Review Articles

Guidelines for the administration of oral examinations

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ABSTRACT

Practical oral examinations are considered an important and often a difficult part of medical school examinations. They represent an accurate and direct mean of assessing student's interaction with patients and their clinical and technical skills. This paper reviews an outline for the administration of oral examinations. The review is based on the medical literature detailed discussions with many senior examiners from different medical systems, and the author's personal experience. In summary, although examiner's judgment is crucial, some general rules remain important for fair and consistent evaluation of students. First, examiner's attitudes should be as friendly as possible with an objective aimed to assess student's medical competence and practical safety. Secondly, scoring should be based on a model answer or well-accepted medical practices for consistent rating. Finally, each examiner should give an independent score before discussing the final rating with the other examiners.

Keywords: Oral, examination, guidelines, evaluation, review, student, conduct.

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Practical oral examinations are considered an important and often a difficult part of medical school examinations.[1,2] They represent an accurate and direct mean of assessing student's interaction with patients and their clinical and technical skills.[3-6] Limited references are available for examiners regarding the proper administration of oral examinations.[2] Although each institute may have some general outlines for their examiners, specific guidelines are not well documented in the medical education literature. The styles and personalities of different examiners may vary, however, consistency in the conduct of examiners and their evaluations is critical.

This paper reviews an outline for the administration of oral examinations. The review is based on the medical literature, and the author's personal experience. Although examiner's judgment is crucial, some general rules remain important for fair and consistent evaluation of students.[2]

General rules. 1) Examiner's attitudes should be as friendly as possible; 2) Their objective is to assess the student's medical competence and practical safety; 3) Scoring should be based on a model answer or well-accepted medical practices; 4) Each examiner should give an independent score before discussing the final rating.

Introduction of the oral examination. Most students are anxious during oral examinations. This anxiety, particularly in males, is associated with a lower oral score.[7] Therefore, the examiner's initial contact with the student should be as friendly as possible. Examiners should try to show respect by standing, smiling, and shaking the student's hand. The lead examiner needs to introduce him or herself and the other examiners by name. This approach make the student feel more comfortable and therefore less anxious. The same approach should be applied with every student even at the end of the day when the examiner becomes tired. Examiners tend to be more sensitive and friendly to students who show excessive nervousness. This may be unfair as some anxious students may show less anxiety reactions than others.[2] Examiners should try their best to be

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consistent in reacting to the anxiety reactions of different students.

Initial discussion. In the beginning of the discussion the examiner needs to allow the students to speak uninterrupted. This could ease their excessive anxiety and improve their performance, as most will feel better after the initial few minutes of the discussion. Starting with easier and general questions and then proceeding to more difficult and specific ones could lead to smoother performance and therefore more accurate overall evaluation. Asking one question at a time is better than asking several questions at once which may overwhelm or confuse the student.

Tips during the discussion. Maintenance of eye contact is required for proper interaction with the student. If eye contact is avoided, a wrong message may be conveyed that the examiner is feeling bored or that the student is completely off tract. Examiners should always give the student some time to think in response to the asked question and then maintain the direction of the discussion without allowing the student to gain control or change the topic. It is best if the examiner avoids giving a response to the student's answer either verbally, by facial expressions, or by other body language. The student may become confused or his or her performance may deteriorate if signs of dissatisfaction are conveyed.[2] Also, arguing or correcting the answers of the student should be avoided. Sometimes, an anxious student may misunderstand the question or miss one of its components. One could redirect the discussion or rephrase the question before concluding that the student did not know the answer. If it is clear that the student does not know the answer, switching to another question would avoid time wasting. Indirect or vague questions should be avoided. Trap questions, like giving a hint toward a wrong answer, to mislead the student are inappropriate. Examiners should always remember that their objectives are not to fail the students, but rather to assess their clinical competence and practical safety. Many examiners cannot resist the temptation to teach even during oral examinations.[2] They may think that teaching during the examination will never be forgotten and is in the student's best interest. Clearly this could make the student believe that he or she is lacking the important knowledge and therefore affect their self-confidence. Joking during the examination should also be avoided because of possible misinterpretation by anxious students. It is difficult to use humor with every student and therefore unfair when used inconsistently.[2]

End of the discussion. At the end of the discussion it is common to hurry or become less friendly. This is more common at the end of the day when several students have been examined and the examiners are getting tired. Examiners should try their best to remain patient and friendly. At the end of the examination smile, shake the student's hand, and wish him or her good luck. Many students try to get an evaluation from the examiner. Giving an overall impression by saying, "you did well, or you do not need to worry", even if the student was unnecessarily worried, is best avoided. The lack of this feedback to other less obviously worried students would be unfair.

Rating. The rating should be based on a model answer or well-accepted medical practices for consistent rating. The objective is to assess the student's clinical competence, defined as the professional skills required to act and represent the fundamental background required for the performance.[8] Students with better communication skills may get better rating than deserved.[2,9] Regardless of the content of a student's responses on an oral examination, evaluators were strongly influenced by how well the student communicates.[10] Other possible biases that may influence the overall rating include: gender, age size, looks, ethnic origin, and dress. Examiners should be aware of these personal differences and adhere to consistent rating guidelines. Another bias is the so called "the last student's effect", which is the tendency to rate a student in relation to the last examined one. Other factors that should have little influence on the student's overall score include: style, personality, aggressiveness, and general attitude. There is a general tendency to give a borderline pass score rather than a clear fail score as it would be safer and would give the student the "benefit of the doubt". It is important to remember that the objectives are not to help the students pass. Examiners should preferably assign a clear pass or fail score as it would be in the student, patient, and community's best interest. Each examiner should give an independent score before discussing the final rating with the other examiners. This would prevent the possible positive or negative influences on the individual rating. The final rating should be discussed thoroughly by all examiners, particularly when there are discrepancies in marking. Ideally the final mark should equal the mean of marks given by all examiners because of the poor inter-rater reliability of marking by different oral examiners.[7,11]

In conclusion this paper reviewed, in detail, an outline for the administration of practical oral examinations. Various techniques of questioning and possible pitfalls were discussed. In summary, examiner's attitudes should be as friendly as possible with an objective aimed to assess student's medical competence and practical safety. The scoring should be based on a model answer or well-accepted medical practices for consistent rating. Finally, each examiner should give an independent score before discussing the final rating with the other examiners. Many examiners may already follow some of these proposed guidelines, however, the detailed outline should hopefully assist in educating newer examiners about the administration of oral examinations.

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