Basrah Journal of Surgery

## Personal View

Bas J Surg, September, 10, 2004

# PERSPECTIVE ON THE STRUCTURED ORAL EXAMINATION

## Thamir A Hamdan

\*M.B.Ch.B, FRCS; Professor Orthopedic Surgery.

Dean, College of Medicine, University of Basrah, Basrah; IRAQ.

#### Introduction

ral examination, sometimes called viva which is a Spanish word that alive or vital. should means considered seriously because it gives a clear and direct impression about the student's level of education and how to behave facing a difficult situation. A considerable number of students feel very unhappy about oral examinations and probably prefer the written ones. Oral examinations also give an idea about the personality, behaviour, way of communication and response of the student to a difficult situation. Napoleon, the French commander, said: it was easier for him to participate a thousand times in a battle field than to sit once in the examination hall. The oral examination is one of the oldest methods of student's evaluation and probably was the only way to examine in ancient days. In oral examination, the students' rights should come on the top of every thing

**Correspondence to:** 

Prof. Thamir A Hamdan.
Professor Orthopedic Surgery & Dean,
College of Medicine, University of Basrah,
Basrah; IRAQ.

and the benefit of doubt should be on the student's side always. Unfortunately, sometimes a mix up occurs between under and post-graduate students and even between different levels of postgraduate students. The same question may be given to all levels for that reason a clear cut sharp line should be drawn between the different levels of students, and specifications in the questions for each level in mandatory. Almost all students are anxious during examinations, this anxiety is usually associated with a lower oral score and, therefore, sympathy and empathy are necessary from the examiners side. To perform an oral examination, four corner stones are mandatory which consist of students, examiners, questions examination hall. Perils and pitfalls may arise in any of the above requirements. The author is putting down his perspective on the structured examination which consists of giving a mark for each separate question in addition to separate and secret score from each member of the examination committee, and how ideally should it be performed to reduce or even to avoid pitfalls and achieve justice as much as possible.

#### The students

They are supposed to be well informed about the nature and requirement to pass this type of evaluation. It is a good practice for the students to examine each other prior to attending the oral examination; this will reduce to a great extent the difficulties in facing oral examiners. The students are supposed to be clean, tidy, impressive, with a steady personality, frank and capable of saying "I don't know". They should avoid procrastination and pass pointing, respecting the examiners and the limited time and avoiding the masked answer which usually tease the examiner, though the examiner should not be teased under any condition. So the students should learn how to behave in a diplomatic way. Hesitation, reluctance, anxiety and worries, though unavoidable at the time of oral examination, should be reduced to the minimum possible. Distinguished between the physician as a human being who is subjected to do errors like all human being and what he dose as a professional in his work. Old legislators insisted on protecting people from errors of physicians. For example, ancient Egyptian physicians were not allowed to deviate from instructions of the Holy Book or they would be punished. Legislations of Hamourabi were very firm concerning errors of physicians who were to work according to the rules dictated in the Holy Books. If they did so, they would not be taken responsible even if the patient died, but if they deviated from the rules, they might be sentenced to death themselves by amputation of their limbs. Alexander, the Macedonian, ordered that Gloux, the physician, be crucified because his carelessness caused death of a patient. Plato, on the other hand, said that physicians are paid whether they cure or kill the patient and physicians and lawyers can kill their clients and go unquestioned. During the Roman era, the

physician had to pay fine if he was not efficient enough when carrying out an operation, when he gave a medicine that caused death or when he left a patient before completing his cure. As Roman civilization progressed, the physicians enjoyed a kind of protection against penalty in case they committed errors because of the guessing nature of the job. In the barbarian society, if the patient died because of the carelessness laziness of the physician, physician would be handed to the family of the dead to decide whether to kill him or to employ him as a slave. The Islamic jurisprudence ordered to prevent from practicing medicine the ignorant physician whose appearance might be misleading enough to show whether he is good in his job.

#### **Definition of errors**

In terms of the perspective of human laws, a work is erroneous if it leads to a harmful action resulting from carelessness, lack of readiness and non-observance of rules and basic principles. The medical error is defined as the deviation of the medicator from normal behaviour. This error could be examination fear and anxiety may lead to real confusion.

Sometimes the examiner feels that the answer is well known to the student but he can not express it properly, or the answer is mixed up or it is a half way answer; in this situation it is preferable to give the student some sort of leading or help and to see his performance again. In another situation, the student is far away from the correct answer and moreover he is not realizing or telling truth, in this case a shift to another question is required with a negative effect on his score.

It is preferable to avoid asking or rediscussing a question raised by a colleague in the same committee.

# The questions

It is always preferable to have all the questions prepared and agreed upon by the department and written on cartoon paper with fixed numbers equal to the number of the students to be examined. The questions should all be almost in the same scientific level, clear, multiple and better without repetition. The question should carry practical clinical points which are directly related to his supposed future position as a house officer, registrar, senior registrar or consultant. The question should also leave an effect on learning and on vital practical points, a point which is very necessary for the future careeer<sup>4</sup>. It is necessary to have a relation between the examiners interest and the question offered by him. The question should be delivered gently in a scientific way and in a uniform language which is agreed upon by the department. The examiners should not stress on weak points unless it is vital and serious like emergency conditions. To make an ideal use of the time it is always better to avoid questions with long answers; those are better left to the written examination. The examiners should not forget to ask "why?" for any answer because learning and practicing medicine in based on understanding rather than memorizing. with easier Starting and questions and then proceeding to more difficult and specific ones could lead to a smother performance and therefore more accurate overall evaluation. Asking one question at a time is much better than asking several questions at the same time which usually confuses the student. An anxious student may misunderstand the question or miss part of its components. So there is no harm in rephrasing or redirecting the question to be sure that he/she did understand the question before concluding that the student did not know the answer. Indirect, vague, or trap questions like

giving a hint towards a wrong answer is not allowed, particularly for the undergraduate student. Teaching at the examination is not only time-wasting but also affects the student's self-confidence. Correction an answer or giving any sort of impression about it should be avoided too<sup>2</sup>. Giving the student time to think before answering is a very good practice.

# **Environment (examination room)**

The environment has some effect on the students' performance, in a positive or negative way. It's better to have a delightful colour, beautiful furniture, ordinary lighting and convenient weather. It should be totally away from outside noise, quite and comfortable for the examination committee and the student alike. Outside interference for personal or any other reasons should be delayed after the examination. A stop watch is mandatory on the table because it is unfair to give unequal time for different candidates. Also data show, slide projector, specimens, instruments overhead projector should available and switched on before the student entrance to reduce wasting of the very limited time.

# Rating

At the end of examination, the examiner shows a good facial expression and good wishes, irrespective of the student performance; it is better to hide the real feeling though many students try to get something from the examiner. The objectives of the examiners are not to fail the students but rather to assess their clinical competence and practical safety<sup>6</sup>. The rating should be based on a model answer or well accepted medical practice for consistent rating. Certain

points should be considered before fixing the final score:

- 1. Was he capable of interviewing, performing proper physical examination & solving emergency situation<sup>1</sup>.
- 2. Was he familiar with local and common medical problems?
- 3. Was he aware of referred and communication techniques?.
- 4. Serious consideration should be given to his competence and practical safety.
- 5. Mistakes are not equal, taking into consideration the fatal mistakes.
- 6. Rough evaluation must be replaced by analytic or structured evaluation which is based on giving separate marks for each question independent of the others. To avoid positive or negative influence on the individual rating each examiner should give a secret, independent score before discussing the final rating with other members of the committee. The final should discussed rating be thoroughly by all the examiners particularly when there discrepancies in marking. The final mark is the mean of the separate marks given by the examiners.
- 7. It is safer and better to give a pass or failure score than to give a borderline score. It is important to remember that the objective is not to help the student to pass the

- examination if he is not fit but also not to be against him if his performance was good.
- 8. All kinds of bias should be avoided which consist of the last student's effect (a tendency to rate a student in relation to the last examined one), the effect of gender, age, size, looks, religion, ethnic origin and dress<sup>5</sup>. Other factors that should have little influence include style, personality, aggressiveness and general attitude. To avoid all the biases and personal differences examiners should adhere to a consistent rating guideline.

## Conclusions

- The structured oral examination, which depends on precise and analytic evaluation of each answer separately, is superior to the rough evaluation (all in all attitude).
- 2. All forms of bias should be avoided.
- 3. Differentiation for the questions and student level is mandatory.
- 4. Mistakes are not equal, and each should be considered separately.
- The objectives of the examiners are not to fail or to pass the students but to be precise and accurate in the evaluation of their competence and safety.

### REFERENCES

- 1.Harper AC, Wendy B, Roy GR, Norman Carol A, Rand and JW Feightner. Difficulties in clinical skills evaluation. Medical Education, 1993; 17:24-27.
- 2.Jan M. Mohammed and Amira R. AL-Buhairi. Guidelines for the administration of oral examination. Saudi Medical Journal 2000; 2(11): 1013-1015.
- 3.Moulopoulos SD, Sideris DA and Vardas PE. Difficulties and discrimination capacity of examinations estimated on the basis of repeated student failure. Medical Education 1988; 17: 175-181.
- 4.Newble DI and Kerry Jaeger. The effect of assessments and examination on the learning of medical students.
- Medical education 1988; 17: 165-171.
- 5.Pritchard DJ. Effects of sex and alphabetical listing on examination performance of medical students. Medical education 1988; 22: 205-210.
- 6.Sensi S, Guagnano MT. Assessment of clinical competence, the state of art. Recenti Prog Med 1996; 87: 445-451.