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COMMENTARY

The ethics of student assessment

RAJA C. BANDARANAYAKE

In medical education the field which perhaps attracts most attention is the assessment of students. Administrators are concerned about the results of assessment; teachers are concerned about how well their students are doing; students are concerned about passing examinations; and researchers are attracted to assessment partly because of its quantifiable nature. A cursory survey of the articles published in the 12 issues of this journal in 2010 indicated that almost 30% of them were focussed primarily on student assessment. Many more had some component of assessment within. The current issue of the journal features four papers on student assessment. The cliché “assessment drives learning” is true in medical education, but how often is it internalized by teachers and capitalized on to encourage desirable learning habits and attitudes in students?

In spite of this great interest in the field, the ethics of student assessment has received scant attention in the literature. Why is this so? Are we apprehensive of this aspect of assessment that we rather not stir a hornets' nest? Or is there so much variability in ethical standards of student assessment that we are unable to generalize from studies in given contexts or in other fields of education? Perhaps, the confidentiality of ethical malpractice incidents inhibits us from publicising them.

One aspect of ethics in student assessment concerns research in this field. The assessment of students is primarily a decision-oriented activity. These decisions pertain to certification, promotion, selection and diagnosis of learning difficulties or the evaluation of courses. On the other hand, research is primarily a conclusion-oriented activity. The conclusions from research studies in student assessment may lead to decisions in the future, but the focus of the researcher is the conclusion derived from the study. The primary purpose of student assessment, namely the provision of information on which immediate and important decisions, are to be made pertaining to the student, teacher or course, should not, however, be compromised because of the needs of the researcher. Any researcher who places research needs ahead of decision-making needs is resorting to unethical research practice. A researcher may, for example, manipulate test items at the expense of content validity in order to satisfy the requirements of an investigation, thereby compromising one purpose of the test, i.e., to obtain a representative measure of the student's knowledge in the given subject. This would be an example of unethical research.

The main purpose of this commentary, however, is to examine ethical practices in carrying out student assessment for the purpose of making decisions. The stakeholders in these decisions are the students, the teachers, the administrators, and the public. Ethical practices will be considered under in relation to the first three groups.

The main unethical practice resorted to by students is cheating. From a measurement point of view, cheating in assessment results in increased measurement error, as the observed score of the student who cheated is different from his “true score” in that subject. As a result, the measurement lacks reliability and the likelihood of a false positive decision (e.g., passing a candidate who deserves to fail) being made on that measurement is increased, with potential negative consequences for society.

The consequences of cheating, undoubtedly, go beyond measurement error. Tolkin and Glick (2007) state that cheating in school is correlated to cheating in patient care, and that “students' attitude to cheating is significantly determined by cultural and sub-cultural characteristics”. Plagiarism in assignments is one form of cheating. Do we as administrators and teachers foster these cultural differences by the way we deal with detected plagiarism? In one law school, for example, a final-year student was expelled from the course, without warning, when it was detected that she had resorted to plagiarism in a written assignment submitted for assessment. In a medical school in another country, a student who was detected using her mobile phone during an examination to seek answers to a question was allowed to proceed with just a warning. In many situations obvious plagiarism in assignments is ignored even when detected.

In this issue, Finn and Garner (2011) provide some guidelines for the effective use of peer assessment. While this practice is not as yet common enough in medical education to be called a trend, it is showing signs of becoming one. The practice could easily lend itself to unethical conduct on the part of the assessor, namely the peer. It is timely to take note of these authors' comments to avoid the potential risk associated with peers making unduly harmful and inappropriate comments about each other for personal reasons.

Teachers resort to unethical practice in student assessment in various ways. The deliberate preparation of students to answer questions selected for an imminent examination, giving the so-called “hot examination tips”, or setting inordinately easy examinations are examples of

unethical practices. Teachers resort to them for various reasons: to court popularity among students, to show up their courses in good light, or to achieve a false sense of satisfaction about their teaching. Sampling error, which is inherent in any form of test, is compounded by such practices. As a result, measurement error is increased and the decisions resulting from the measurements are flawed. On the other hand, teachers who abuse the power associated with student assessment to deliberately penalize particular students whom they dislike, or set difficult examinations to obtain a high failure rate, are also guilty of unethical practices, which may adversely affect the careers of their protégés forever.

Clinical examiners often use patients for student assessment. Subjecting a real patient repeatedly to a particular procedure, particularly when using standardized examinations, such as the OSCE, is unethical as this practice places the examining need ahead of the patient's comfort. Standardized patients are trained to play their role in such examinations, and many schools overcome this disadvantage by using them. However, not all schools have this facility, and it is incumbent on examiners to have a "bank" of patients for such stations, even though this may introduce an additional variable.

Administrators and decision-makers, including course coordinators, use the results of assessment primarily to make critical decisions pertaining to individual students, teachers, courses or the curriculum. External accreditors examine assessment results to form opinions about the calibre of student groups.

In making decisions pertaining to students, the most difficult are those related to certification of students who are on the borderline of competence. In spite of the existence of many standard setting procedures to determine the cut-off mark related to minimal competence (Bandaranayake 2008), many medical schools continue to use arbitrary cut-off marks, often based on tradition. While such decisions may not be legally defensible, the ethical issues involved are of major concern, as such decisions affect the careers of individuals and may well have repercussions on societal health care. In many instances possible errors of measurement (Tavakol & Dennick 2011) are not taken into account, with some decision-makers being so rigid as to base their decisions even on decimal points. Some schools promote the so-called "borderline viva" for students on the borderline of pass/fail, as though a ten-minute face-to-face encounter in perhaps the least reliable of test procedures is able to give them adequate information for making a decision, which they have not been able to arrive at after an exhaustive examination, and further, after an extensive course. How ethical are such decisions? What data do we have about the validity of these procedures?

Using student assessment data to evaluate teachers is fraught with danger. In one school with a problem-based

curriculum, each tutor is regularly evaluated by the corresponding student group, while each student in the group is evaluated by the corresponding tutor at the end of the module. This practice, if not monitored properly, could lend itself to the unethical practice of granting reciprocal favours, thereby compromising the use of such data for decision-making.

While student assessment is one source of information for evaluating courses by internal or external evaluators, some administrators may resort to unethical practices by deliberately manipulating examinations and grades in order to show up their courses in good light.

One of the major problems with some of the potential unethical practices referred to above is that we do not have adequate data about their prevalence. Perhaps it is time for medical education to focus on such practices by, for a start, obtaining baseline data to determine if such practices are common enough to warrant further study. One must be careful, in this regard, to distinguish between practical and statistical significance. The results of numerous studies devoted to the improvement of student assessment procedures and use of the resulting data may be negated if unethical practices exist and are allowed to continue unheeded or undetected. Medical education cannot wait until the abolition of such practices is forced upon it through litigation. As Tolkin and Glick (2007) conclude, "Ethical discussions... may help improve the ethical behaviour of students in medical school, and thus improve their ethical practice in patient care."

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