
ASSESSMENT DRIVES LEARNINGUddin MN¹, Habib MA²

Teaching anatomy is still an important part of preclinical medical education. Anatomists face an intensifying challenge of building foundation knowledge of medical students on human anatomy. Teaching and learning have become more scientific and rigorous; curricula are now based on sound methods of study and style of teaching principles. Various forms of active and self directed learning have become the mainstream. Teachers have progressed from the role of problem-identifier to that of the solution-provider. Various diversities of teaching in anatomy have taken into consideration, like reciprocal peer teaching, with disputed success¹. Study has shown that both ‘traditionalist’ and ‘modernist’ elements within the anatomical community are in consensus over which teaching tool is best equipped to tackle most course aim². Experts are claiming that declining mode of anatomical knowledge of undergraduate students is because of negative effects from several factors including, teaching by non-medically qualified teachers, diminished use of cadaver dissection as a teaching tool and neglect of vertical integration of anatomy teaching. Influence of the way anatomical knowledge is being assessed is also pointed out³.

A great medical educationist George E Miller (1919-1998) said “Assessment drives learning”. Assessment rather controls the progress of learning. It drives the learner to adopt deep learning approach or makes a surface learner. Criteria for good assessment include validity or coherence, reproducibility (reliability) or consistency, equivalence, feasibility, educational effect, catalytic effect, and acceptability⁴. Validity ensures reliability and a valid reliable assessment system produces educational impact. Selection of assessment method is vital for its validation.

Course objective determines the method of assessment to be selected. All these are essential components of a curriculum.

Curricula are formulated through a tedious process keeping in mind the expectation of the society and advancement of medicine. It addresses the needs of trainees, patients, and society. In the curriculum objectives are set and assessments are planned to achieve the outcome. So every effort must be taken to implement curriculum properly. George E Miller tried to prioritize assessment part of curriculum in the following way. “To change curricula or instructional methods without changing examinations would achieve nothing. Changing the examination system without changing the curriculum had a much more profound impact upon the nature of learning than changing the curriculum without altering the examination system”.

Various countries are following different formats to develop medical graduates. At least six dominant models are prevailing worldwide at present⁵. But all efforts will fail to reach the goal if not implemented properly.

This issue of JAFMC has published an article where Dr Anju Manara and her team observed that two leading universities of Bangladesh are not following the proposal of the curriculum properly in written assessment by short answer questions. They observed statistically significant differences between curriculum on paper and curriculum in action in that respect. The recall type of questions appeared significantly more than the indication in guideline. It is expected that if the guide line of curriculum is not feasible that shall be updated or must be followed properly.

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