*Ethical Viewpoint Paper***Incorporating 360° assessment in the classroom**

Princy Louis Palatty

Professor and Head, Department of Pharmacology, Amrita Institute of Medical Sciences, Kochi

Corresponding Author : Princy Louis Palatty**E-mail:** drprincylouispalatty@gmail.com**Introduction**

It is an accepted fact that assessment drives learning. So, no curriculum, worth its salt, is incomplete without assessment and evaluation. These two words although unwittingly used synonymously, is in fact very different: assessment is the quantified data gathered of a learning experience [1].

Evaluation is the judgment of the gathered data. (at the simplest definition).

The arena of medical education is most challenging as the multifaceted incorporation of all the three domains i.e., cognitive, psychomotor and affective [2].

The assessment and learning experience have to be synchronised [3].

Although, every aspect taught to the medical student should be evident in his professional behaviour. This sets out a problem in assessment that belongs to the affective domain. The paradigm shift of the ideology of medical education from 'knowledge acquisition' to the present been a welcome change. 'competency', based has to 'problem solving' [4].

Reset physician training on the right track.

The inclusion of bioethics in medical curriculum is a rhetoric.

Assessment technologies are ever increasing and gaining infective at the stage of curriculum designing right from identifying the desired, accordingly choose in the assessment strategy and design the teaching learning experience. The wide array of assessment tools are listed vide table 1 [5].

Table 1

Bioethics assessment strategies		
Knowledge	skill	Attitude
Paper based standardised	OSE	portfolio
Lists	Case based theories	Milestones
MCQs	Simulator	360 degree review
AG	Observed clinical	Patient opinion
Assignment	encounters	Critical incident reports
Case scenario analysis		Review professional laps
		Review patient
complaints		Patient opinion
		Self administered rating
scale		

It is beyond the scope of this article to review each assessment strategy but will focus on the 360 0 multisource feedback assessment strategy. This technique has been quickly adopted right from bringing influence approaches to the health care industry

What is 360° assessment ?

It is based on actual behavior in a clinical setting which includes multiple sources of information. Assessments completed by many people using checklists or rating scales to assess various competencies; evaluations are summarized to provide anonymous feedback.

- It provides information on overall practice patterns
- Communication, interpersonal skills and professionalism are assessed
- Reliability is better

Table 2

Goal of 360 feedback:

- To provide physician with broad based feedback [6]
- Facilitate development of insight, focusing development and future initiative

Table 3

Impact of 360 degrees feedback

- Improved quality of care provided
- Quality improvement initiatives [7]

Table 4

Advantages

- Multiple stakeholder assessing
 - Comprehensive review
 - Aspects hitherto unassessed
- Attitude
 - Communication
 - Inter personal skills
 - Team work
 - Clinical acumen
 - Synthesis and application
 - Need based
 - Cost effective

Table 5

Challenges

- Inescapable paradoxes
- Roles
- Group performance
- Measurement
- Rewards

The multidimension of expected behaviour of the 'physician', leaves a lot to be described on the highly subjective assessment strategy of affective domain [9].

In psychometrics, predictive validity is the extent to which a score on a scale or test predicts scores on some criterion measure. For example, the validity of a cognitive test for job performance is the correlation between test scores and, for example, supervisor performance ratings [10]

Content validity is an important research methodology term that refers to how well a test measures the behaviour for which it is intended. For example, let's say your teacher gives you a psychology test on the psychological principles of sleep [11].

Construct validity is "the degree to which a test measures what it claims, or purports, to be measuring." ... Modern validity theory defines construct validity as the overarching concern of validity research, subsuming all other types of validity evidence [12-13].

Even, if the high scores are achieved it cannot predict the continued use of ethical principle, in professional life. Knowledge and awareness does not predict the use of ethical principle in all professional interactions [14]. The Millers pyramid of learning shows the levels of psychomotor and affective domains. Vide table 2 and 3. These levels are easier to assess at its lower levels but of herculean proportions towards the top [15].

Table 6

CREATING	Proficiency leads to innovation
EVALUATING	Making judgements
ANALYSING	Breaking the concept into parts and understand how each part is related to one another. Understand and clarifies
APPLYING	Use the knowledge gained in need
UNDERSTANDING	Making sense of what you have learnt
REMEMBERING	Recalling relevant knowledge from long term memory

The novel and varied assessment strategy serve to achieve a valid and reliable assessment in medical education. This is more easily achieved. But in the area of ethics and professionalism there is still no wholesome assessment tool [16].

Incorporating the 360° in assessment in to the classroom, is indeed relevant. Intentionality or understanding by design is a catchword among educationists. If the physicians are being assessed continually by the 360 system, it is only appropriate to incorporate, in the curriculum for medical education, itself at the beginning [17].

The resource framework of implementing this is an ordinary task and involves dialogues and networking. This simplified flow chart is listed in table 7 [18].

Table 7

- Steps 360 degrees assessment
- Role identification
- Competency identity
- Assessment 360 administer to various roles
- Self analysis
- Gap analysis
- Home lacking skills
- Quality health care delivery

This is calculation can include a 12 item or even 8 dimensions assessment chart. A maximum of 6-8 rates can be randomly selected by the audience heads and coordinators [19].

At the first year of MBBS students would require rating such as Anatomy/Biochemistry/Physiology, Pharmacology, Pathology, Microbiology and Forensic Medicine

Table 8

Faculty (1 senior, junior)
Peers (4 classmates)
1 attender, 1 clerk/secretary)
Ancillary staff (2)

The third and fourth year, will have a rater list similar to the residents. A clarification about students having accountability and responsibility in observing this function, is questionable. It suffices to say, that even their perspective is important.

At the end of this evaluation by various rates, the examiner, himself should give a self-appraisal, using the same form [20].

This leads to quantifying the 'gap analysis' and initiative for honing special skills and attitudes can be undertaken.

The impact use of this early incorporation makes the learning mandatory due to its importance being given in the assessment. In some this would become second nature, indicating internalisation. Moreover, this teaching increases the likelihood of a decent behaviour.

Status of tool

Among the presently available tools this tool is widely acceptable despite feasibility issues. Studies have shown the positive correlation of such assessment technique adopted early. Another inescapable factor is that the transition of the medical student into the physician would be smoother in the real time context. The students adopt the right behaviour early end, be aware of expectations, this delivering the necessary outcome.

The choice of assessment technology keeps widening and forays into new areas find the panacea, ailing assessment. A continued 360° assessment and predetermined intervals would maintain conformity and uniformity. A record of all the feedbacks in anonymity helps to force a review oneself and rest the standards to be achieved.

Portfolio

Learners record their experiences, their self-assessment of the experiences and define and update learning goals.

Portfolio Advantages include:

- Includes a variety of supporting documentation reviewed periodically by supervisor/program director
- Can sample a large breadth of content areas
- Promotes self-assessment and goal-setting
- Can identify areas of deficiency in individual experience and program design
- Can assess progress over time
- Based on experiential learning principles [21].

Milestones

The Accreditation Council for Graduate Medical Education (ACGME) introduced the milestones as a means to track progress and skill acquisition in residency training.

The milestones describe a developmental progression of observable behaviors within a set of previously described core competencies. Residency programs can use the milestones to provide more specific feedback and evaluation to residents, ensuring that they acquire the necessary knowledge, skills, and attitudes for advancement within their programs entrance into independent practice. The ACGME would use program performance on the milestones for accreditation decisions.

This relative new concept assesses also the aspirational level.

It conglomerates the development of learning at every level and each domain leading to enhance likelihood of the certainty of learning [22].

Conclusions

The incorporation of 360 assessment is a early adoption, that sets out clearly the expected outcomes. The feasibility issue is a major challenge but it can be surmounted with appropriate management. The intentionality allows for reiterating the expected skills and attitudes.

The importance given to assessment of a certain skill/behaviour also responsible for heightening its relevance.

The 360° assessment can reasonably assess the affective domain learning i.e., bioethics, communication too, is the focuses, specific personally interactive feedback. This 360 degrees multi source feedback is being piloted by the authors and results shall be presented and published in due course.

The concept of portfolio and milestones can be added to 360 degrees assessment with the room for undergraduate students' wholesome assessment [23].

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