

On-site summative assessment to on-line formative assessment: performance, self-assessed performance, and perception of medical students

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Abstract

Background: on-site exams were readily replaced by mandatory online formative tests in our institution, during the COVID-19 pandemic. We investigated the performance of the students, their self-assessed performance, and their perception about the switch from on-site summative to on-line formative assessment.

Summary of work: all medical students from Years 2 to 5 (n=648) were included. Settings: every test could be taken online two or three times. Students had been asked to estimate their scores before the actual scores were made available. Detailed feedback was then given at the end of the test-taking window. An online survey was also conducted among students about their perception regarding the reorganization of the curriculum activities during the pandemic.

Results: formative assessment tests included 2385 examinees, for 3197 attempts. Among the examinees, 30.8% made at least two attempts. Scores increased significantly at the second attempt (median 9.4, IQR 10.8; scale from 0 to 100), and the duration of the attempt decreased (median -31.0 min, IQR 48.0 min). More than half of examinees (54.6%) underestimated their scores, with a higher proportion of women when compared to men, while performers tended to overestimate their scores. A large majority of students (87.9%) approved the switch to online formative tests. Students mostly reported a decreased level of stress, but also a decrease in motivation for learning.

Conclusions: medical students welcomed the switch from on-site summative to on-line formative assessment. Although they seemed to benefit from detailed feedback for a second test attempt, a relatively low proportion of them took this opportunity. This might be related to their reported decreased motivation for learning.

Take-home message: a switch to remote assessment is not a simple change of format, but a change of paradigm, in which side effects should be carefully monitored.

References (maximum three)

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