

# Transcript

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Welcome to the Oxford Education Deanery podcast.

00:00:03 Speaker 1

In this series, we explore the latest research from the Department of Education at the University of Oxford and discuss the real world implications for teachers, parents and policymakers.

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Each of our podcasts is accompanied by a Deanery digest, so short plain language summary of the research which can be downloaded from our website.

00:00:25 Speaker 2

Hello, it's Laura Morway here from the Oxford education Deanery. Today I'm here with Doctor Nicky Sims and we are going to be talking about her research in the field of medical education, with a particular focus on assessment. So welcome, Nikki. Thanks, Laura. Great to have you here. So the Deanery Digest that we're going to be talking about.

00:00:45 Speaker 2

Day is titled What Do Clinician educators really think about assessment?

00:00:52 Speaker 2

Before we begin, could you explain a little bit about what you do here in the Department of Education and what brought you to this topic?

00:01:00 Speaker 3

Sure. So this is actually from my doctoral research from a few years ago, but basically I was a cancer researcher Once Upon a time and then I moved into the field of education, health, science.

00:01:14 Speaker 3

Education, or we call it medical, educational, health professions, education, and my particular interest is in assessment.

00:01:21 Speaker 3

And because you might have heard that assessment drives learning or assessment drives, student learning behaviours, and I think it's often and under research or under

considered aspect of educations with teaching and learning and curriculum get a lot of important energy. But assessment to think is just as important. And that's sort of where I focused my.

00:01:38 Speaker 2

Research I see. Great. Thank you so much.

00:01:41 Speaker 2

And so for this particular piece of work, what is it all about and and why do you think it's?

00:01:48 Speaker 3

Sure. So specifically within the health professions assessment has very serious consequences. You're not just sort of writing a test for a pass or fail. You're actually saying if they're safe for public practise and so not to be overly dramatic, but patient lives could be at stake. And so we want to make sure that assessment is done really well and.

00:02:08 Speaker 3

And someone that's under considered within the assessment practise is a person who sort of thinks about it, designs it implements it. We specifically looked at clinician educators who conceptualise assessment. So how do they think about it? How do they understand it and do those understandings actually influence what they end up doing?

00:02:27 Speaker 3

I see. So this was really talking to the experts about their practise. Yes, but I guess perhaps the irony in medical education is that those who teach and assess are not trained teachers or assessors. And so while they might be considered the experts, or at least the individual responsible for assessment.

00:02:47 Speaker 3

We didn't actually really know what they thought about it, so we're going right down to the basics 1st instead of assuming what do they actually think about it, how do they conceive of it? And that's what the.

00:02:57 Speaker 2

Study focused on. OK. Great. Can you say a little bit more about the nuts and bolts of the study? So how did you go about trying to find out what these?

00:03:07 Speaker 2

Clinicians actually.

00:03:08 Speaker 3

I think so. The technical term is that this was a phenomenal graphic study. You don't need to worry about that. But with phenomenon graphy, you look at something called conceptions, and a conception is just another word for understanding. Except these understandings are sort of multidimensional. So it's not just sort of a uniform single descriptor. They can have multiple.

00:03:29 Speaker 3

Aspects and importantly, they exist within or along a spectrum, so you can think of it as sort of more simple or basic understandings towards more complex and advanced understandings.

00:03:43 Speaker 3

So Simply put, we interviewed clinician educators, sort of, I think 3031 clinician educators at three different medical schools, two were in South Africa and one was in Mexico.

00:03:55 Speaker 2

All right, so you have good spread in terms of?

00:03:57 Speaker 3

Geography. Yes, we wanted to maximise diversity from southern settings or or places in the global S because at least in our field, scholarship is definitely dominated by the global N so because these perspectives were underrepresented, we wanted to specifically focus on these southern sides I see.

00:04:17 Speaker 2

Well and and the the sort of important question I suppose is what did you find out?

00:04:22 Speaker 3

Sure. So we have sort of four conceptions of assessment and the first we called the passive operator, the second we called the Awakening Inquirer. The third is the active owner and the 4th is a scholarly assessor. And the different dimensions that describe those four different ways of thinking.

00:04:42 Speaker 3

Is how they understood the purpose of assessment. It's temporal impact. So was it a sort of today focus need to get it done or a longer term tomorrow focus thinking about how assessment influences the future development of these healthcare workers.

00:04:58 Speaker 3

How they understood their role and responsibility as an assessor, as an administrator, do they need to record a mark, or are they actually there to sort of guide student development and what their assessments were accountable towards? So is it towards, you know, the institution or the the profession? Or is it towards the student and their learning or the social accountability?

00:05:18 Speaker 3

Towards the patient and border society, then their degree of reflexivity. So were they just passively accepting assessment? You know, not questioning it, just reproducing what's always been done or were they beginning to wonder, is this really the best way of doing it and sort of being critically reflective about their assessment?

00:05:37 Speaker 3

And the last one is emotional valence or their attitude. So did they think of assessment in quite negative terms? It's a burden, something just need to, you know, get over with. Or did they actually view it as something very valuable and important and therefore had a more of a positive attitude towards assessment?

00:05:53 Speaker 2

OK. It's fascinating that the number of different aspects of.

00:05:57 Speaker 2

Of thinking that you've looked at. Yeah. And when you think about the, the, the individual case studies behind that data, are there any examples that stand out, perhaps an example of a, a scholarly?

00:06:09 Speaker 2

Lesser and and one of somebody who's who's less developed in their.

00:06:13 Speaker 3

Sure.

00:06:14 Speaker 3

Thinking, yeah, so sort of on the, I don't want to say the lower end of the spectrum, but the more sort of less reflexive conceptions as the passive operator especially, I mean I can sympathise with that type of clinician educator because.

00:06:30 Speaker 3

They're really prioritising their clinical work, so their professional identity that say, you know, I'm a doctor, I'm not a teacher.

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This is something extra.

00:06:37 Speaker 3

Yes, they just, you know they have patients that have to see. And so I get it that they just want to get it done. It's just sort of another task they're.

00:06:44 Speaker 3

Just need to organise it and I'm sure teachers could relate to that. It's just another thing they need to juggle. Whereas the scholarly assessor, they were sort of much rarer. We didn't see them often, but they would be someone who had call is evidence based or evidence in form. So they were trying to look at educational or.

00:07:05 Speaker 3

Research. So there were consumers of assessment scholarship and they might have even been an assessment leader. So within their department, you know, that's the person I go to to ask, you know, how to do this assessment or do they have any advice or that's support for the other colleagues in the department. So I can sort of empathise with the whole range.

00:07:25 Speaker 3

But I guess the concern within.

00:07:28 Speaker 3

Medicine or the health professions. If we have people who are very much passive operators who are just kind of ticking boxes, then the concern is are we letting students go through who are perhaps unsafe because we need to always adopt that long term perspective of what are the ultimate consequences of this assessment?

00:07:48 Speaker 2

Yes, yes, which can be incredibly high stakes in in this field.

00:07:51 Speaker 1

Yes.

00:07:53 Speaker 2

I think my final question for you is really to listeners out there who might be themselves designing practising assessment within the field of medical education. Are there any lessons from this work that speak to?

00:08:08 Speaker 3

Them. So if you're already listening or reading ordinary digest.

00:08:12 Speaker 3

Well, then I think you are towards that higher end of the spectrum where you really are concerned you're critically thinking about assessment. You have that desire to enhance it, but to the faculty developers, that's something I'm interested in. I think we can be very guilty.

00:08:25 Speaker 2

Hmm.

00:08:27 Speaker 3

Of saying, you know, assessments important and then we just dive right in with an intervention or some sort of training and and state we make assumptions about the conceptual starting point of different clinician educators and what we've seen is that there's a diversity of ways of thinking about assessment, but that they also exist along a.

00:08:47 Speaker 3

Developmental spectrum. So there is a potential for us to help develop different ways of thinking and to advance those conceptions, we first need to know.

00:08:55 Speaker 3

What type of understanding they have, so hopefully I would sort of get practitioners and faculty developers to think about OK, what is my understanding of assessment? Where do I see myself along this spectrum and then think about, OK, how can we advance those understandings and then hopefully enhance assessment practise?

00:09:15 Speaker 2

OK, I think that's great advice for teachers everywhere to always be aware to diagnose.

00:09:22 Speaker 2

You know actually where your your students are at. Yeah. In terms of their understanding and perhaps sometimes yourself as well when you're definitely looking for self development. Thank you so much, Nikki. Is there anything else you would like to add about this study?

00:09:35 Speaker 3

Just that we did when comparing our model to the literature, we saw that it sort of encompassed both the health professions, education literature, Russell, higher education and basic education. So again I support that this.

00:09:50 Speaker 3

Way these different ways of understanding. Do you apply to teachers and to other professionals, so hopefully there is some transferability to these other.

00:09:58 Speaker 2

Disciplines absolutely. OK, great. Thank you so much, will and.

00:10:01 Speaker 3

Thanks Laura.

00:10:04 Speaker 1

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Find the links in.

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The show notes.