

Opening speech to the conference

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“A Celebration of Assessment”

The central theme of the conference is “Assessment”
Why celebrate assessment?

For most of us, who followed the traditional university course, assessment was a hurdle to climb over, in order to pass to the next year of the course. The papers were often an “Ambush”. Some people even committed suicide because they did not score an A* result.

There were the usual jokes.

“Write down all you know about anything that you consider to be important”

Candidates are asked not to write on both sides of the paper at the same time.

It was also the event that labelled us “ Good, bad, or don’t even bother”.

However, the purpose of assessment has changed significantly. It is central to progression of learning. It is no longer an end of term event to be dreaded. But, an affirmation that the student has learned and mastered the various aspects of “being a doctor”

In modern times, assessment takes several forms:

Tutor assessment – common and important

Peer assessment – one student assessing another

Self assessment – a student assessing themselves.

A medical student is now assessed on “being a doctor”. In other words “doctor-things” are assessed.

Doctors are assessed for their professional qualities by other doctors. Their results are recorded – how many patients die, how many patient’s recover – how long is their recovery. Other doctors observe their clinical performance. Other professionals assess the doctors performance by 360 degree appraisal. There are consequences for bad performance. But the assessment is NOT an exam.

Therefore students must become familiar with a way of being assessed that is “in-tune” with assessment in clinical practice.

Examples of such assessments include the Mini-CEx, the OSLEP, DOPs (Direct observation of practise). Clinical appraisal interview. VIDEO analysis. Review of case notes.

What are the consequences of this?

Combining teaching, learning and assessment in a single event is a more mature “adult” way of working.

It also satisfies some essential factors about assessment.

1. The event is VALID
2. Reliability is less, but the event is AUTHENTIC
3. The assessment is relevant as it occurs in real time as part of, or close to teaching
4. It is practical, because very little extra organisation is required.
5. It is standardised – because what is being taught and assessed is the same event
6. It is enjoyable because students are occupied with “real” events, and they build up success as they continue.

Finally, the ultimate assessment tests the student’s capability, which is different from competence.

A competent student can demonstrate that they can complete a task when asked to do so.

Qu. Please measure the patient’s blood pressure, and other vital signs.

Capability can be shown when there is no specific question. The student encounters a situation, and has to judge what is the right thing to do. A watching assessor observes the actions of the student.

Today we will see the teams of students responding to emergency situations they have not seen before. This will test their ability to deal with the situation, without being asked specific questions, or being told to do something.

This is an excellent example of how CAPABILITY is assessed. It is the style of assessment that leading medical schools are adopting.

The fact that Lublin Medical University has this style of assessment as regular part of it's programme, underscores the excellence of the educational philosophy.

The commitment to a Simulation Centre- of such large scale – also underscores that Lublin Medical University will be a world leader in the field of clinical teaching and assessment.

Therefore, this is the very reason why we are here to Celebrate Assessment.