





# **Programmatic assessment for learning, meaningful personalisation of assessment**

*23d Thai Medical Education Conference*



# Acknowledgements

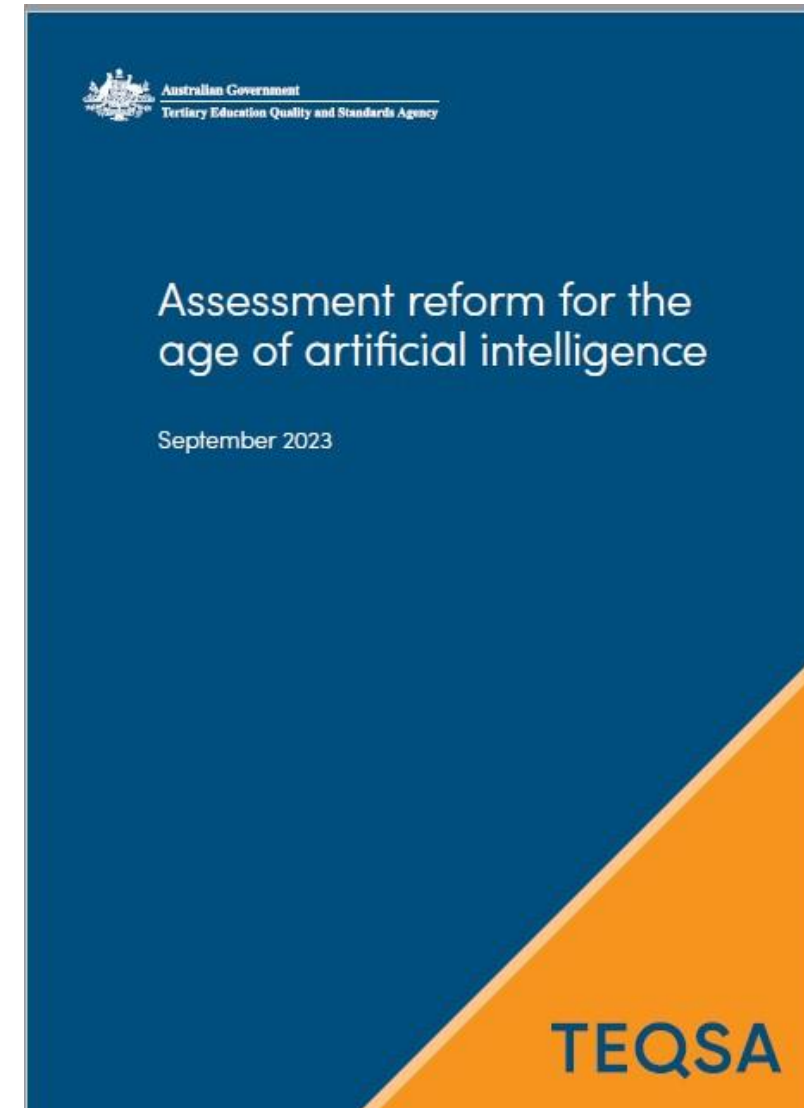
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- Dr Nyoli Valentine
- Prof Cees van der Vleuten



# Directions for assessment reform

**All** Australian higher education to  
submit **credible** and **concrete**  
**action** plans by June 2024





# Why the urgency?

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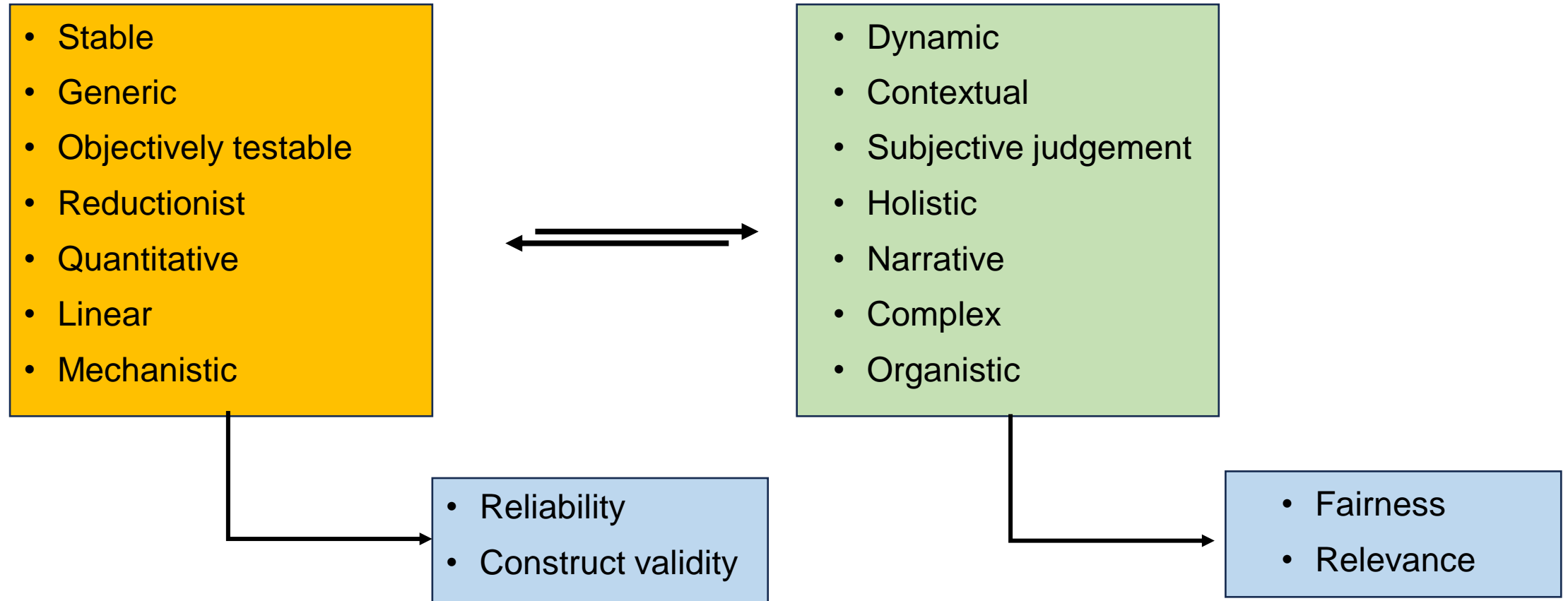




# 1 Changes in medical education



# The nature of competence





# My study

PBL groups

Lectures

Practicums

Clerkships/clinical rotations

MCQs/OEQs

Oral examinations

OSCEs

Essays

# Current students

TBL groups

(Recorded/streamed) lectures

Practicums

Clerkships/clinical rotations

MCQs/OEQs

Oral examinations

OSCEs

Essays

Portfolio



# My study



# Current students



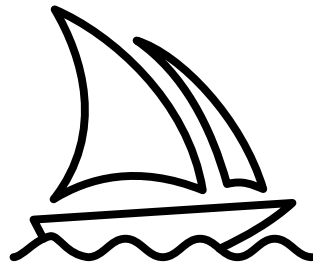


# And now....generative AI

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How can I help you today?



DALL-E 3



## 2 Changes in technology



# Changes in the world

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- Democratisation of knowledge
- Democratisation of transactions/trust
- Democratisation of teaching
- Democratisation of communication
- Democratisation of availability
- Democratisation of intelligence/cognition





# modern student 'affordances'

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Communication/communities  
Collaborations  
Creations  
Convergence



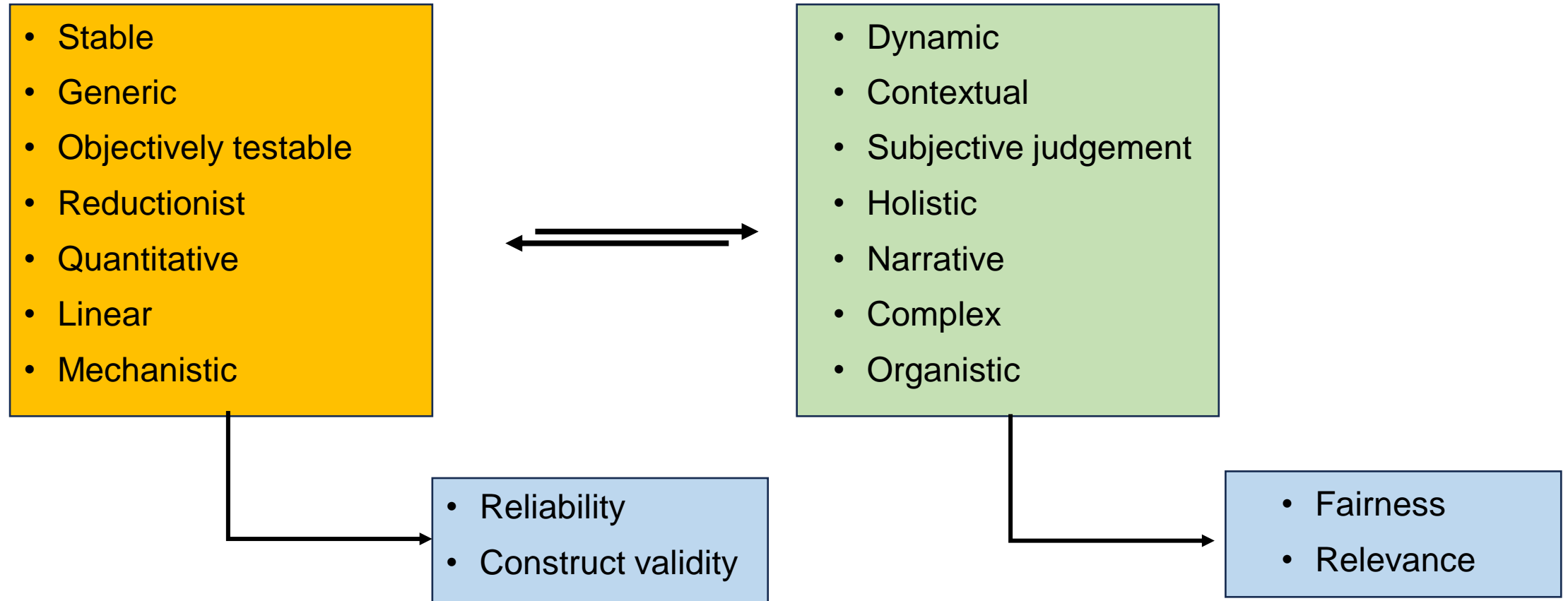


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# **3 Problems with current assessment**



# The nature of competence





# Let's explore the current situation

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- Traits are stable and generic characteristics
- Individual items are meaningless in themselves
- Only sum scores determine what the assessment measures
- Statistics are based on elimination of information
- One best assessment method for each trait



# Traits are stable and generic characteristics

---

knowledge

skills

problem solving

attitude

---

TEST

TEST

TEST

TEST

TEST

TEST

TEST

TEST



# testing: theoretical situation

---

TEST

	1	2	3	4	R
A					4
B					3.2
C					2.4
D					1.6
E					0.8

PARALLEL TEST

	1'	2'	3'	4'	R'
A					4
B					3.2
C					2.4
D					1.6
E					0.8



# testing: real situation

---

TEST

	1	2	3	4	R
A	Green	Yellow	Red	Green	3.2
B	Green	Orange	Dark Red	Yellow	2.6
C	Orange	Red	Green	Orange	2.6
D	Green	Yellow	Red	Orange	2.6
E	Orange	Dark Red	Red	Dark Red	1.4

PARALLEL TEST

	1	2	3	4	R
A	Yellow	Red	Red	Green	2.6
B	Yellow	Green	Green	Orange	3.2
C	Orange	Green	Orange	Orange	2.8
D	Orange	Dark Red	Green	Red	2.2
E	Green	Red	Yellow	Dark Red	2.4



# Let's explore the current situation

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- Traits are stable and generic characteristics
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# Individual items are meaningless in themselves

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Mr Jones is 35 years old. He visits his family physician because of chest pain. The pain comes and goes and can be improved by deep breathing or a change of posture. What is at this moment the most likely origin of his pain??

- a the chest wall;
- b the lungs;
- c the heart;
- d the oesophagus.



# Individual items are meaningless in themselves

---

Ms. Smit is 72 years old. She has chest pains. Several times her blood pressure is taken and found to be 170/100 mmHg.

Which antihypertensive drug is most indicated for her??

- a      captopril.
- b      chlorthalidone.
- c      metoprolol.



# Individual items are meaningless in themselves

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resuscitation  
'station'  
in an OSCE





# Individual items are meaningless in themselves

---

communication  
'station'  
in an OSCE





# Let's explore the current situation

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# Total scores

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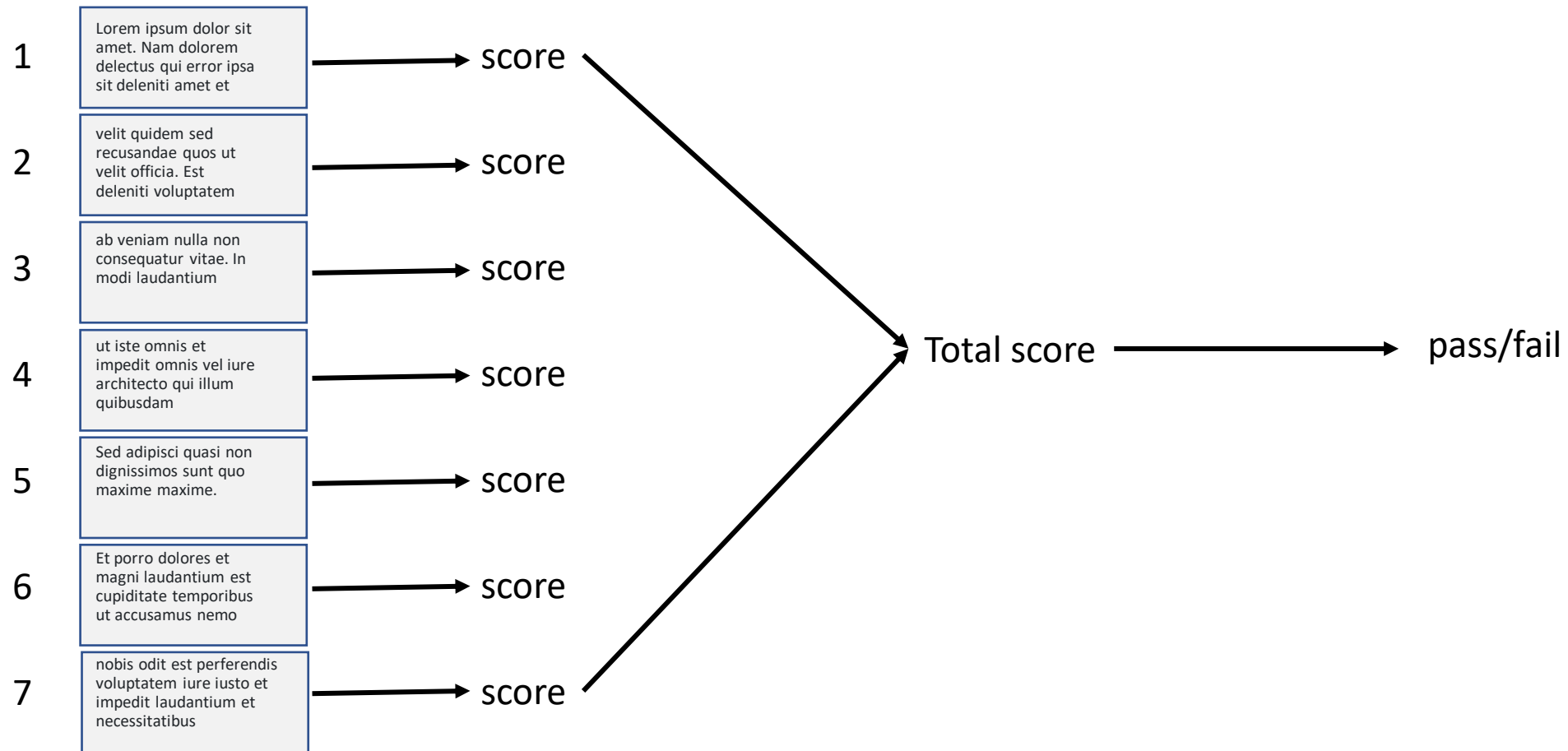
# Let's explore the current situation

---

- Traits are stable and generic characteristics
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# elimination of information





# Let's explore the current situation

---

- Traits are stable and generic characteristics
- Individual items are meaningless in themselves
- Only sum scores determine what the assessment measures
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- One best assessment method for each trait



# old model of medical competence

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knowledge

skills

problem solving

attitudes

---

TEST > TEST

TEST > TEST

TEST > TEST

TEST > TEST



#### Corresponding Author:

**Related Articles:**  
 Comment in: <http://mhealth.jmir.org/2023/1/e46876>  
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 Comment in: <https://mededu.jmir.org/2023/1/e50336>

Results: Of the 4 data sets, the *ABOSS-Step1*, *AMBOS-Step1*, *NBME-Free-Step1*, and *NBME-Free-Step2*, ChatGPT achieved accuracies of 44% (44/100), 42% (42/100), 64% (64/87), and 57.8% (59/102), respectively. ChatGPT outperformed InstructGPT by 8.15% on average across all data sets, and GPT-3 performed similarly to random chance. The model demonstrated a significant decrease in performance as question difficulty increased ( $P=0.01$ ) within the *ABOSS-Step1* data set. We found that logical justification for ChatGPT’s answer selection was present in 100% of outputs of the *NBME* data sets. Internal information to the question was present in 96.8% (183/189) of all questions. The presence of information external to the question was 44.5% and 27% lower for incorrect answers relative to correct answers on the *NBME-Free-Step1* ( $P=.001$ ) and *NBME-Free-Step2* ( $P=.001$ ) data sets, respectively.

has COMPANION  
ChatGPT passing USMLE  
shines a spotlight on the  
flaws of medical education



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# 4 Value proposition and process



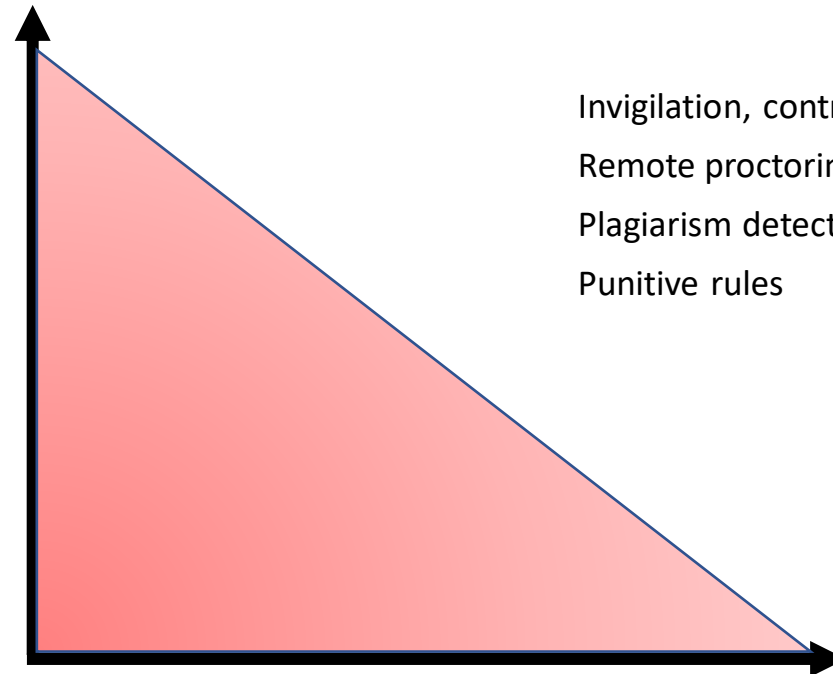
# Value proposition and processes



# The crux of the problem?

Lifelong learning  
Independent learning  
Competence  
Collaboration  
Managing complexity  
Managing 'not knowing'

education



Invigilation, control  
Remote proctoring  
Plagiarism detection  
Punitive rules

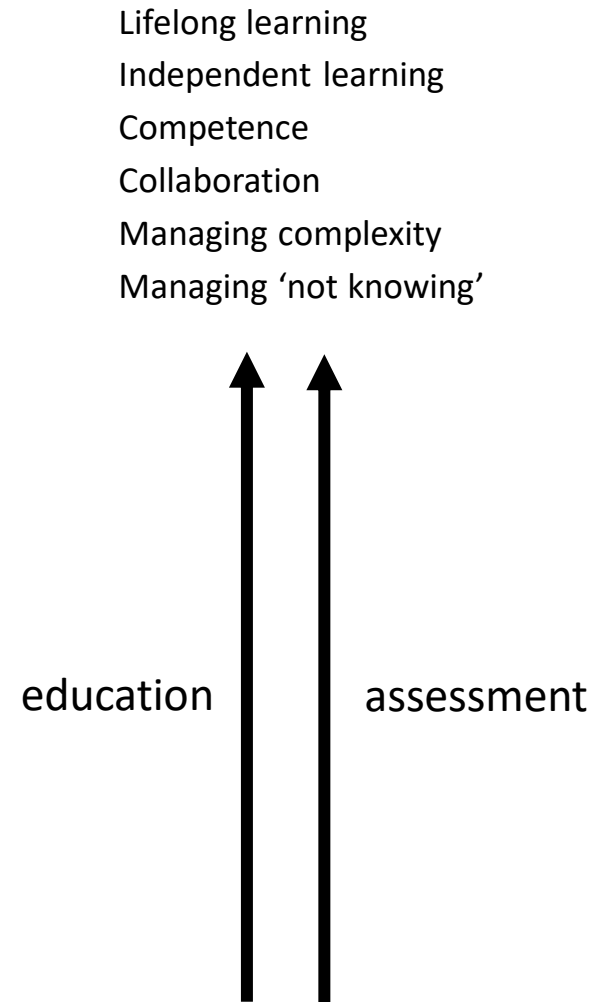
assessment

Individual competence  
Prescribed, predictable learning  
Discriminating/distinguishing  
Finite learning  
Marks/rankings



# The solution?

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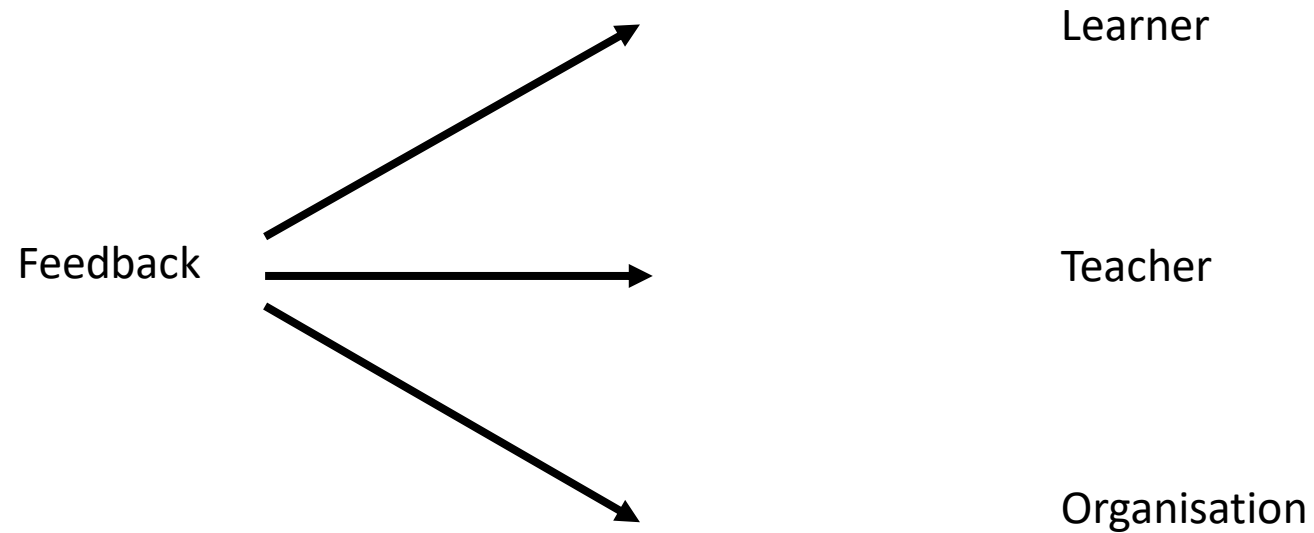
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# 5 Assessment for learning



# Assessment for learning ≠ just formative assessment

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# Assessment for learning

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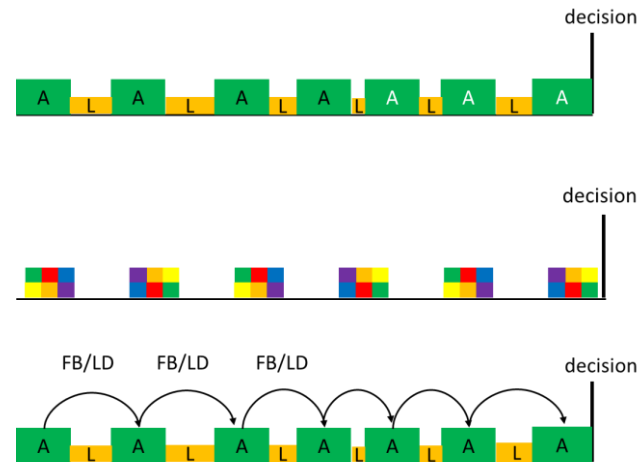
- Content
  - meaningful
  - active
  - collaborative



# Assessment for learning

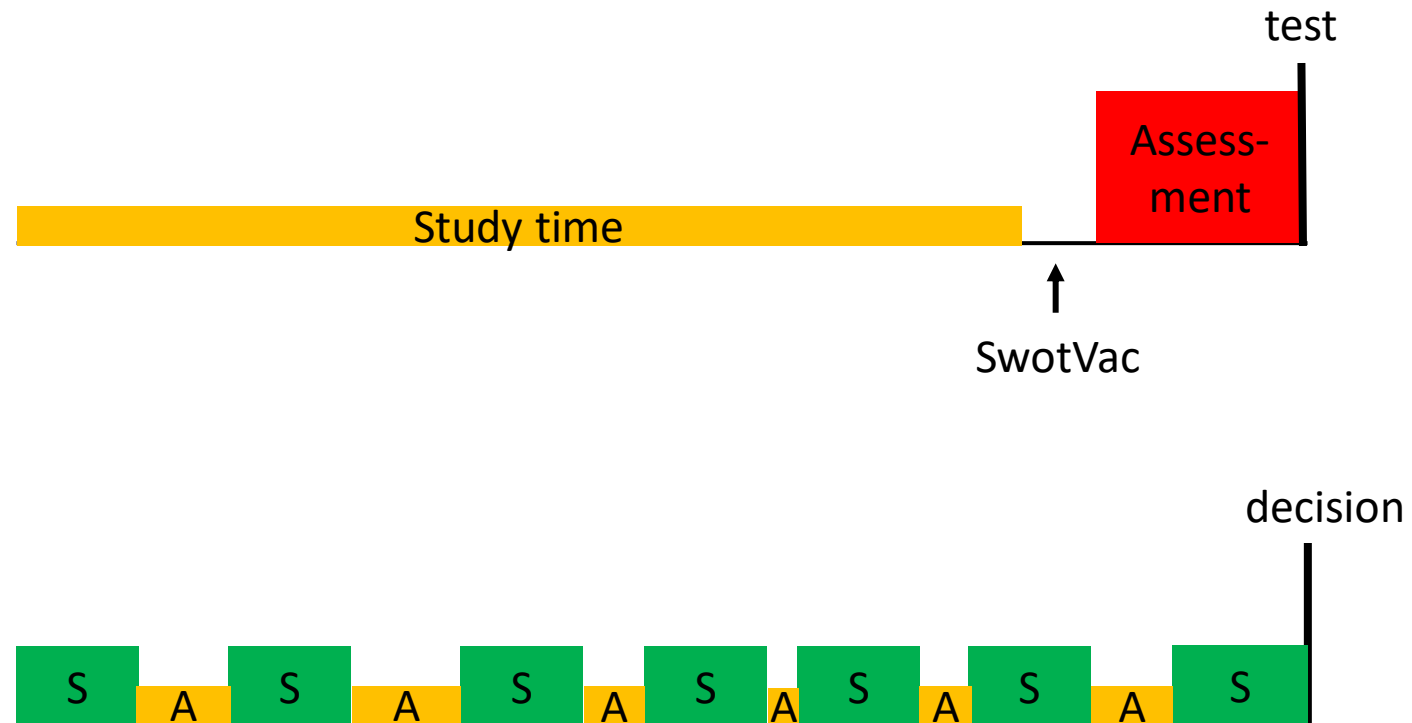
- Process:

- Distributed
- Interleaved
- Connected





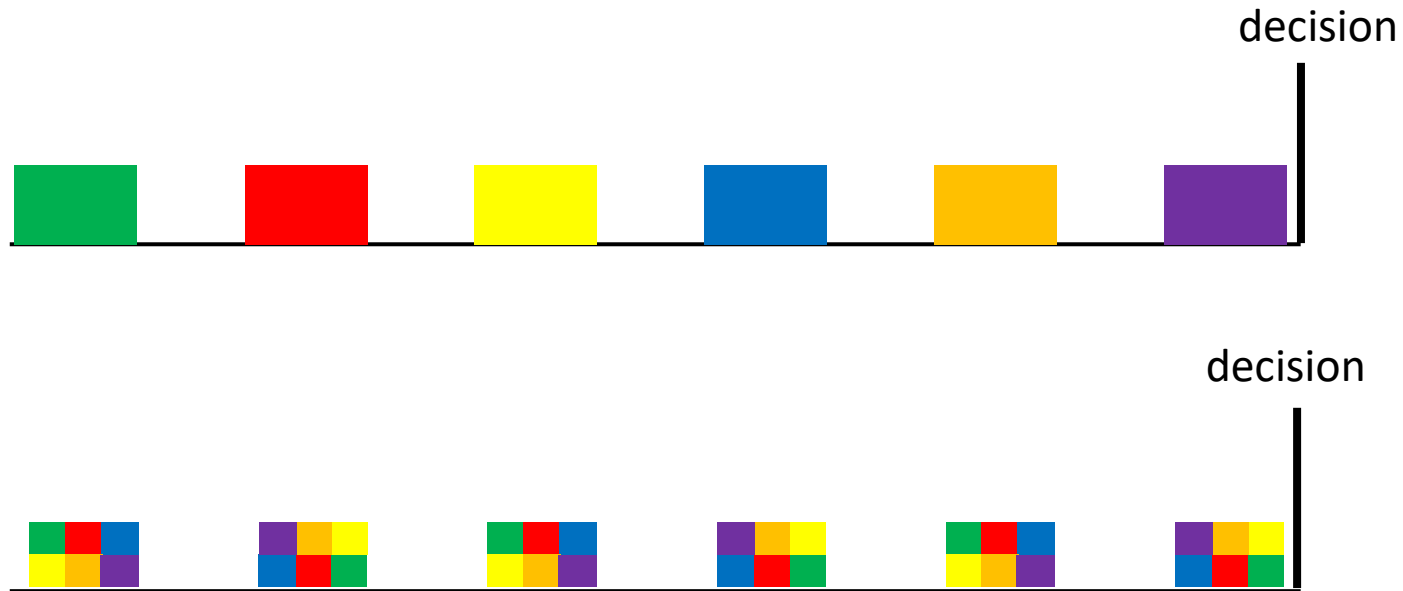
# Assessment for learning: distributed





# Assessment for learning: interleaved

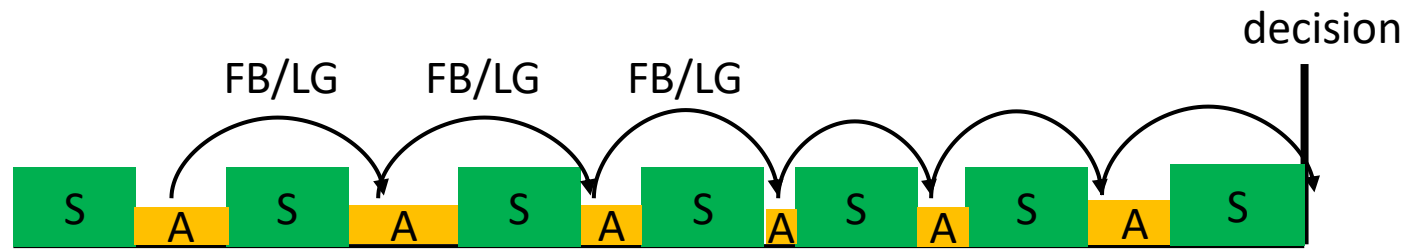
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# Assessment for learning: connected

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# Assessment of learning

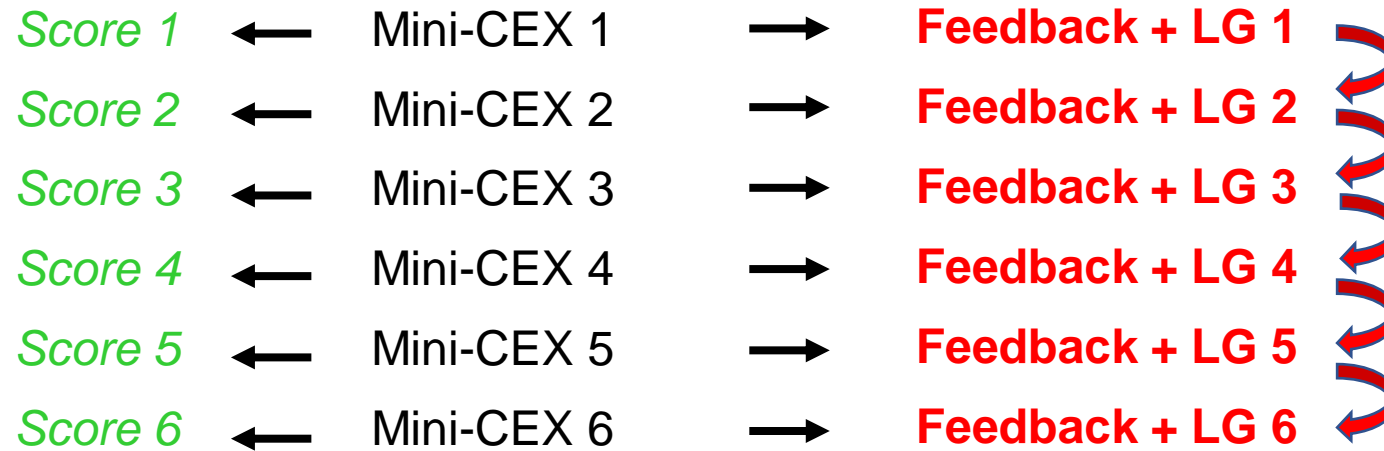
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<b>Score 1</b>	←	Mini-CEX 1	→	<i>Feedback + LG 1</i>
<b>Score 2</b>	←	Mini-CEX 2	→	<i>Feedback + LG 2</i>
<b>Score 3</b>	←	Mini-CEX 3	→	<i>Feedback + LG 3</i>
<b>Score 4</b>	←	Mini-CEX 4	→	<i>Feedback + LG 4</i>
<b>Score 5</b>	←	Mini-CEX 5	→	<i>Feedback + LG 5</i>
<b>Score 6</b>	←	Mini-CEX 6	→	<i>Feedback + LG 6</i>



# Assessment for learning

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# But why programmatic assessment?



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# 6 Programmatic assessment



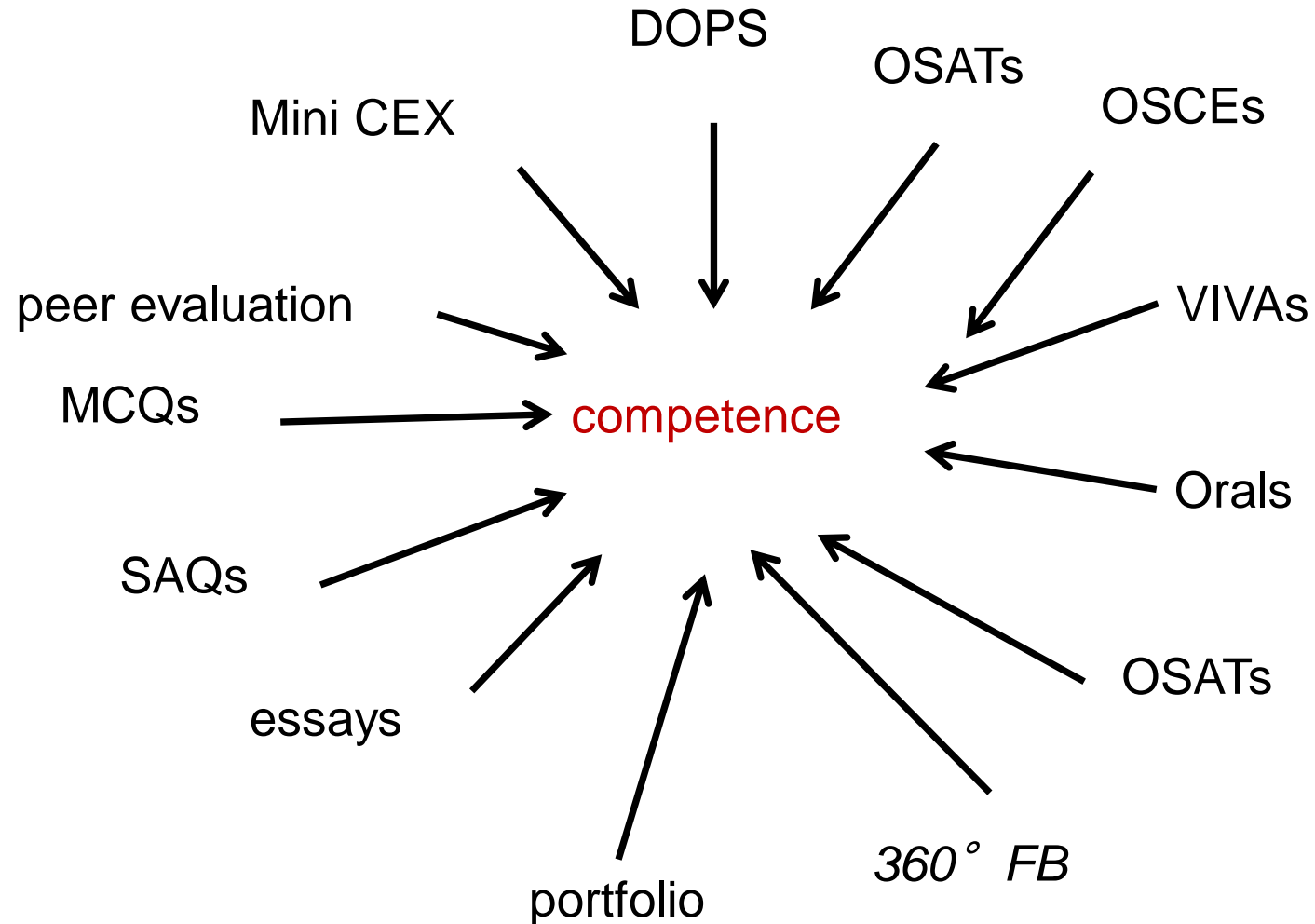
# Programmatic assessment

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- Multiple instruments with meaningful synthesis



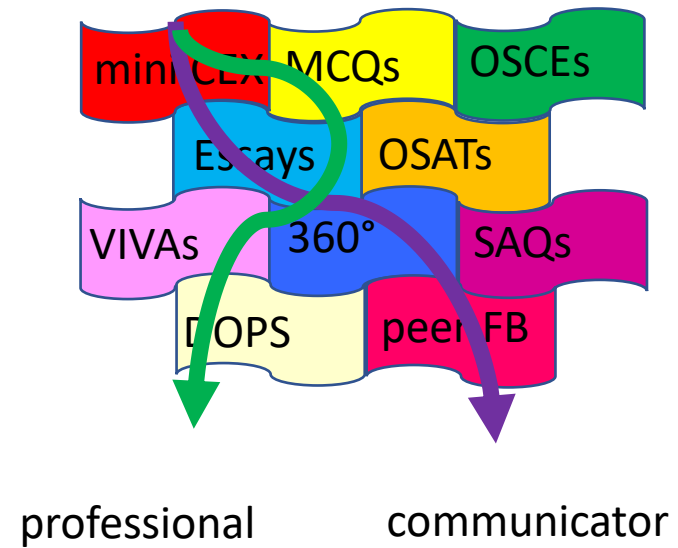
# Multiple instruments





# Multiple instruments

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# Programmatic assessment

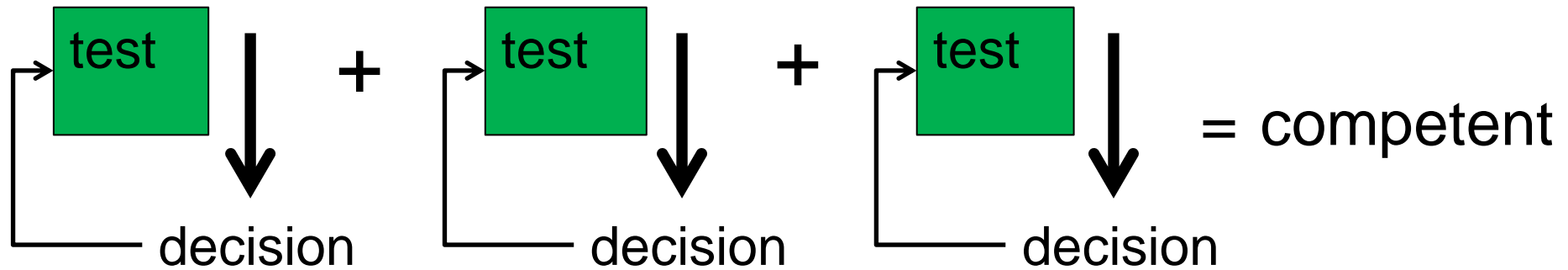
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- Multiple instruments with meaningful synthesis
  - Interleaving
  - Meaningfulness
  - complexity



# Every assessment moment = decision moment

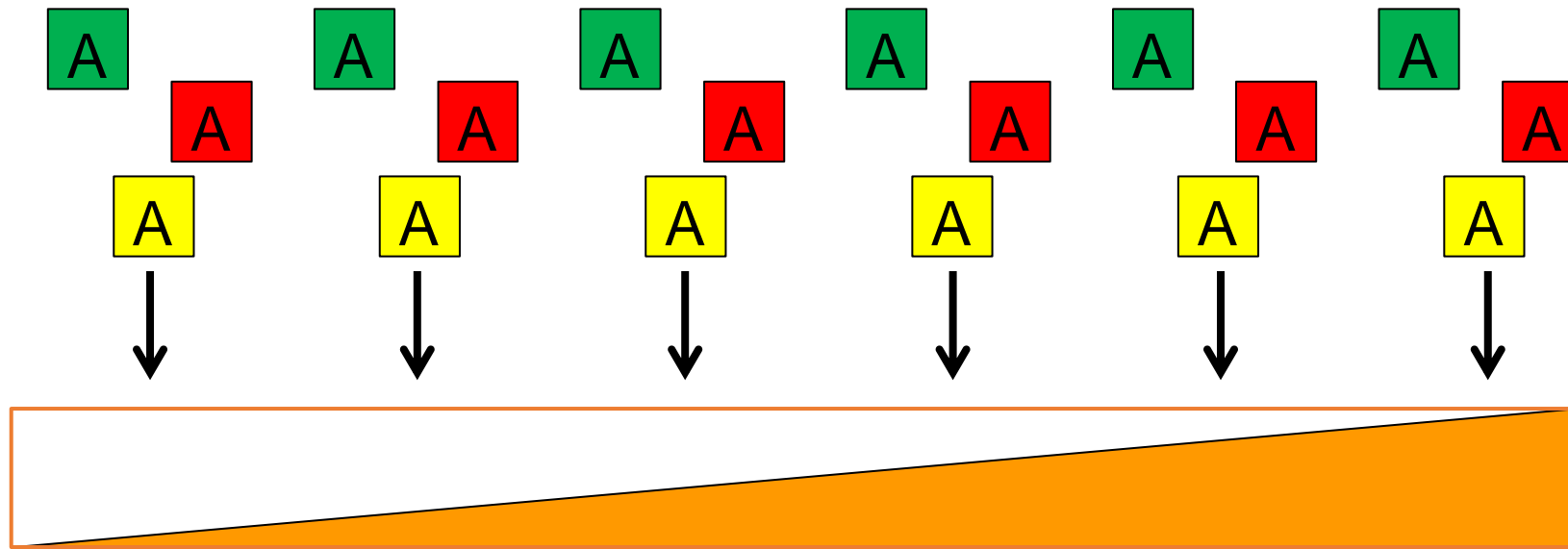
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# Longitudinal assessment

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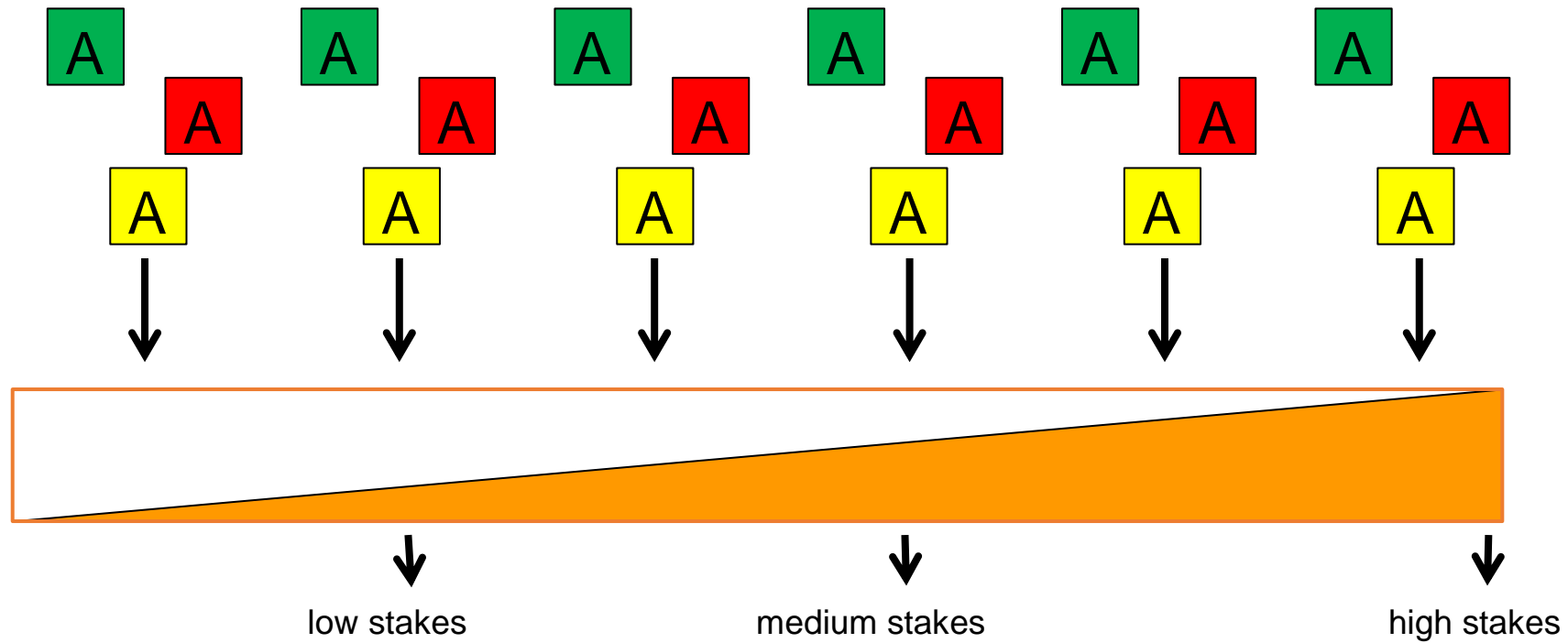
# Programmatic assessment

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- Continuous and longitudinal assessment
  - Distributed learning
  - Connected assessment



# Proportionality





# Programmatic assessment

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- Proportionality of decisions
  - Goodhart's law
  - Fairness
  - Meaningfulness/Relevance
  - Prevention of leniency bias



# Programmatic assessment

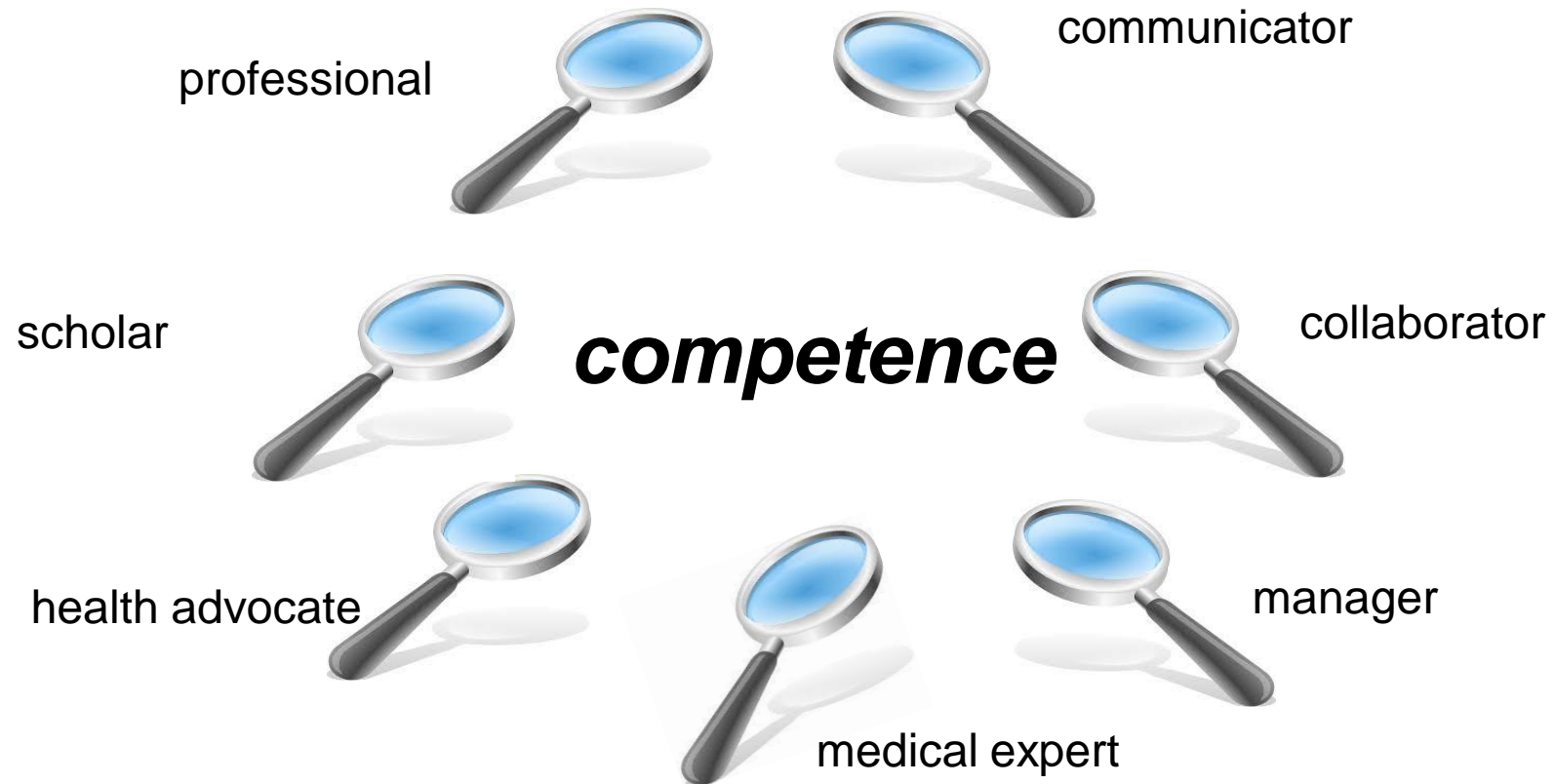
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- Multiple instruments with meaningful synthesis
- Continuous and longitudinal assessment
- Proportionality of decisions
- Variety on quality approaches
- Assessment as a diagnostic process (instead of measurement)



# Domains as lenses

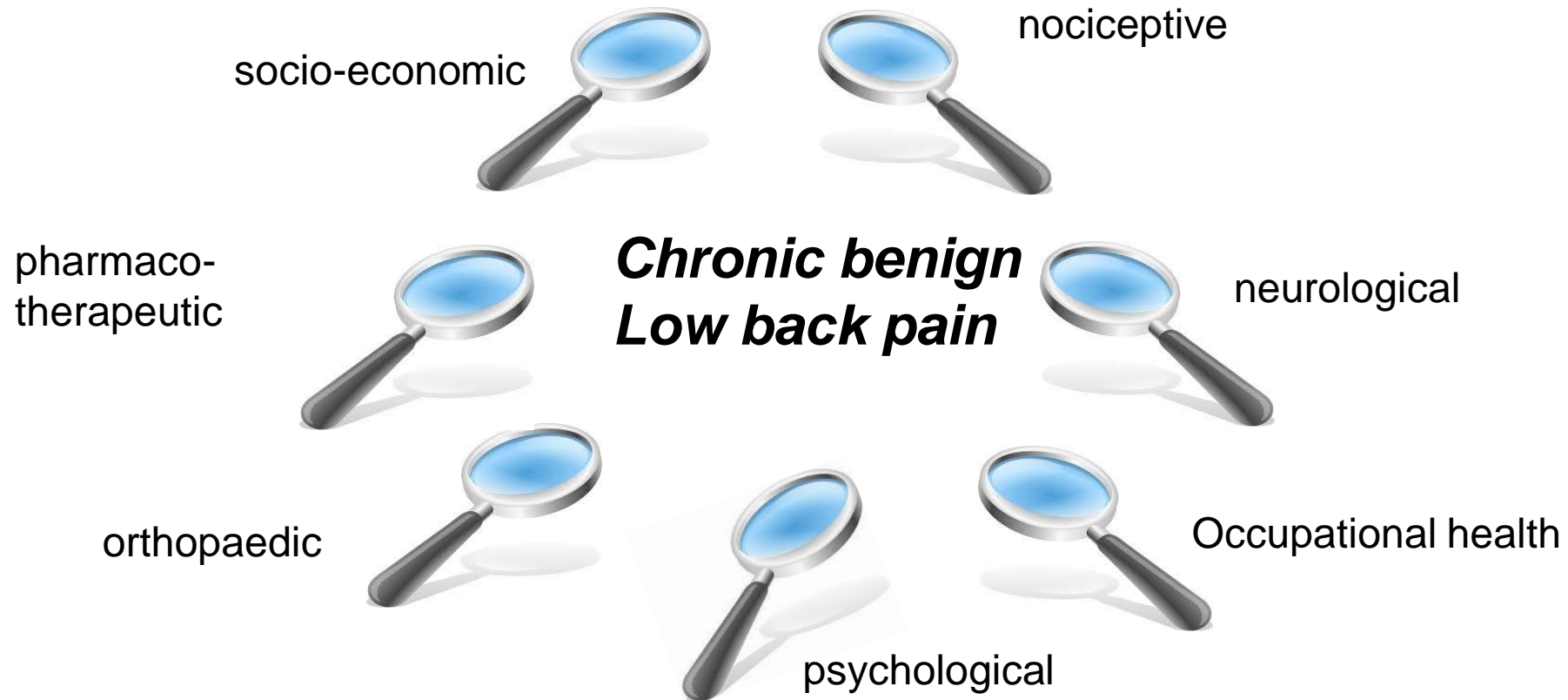
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# Domains as lenses

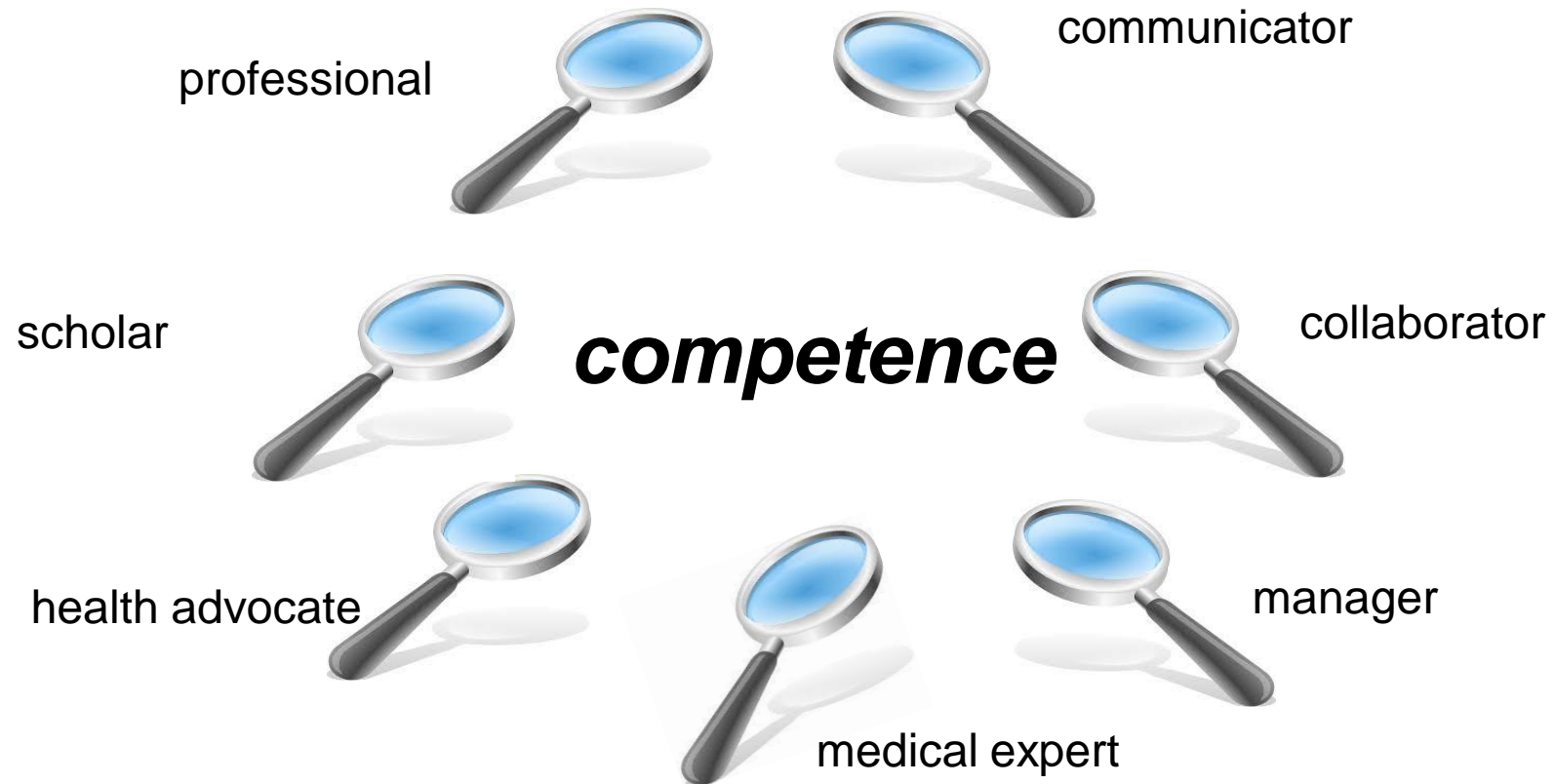
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# Domains as lenses

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*Thank  
you*





# background reading

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