

## Internal Assessment

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### Introduction :

The strengths of internal assessment (IA) are threefold. One, there is an opportunity to provide timely corrective feedback to students. Feedback is recognized as the single-most effective tool to promote learning.<sup>[1,2]</sup> Two, IA can be designed to test a range of competencies, such as, skill in performing routine clinical procedures (giving injections, suturing wounds, performing intubation etc.), professionalism, ethics, communication and interpersonal skills, which are hardly assessed in the final examinations.<sup>[3]</sup> Three, the continuous nature of this assessment throughout the training period has the potential to steer the students' learning in the desired direction over time. The focus is on the process, as much as on the final product of learning. Internal assessment is a continuous process rather than a snapshot observation. Its key features are its ongoing nature and the use of multiple examiners; both help to minimize subjectivity in the assessment procedure.

### Formative or Summative

A number of teachers get entangled in the formative or summative debate. Formative assessment has a major influence on Learning.<sup>[1-3]</sup> the educational utility of a summative or year-end examination is limited since it usually involves a single encounter with assessment of a limited number of competencies, mostly knowledge-based, with no opportunity for feedback and improvement. Internal assessment provides a very useful opportunity to not only test acquisition of knowledge but also provide feedback to make learning better.<sup>[4-5]</sup>

### Emphasis on a wide range of competencies

While the acquisition of knowledge and skills is an important focus of IA, it also encompasses other competencies and qualities that are difficult to assess

through a year-end examination. These include regularity, participation in learning Activities, preparation for seminars, skills in history taking / case study, case presentation, and performance in community projects, research projects (e.g. short term Indian Council of Medical Research projects) and quiz programmes. Importance is also given to communication skills, professionalism, ethics, academic honesty and interpersonal skills

### Proposed Graduate Medical Regulations

“Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, shall function appropriately and effectively as a physician of first contact of the community while being globally relevant. The draft of the 2012 revised Regulations on Graduate Medical Education (GME) released by the Medical Council of India (MCI) stipulates that undergraduate students should have passed in their IA to be eligible to appear in the final university examinations.<sup>[6]</sup> The recommendation is for IA to be based on day-today records.

### Problems with Internal Assessment in India

The major issues with internal assessment in India are: improper implementation, lack of faculty training, misuse or abuse, lack of acceptability among all stakeholders and perceived lack of reliability.<sup>[7-8]</sup> Objectivity refers to the consistency of marking between different examiners and is, therefore, a measurement issue. Reliability, on the other hand, refers to the confidence that we can place in the judgments we make and is, therefore, a decision-making issue

**Improper implementations:** Implementation has a strong bearing on any assessment and its educational utility.

**Lack of faculty training:** Faculty development is prerequisite to proper implementation of any educational method. Lack of training is often the reason for poor implementation, lack of transparency, and inadequate or no provision of feedback to students.

**Misuse/Abuse:** IA is often misused as an examination without external controls.<sup>[9-10]</sup>

**Lack of acceptability:** The issues that lower the acceptability of IA from all its stakeholders are: variability in marking by institutions, too much 'power' bestowed to single individuals (often departmental heads), too much weight age to single tests and a perceived lack of reliability. Reliability (also sometimes described as reproducibility) is commonly seen as 'consistency of marking'. The utility of any assessment is dependent upon its validity, reliability, acceptability, feasibility and educational impact.<sup>[11-14]</sup> The purpose of IA is to provide feedback to students and teachers, and to improve student learning. It is proposed to be a longitudinal program spread throughout the MBBS training. IA is expected to be complementary to the end-of-training assessment (ETA) carried out by the affiliating Universities to test for attainment of intended competencies.

**Organize and Conduct Internal Assessment:**<sup>(1)</sup> For uniformity, Institutional Curriculum Group with several subcommittees dealing with Design and

Implementation, Assessment, Student liaison, Clinical trainings, Ethics, Human care (one week induction/ orientation program at the beginning of MBBS course).<sup>(2)</sup> To allow greater spread of marks, each subject may be assessed out of a maximum of 100 marks (50% for theory and 50% for practical/clinical component) in the ITA. IA can be divided into- Day to Day assessment, Internal/terminal exam. and Preliminary exam; with 40%, 30%, 30% weight age respectively. ITA should make use of a number of assessment tools. For theory: (essay) questions, short answer questions (SAQ), multiple choice questions (MCQ), extended matching questions and oral examinations should be used. For practical/clinical assessment: Project work and its presentation, Field visit viva, village study, experiments, long cases, short cases, spots, objective structured practical/clinical examinations (OSPE/OSCE), mini-clinical evaluation exercise (mini-CEX) and objective structured long examination record (OSLER) should be used. Viva in practical/clinical assessment should focus on the experiments actually performed or cases actually seen rather than being a general viva.

All results should be declared within two weeks of the assessment. Students should sign on the result sheet in token of having seen the results. The results should also be uploaded on the college website within two weeks of being put up on the notice board. Students who do not pass in any of the assessments

**Table 1 : Division of Marks**

Theory (Max. marks 50)		Practical/clinical (Max. marks 50)	
Knowledge tests: using multiple tools	40	Practical and clinical skills (Including communication Skills, bedside manners): using multiple tools	35
Preparation, participation, regularity, sincerity	8	Regularity, sincerity, professionalism' presentation	8
Other academic activities: quiz, seminar etc.	2	Log books	5
		ICMR or other projects, community work, etc.	2

should have the opportunity to appear for it again – however, any repeat assessment should not be conducted earlier than two weeks of the last to allow students to meaningfully make good their deficiencies. Only one additional assessment may be provided to make good the deficiency. If a student is unable to score 50% even after an additional assessment, he should repeat the course/posting and appear for University examinations 6 months later.

Teachers should provide feedback to students regarding their performance. A group feedback session should be organized within a week after declaration of results. However, for persistently low achieving students, one-to-one feedback sessions may be organized. To use the power of assessment meaningfully for better learning and to ensure stability in assessments, all colleges should appoint a Chief Coordinator. All the teaching departments should also appoint a teacher as coordinator to plan and organize ITA. Departments should coordinate among themselves and with the Chief Coordinator to ensure that students do not have assessment in more than one subject during the same week. As far as possible, all ITAs should be scheduled on Monday mornings so that students get the weekend to prepare and do not miss classes. For clinical subjects, the practical component of the ITAs should be scheduled at the end of clinical postings. The minimum number of ITAs for each subject should be specified in the beginning of the term. The plan and tentative dates of assessment should be put up on the notice board within the first month of starting that phase of training. The ITA plan of each department should be developed as a standard operating protocol (SOP) document, approved by the Curriculum/ Assessment committee of the college and reviewed (and revised if required) annually. This document should be made available to the students at the beginning of each phase.

Record keeping: It is important to maintain a good record of performance in ITA to ensure credibility. Students should have access to this record and should sign it every three months

Currently, faculty development is carried out through the basic course workshops on medical education; this needs to be scaled up for capacity building of medical teachers. It is also imperative that the students be sensitized to the ITA program for MBBS during the proposed foundation course (the first two months before Phase I of MBBS). Medical competence is an integrated whole and not the sum of separate entities. No single instrument will ever be able to provide all the information for a comprehensive evaluation of competence.

### **Conclusion :**

The successful use of IA as a tool for promoting learning entails the following:

1. IA has to be based on day-to-day observation of the student.
2. It should focus on the process of learning as much as on the amount of learning.
3. It should evaluate competencies which are difficult to assess through term-end examinations.
4. All teachers of the department should be involved in the assessment process to make for greater reliability.
5. The results should be used not only to document the student's progress, but also to provide feedback while the student still has time to improve on the basis of the feedback.
6. Meticulous record-keeping is essential for the efficacy and credibility of the process.

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