

Small Group Structured Oral Examination: An innovation in oral Examination

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Abstracts: Assessment drives learning, For the past years, we have been using an Traditional oral exam i.e. one examiner or tow examiner taking oral examination of one student, as a part of the examination process for the First MBBS formative and summative assessment. There appears to be tremendous variation on what constitutes the "traditional" oral examination. Studies analyzing characteristics of oral examinations vary most often by format and number of examiners. Considering above pros and cons of traditional oral examination and on the basis of examiners' feedback, the new format of *viva voce* examination is started in the form of "Small Group Structured Oral Examination"(SGSOE). In SGSOE Students will be divided in the small group of 10 to 12 students in each group. They have to sit in chronological order in group. Two examiners will be assigned to group . For examination, according to roll no, they have to randomly select a chit from box. Than student has to give answer of main question mention in structured viva card of the topic Than rest of the students one by one, has to give answer of leading question related to that topic. after completion of Group Viva (GV) group of two examiner present at group viva will decides Marks, depending number of topic attend by all the students. Thus, It is one of the new exam systems designed to make an objective, valid and reliable assessment of different components of subject. [Singel & Shah, NJIRM 2014; 5(1) : 141-145]

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Introduction Assessments is an integral part of medical education, enabling us to make decisions about the trainees - whether and how much they have learnt and whether they have reached the required standard. Assessment drives learning¹. It serves as a tool for student motivation, retention & transfer of learning.

As George Miller pointed out in his elegant address to the 8th Annual Research in Medical Education conference, "it seems important to start with the forthright acknowledgment that no single assessment method can provide all the data required for judgment of anything so complex as the delivery of professional services by a successful physician"².

There appears to be tremendous variation on what constitutes the "traditional" oral examination. Studies analyzing characteristics of oral examinations vary most often by format and number of examiners.^{3,4,5,6,7} Muzzin and Hart⁷ describe four basic formats for oral examinations:

1. the interview style, in which the examinee is quizzed on general topics;

2. the clinical style, in which questions are specifically regarding diagnosis and treatment plans for a particular patient;
3. the cognitive style that requires problem solving around specific cases; and
4. the role-playing style, with students assuming various "roles" with the examiner.

For the past years, we have been using an Traditional oral exam i.e. one examiner or tow examiner taking oral examination of one student, as a part of the examination process for the First MBBS formative and summative assessment. TOE are not new, but surprisingly, they are not pervasive.

The benefits of the oral examination as a teaching tool when used with students are also a consideration. Although students expressed dissatisfaction with issues related to scoring, Vu et al.⁸ reported that students felt that the orals were a fairer evaluation of the student's data base and provided an opportunity for immediate feedback in a way that supported further learning.

Programs which use the oral examination as one of their clinical assessment measures need to be aware of biases such as the "dove/hawk" effect,

characterizing some examiners as more lenient or tough than others, the "halo effect", scoring an overall high or low mark based on carryover from a score in one section of the exam, and others carefully described in Muzzin and Hart⁹.

In Traditional oral examination student variability is often seen. Some students have confidence and examination pressure can not affect their performance but for others who have examiner phobia, this may markedly alter their performances. Bias creates gross variations in marking which further depresses studious students. Moreover, marks given by the same examiner for similar competence may vary. Such subjectivity makes evaluation tool unreliable and biased. This does not assess the students properly.

Traditional oral examination is "norm referenced" where more emphasis is given on comparison between students rather than individual achievements¹¹. The marks awarded, reflect only the general performance of the candidate without evaluating the individual competencies.

Considering above pros and cons of traditional oral examination and on the basis of examiners' feedback, the new format of *viva voce* examination is started in the form of "Small Group Structured Oral Examination"(SGSOE)

What is "Small Group Structured Oral Examination" :

- Students will be divided in the small group of 10 to 12 students in each group. They have to sit in chronological order in group
- Two examiners will be assigned to group
- SGSOE will be started in following manner
- From the box according to roll no, they have to randomly select a chit.
- Than student has to give answer of main question mention in structured viva card of the topic
- Than rest of the students one by one, has to give answer of leading question related to that topic
- So every student gets chance to answer main as well as leading question (Figure 1).

Figure 1: Proposed Sequence of Main and Leading Question

Student No	Questions									
1	Main Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1	Leading Q 1
2	Leading Q 2	Main Q 2	Leading Q 2	Leading Q 2	Leading Q 2	Leading Q 2	Leading Q 2	Leading Q 2	Leading Q 2	Leading Q 2
3	Leading Q 3	Leading Q 3	Main Q 3	Leading Q 3	Leading Q 3	Leading Q 3	Leading Q 3	Leading Q 3	Leading Q 3	Leading Q 3
4	Leading Q 4	Leading Q 4	Leading Q 4	Main Q 4	Leading Q 4	Leading Q 4	Leading Q 4	Leading Q 4	Leading Q 4	Leading Q 4
5	Leading Q 5	Leading Q 5	Leading Q 5	Leading Q 5	Main Q 5	Leading Q 5	Leading Q 5	Leading Q 5	Leading Q 5	Leading Q 5
6	Leading Q 6	Leading Q 6	Leading Q 6	Leading Q 6	Leading Q 6	Main Q 6	Leading Q 6	Leading Q 6	Leading Q 6	Leading Q 6
7	Leading Q 7	Leading Q 7	Leading Q 7	Leading Q 7	Leading Q 7	Leading Q 7	Main Q 7	Leading Q 7	Leading Q 7	Leading Q 7
8	Leading Q 8	Leading Q 8	Leading Q 8	Leading Q 8	Leading Q 8	Leading Q 8	Leading Q 8	Main Q 8	Leading Q 8	Leading Q 8
9	Leading Q 9	Leading Q 9	Leading Q 9	Leading Q 9	Leading Q 9	Leading Q 9	Leading Q 9	Leading Q 9	Main Q 9	Leading Q 9
10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Leading Q 10	Main Q 10

Structured Viva Card This will be prepared keeping in mind following important guidelines :

A number of questions has to be prepared from each topic covering the content area of varying difficulty among the learning objectives were jotted down. About 10-15 questions from each topic has to be shortlisted and final template /checklist of questions to be asked in the viva was prepared. The probable/ most correct answers for these questions were also discussed. The process involved all the faculty members from the department (Assistant professors & above).

Checklist has to be prepared by taking into consideration the 'must know', 'nice to know' & 'desirable to know' aspects of their curriculum as per Medical Council of India. The questions need to be arranged in according to their difficulty level. All the faculty members involved in the exam will have the checklist in advance, with written instructions regarding the content area to be covered and the nature of competence to be measured.

How the result is made? : In this paper also 25 more vertical line is there for wrote the name of topic against the students name and 25 very small quadrangular shape spaces in a same line of student's name.

For giving the grade to the student for right answer, instead of marks in number we put the mark + for every right answer.

Then ultimately after completion of Group Viva (GV) group of two examiner present at group viva will decides Marks, depending number of topic attend by all the students.

Rational of SGSOE: Over and above correcting errors of Traditional oral examination, there are multiple other advantage of using SGSOE, i.e.

- Personal attention can be given to each and every student.
- They are able to express themselves on each and every topic.
- The inhibition and shyness of the students is lost.
- There will be increase in knowledge of the students about the subject.
- Student-teacher relationship is improved.
- Student gets multiple chance.
- Student-teacher bias is not there.
- Student-topic bias is not there.
- Chance and luck factor is minimized.
- Transparency and fairness of exam and result.

Wilson¹² also offers comment from a student on the use of the interactive midterm oral exam format, "The interaction in the exam helps in learning and consolidating as you think of how to answer instead of regurgitating information."

Bridges (1999)¹³ provides the following rationale for using oral examination

- Provides the students with the opportunity to develop and demonstrate oral communication ability;
- Give students experience with the communications identified as most challenging in the workplace, i.e., interaction with a superior;
- Help students develop explanatory skills, powers of persuasion, oral poise and self-confidence.

In conventional practical examination student variability is seen often. Some students have confidence and examination pressure can not

affect their performance but for others who have examiner phobia, this may markedly alter their performances. Bias creates gross variations in marking which further depresses studious students. Moreover, marks given by the same examiner for similar competence may vary. Such subjectivity makes evaluation tool unreliable and biased. This does not assess the students properly.

In order to encourage deep learning, students should be encouraged to relate ideas to their previous knowledge and experience, checking the evidence and relating it to conclusions. Students should use logical arguments to support their assertions and it is hoped that the viva-voce, as described in SGSOE, is a suitable forum to test these skills¹⁵.

Assessment provides students with short-term goals, clarifies the tasks to be learned and provides feedback about learning¹⁶. Since SGSOE tend to direct students' learning efforts towards the intended learning outcomes (ILOs), they can be used as tools for increasing the transfer and retention of learning. Generally, learning outcomes at the level of understanding, interpretation and application are likely to be retained longer and have greater transfer value than outcomes at the level of recall¹⁶.

Van der Vleuten suggested that the utility of assessment methods could be conceptualized by looking at the five attributes of the method—reliability, validity, educational impact, feasibility and acceptability.¹⁷

Does SGSOE fulfil the conditions under which oral assessment is valid, reliable and fair?¹⁸

Validity conditions: YES

1. Examination items focus on the capabilities required for professional practice that are best assessed orally, namely clinical-reasoning and decision making.
2. The content of the examination is determined by a panel of experts.
3. Examination items are within the scope of professional practice.

4. Where language capabilities are examined, this is done explicitly and at the level required of professional practice.

Reliability conditions: YES

5. An adequate sampling of questions are asked in order to provide sufficient coverage of the depth and breadth of practice and to ensure inter-item variability is at an acceptable level.

6. Examiners are formally trained in oral examination issues and methods.

7. Inter-examiner variations are monitored. Discrepancies are addressed.

8. Items and implementation processes are standardized. (Blue Printing)

Fairness conditions: YES

9. Examination items are scrutinized by a representative panel to detect item bias.

10. Result patterns are monitored to identify differential responses levels from identifiable sub-groups.

11. Examinations are designed to minimize threats to their validity and reliability due to language differences of candidates.

Thus, In an attempt to overcome problems associated with the traditional oral examination, we have Develop small group structured oral examination (SGSOE). It is one of the new exam systems designed to make an objective, valid and reliable assessment of different components of subject. The main features of SGSOE are that both the process and the product are tested giving importance to individual competencies. The examination covers all broad area of the subject than a Traditional oral examination. The scoring is objective, since standards of competence are preset and agreed check lists are used for scoring. Where questions are asked as main question as well as leading questions leading to reduce anxiety state of the student

Recommendations for better implementation of SGSOE:

- Proper orientation of the faculty involved in the viva regarding, the competencies to be measured and the marking system.
- Pairing of the examiners, new one with the more experienced one.

- Multiple sets of checklists should be prepared to reduce monotony in the process.
- Checklists should have clear and straightforward questions so that evaluation of student's performance becomes easy.
- Each student can be marked on the same checklist by 2 or more examiners and scores can be averaged to impart higher degree of validity & reliability.

We feel that this was just a beginning of a continuous ongoing process. Extensive ground work is needed to bring about a shift in students' assessment from traditional oral examination to SGSOE. The change should not only be restricted to one subject but needs to get extended to all other medical subjects.

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