

## Irregularities in the assessment of undergraduate medical students in Pakistan

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The purpose of assessment is to make the students keen learners. Quality assessment derives learning and informs the students about their strengths and weaknesses. Important components of students' assessment during their medical school studies are short and long answer questions, multiple-choice questions (MCQs), traditional and structured viva voce, assignments, short and long clinical cases, and objectively structured practical examination (OSPE). Each component of assessment has its own merits and demerits. Therefore, a combination of various assessment methods are used to enhance transparency, precision, and accuracy of the assessment.

Academic integrity is essential to learn and practice medicine. Unfortunately, academic dishonesty is common among the undergraduate medical students of Pakistan. In a medical college of Lahore, 85% students have witnessed other students involved in cheating during assessment.<sup>1</sup> In another study, 74% students have reported cheating during theory examinations.<sup>2</sup> The art of cheating does not begin in the medical colleges. These students have been using this skill right from their school days. Many students involved in dishonest academic practices believe that nothing is wrong in cheating. These students are also likely to act unethically in future during their clinical practice. Moreover, such students may be deficient in knowledge and clinical skills.<sup>3</sup>

Students are under-assessed in some medical colleges. Some departments conduct less frequent tests with very few questions. Such tests are not enough for a comprehensive assessment. This is done by teachers to lessen the burden of paper marking. Another reason may be a very limited question bank. Many teachers are not trained enough to prepare standard questions. Poorly designed questions may not be understood by the students. Unfortunately, at several medical colleges moderation of assessment questions before the test is either not done at all or is done without proper SOPs of moderation.

Poor invigilation has been observed at several medical colleges. Students may cheat by copying or taking help from their friends during the tests, carrying required .....

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material to the examination hall or the washroom, and using cell phones.<sup>1,4</sup> It is the practice that Junior staff members invigilate and seniors just sit on a chair during the assessment. Lenient invigilation is a major factor behind cheating during the assessment.<sup>1,4,5</sup> Fear of becoming unpopular and getting an adverse feedback from the students are some reasons for lenient behaviour of the faculty towards cheating.<sup>6</sup>

Most of the medical colleges either do not have SOPs for invigilation or they are poorly defined. Moreover, students are usually not aware of such SOPs.<sup>6</sup> Strict disciplinary action is seldom taken against cheating. Some students are also in search of question papers before the assessment, which can be procured from dishonest staff by paying money. These steps are taken by students due to poor preparation, laziness, insufficient knowledge of the subject, inadequate preparation time, and fear of failure.<sup>1,4</sup>

During COVID-19 crisis, students' assessment was changed to the online system. In this period, several challenges regarding the conduct of assessment were experienced by the teachers. Students cheated during the tests using their books, online search engines, and social media applications.<sup>7</sup>

Examination paper marking may not be of a standard quality. Some faculty members mark examination scripts hurriedly and may miss out on the errors. Marks awarded may be either more or less than what are deserved.<sup>3</sup> Most seniors do not consider marking examination papers as their responsibility at the department level. However, the same seniors mark papers for the university very gladly due to the remuneration. Nonetheless, there are some very few exceptions of honest, responsible and hard-working individuals who work consciously and submit honest results.

At some medical colleges, the scripts of marked short essay questions (SEQs) are not shown to the students which keep them in the dark and not understand the mistakes made by them. Post-test moderation of the questions is also a rare phenomenon. Moreover, it is important to track the performance of students. Most of the colleges do not use any software for managing the assessment of the students.

Many private institutions plan good results for business reasons. This is achieved by lenient invigilation in the practical examinations. Reports have shown 81% students getting technical assistance during the practical examinations.<sup>2</sup> Some students bribe the laboratory staff to get the details of the practicals a few days before the examination. Only 25-30% marks of the practical examination are allocated by the external examiner. Thus even if the external examiner fails a student, the internal examiners award a high score which makes the aggregate above passing marks. Consequently, in most private medical colleges, almost 100% students pass the practical examinations. These students do not consider practicals important as they are certain of their success.

Viva examination is a commonly used assessment tool. Viva is usually conducted in the traditional way which is very subjective due to inter-examiner variability in the number of questions asked, time given to answer the questions and difficulty level of the questions. A study was conducted to appraise the structured viva as an assessment tool at Shalamar Medical College, Lahore. Majority of the students were satisfied with coverage of the content, difficulty level and logical sequence of the questions, and capability of the structured viva questions in highlighting their strengths and weaknesses.<sup>8</sup>

During clinical attachments, students are required to take case histories and conduct and record physical examination of a number of patients. However, some students document fake histories and fake physical examinations.<sup>9</sup> A study has reported that more than 50% of students have practiced this act.<sup>2</sup> Such students do not develop adequate clinical skills and cannot become competent clinicians.

UHS allocates 10% marks to the internal assessment which depends upon students' performance in monthly tests, send-up examination, and attendance. Purpose of the internal assessment is to make the students study and remain motivated throughout the year. However, the Head of the Departments in some private medical colleges are advised by the administration to award high scores in the internal assessment. Students believe that, regardless of their performance in the continuous assessment, high scores of internal assessment will be submitted to the university. This procedure will damage the student's academic integrity and medical universities should adopt some effective mechanisms to ensure transparency of the internal assessment.

To achieve a high standard result, cheating in exams has to be curbed. This basically requires conceptual teaching, an effective syllabus, sufficient preparation time and good

counselling<sup>1</sup>. During the examination, there should be strict invigilation, seating at a proper distance, disallowing mobile phones in the examination hall, or having jammers along with CCTV monitoring. The parents of the students involved in cheating should be informed with the proof.<sup>6</sup> Senior faculty should take the responsibility of the invigilation along with the juniors. Universities should be responsible for making the practical examinations more transparent. Furthermore, some strategies to curb cheating during online assessment are oral examination, live presentations, real-time discussions in small groups, preparing multiple sets of question papers, randomizing the MCQs, and inspecting students' surroundings.<sup>7</sup>

Quality of the exam questions can be improved by moderating the questions before assessment. The medical colleges must formulate policies on synthesis of exam questions. Senior medical teachers should be given the responsibility to mark the examination scripts. This will enhance the quality of assessment. Moreover, many drawbacks associated with the traditional viva can be minimized by conducting an objectively structured viva examination.

Answers of SEQs and MCQs should be discussed with the students after the test so that they can identify and correct their mistakes. Students having a poor performance must be counseled as and when required. Some remedial classes and tests must be arranged to make up for their deficiencies. Post-test moderation can also enhance the standard of exam questions. Moreover, use of relevant software can organize the record-keeping of students' assessment.

In the western world, academic integrity has been incorporated by most medical schools. Such a centre is a necessity in every medical college of Pakistan.<sup>3</sup> Policies on various aspects of academic dishonesty should be formulated and implemented. A Policy booklet must be handed over to the students and their parents on the orientation day. A signed document that the required rules have been read by the parents and students should be submitted to the institution. During the orientation week, these policies should be discussed with the students for their better understanding.<sup>6</sup> Moreover, disciplinary committees should show zero tolerance for academic misconduct.<sup>3,6</sup>

Academic misconduct should be taken seriously as it can gravely damage reputation of an institution.<sup>4</sup> It is a mutual responsibility of the administrators, teachers, and students to promote academic integrity. Medical students and teachers must perform their duties with the utmost

responsibility to ensure the highest standards of academic integrity. This will form the foundation of developing a good medical graduate.

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