
Viewpoint

A Suggested Model for Internal Assessment as Per MCI Guidelines on Graduate Medical Education, 1997

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The recent guidelines of Medical Council of India (MCI) on Graduate Medical Education(1) have placed a lot of emphasis on internal assessment. In fact, internal assessment has become extremely important in view of the fact that a student who fails to clear internal assessment will be debarred from appearing in the final examinations. It is a bold step, which was long overdue but it has brought tremendous responsibility on the teachers.

There is no acceptable model of internal assessment in our country or abroad. Each institution, in fact each department within an institution, is following its own method. Even the MCI has stopped short of providing any operational recommendations on the issue, in effect transferring the onus to the teachers concerned. It is imperative that a uniform and acceptable model of internal assessment is developed. With this back-

ground we have attempted to develop a model, which can be used by all medical colleges for clinical as well as non-clinical disciplines.

Before we describe the actual model, we would like to emphasize the following points(2), which need to be kept in mind before designing any system: (i) Internal assessment is a continuous process rather than a snap-shot observation; (ri) It is a matter of multiple observations by a number of observers. Preferably the whole faculty of a department should be involved in the process. This is essential to overcome any subjectivity which may creep in the process; and (Hi) The results of internal assessment should be open: that is, they should be known to the students to enable them to improve their performance. It is also important to reiterate that new guidelines emphasize acquisition of practical skills by the students, in addition to developing certain affective skills. Both these skills, to a great extent cannot be evaluated(2) at conventional term-end examinations.

Mechanics

Internal assessment has been allocated 20% of total marks, to be equally divided between theory and practicals. Thus, medicine will have 60 marks for internal assessment while pediatrics will have 20 marks. To ensure uniformity, we suggest that marks be allotted out of 100 (50 for theory and 50 for practicals) which can then be converted to desired marks.

The theory component needs to be assessed by periodic tests. These tests should preferably be of short answer questions to reduce subjectivity in evaluation. For pre-

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and para-clinical disciplines, there need to be at least 3 tests per semester. For clinical disciplines, they should be 1 per semester, at the end of each course of lectures. The average of theory tests will be given a weightage of 30. The remaining 20 will go towards soft learning areas. These areas can be subdivided into 4 parts, the examples of each are given below:

1. Interest in the subject (as shown by asking questions in the class, reading beyond text books, interaction with teachers and peer) — 5
2. Active participation (as shown by volunteering for presentation, performance during discussions) — 5
3. Scientific attitude (as shown by rational thinking, curiosity to clarify doubts, ability to discuss and draw conclusions, sincerity in reporting observations) — 5
4. Inter-personal skills (as shown by attitude of accepting mistakes, understanding other's point of view, non-argumentative and respectful behavior) — 5

The qualities mentioned in the parentheses are only examples and need not be considered as absolute or specific attributes to be observed. These are mentioned to serve as guidelines only.

The component of practicals should be assessed at least twice for non-clinical and once per semester for clinical subjects. The list of practical skill will have to be developed by individual departments. This evaluation will have a weightage of 40. The remaining 10 will go to maintenance of record books. The techniques of objective structured clinical/practical examinations (OSCE, OSPE) are highly recommendable for evaluation. At the end of each semester,

the marks will be converted to the required score level and displayed on the notice board. The students should be provided an opportunity to discuss the results with the concerned Head of the Department. The discussion should focus both on strong and weak areas so that students can foster the stronger areas and improvements may be possible in weaker areas(3). Encouragement and constructive criticism can always improve performance.

There are no two opinions that internal assessment plays a major role in shaping the learning behavior of students(2). In many developed countries, a great deal of emphasis is laid on this, specially on evaluation of soft learning areas, collectively designated as 'professional behaviors'(4). These are evaluated by a variety of means like video recordings of interaction with patients, feedback from patients and nurses, peer ratings and teacher evaluations(5). It may not be possible for us to adopt these models in near future. However, it may be pointed out that even there, no 'model' as such is available which can be adopted by us.

The emphasis of evaluation in our set up is on knowledge and practical skills. Indirectly, we deny the fact that attitudes and communication skills are equally important for a doctor. One of the reasons for this may be the "subjectivity" involved. However, even the western model is not free from subjective bias(6). Therefore, subjectivity cannot be taken as an excuse for not evaluating these areas.

The relative weightage allotted to different attributes can always be debated and we must admit that there are still many grey areas in our understanding of the process of adult learning. However, it is difficult to refute the belief that a doctor has to be much more than a mere technocrat.

Evaluation scheme can have a profound effect in shaping the products of medical education.

Hawthorne effect is a well recognized input for quality improvement(7). All evaluation tools have an impact on teaching and learning. Clearly defined competencies pertaining to professional attitudes and behaviors that are evaluated with meaningful feedback will provide an opportunity for better learning and uniform assessment.

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