

## 'Assessment' or 'evaluation'?

These two words have different meanings for different people. In the UK people 'assess' students to find out if they have learnt, and they 'evaluate' programmes, to see if they are effective. In the United States the two words are often used the other way around – they 'evaluate' students and 'assess' programmes. It doesn't matter which word you use, as long as you tell other people what you mean.

more reliable by giving a little thought to the matter. Practical exams are more reliable if you use a checklist to mark the student's performance. Written exams are more reliable if the markers are guided by a very clear document which shows how marks are allocated for each question.

Finally: teachers often spend more time on preparing lessons and teaching them, than they do on assessing the results. Any time you spend on improving your assessment will be richly repaid – your students will be better learners as a result.

The next article in this series deals with the resources that teachers and students need. Watch this space!



## Multiple Choice Questions – beautiful but deadly?

MCQs consist of a leading statement or *scenario*, followed by a number of answers or *options* for students to choose from. They have become very popular and they are also very easy to mark. On the other hand they have a number of serious drawbacks:

- Examiners tend to use them to assess facts, rather than patient management
- If there are only two or three options, students may get marks from guessing
- Research has shown that students very often misunderstand them.

For all these reasons MCQs often have low *validity*. They have to be carefully tested for comprehension, before being given to students to use. People who write MCQs should receive some form of training first, or consult a textbook.

## \*What is an OSPE?

The OSPE is a special kind of examination that is now commonly used. What do the letters mean?

- **O** stands for **Objective**. If different students are given different patients to examine, this could be unfair: some patients and conditions are easier to examine than others. So, in this examination, every student gets the same patient – that is why we say it is objective.
- **S** stands for **Structured**. Several skills are tested at one time. Each skill is tested in a separate room, called a station. At each station there is a card with clear instructions for the student; all the equipment s/he needs; a patient (if necessary); and an examiner with a checklist for doing the marking. There may be ten such stations in an OSPE, and ten students are then examined together. Each starts at a different station, and after 10–15 minutes a bell rings and they move on to the next one.
- **P** stands for **Practical**. This means that this exam is practical – it only tests the skills of the students. It could be manual skills, like examining the anterior chamber of the eye, or it could be a communication skill, like taking a patient's history. (Some people prefer the word Clinical – so that makes their exam an 'OSCE'.)
- Finally, **E** stands for **Examination** – no surprises there! Good OSPEs are an excellent way of examining skills. They take a lot of time and preparation, but so do all practical examinations.

## INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

### Assessments for Ophthalmologists

These two tests of theoretical knowledge, consisting of multiple choice questions, are held in the candidate's own country

#### Basic Science

A three-hour paper to include **relevant** questions on

General Anatomy  
Neuro Anatomy  
Ocular Anatomy  
Physiology  
Pathology  
Pharmacology  
Optics and Refraction

There will also be a one-hour question paper for those candidates **retaking** Optics and Refraction

Those who achieve pass standard or above will receive a certificate confirming the standard achieved. This certificate is now accepted as equivalent to the basic science section of the ophthalmology examinations of several countries.

#### Clinical Sciences

A four-hour paper to include **relevant** questions on

General medicine  
Ophthalmic pathology and intraocular tumours  
Neuro-ophthalmology  
Paediatric ophthalmology and strabismus  
Orbit, eyelids and lacrimal system  
External disease and cornea  
Intraocular inflammation and uveitis  
Glaucoma  
Lens and cataract  
Retina and vitreous

Candidates must have passed the International Council's Basic Science Assessment or an equivalent recognised Basic Science examination.

Those who achieve pass standard or above will receive a certificate confirming the standard achieved. This certificate is accepted by certain examination bodies for exemption of all or part of their clinical sciences examinations.

**Both Assessments will be held on 14 March 2002. The closing date for applications is 11 January 2002**

The Test Regulations, Syllabus and Candidate Guides giving details of the criteria for entry and the test fees, are available from:

The Examination Secretary, The International Council of Ophthalmology, 2 Wort's Causeway, Cambridge CB1 8RN England

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