

## Evaluating the evaluation system

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The making of a doctor comprises of a multitude of factors. Professional knowledge, skills, relationship towards patients and peers and lastly attitude towards life and the profession are a few hallmarks of being a successful doctor.

As teachers of medicine it is our duty to see that a competent individual steps out into society with these aforementioned trademarks.

However the question arises, how do we evaluate these attributes?

Our current examination system is old fashioned with focus on evaluation of the candidates' quantifiable knowledge that is of text books alone.

So what are the other aspects we should be looking into?

First of all the most important aspect of any evaluation is transparency and "near close reproducibility". However transparency has to be maintained by the evaluation system, not only of the candidate being evaluated, but the evaluator as well. This process should be both objective as well as subjective. As stated earlier assessing safe medical personnel is not only assessment of quantifiable knowledge, but that of qualitative attitude and behaviour.

It is harsh in the end of the course to evaluate a candidate unsuccessful on these grounds. Thus it is very important that an ideal screening at the time of admission is framed to ensure that the correct candidates enter the programme.

Planting the right seed yields a fruitful crop.

This obviously is not possible all the time in the real world thus a second intervention at the first university hurdle examination would be a kinder supportive way to filter the candidate not suitable for the medical carrier. Assessing their strong attributes and then encouraging them to pursue another career or path at this stage would be more supportive then ensuring that they move on to the second and third stage only to succumb to failure.

Thus it is mandatory that we limit the number of attempts to three. This procedural rule needs to be stressed strongly at the time of admission.

Failing to secure a pass in the first university examination should not result in penalty of loosing six months. This results in low moral and self esteem in a candidate who is already unsure of him or herself with further compounding effect. Rather a second attempt within three months, allowing the candidate to continue with his or her batch would be a kinder way to treat individuals.

However if he or she was to fail again then the third and last attempt should be planned with the junior batch thus ensuring that the candidate continues with a regular batch. This would remove the dogma as well as the need of a compartmental batch.

With this background I can only emphasize the advantage of a common entrance at the time of admission. This entrance needs to be handled by an entirely independent body preferably the Medical Council .A body that will have no benefit over the selection of any candidate. A similar approach for postgraduate programme would be equally credible.

This would ensure elimination of induction of corruption. This would also ensure that nepotism that does exist would be brought to the minimum. Of course subjective analysis and actual randomisation of the candidate as well as the institution can then be arranged in a matching system. Here the candidate as well as the institution would choose each other.

This exam needs to be purely objective generated through a computer based question bank system .These questions should be cohered into various subgroups. Thus the generator of the final set him or her is unaware of the various sections that comprise to complete the final paper. This would ensure total transparency.

The same can be said about the exit exam. A single body would be responsible for evaluating both the national as well as foreign graduates.

Lastly we also need to look at the evaluators themselves. Evaluation and appraisals of the evaluator with necessity of training and evaluation of their examination pattern is of equal importance. This would ensure a certain standard as well as maintaining fairness in the system.

This background illustrates the need of change in our system.

Many a times we hear of the examiner who is unhappy that it is not possible to fail an unsuitable candidate in our system. The system is fractioned into sections where many a times it is not possible to grant a failure. This is because the cumulative total results in a pass. Then again you hear of the guardians and students who have grievances against the teachers and the examiners.

I personally feel that we do not pass or fail but rather assess. However this process has to be justifiable. The notion that private colleges who are dependent on capitation fees ought to achieve a high percentile of successful candidates is justifiable only if the candidates deserve to pass and not for the sole purpose of economy. Then again the feeling among some examiners that a certain percentile from the batch needs to fail to maintain standards is again also totally baseless. Rather rewarding the hard working with weeding out the unfit to ensure a safer society is of vital importance. Our responsibility

as medical teachers lies towards the nation and society at large then the individual candidate. This of course highlights the other fact of pressure and threats to examiners. It may come as a surprise to few but it does exist. This also may give opportunity to bribes and corruption. Thus it is highly recommended to maintain the secrecy of the examiner and also to prohibit contact between the evaluator and the candidate.

The problem of grudging parents or influential phone calls would thus be meaning less.

It is but obvious that an overhaul of the examination system with its modality is essential. This responsibility should be shouldered in by a democratic council which should be represented by mature individuals from all institutions.

The concerned authorities may shrug this off by stating that we have all of this in the system. Then again I would like to state; it is time to reconcile and reconsider.

A hope of change remains to be unfolded to ensure admission of the correct candidate to be guided by the aware evaluator only to be assessed fairly and correctly at the end of the career. This would enable a young competent bold doctor to step out into the society. Fortunately this to us medical teachers would also mean achieving our goal.