

**Title:** Introduction of structured oral examination in master of surgery (pediatric surgery) final examination

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**The context and setting:** In Bangladesh the clinical postgraduate medical education program is usually a five-year course including training and thesis. After completion the M.D. degree is awarded to the medicine discipline and the M.S. (Master of Surgery) to the surgical discipline. The basic medical degree is the M.B.B.S. and comprised of five years academic program and one year internship. Oral examination is an essential tool in assessing a candidate. Recently the M.B.B.S. curriculum has been changed and the assessment system has been improved by introducing objective structured practical examination, objective structured clinical examination, and structured oral examination (SOE). But in M.S. (Pediatric Surgery) and in other university postgraduate assessment, traditional oral examination is continuing.

**Why the idea was necessary:** “Assessment drives learning”- this classic statement by George E. Miller (1919-1998) encapsulates in a single phrase the central role of assessment in any form of education. Assessment, if properly planned and implemented, has a powerful positive steering effect on learning and curriculum and acts as the most cogent motivation of student learning. For a long time in Bangladesh, oral examination is being used for undergraduate and post graduate examination in Medical College and University. Though oral examinations have been promoted as well suited for observing candidates’ problem solving and reasoning skills, communication skills, provides opportunity to probe candidates’ ethics and depth of knowledge but the validity and reliability of oral examinations have been questioned due to subjectivity and potential examiner bias. The picture is similar for the postgraduate medical courses in Bangladesh. After a long academic program the postgraduate fellows often feel and claim that they are not judged properly. Tekian & Yudkowsky suggested structured oral examination, multiple orals, selection and training of examiners and finally overall monitoring and evaluation of the assessment system to be done to improve the reliability and validity of assessment. Since SOE is introduced in M.B.B.S. assessment it is important to introduce in M.S. (Pediatric Surgery) and in other university postgraduate program.

**What was done:** Initially human nature resists any change. So we adopt principle of adult learning. In many postgraduate medical institutes where there is no undergraduate M.B.B.S. course- many of the teachers are not aware of introduction of SOE in M.B.B.S. So initially we organized few induction meetings with faculty members of different institutes. Later we did a survey in selected postgraduate institutes on 75 teachers and 150 postgraduate fellows of different disciplines through a semi-structured questionnaire on their views regarding traditional oral examination. They have also given some suggestions for further improving of the oral examination. We used 5 points Likert scale on different statements on oral examination. We have

also starting to structure the syllabus for introducing SOE with the help of different faculty members of different institutes.

**Evaluation of results and impact:** This is an ongoing project and I am sharing some of the results of the survey conducted on 225 respondents, among them 33.3% were teachers and 66.7% were postgraduate fellows. “Careful planning of the oral examination is done in advance” - significant percent of teachers (42.7%) and postgraduate fellows (25.3%) disagree. “The ongoing oral examination covers all the topics of the curriculum” - majority of the teachers (64%) and 38.7% of fellows opined that the oral examination does not cover all the topics. “The level of difficulty is not the same for all examinees” - Surprisingly the teachers were more in favor of this statement (53.3%) than that of fellows (28%). “Examiners have preference on some selected topics”- Majority of the respondents (56% teachers and 40% students) agreed with the statement. “Examiners sometimes ask questions that are not relevant to the curriculum” - 41.3% teachers were agreed and 26.7% were neutral and 9.3% were strongly agreed. “Examiners give clues during answering when fellows fail to answer certain questions”- 61% teachers were agreed. “The current oral examination is good enough for evaluating an examinee”- 92% teachers mentioned that the current system was not good enough to evaluate an examinee. Similarly 85.3 percent fellows opined the same. We also have qualitative findings. Few such suggestions are – “An environment should prevail during oral examination that the students feel free to face the oral board, so that they can answer to the full extent of their knowledge. This oral exam should be structured.” “There is usually biasness in the existing examination system, standard of questions varies and syllabus cannot be covered. So, introduction of structured oral examination need to be introduced. Extensive training should be given to faculty members about structured oral examination.” The impact is tremendous-all other postgraduate medical disciplines are working on improving assessment system and introducing Structured Oral Examination!