Direct Observation of procedural skills (DOPs)

Common Defects of Exams:

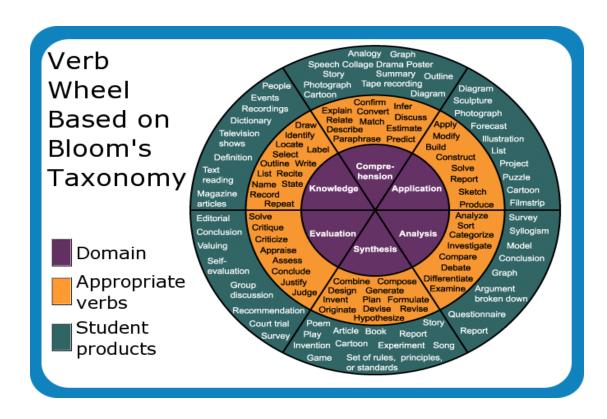
- Triviality
- Outright error
- Ambiguity
- Conservatism
- Complexity
- Unintended cues





Bloom's Taxonomy

(helping to formulate lower and higher order questions):



MILLER'S PYRAMID Miller's Pyramid of Competency Evaluation Through **Performance** Performance Integrated Into Practice pehaviour eg through direct observation, workplace DOES based assessment Demonstration of Learning SHOWS eg via simulations, OSCEs Interpretation/Application **KNOWS HOW** eg through case presentations, essays extended matching type MCQs Fact Gathering KNOWS eg traditional true/false MCQs

Adapted from Burns and Mehay (2009) Miller' Prism of Clinical Competency * Multiple Choice Questions (MCQ)

The assessment pyramid: Miller's Pyramid





Session 2:

Types of Questions:

1- Essay question: A test item which requires a response composed by the examinee, in the form of sentences, of a nature that no single response or pattern of responses can be listed as correct, and the accuracy and quality of which can be judged subjectively only by one who is skilled or informed in the subject

Its advantage:

- Ease of construction
- · Presentation of loose ideas in an organized and logical manner
- Enabling the candidate to explore one subject in great depth
- Good for assessment of higher order cognitive functions including analysis, synthesis and evaluation
- Promotion of critical thinking and the ability to present arguments coherently

<u>Its disadvantage:</u>

- Relative lack of objectivity and reliability
- Limited content coverage (due to long testing time per topic)

 (A test of 80 multiple-choice questions will most likely cover a wide range of content than a test of 3-4 essay questions)
- Marking is time consuming
- Task may be misinterpreted





Rules for writing good essay items

"Make sure that"

- * Clear and unambiguous wording are used
- * Itemization of the question is done (In each topic, specify the parts needed to be written by the student. For example, etiology, pathology, clinical manifestations or management.....etc)
- * Defined mark for each item is put to make expectations clear
- * Action verbs are present at the beginning of the question. The following are useful action verbs. They are copied from Bloom's taxonomy of action verbs. In this taxonomy, Bloom classified the action verbs according to the level of cognitive function

Definition of Action Verb

A verb which should be included in all test questions informing the student of how to answer the question – each learning objective has appropriate action verbs

2- Short/restricted answered questionsSAQ/RAQ

SAQs are generally constructed around a theme or scenario followed by several focused questions

Each question bears separate mark that is clearly indicated in the question paper.

<u>Its advantage:</u>

- ✓ SAQ can be used to cover broader content areas (Wide sampling)
- High objectivity and reliability
- ✓ The scoring is easy as the answers are specific and short





- ✓ The total duration of answering SAQ is short
- ✓ No need for expert marker
- ✓ Easy to construct
- ✓ Low probability of guessing

Its disadvantage:

✓ Can lead to cueing

3- Problem solving questions

A template for a patient vignette; not all of the following components are necessary, but when present should be in the order indicated:

- Age, gender (e.g., 45-year-old man)
- Site of care (e.g., the emergency department)
- Presenting complaint (e.g., headache)
- Duration of complaint (e.g., 2 days)
- Patient history, including past medical history, family history,
- psychosocial history, and review of systems if important and
- plausible for the scenario
- Physical findings
- Results of diagnostic studies
- Initial treatment, subsequent findings





Session 3:

MCQ:

<u>Its advantage:</u>

- MCQs can assess a broad range of knowledge, for a big number of learners, in a short period of time
- MCQs can be developed to test higher order thinking such as application and evaluation of knowledge
- Can be administered in a relatively short period of time, and can be marked and graded by computer
- MCQs proved effective in indicating "who does know" and "who does not know"
- It is easy to establish validity for MCQ items through:
 - Writing flawless items and
 - Good sampling (blueprinting)
- MCQs have a high degree of reliability because they are objectively scored

<u>Its disadvantage:</u>

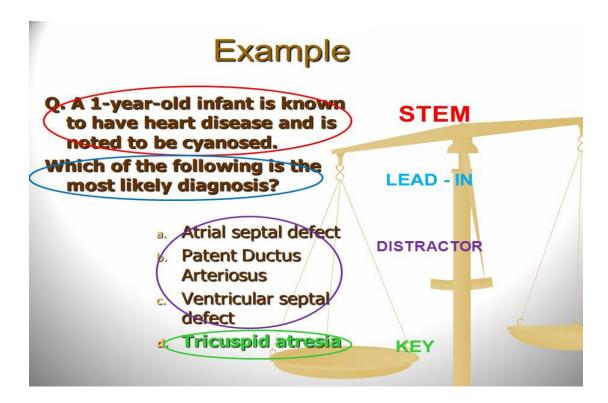
- Time consuming
- Needs training and experience
- Ineffective in measuring synthesis and creation
- Scores can be influenced by reading ability of the examinee
- Guessing
- Cheating





Anatomy of MCQ:

<u>Stem - lead in Question - Alternatives (key answer - distractors)</u>



MCQ criteria:

Stem	Lead in question	alternatives	
Preferred to be a	 Follows the 	Use plausible	
case scenario or	stem.	distractors	
clinical vignette	• In the form of	choices	
(e.g., a clinical	question	Independent,	
problem)	Should relate	not	
Clear,	to the stem.	overlapping	
unambiguous,	• Can be	Should be in	
unequivocal, word	answered	same category	





it POSITIVEL	Y	without	as correct
Should be lor	ıg	looking at the	answer
compared to		options	Homogeneous
options	•	Not used	in content and
> Enough		absolute	grammatical
information (that	terms as	construction
one can form	ulate	(never- always	• Keep the
and answer w	ithout	- sometimes)	length almost
looking at op	tions •	Limit used of	equal
(avoid windo	w -	NOT or	> Avoid specific
dressing or re	ed-	EXCEPT	determiners
herring			such as All,
			Never, Always,
			absolutely
			Do not use All
			of the above or
			NON of the
			above

Extended Matching Questions (EMQs)

Structure:

- 1- An option list (Generally more than 5, usually 8)
- 2- A lead-in statement
- 3- Three or four stems or clinical scenarios.
- 4- For each stem, the candidate should choose the most appropriate option from A–H on the answer sheet.
- 5- An option can be correct for more than one question.





Common flaws in MCQs and how to avoid:

Flaws that aid test-wise examinee:

- Grammatical clues
- Logical inconsistencies
- Absolute or vague terms
- More detailed correct answers
- Word repeats (clanging)
- Convergence
- All of the above and None of the above

Flaws that add irrelevant difficulty:

- Unnecessary words in the stem
- Unnecessary words in the options
- Options not in logical order
- Overlapping numeric options
- Vague frequency terms





Session 4:

<u>Definition of Blueprint (Test Specification):</u>

It is something intended as a guide when making something else. First used at construction and industry, later it was used in car modeling, animation, etc. Basically, when a detailed plan of action wanted before performing finally.

Characters of blueprint:

- It is a matrix or chart reporting the number and type of test questions
- The questions represent the topics in the content area
- The questions are based on the learning objective from each topic
- Also identifies the percentage(%) weighting of cognitive dimensions

Steps to Prepare Blueprint:



CONTENT ANALYSIS



DETERMINATION OF LEARNING OBJECTIVES



DETERMINATION OF NUMBER OF ITEMS FOR EACH TOPIC BASED ON LEARNING OBJECTIVES



DETERMINING THE TYPES OF QUESTIONS





Benefits of Blueprint:

- Guide construction of question paper
- · Links assessment to learning objectives and domains
- Helps to match various competencies with the course content and the appropriate modality of assessment
- Helps the teachers in designing the instructional strategies as per the guidelines expected in the Curriculum

Item analysis:

It is the process of analyzing the performance of MCQ after it has appeared in a question paper.

Item analysis provides:

- Difficulty Index (p):
 The question difficulty is the percentage of students who selected the correct response
- 2- Discrimination Index (item effectiveness-d): Indicates how well the question separates the students who know the material well from those who don't
- 3- Distracter Effectiveness: Effectiveness of the options (alternatives)

Thanks so much





Prepared By:

Prof. Zeinab Nabil Ahmed Said

- Professor of Medical Microbiology & immunology
- Faculty of Medicine (For Girls), Al-Azhar University
- Joint Master of Health Professions Education (Round I)- 2006
- Day One (Session Two)

Prof. Gehan Salah Sadek

- Head of Question Bank Unit in Menoufia University
- Head of Measurement & Assessment Unit, Menoufia Faculty of Medicine, Faculty and Fellow in FAIMER
- Professor of Medical Parasitology

Prof. Zeinab Elsayed

- Professor of Clinical Oncology
- MEC Director, Faculty of Medicine, Ain Shams University

Prof. Waleed Samy

- Vice Dean of Education and Student Affairs
- Professor of Internal Medicine, Tanta Faculty of Medicine
- Member of Medical Sector of Supreme Council of Universities