

REVIEW

IS EVERYTHING OBJECTIVE RELIABLE?

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There is a common belief that for reliable results, only 'objective' assessment should be used. A fallout of this belief is that anything which cannot be objectively assessed is ignored. Competencies like communication, professionalism, inter-personal relations and ethics are the sufferers of this belief. There is enough data accumulating that this is not necessarily true.

Objective assessments have their advantage that they allow a large sample to be tested in a relatively short span of time but they use a norm referenced approach and work in a limited domain with lower level of simulation. Subjective assessments, on the other hand work with a criterion referenced approach at a higher level of simulation. Objective assessments require well-structured standard problems but in actual practice, most of the times, the physicians encounter non structured problems. They thus limit the ability of the student to deal with variability of clinical practice.

Very commonly, reliability is seen as a measurement issue and is often limited to reproducibility of the results. In its true sense, reliability should be a decision making issue. A truly reliable assessment is one, which can be relied upon. This reliance can come only with an adequate sample size of domain, tasks and assessors.

The major threat to reliability comes from inadequate sample rather than from marker variability.

In a true sense, there is nothing like objectivity in assessment because all assessments are colored by the values, beliefs and philosophy of the assessor and the institution. All we do is to prepare assessments subjectively but try to measure them objectively. This has been called as 'objectification' and hardly contributes to reliability.

Expert subjective judgment, on the other hand, deals with real life situation, exposing the students to variability of clinical practice. In that sense, it is more valid than purely objective assessments. It also helps us to assess a number of competencies which are essential to the practice of medicine. They encourage students to engage in deep learning contrasted to superficial learning promoted by objective assessments.

Subjective ratings are not less reliable has been shown repeatedly by many studies. While objective assessments can be used for selection type of assessment, for better learning, subjective ratings hold the key. Subjectivity is not synonymous with bias and we would be well advised to start viewing reliability as consistency of performance rather than as consistency of marking

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