Structured Oral Examination: From Subjectivity to Objectivity - An experience in Community Medicine.

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Abstract

Background : Oral examination or viva-voce is used mainly to test the cognitive domain and is conducted with the aim of evaluating the qualities like depth of knowledge, ability to discuss and defend ones decision, attitudes, alertness, ability to perform under stress and professional competence. The Conventional Viva-voce examination (CVE) is fraught with subjectivity and has been found to have poor validity, reliability and objectivity.

Aim : To study the opinion of the medical students regarding the new Structured Viva-voce Examination (SVE) compared to Conventional Viva-voce Examination (CVE).

Methodology:

An objective viva system was devised after peer consultation and review and approval of the head of the department. The students were explained the system and consent was obtained. The feedback obtained from students was analysed and tabulated.

Results & Conclusion:

It was noted that 61 (87%) of the 69 students preferred the Structured Viva-voce Examination (SVE) form of Oral evaluation over the Conventional Viva-voce Examination (CVE) and mentioned that given an option they would choose to be evaluated by the SVE

Key words: Conventional oral viva, Structured oral viva, examination.

Introduction :

Evaluation is the process of determining whether pre determined educational objectives have been achieved. In the present pattern of Graduate Medical Examination a student is evaluated through Theory examination, Practical/Clinical Examination, Internal Assessment and viva-voce Examination[1].

Oral examination or viva-voce is used mainly to test the cognitive domain and is conducted with the aim of evaluating the qualities like depth of knowledge, ability to discuss and defend ones decision, attitudes, alertness, ability to perform under stress and professional competence[2].

The Conventional Viva-voce examination (CVE) is fraught with subjectivity and has been found to have poor validity, reliability and objectivity[3]. Hence an exercise during formative assessment oral examination in the subject of Community Medicine was carried out with the aim of

1) Introducing objectivity into the Conventional Viva-voce Examination

2) bringing uniformity in the system of evaluation by Oral examination

3) Minimizing the component of subjective bias, if any

Methodology:

A Structured Viva-voce Examination (SVE) through the use of card system for the viva-voce was designed for the sixth semester term ending examinations for students.

Table 1: Choice of type of Oral Examination by students

Choice of Oral Examination	No.	%
Structured viva-voce	61	87.10
Conventional viva-voce	09	12.90
Total	70	100.00

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Based on the syllabus and after due weightage to the various topics as per the curriculum prescribed by the Medical Council of India, questions were framed under ten topics. The questions were developed with graded levels of difficulty for different topics of the examination. Topics were categorized as major and minor based on its public health importance. The questions were subjected to peer review and finalized with approval of head of the department. Cards were designed with questions written on them.

The students were briefed about the system prior to the examination and consent was obtained. The viva was conducted by two faculty members. Each faculty dealt with five topics. At the viva 10 sets of cards were laid out on the table. Each set had two subsets a) direct questions b) applied questions.

The student began from any of the major categories and randomly chose a fixed number of cards from each topic sequentially and attempted to answer the same. Depending on the initial response of the student, he/she was encouraged to respond to questions of lower or higher level of difficulty as the case maybe so as to assess the level of students knowledge. Also a mix of direct questions and applied questions from the two subsets was used.

In case the student failed to answer any question totally, he/she was allowed one to two attempts to select other cards.

On an average 3-5 cards were chosen from major important topics and 2-3 from minor topics. A SVE scoring sheet was prepared for marking which included the categories and 5 columns next to each

category A tick was marked in the corresponding column indicating correct answer.

Each tick corresponded to one fourth mark for direct questions and half a mark for applied questions. Totaling of scores for each topic and grand total was calculated later.

A feedback on their experience of the SVE was obtained from the 70 students through an anonymous questionnaire after two days.

Results:

The data obtained from the questionnaire filled by the students was analyzed and tabulated. One form was incomplete hence only partial data was available.

It was noted that 61 (87%) of the 69 students preferred the SVE form of Oral evaluation over the CVE and mentioned that given an option they would choose to evaluated by the SVE. (Table 1)

The most common reason cited for the preference of SVE by 58 (85%) students was that it offered the student an opportunity to be evaluated on all the topics. 52 (75%) of the students expressed confidence in elimination of subjective bias by the SVE system. Nine students did acknowledge the advantages of SVE but still opted for CVE if given a choice. (Table 2)

Overall the students opined that they found the SVE system was student friendly and thus helped them perform better.

Commenting on the CVE, 52 (75%) of the students felt that the examiner can be moody while 46 (67%) of the students expressed that examiners tend to skip some topics altogether especially for the later students. (Table 3) The other opinions on SVE and CVE have been depicted in the respective tables.

Table 2: Students responses to Structured Viva-voce examination (SVE).

Sl	Statements	No	%
1	Covers all topics, hence comprehensive evaluation	58	84.05
2	Eliminates subjective bias	52	75.36
3	Minimizes chances of repetitive questions for subsequent students	36	52.17
4	Helps to focus on one topic at a time	32	46.37
5	Students get more time to think	27	39.13
6	Helps student perform better	26	37.68
7	Is student friendly	22	31.88
8	Helps maintain chain of thought because of sequential questions	16	23.17

Table 3: Students perception of Conventional Viva-voce examination (CVE).

Sl	Statements	No	%
1	Examiners can be moody affecting performance	52	75.36
2	Examiners tend to skip some topics, hence incomplete	46	66.66
3	Tendency to be biased	37	53.62
4	Focus too much on one topic especially of their interest	37	53.62
5	Proceed haphazardly	31	44.92
6	Questions are predictable	26	37.67

Discussion and conclusion:

Though Graduate Medical Regulations 1997 have streamlined medical education in the country the element of subjectivity in the evaluation process was not addressed. The MCI task force in its recommended curriculum for MBBS has emphasized the need for introducing structured viva-voce examinations for all subjects so as to have objectivity in the evaluation process.

In viva-voce examination there is bound to be subjectivity and a likelihood of judgment of examiners being influenced by various factors. To overcome these factors examinations too can be standardized and structured. In that case, first and foremost the examiner has to have the openness to re look into the CVE and accept that there is a need for introducing objectivity into the system and be willing to work towards standardization of the system thus providing the student a fair chance and effective form of evaluation through Oral examination.

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