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Original Research Article

Views of Medical Teachers in Overcoming Problems in Practicing Structured Oral Examination in MBBS Course of Bangladesh

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Abstract

Background: Traditional oral examination is a subjective tool of assessment, day by day which is losing its credibility because lack of its objectivity and impartiality. On the other hand, Structured Oral Examination (SOE) is a modified form of oral examination with some criteria where whole system is structured beforehand by preparing the questions in advance covering the educational objectives, carefully selecting the examiner, equal time allocated for each examinee & concurrent marking for each response. Structured Oral Examination (SOE) may be considered as the appropriate concept to overcome the drawbacks of the traditional oral examination but its implementation is a tedious, keen, time-consuming job. ***Aim of the Study:*** *T*he aim of this study- to sought out suggestions of medical teachers in overcoming the problems in practicing SOE. ***Methods:*** This descriptive cross sectional qualitative study was conducted in two public and two private medical colleges, namely Dhaka Medical College, Sir Salimullah Medical College, Ibrahim Medical College and Holy Family Red Crescent Medical College in Bangladesh during the period from July 2010-June 2011. The MBBS course was then divided into 3 phases. In total 50 teachers who were conducting Structured Oral Examinations (SOE) for at least last two years in any of selected medical colleges were enrolled as the study subjects. An open-ended questionnaire was used to collect research data. Data were edited after collection. Then the content was analyzed by the researcher and has been presented in a narrative form and also quantification of these data shown separately for convenience. ***Results:*** Lack of proper teacher training & motivation, lack of uniformity in examination process in different medical colleges were common problem faced uniformly by all (100%). Inadequate number & remuneration of teachers, undue intervention of authority/political leaders/influential/co-examiner, chance of leakage of ill prepared & inadequate number of questions were other important problems & drawbacks in the opinion of 3/4th (74%) of the respondents. Above-all preparing well-structured SOE question card is a tedious & time-consuming procedure to all (100%) teachers. The ultimate recommendations of our teachers to overcome these were, regular & continuous training of teachers on assessment, central question bank & central monitoring & moderation of question for all medical colleges, appointment of post graduate doctor of same discipline in registrar or in equivalent post who are directly related to teaching & assessment were uniform opinion of all (100%) teachers. Other recommendations include number of competent teachers & remuneration of teachers should be increased - opinion of 3/4th (74%) of the respondents, separate medical education service so only motivated doctors can be selected in teaching profession, enforcing some strict regulatory laws, judicious setup/pairing of examiner, some (20%) open ended questions may be included in all question card for giving extra marks to extra ordinary student or for assessing exact level of learning in case of very poor performed student, rearrangement of subjects in different Phases to overcome time constraint, final examination may be conducted by separate medical college in separate venue. ***Conclusion:*** As per the findings of this study we can conclude that, considering the scholar opinion of medical teachers if their recommendations can be implemented, undoubtedly our medical education will progress further by certifying more competent and safer doctor for ourselves and universe.

Keywords: Opinions, Suggestions, Medical teachers, structured oral examination, MBBS.

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1. INTRODUCTION

An oral examination is a dialogue between examiner and examinee, where examiner asks questions and examinee supposed to answer these questions. Usually this is a better tool than an essay type written examination in assessing in-depth knowledge, communication skills and professional attitudes [1]. But it is a subjective test, so lack of standardization, objectivity and reliability is a logical consequence and every chance of abuse of personal contact [2-4]. It often fails to assess higher level of cognitive knowledge and psychomotor skills. The whole process was gone

unrecorded i.e. the test questions and students responses are not recorded and it is not possible to develop a uniform, well define checklist or rating scale. The atmosphere of oral examination is also often become threatening rather than co-operational. To overcome this situation the concept of structured oral examination (SOE) was adopted. Where the whole system is structured beforehand by preparing the questions in advance covering the educational objectives, carefully selecting the examiner and providing guideline to them in advance, the atmosphere also tried to make nonthreatening, equal time allocated for each examinee, the examinees can choose the question card, all question cards are started with easy topic then progressing to more difficult problems. Examiner must not show any reaction to right/wrong responses made by the examinees. The whole procedure should be recorded, marking should be done concurrently in a preformed rating scale or checklist and at the end of examination a feedback session can be conducted to find out the gaps in the knowledge of the examinee. The SOE is undoubtedly a good assessment tool, regarding its objectivity and reliability, when well-structured and prepared carefully. But we have seen that, this system is not followed properly/correctly in our medical colleges since it being adopted on 2003. In some institute, they use content card instead of question card [5]. Sometimes questions are not well prepared, so educational objectives & domains cannot be addressed properly. Sometimes rating scale, which is a mandatory part of SOE, is not well prepared, concurrent & individual marking are not practiced [5]. So, halo effect of other responses cannot be avoided in overall marking. Sometimes limited numbers of questions were prepared and which become known to student before the examination. Feedback session is practiced rarely [6]. But we all know that, without feedback formative assessment is useless [7, 8]. Sometimes teacher gives clues/show reaction on right or wrong responses [5]. On the other hand, SOE itself got some drawbacks, e.g.in this system role of teacher is minimum, merely to conduct the examination orderly, he has no role to explore the hidden talent of the student intelligently as he cannot move outside the prefixed structure of the examination. In SOE chance of abuse of preformed questions are more and ill prepared questionnaire itself become a weak tool for assessment. We have passed a long glorious history of medical education starting in Mitford medical school on1835. But the real development was made in this field on 10th July 1946 by establishing Dhaka Medical College. This started under the affiliation of Dhaka University, following course curriculum of Calcutta Medical College. Since then, the assessment system was written, viva & practical/clinical examination. Then the written was long essay type and viva and practical/clinical examination were traditional, which had been implemented for good reasons in the past, but this need to be reconsidered for its certain pitfalls and drawbacks. “To change curriculum or instructional methods without changing the examination will change nothing! Changing the examination system without changing the curriculum had a much more profound impact upon the nature of learning then changing curriculum without altering examination system” reported by G.E. Miller. So, we have also changed our assessment system. In our MBBS curriculum previously the oral exam was traditional. Which was usually a subjective and at times it can be intimidating to the students. To develop the situation, idea of Structured Oral Examination (SOE) comes forward in which the whole process of oral examination is structured by preparing large number of standard questions involving all teachers/faculties in advance, meeting educational objectives by covering the content and educational domains along with a check list and rating scale is also developed. In our ongoing new curriculum more emphasis has been given on SOE and traditional oral examination is abandoned. But even then, there may be some pit- fall in implementing this system, so all teachers of all medical colleges does not practice it uniformly, all teachers are not well oriented about this system, and sometime there are shortage of teacher & fund [5, 9]. The objective of this study was to accumulate the opinions and suggestions of medical teachers to overcome problems in practicing Structured Oral Examination in MBBS course of Bangladesh.

2. METHODOLOGY

This was a descriptive cross sectional qualitative study which was conducted in two public and two private medical colleges, namely Dhaka Medical College, Sir Salimullah Medical College, Ibrahim Medical College and Holy Family Red Crescent Medical College in Bangladesh during the period from July 2010-June 2011. In total 50 teachers who were conducting Structured Oral Examination (SOE) for at least last two years in any of selected medical colleges were enrolled as the study subjects. Convenience purposive sampling technic was applied. This research was conducted after getting prior permission from respective authority and verbal consent from all respondents. All respondents participated voluntarily in this study. Confidentiality of the response of the respondents has been maintained. Proper written consents were taken from all the participants before data collection. The whole intervention was conducted in accordance with the principles of human research specified in the Helsinki Declaration [10] and executed in compliance with currently applicable regulations and the provisions of the General Data Protection Regulation (GDPR) [11]. The necessary instruments were developed and finalized after pretesting. The instruments were pretested over six teachers who were in M MEd course in Centre for Medical Education, Mohakhali, Dhaka, Bangladesh.

An open-ended questionnaire was used to collect research data. Data were edited after collection. Then the content was analyzed by the researcher and has been presented in a narrative form and also

quantification of these data shown separately for convenience.

3. RESULT

In this study, a total 50 respondents were participated. Among them, 32% from Phase –I (Basic Sciences), 34% from Phase-II (Preclinical) and the rest 34% from Phase-III (Clinical) subjects. All respondents agreed that, they were practicing SOE partially but they were varied in opinion regarding which component of SOE they cannot practiced properly (Table-1). In total 50% (8 out of 16) of Phase-I teachers both from public and private medical colleges agreed that, they don't maintain well-structured question card during examination this figure raises to 66% (6 out of 9) in Phase- II public teachers and 75% (6 out of 8) of Phase-II private teachers but the Phase- III teachers follow question card universally in private and 88.23% in public medical colleges (Table-2). In his study we found Phase-II teachers follow content card in 40.3% & 31.1% in government and non-government medical colleges respectively in formative assessment examination. The reasons behind this disparity were that some Phase- I & II subject's teachers were not yet well motivated/trained up for SOE. All respondent agreed that, they never discussed about the most correct responses of question before examination (Table-2). Concurrent marking of individual question answer is indispensable to avoid halo effect of other responses but it was not practiced by 75% & 62.5%. Phase 1 public & private medical college teachers respectively, in phase II this figure is 77.77% and 75% and in phase III it was 33.33% and 2.50% (Table-2). So, our maximum teachers of phase II and II yet follow the overall markings system. To increase the objectivity of the examination time allocation for each student should also be equal. But our study showed that, about 25% teachers of all phases of private medical college could not able to maintain this and the figure were 12.5%, 22.22% and 11.11% in phase I, II and III in public medical colleges teachers (Table-3). Examiner should not show any reaction/give clue during examination, in our study we found 87.5% of private medical college teachers of all phases did not follow this. And also 67.5%, 55.5% and 44.44% of public medical college teachers of phase I, II & III respectively did not follow this (Table- 3). We found effective feedback was absent in 75%, 50% & 62.5% in phase I, II and III in private medical colleges (Table-3). Three respondents mentioned that inappropriate selection & pairing of examiners was also a problem. When paired with a very senior teacher, junior teacher cannot enjoy his freedom in judging and or marking the student. Lack of motivation and commitment is another greatest problem without well motivation, commitment, and devotion none can do this type of tedious and time-consuming task. This was also found out in our study 75% of public and 62.25% private medical colleges phase-1 teachers were in same opinion, these figures were 77.77% and 62.5%; 55.55% and 62.50% respectively in case of Public & Private, phase-II; phase-III teachers (Table-4). Inadequate number of teachers in relation to workload was another great problem both in public & private medical colleges. In our study 75% of public & private medical colleges' teachers of Phase-I were in same opinion and 88.88% and 75%; 66.66% and 62.5% of public and private in Phase-II and III medical colleges' teachers also gave same opinion (Table-3). Another greatest problem which was sorted from both public & private medical colleges uniformly from all teachers is the variation between institute to institute of quality & type of question and somewhat in examination procedure. Inadequate remuneration of teacher is also a problem in public medical colleges which was found in this study all teachers of all three phases raises this issue but this problem was on average 50% in private medical colleges. Undue intervention of authority and or political leaders were also a problem noticed by 50% public and 75% private medical college teachers of phase-I, which were further increased in phase-II and III as 55.55%, 75% and 66.66%, 87.50% in public and private medical colleges respectively (Table-4). Regarding drawbacks (Table-6) of ongoing SOE, all teachers of all phases were in opinion that the construction of SOE question card by well covering educational domain and content is a tedious and time-consuming job. Without well-constructed question card this system will be only a easy tool of passing student. The results concluded that SOE can be a versatile means of teaching and assessing the course participants. Though the implementation process involves much effort and difficult, still once in place, it can become an efficient tool for assessing all categories of competencies. Almost 50% of phase-I and phase-II teachers of both public and private medical colleges were in opinion of chance of leakage of question prior to examination is a real drawback this threat further increases to 66.66% and 87.5% in phase-III public and private medical college respectively. Hidden talent of the student could not be assessed by this system. This was the opinion of 75% of phase- I teacher and 50% of phase- II and III teachers of both public and private medical colleges were in same opinion. "Role of teacher is underscored in this system and scope of extra marking for extra ordinary students or saving apprehended student is absent in this system" this was the opinion of 3 teachers of all phases of all medical colleges. In this study almost 50% teachers of all phases were in favor of only SOE in formative assessment & another half raise the above-mentioned issues (Table-5). In response to suggestion for any alternatives of SOE. They gave us some valuable suggestions (Table-7) to overcome the problems in practicing SOE these suggestions were grouped. Such as 'need regular and continuous training of teachers on assessment', 'should ensure central question bank and central monitoring and moderation of questions for all medical colleges', 'number of competent teacher should be increased', 'remuneration of teacher should be increased', They also suggested regarding the provision of separate

medical education service so only motivated doctors can be selected in teaching profession, enforcing some strict regulatory laws, appointment of post graduate doctor of same discipline in registrar or in equivalent post who were directly related to teaching and assessment and judicious setup/pairing of examiner. They proposed about some (20%) open ended questions may be included in all questions card for giving extra marks to extra ordinary student or for assessing exact level of learning in case of very poor performed student and rearrangement of subjects among the phases to overcome time constraint-opinion of one teacher. Final examination may be conducted by separate medical college in separate venue- if possible, to prevent biasness & chance of leakage of questions.

Table 1: Perceptions of medical college teachers about SOE (N=50)

Phase	Have clear idea	Have an average idea	Have no clear idea
Phase I (n=16)	03 (19%)	08 (50%)	05 (31%)
Phase II (n= 17)	05 (29%)	09 (53%)	03 (18%)
Phase III (n= 17)	07 (41%)	08 (47%)	02 (12%)
Total (n=50)	**15 (30%)**	**25 (50%)**	**10 (20%)**

Table 2: Opinions of teachers about which part of SOE they are not able to practice currently (N=50)

Component of SOE not able to practice	Phase	Type of institute	Number (%) of phase respondent giving this opinion
Well-structured question card	Phase - I	Public (n=8)	04 (50%)
		Private (n=8)	04 (50%)
	Phase - II	Public (n=9)	06 (66%)
		Private (n=8)	06 (75%)
	Phase - III	Public (n=9)	02 (22%)
		Private (n=8)	0
Lack of discussion about correct response among Examiner before starting examination	Phase - I	Public (n=8)	08 (100%)
		Private (n=8)	08 (100%)
	Phase - II	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
	Phase - III	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
In complete rating scale, checklist & lack of concurrent marking	Phase-I	Public (n=8)	06 (75%)
		Private (n=8)	05 (62.5%)
	Phase- II	Public (n=9)	07 (77.77%)
		Private (n=8)	06 (75%)
	Phase- III	Public (n=9)	03 (33%)
		Private (n=8)	01 (12.5%)
Time allocation for each student is not equal	Phase - I	Public (n=8)	01 (12.5%)
		Private (n=8)	02 (25%)
	Phase - II	Public (n=9)	02 (22.22%)
		Private (n=8)	02 (25%)
	Phase - III	Public (n=9)	01 (11.11%)
		Private (n=8)	02 (25%)
Examiner shows reaction /Give clues	Phase - I	Public (n=8)	05 (67.5%)
		Private (n=8)	07 (87.5%)
	Phase - II	Public (n=9)	05 (55.55%)
		Private (n=8)	07 (87.5%)
	Phase - III	Public (n=9)	04 (44.44%)
		Private (n=8)	07 (87.5%)
Lack of effective feedback after formative assessment	Phase - I	Public (n=8)	06 (75%)
		Private (n=8)	06 (75 %)
	Phase - II	Public (n=9)	05 (55.55%)
		Private (n=8)	04 (50%)
	Phase - III	Public (n=9)	05 (55.55%)
		Private (n=8)	05 (62.5%)

Table 3: Problems in practicing SOE regarding teaching stuffs (N=50)

Problems	Phase	Types of Institutes	Number (%) of phase respondent giving this opinion
Lack of regular & continuous training of teachers on assessment	Phase - I	Public (n=8)	08 (100%)
		Private (n=8)	08 (100%)
	Phase - II	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
	Phase - III	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
Lack of motivation & commitment of teachers	Phase - I	Public (n=8)	06 (75%)
		Private (n=8)	05 ((62.5%)
	Phase - II	Public (n=9)	07 (77.77%)
		Private (n=8)	05 (62.5%)
	Phase - III	Public (n=9)	05 (55.55%)
		Private (n=8)	05 (62.5%)
Inadequate number of teachers in relation to work load	Phase - I	Public (n=8)	06 (75%)
		Private (n=8)	06 ((75%)
	Phase - II	Public (n=9)	08 (88.88%)
		Private (n=8)	06 (75%)
	Phase - III	Public(n=9)	06 (66.66%)
		Private (n=8)	05 (62.5%)

Table 4: Problems related with Institute/Authority in practicing SOE (N=50)

Problems	Phase group	Characteristics of Institute	Number (%) of phase respondent giving this opinion
Lack of uniformity in examination in different medical colleges	Phase - I	Public (n=8)	08 (100%)
		Private (n=8)	08 (100%)
	Phase - II	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
	Phase - III	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
Inadequate remuneration of teacher	Phase - I	Public (n=8)	08 (100%)
		Private (n=8)	04 (50%)
	Phase - II	Public (n=9)	09 (100%)
		Private (n=8)	04 (50%)
	Phase - III	Public (n=9)	09 (100%)
		Private (n=8)	03 (37.5%)
Undue intervention of authority/political leaders/influential/ co-examiner	Phase – I	Public (n=8)	04 (50%)
		Private (n=8)	06 (75%)
	Phase – II	Public (n=9)	05 (55.55%)
		Private (n=8)	06 (75%)
	Phase – III	Public (n=9)	06 (66.66%)
		Private (n=8)	07 (87.5%)

Table 5: Suggestions about whether only SOE should be practiced in formative assessment (N=50)

Phase	Institute type	Stand of respondents	
		In favor	In against
		n (%)	n (%)
Phase - I	Public (n=8)	04 (50%)	04 (50%)
	Private (n=8)	04 (50%)	04 (50%)
Phase – II	Public (n=9)	05 (55.55%)	04 (44.44%)
	Private (n=8)	04 (50%)	04 (50%)
Phase – III	Public (n=9)	05 (55.55%)	04 (44.44%)
	Private (n=8)	04 (50%)	04 (50%)

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Table 6: Drawbacks of ongoing SOE

Drawbacks	Phase group	Characteristics of Institute	Number (%) of phase respondent giving this opinion
Construction of SOE questions properly is a tedious & time consuming process	Phase - I	Public (n=8)	08 (100%)
		Private (n=8)	08 (100%)
	Phase - II	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
	Phase - III	Public (n=9)	09 (100%)
		Private (n=8)	08 (100%)
Chance of leakage of questions	Phase - I	Public (n=8)	04 (50%)
		Private (n=8)	04 (50%)
	Phase - II	Public (n=9)	05 (55.55%)
		Private (n=8)	04 (50%)
	Phase - III	Public (n=9)	06 (66.66%)
		Private (n=8)	07 (87.5%)
Hidden talent of student cannot be assessed	Phase - I	Public (n=8)	06 (75%)
		Private (n=8)	06 (75%)
	Phase - II	Public (n=9)	04 (44.44%)
		Private (n=8)	04 (50%)
	Phase - III	Public (n=9)	04 (44.44%)
		Private (n=8)	04 (50%)

Table 7: Suggestions to overcome the problems in practicing SOE (N=50)

Suggestions	n	%
Regular and continuous training of teachers on assessment	50	100%
Central question bank and central monitoring & moderation for all medical colleges	50	100%
Number of competent teachers should be increased	37	74%
Increasing remuneration of teacher	37	74%
Separate medical education service to motivated doctors can be selected in teaching profession	5	10%
Enforcing some strict regulatory laws	7	14%
Appointment of post graduate registrar/equivalent who are directly related to teaching/learning	50	100%
Judicious setup/pairing of examiner	3	6%
Some (20%) open ended questions may be included for extra ordinary/ very poor student	3	6%
There should be rearrangement of subjects among the Phases to overcome time constraint	1	2%
Final examination may be conducted by separate medical college in separate venue	1	2%

4. DISCUSSION

In this study total 50 respondents were interviewed individually in-depth with an open ended questionnaire. All respondent agreed that, they were practicing SOE partially but they were varied in opinion regarding which component of SOE they cannot practiced properly. In total 50% (8 out of 16) of Phase-I teachers both from public and private medical colleges agreed that, they don't maintain well-structured question card during examination this figure raises to 66% (6 out of 9) in Phase -II public teachers and 75% (6 out of 8) of Phase- II private teachers but the Phase-III teachers follow question card universally in private and 88.23% in public medical colleges. In his study we found Phase-II teachers follow content card in 40.3% and 31.1% in government and non-government medical colleges respectively in formative assessment examination. The reasons behind this disparity were that some Phase- I & II subject's teachers were not yet well motivated/trained up for SOE. All respondent agreed that they never discussed about the most correct responses of question before examination. Concurrent marking of individual question answer is indispensable to avoid halo effect of other responses but it was not practiced by 75% and 62.5%. Phase 1 public & private medical college teachers respectively, in phase II this figure is 77.77% and 75% and in phase III it was 33.33% and 2.50%. So, our maximum teachers of phase 1 and 2 yet follow the overall markings system. Which may prove to be grievous to some student as in unstructured oral exam and there the risk that the examiner will concentrate on their pet interests [12]. Feedback is most important- issues in formative assessment, in other word without feedback formative assessment are useless [8]. We found effective feedback was absent in 75%, 50% & 62.5% in phase I, II and III in private medical colleges. These findings are also correlated with that of Alam K.K- 2008 [5], who mentioned that feedback is a very unusual practice and if given seldomly it was given in common classes in 77% cases which is in fact useless. It is clear from this study realization for regular training is increases sharply in last few years among teachers of all medical colleges. Examiner training for oral examination crucial particularly if all examiners is required to test clinical

judgment and higher order thinking across a range of tasks [13, 14]. Lack of motivation and commitment is another greatest problem without well motivation, commitment, and devotion none can do this type of tedious and time-consuming task. This was also found out in our study 75% of public and 62.25% private medical colleges phase-1 teachers were in same opinion, these figures were 77.77% and 62.5%; 55.55% and 62.50% respectively in case of public and private, phase-II; phase-III teachers. Professors and assistants who are interested and qualified in educational matters should be engaged, promoted and given opportunities for further development - Schormair C. *et al.,* (1992). [15] Inadequate number of teachers in relation to workload was another great problem both in public & private medical colleges. In our study 75% of public & private medical colleges' teachers of Phase-I were in same opinion and 88.88% and 75%; 66.66% and 62.5% of public and private in Phase-II and III medical colleges' teachers also gave same opinion. Inadequate remuneration of teacher is also a problem in public medical colleges which was found in this study all teachers of all three phases raises this issue but this problem was on average 50% in private medical colleges. Stress is thought to occur when the amount of effort required & expended exceeds the occupational rewards such as job benefits & financial returns or promotional prospects attained (Stegrist 1996). Undue intervention of authority and or political leaders were also a problem noticed by 50% public and 75% private medical college teachers of phase-I, which were further increased in phase-II and III as 55.55%, 75% and 66.66%, 87.50% in public and private medical colleges respectively. Regarding drawbacks of ongoing SOE, all teachers of all phases were in opinion that the construction of SOE question card by well covering educational domain and content is a tedious and time-consuming job. Without well-constructed question card this system will be only a tool of easy passing of student. Wiggins and Harper (2008) [16] studied the effects of implementing a structured oral examination into a residency program. Almost 50% of phase-I and phase-II teachers of both public & private medical colleges were in opinion of chance of leakage of question prior to examination is a real drawback this threat further increases to 66.66% and 87.5% in phase-III public and private medical college respectively. Hidden talent of the student could not be assessed by this system. This was the opinion of 75% of phase- I teacher and 50% of phase- II and III teachers of both public and private medical colleges were in same opinion. Ben-David, M.F (2000) [17], suggested for more in corporation of formative information in summative evaluations "The assessment exercise becomes the 'teachable moment'. The field of medical education with benefit from summative assessment that incorporates formative features" Our respondents gave us some valuable suggestions to overcome the problems in practicing SOE these suggestions were grouped. Such as 'need regular and continuous training of teachers on assessment', 'should insure central question bank and central monitoring and moderation of questions for all medical colleges', 'number of competent teacher should be increased', 'remuneration of teacher should be increased', They also suggested regarding the provision of separate medical education service so only motivated doctors can be selected in teaching profession, enforcing some strict regulatory laws, appointment of post graduate doctor of same discipline in registrar or in equivalent post who were directly related to teaching and assessment and judicious setup/pairing of examiner. They proposed about some (20%) open ended questions may be included in all questions card for giving extra marks to extra ordinary student or for assessing exact level of learning in case of very poor performed student and rearrangement of subjects among the phases to overcome time constraint-opinion of one teacher. They recommended that; final examination may be conducted by separate medical college in separate venue-opinion of another one teacher. "Medical school also need to work together through their professional associations, in order to assure some degree of consistency in applying assessment standards"- Kaufman D.M-2001 [18]. Fowell S L 2000 [19] recommended collaboration between medical schools in developing and sharing assessments.

Limitation of the Study

Medical Colleges were selected purposively according to convenience. All medical colleges could not be included. All teachers of all medical colleges could not be interviewed. Information was collected from those who were present at the time of data collection and were willing to response to the questionnaire. Moreover, the study was conducted at a very short period of time. So, the findings of this study may not reflect the exact scenario of the whole country.

5. CONCLUSION & RECOMMENDATION

Previously our oral examination was traditional, which was a subjective assessment tool, reliability of which was also poor, frequently students had to pay badly for the whims and biasness of the teachers, overall, the whole process of examination was unrecorded and unstructured; so, effective feedback was not possible. To overcome this situation, we have adopted the concept of SOE, where most of these drawbacks were tried to overcome but even then, some fit-falls and disadvantages present in this system. So, all teachers round the country don't practice this system uniformly. As per the findings of this study we can conclude that, considering the scholar opinion of medical teachers to overcome the ongoing problems in practicing SOE & if we can implement their valuable recommendations, undoubtedly our medical education will progress further by certifying more competent and safer doctor for ourselves and universe.

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