



Assessment overload?

Dr. Craig Brown

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Kingdom believe that they have received insufficient anatomy teaching at medical school (Fitzgerald et al. 2008).

In the light of such findings, I have been unsurprised as a medical student to find myself and other colleagues often searching for additional resources to further develop our anatomical knowledge in addition to core teaching. One method used to fill the deficit of anatomy teaching that has received considerable success is peer-assisted learning (PAL) (Hall et al. 2013).

At Cardiff University, students in the third and fourth years of the medical course have developed a new student-led society called SIMA Wales. This PAL society provides a series of lectures for the first and second year students covering the gross anatomy of the various regions of the body. The lectures are typically held in the weeks preceding the end of year anatomy exams and are held in a relaxed environment, with free interaction from the audience.

At a recent lecture, 111 students attended and 78 provided optional feedback. When asked to rate how useful the lecture was for their anatomy learning, the mean score received was 7.5 out of 10. Qualitative analysis revealed that the students particularly enjoyed interacting with the peers who had been in their position only a few years ago, and especially valued the learning techniques such as mnemonics which the teachers had passed onto them. Finally, the teachers themselves benefitted from the experience with feedback such as “presenting was a great experience that really gives you confidence” and “it was very useful for refreshing my anatomy knowledge”.

In conclusion, given the success of PAL schemes in delivering anatomy teaching to medical undergraduates, it would seem that PAL offers a valuable (and inexpensive) option to supplement anatomy learning. Therefore, the expansion of such schemes, under the quality-control of academic staff, should be encouraged.

Ryan Preece, School of Medicine, Cardiff University, 5 Heol Castell Pigyn, Abergwili, Carmarthen, SA31 2JJ, UK. E-mail: PreeceR@cardiff.ac.uk

Declaration of interest: Ryan Preece was President of SIMA Wales 2012–2013.

References

- Fitzgerald J, White M, Tang S, Maxwell-Armstrong C, James D. 2008. Are we teaching sufficient anatomy at medical school? The opinions of newly qualified doctors. *Clin Anat* 21:718–724.
- Hall S, Lewis M, Border S, Powell M. 2013. Near-peer teaching in clinical neuroanatomy. *Clin Teach* 10:230–235.

Assessment overload?

Dear Sir

Whilst the concept of curriculum overload has been around for a while, I wonder if we are now moving to a phase of Assessment Overload. Taking for example final year medical students, they typically rotate throughout the year to a number

of specialities and undergo work place-based assessments (WPBA), either summative or formative. These may include directly observed procedural skills (DOPS), mini-clinical examinations (mini-CEX) and team assessment of behaviour (TAB), this list of acronyms could go on. Students may also be expected to produce a research or reflective report based on their elective which is summatively assessed. Students are then expected to ‘pass’ an Immediate Life Support (ILS) course, assessed by a Cas-Test (Simulated cardiac arrest) and then at the end of the year attend their final examinations, usually incorporating an Objective Structured Clinical Examination (OSCE) and depending on their medical school written examinations. Whilst this is already considered stressful enough for medical students (Radcliffe & Lester 2003), current political drive now includes the about-to-become mandatory Prescribing Safety Assessment (PSA) and following the publication of the Shape of Training Review and the possibility of full registration occurring at the end of medical school (Shape of Training 2013), already mumblings of a national medical school “exit” examination are being heard. Meanwhile, to secure a Foundation Post in the UK students are ranked according to their performance on the Situational Judgement Test (SJT), sat in their final year at medical school, which counts for 50% of their mark towards their ranking (UKFPO 2013). Whilst undoubtedly assessment is vital, have we gone too far and are now overloading our medical students with assessments?

Dr. Craig Brown, Clinical Teaching Fellow, University of Aberdeen, Polwarth Building Foresterhill, Aberdeen AB25 2ZD, UK. E-mail: craig.brown@abdn.ac.uk

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References

- Radcliffe C, Lester H. 2003. Perceived stress during undergraduate medical training: A qualitative study. *Med Educ* 37:32–38.
- Shape of Training. 2013. Shape of training: Securing the future of excellent patient care. London: GMC.
- UK Foundation Programme Office (UKFPO). 2013. FP/AFP 2014 applicant's handbook. [Accessed 14 May 2014] Available from <http://www.foundationprogramme.nhs.uk/pages/medical-students>.

The diagnostic skills of fourteen-year olds

Dear Sir

I recently led an “academic taster session” for a group of 14–15 years old school students during a day programme to improve access to higher education. Participants had been identified as having strong academic potential despite coming from schools that did not traditionally send students to university. I decided to see how they would fare when asked to make a diagnosis in a medical case.