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EDITORIAL Fleeting Fashions in the Assessment of Medical Students

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L ike in the fashion world, there are trends in the examination world. Trends are temporary developments that emerge during a certain period, grow to cult status, and then fizzle out. Think of 'behavioral objectives' in the seventies, 'competencies' in the nineties (now replaced by 'entrustable professional activities'), 'reflection journals' and 'portfolios' of the early 2000's, and 'programmatic assessment' recently.

When such new educational test concepts are introduced into the examination world, they attract large numbers of believers. This in itself is rather harmless. But these believers are pushy. They claim to have a solution for all examination problems and want the world to know. However practical application of these fashions turns out to be complex.

- 1. The idea of the necessity of behavioral objectives to steer assessment led to endless lists of goals to be attained by medical students, in Germany bundled in two volumes called "Gegenstandskataloge" (catalogues of subjects).
- 2. Competencies as defined by CanMeds, ACGME Core Competencies (US), Tomorrow's Doctors (UK), and similar attempts to define the competencies of a good doctor, turned out to be too general to be used for assessment. Attempts to define competencies at a more granular level fell into the same trap that sealed the fate of behavioral objectives, a fate that, I predict, awaits EPAs as well.
- 3. Student-produced documents such as reflection journals and portfolios turned out to be very difficult to assess. In addition, students are often

overwhelmed by the amount of work they need, work that is considered boring and largely useless.

4. Intense, programmatic assessment, meant do deal with some of the issues of reliability and validity caused by these previous attempts, causes students to be in a permanent state of assessment with all the stress that is the result of being evaluated on a perpetual basis.

Hence, application of these ideas intended to solve certain assessment problems in medical education creates new problems. More problematic is that for those convinced and enthusiastic about the new fashion, its ideas soon transform into a kind of religion and its inventors are perceived as gurus. Its adherents act as missionaries, writing brochures about the new approach, publishing these as AMEE guides or otherwise. And they do so without bothering about theoretical underpinnings and empirical evidence. Because they are poorly embedded in theory and evidence, they eventually disappear, to be succeeded by a new fashion. Someone once summarized competencies, reflection journal, assessment, portfolio, somewhat malicious but perhaps not entirely inappropriate by the acronym CRAP.

On the bright side, they teach us something. They teach us to appreciate the classics [1-3]. A few of these are mentioned below. Classical test theories have been shown to be rock-solid for years. They give us guidelines for correct examination, and they contain testable statements. These have been described in countless books, both for theorists and practitioners. Because it is true: nothing is as practical as a good theory.

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Ethics Information

None.

Conflicts of interest

There are no conflicts of interest.

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