

BE PROACTIVE AND NOT REACTIVE! DOES THE CURRENT UNDERGRADUATE MEDICAL EXAMINATION SYSTEM NEED POSTMORTEM?

It has been over past many years that I have been looking for a suitable forum to highlight this ever increasing problem of evaluations and examinations in the present undergraduate medical education system in Pakistan. After being given the additional responsibility of Chief Editor, Journal of Medical Sciences has allowed me to drop a few lines reflecting my opinion regarding this problem. I have tried to present one of the many solutions which if not the ideal should at least sensitize the readers for finding more suitable remedies through dialogue and consensus. In the end, our aims and objectives should be to rectify the prevailing problems which I believe so far has been overlooked and to try and inculcate new ways and means for better solutions. This in the long term would prove a valuable investment in our youth.

Evaluation of undergraduate medical students at present remains a cumbersome process not only for the medical students but also for the examiners in its current mode. Since its inception, very little has been done to critically scrutinize it. It remains unnecessarily lengthy, mentally taxing while lacking any objectivity, both on the part of the examiners and students. The evaluation pattern, both for the theory and clinical examination, is obsolete with potential lacunae of subjective and personal influences. I strongly believe for some time now, that there is an urgent need to shorten, sharpen, make it more objective and less mentally draining. Prevailing practice of Final Year examination remains of having two papers each, for the major subjects, two to three days apart, spread over almost seven weeks with obsolete type of long and short essay questions which understandably requires not less than a dozen examiners sniffing through thousand of papers. Natural bias on part of the examiners is always there which cannot presently be rectified leading to unrest among the examined students who sometimes may feel cheated. I believe that it's high time that we take a lead to amalgamate new modern methods in line with the prevailing trends not only in the theory papers but also in the clinical

examination. To kick start the process, I would suggest one paper each for the Medical Allied, Surgical Allied and Gynae/Obs with hundred, one best type of MCQ or EMQ be introduced. Each allied subject should be given its due share in the form of questions in light with the guidelines issued by PMDC. These three papers should be conducted on three consecutive days. The clinical examination should be in the form of TOACS and divided in two parts. The Non Interactive part should be centrally organized in one examination hall with all the students attempting the different stations in a stipulated time with the use of modern multimedia equipment. This should also prove to be full dress rehearsal for all the qualifying students who later aspire to attempt the International Licensing Exams like USMLE, PLAB and Australian Boards. The Interactive TOACS (long and short cases) can be conducted in the following five/six days in the hospital. The pattern presently used by CPSP in Pakistan for the clinical assessment of the postgraduate doctors can be tailored to our needs. If adequately streamlined, the whole examination should complete in ten days time. This innovation should broaden the horizon for evaluation, improve the problem solving ability of students and relieve the examiners of cumbersome responsibility of sniffing through thousands of papers while undoing subjective influences. It should go a long way in bringing the examiner bias to the minimum, if not eliminating it all together.

In recent times to no surprise of the readers, there is mushrooming of medical colleges in both private and public sector. Every new college in either sector that is raised comes with its unique claims of being different from the existing ones both in teaching of the students and the examination techniques. Every institute has different level of facilities, faculties, type of students they admit and examination structures. These are most of the times governed by the accrediting universities resulting in lack of standardization. Every examining body applies its own

yard stick for the evaluation of students which lacks any evidence base when critically analyzed. These non uniform evaluation parameters have the potential to fill the country's cadre of medical professionals from best to the worst. This further highlights the importance of PMDC role to take lead in ensuring standardization in examination techniques. One suggested way of ensuring maximum uniformity would be introducing a licensing exam identical to USMLE in the United States at the end of house job, before the doctors can be considered eligible for full registration. The PMDC can conduct this licensing exam all over the country on quarterly basis so as to bring uniformity. This innovation should in principle be able to produce new graduates with equal baseline characteristics. I believe if this is done in full letter and spirit, medical institutions which at present are thought to be

producing underrated graduates will either improve their performance or will vanish from the scene.

In a nut shell, I know that some of the readers may not agree to everything but if the desired sensitization of the stake holders leading to generation of consultations for standardizing and improving the undergraduate medical education has been accomplished, I have achieved my goal.

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