Dear Sir,

I have read with interest the Letter to the Editor by Awad M. Ahmed et al.1 It is true that Multiple choice questions (MCQs) have become a popular tool of evaluation among educators in the medical profession. We know that central to effectiveness of MCQs is the ability of the educator to construct the questions based on criterion or norm references, serving goals and strategies of curriculum. Now there are 23 schools of medicine in Sudan, 20 of them established in the last 8-9 years. In this letter the number of teachers asked in the pre and clinical level was 60; the sample size seem to be small, assuming that the average number of staff in each school is 40 (40 x 26 = 1040), it means the sample was 5%. The authors stressed mainly 2 problems related to the role of MCQs as an evaluation tool. 1) Student related problems and 2) Teacher-related problems. In general, the student related problems of MCQs such as (language constraints, secrecy, technical, cheating etc.) are all well recognized and shared among most of the schools in many countries. The 2nd problem is a teacher related one. I do believe that is the one we should focus on. In Sudan, the majority of these newly established schools of medicine are severely under staffed and depend greatly on part timers from other schools or Ministry of Health Staff. They are lacking the commitment, and most of them are not prepared for educator tasks and have very little experience in medical educational concepts. With all these constraints and limitations, the MCQs effectiveness and efficiency can be compromised. Perhaps all the problems of construction of MCQs eg. improper wording, difficulty in writing, ambiguity and confusion etc. are solvable if each one of these schools appoint a good core number of permanent staff. They should be well prepared for their tasks by intensive courses in different aspects of medical educational concepts. With all these constraints and limitations, the MCQs effectiveness and efficiency can be compromised. Perhaps all the problems of construction of MCQs eg. improper wording, difficulty in writing, ambiguity and confusion etc. are solvable if each one of these schools appoint a good core number of permanent staff. They should be well prepared for their tasks by intensive courses in medical education concepts, programs and evaluations to strengthen their educational abilities. Such an acquired skill is necessary to enhance the MCQs effectiveness as a tool of evaluation. Other points I would like to stress are, that mastering MCQs construction and understanding its goal can not obviate the need for essay questions which are now widely accepted as modified and short essay questions in many of the medical institutes to bridge the gaps of MCQs.

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Reply from the Author

It is not strange to find Professor Elbagir Elfaki giving our article serious thought as he has been involved deeply in different aspects of medical education in Sudan for the last 20 years. We are happy that our article stimulated him. Assessment of the various evaluation procedures is as important as teaching students. With the rapid founding of medical schools in Sudan, there is a great need to assess the evaluation systems to assess the products of these schools. Among the 22 medical schools in Sudan, our study involved only the fewer ones cited at Khartoum, so a sample of 60 teachers seems reasonable for a critical analysis of the state of evaluation in these schools. The current problem of understaffing is due both to the proliferation of schools and to the mass migration of experienced staff after 1990 due to economical and political reasons. However, the examinations in the new schools, both written and clinical, are conducted with the help (or guidance) of the experienced staff from well established schools of the Khartoum and Gezira Universities. At the present time, the Education Development Center for Health Professionals (of the Khartoum Faculty of Medicine) is playing a great role in training the staff of the new schools through frequent and intensive courses in different aspects of medical education (including evaluations). Of course, short essay (modified questions) with specific answers of a few lines, a phrase or even one word should persist (but not the traditional long essay!). In addition to testing abilities like organization of ideas and self expressions,2 they are useful when we need to analyze controversial clinical situations where no single answer is agreed upon as the “most correct”.

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References

2. Elstein AS. Beyond MCQs and essays. The need for a new way to assess clinical competence. Acad Med 1993; 68: 244-249.