

By Dr Teo Jin Yao

Examinations



I have pounded out this article about my MBBS experience, waxing lyrical about how the theory papers did not seem to do any justice at all to the oft-quoted adage that “common things occur commonly”, about being scared witless on the morning of every single clinical exam (only to most inconveniently develop a nagging tummy ache minutes before the test proper), about nasty examiners, helpful MOs, uncooperative patients, that familiar guts-in-throat feeling upon walking into a room only to see everyone’s most feared examiner smiling in eager anticipation at the upcoming fun, about that indescribable rush of ecstatic relief upon seeing your matriculation number on the “passed both tracks” list.

But then I thought to myself, “What’s the point?” Because as of the time of writing, the vast majority of us have passed; we know where our first posting as an intrepid house officer – battling manfully against the innumerable challenges of disease, distraught relatives and equally stressed co-workers – will be. We all have our very own horror stories, now worn as badges of honour, marking us as veterans of the local examination system, and we can look back fondly on the nice patients, the helpful examiners and the pure bliss of passing.

Instead, I would like to spare a few words, at the end of my five not-so-gruelling years of medical school, to point out what I perceive to be important inadequacies of the examination system that should be addressed. Call it misguided complaining. Call it constructive criticism. Call it childish harping on things long past. The fact of the matter is that I (and others I have spoken to) feel that these are things that must be said, and said soon, so that perhaps future batches can avoid the pain and agony that five years of exams have put us through.

THERE, BUT FOR THE GRACE OF GOD, GO I

I make no secret of the fact that I got called for a Medicine Pass/Fail viva – in fact, now that I have got that “Pass” safely in the bag, I would even go as far as to say that it was a good experience – nothing like the unfettered joy of living with one’s guts riding up high in one’s throat for a week, wondering if one managed to squeeze through or not.

But here’s the rub: I was fortunate enough to get the chance to redeem myself, to make one last superhuman effort in order to earn that degree, while too many others did not – being greeted by news of a direct failure on Results



Having waved a gleeful farewell to medical school examinations, the author now finds himself immersed in scut work for a full seven eighths of his waking hours.

Day strikes me as being an experience that does not score particularly high on the “fun” and “unbridled joy” scales.

Now, I concede that it could be the case that these were just extremely poor students whose theoretical knowledge and clinical acumen were insufficient to justify being let loose into the real world of patients and disease, where one wrong decision could be the difference between life and death. And perhaps this is indeed so.

However, this raises two questions. Firstly, if they were indeed so poor as to warrant a direct failure, how is it that our much-vaunted system of continual assessments, end-of-posting tests and tutor feedback have failed to weed out these students earlier? How is it that they have passed (reasonably comfortably, one might presume) despite being ostensibly inadequate and, more importantly, why is it that they have been denied the academic assistance and guidance that could have made all the difference during this time?

What if they were not so absolutely abysmal after all? I know of at least one candidate who passed every single component, theory papers and clinicals included – save for one clinical exam, for which he was awarded a direct failure. Part of the reason I find this particularly galling is that I was called for the Pass/Fail viva on the back of a poor showing in one particular clinical exam, and just so happened to be lucky enough that while dismal, my score still fell within the “viva” bracket, and not lower, as was the case with this particular individual. I was this close to a direct failure myself, and to be absolutely frank, I am no better, no more intelligent, no better qualified than many of the candidates who failed – only luckier. Should everyone in danger of failing, especially if only over a single clinical component, not at least get a second chance? After all, it is no big secret that the cases you get, and the examiners who take you, play a pretty large role in how you do – and these vary from candidate to candidate, completely subject to the winds of fortune.

Luck works in strange ways at the other end of the spectrum as well, with some truly unexpected people being considered for distinctions (all power to them, do not get me wrong) while others who (in this author’s most humble opinion) easily rank among the top in the cohort in terms of brains, clinical skills, common-

sense thinking ability and empathy missing out completely.

And if this is what it boils down to at the end of the day – the vagaries of fortune, the fickle ministrations of Lady Luck – then it is either time for a huge revamp, or the huge revamp that you are in the process of implementing is not working out too hot. Or both.

Also, has anyone noticed how almost everyone keeps emphasising that our exam results do not correlate very well with whether or not we make good or even decent doctors? Which just leads one to wonder that if the correlation is poor, then does logic not dictate that the exams are not doing a very good job of differentiating the good from the bad, the people who are competent enough to be let out into the wards from those who pose a threat to national security?

SO MANY TESTS, SO LITTLE TIME

Ask the current batch of M1s going on to M2 or, even better, M2s going on to M3 and I am willing to wager that you would find an almost unanimous agreement that there are far too many tests scattered and strewn throughout the year.

The official line coming from the university administration (at least way back when I was that age) is that these numerous tests are somehow supposed to reduce stress by doing away with one huge exam at the end of the year, on which everything depends. How one big exam at the end of the year is supposed to be more stressful than many small exams followed by one big exam is beyond the comprehension of most medical students, including myself, but then again we are not exactly rocket scientists and I am pretty sure, no – 100% positive – that they have worked it out thoroughly, and that there is some complex, high-level calculus involved in that line of reasoning.

On a somewhat more serious note, I personally agree with those holding the opinion that too many continual assessments are detrimental to a student’s well-being.

From a purely academic perspective, constant studying for an exam may force students to read up and cram random medical facts into their cranial vault, but at the price of intellectual curiosity and a genuine interest in the subject. How can one, if so inclined, explore additional areas of interest, or delve deeper into the subject matter if there is an incessant,



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unyielding stream of exams, week in and week out, to occupy one's time?

Similarly, but in a slightly different vein, constant assessments not only murder the joy of learning for learning's sake but also probably diminish quality of life outside medical school. Many times, we find well-meaning lecturers urging us to pursue interests outside of medicine and medical school, but for the vast majority of medical students, maintaining good grades and keeping aside time for family and friends and getting enough sleep pretty much take up the universal time quota of 24 hours in a day.

In my rather simplistic mind, then, the equation would look something like this:

Fewer exams = more time for self-study/
recreation/pursuing outside interests/nothing at all = happier students + more vibrant student community = a more heterogeneous, exciting local medical community.

Sounds like a win-win situation to me.

THE END

So, in a nutshell: there are too many exams, and exams that do not seem to do their job. Do I have all the answers? Obviously not, otherwise I would be appointed Dean of the Yong Loo Lin School of Medicine (or at least, should be), instead of spending weekends, public holidays and assorted weeknights on call, and performing a manual faecal evacuation.

Still, that should not in any way detract from the fact that after finishing five years of medical school, I have come away convinced that the examination system, both throughout the course and right at the end, are fundamentally flawed to the extent that they not only do not serve their purpose adequately and fairly, but also do a disservice to the development of future generations of doctors.

Something should be done, but what? ■

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