



Deanery Digests are short, plain language summaries of the Department of Education's research outputs. This Deanery Digest is based on the following: Sims, D. A., & Cilliers, F. J. (2023). Clinician educators' conceptions of assessment in medical education. *Adv Health Sci Educ Theory Pract*. doi:10.1007/s10459-022-10197-5

What do clinician-educators really think about assessment?

What is this research about and why is it important?

Assessment in the field of health professions, such as medicine, is of critical importance because it has implications for the public; for example, certification of health professionals as equipped for patient care. However, within health professions, little attention is paid towards the many health professionals who are involved in assessment – most of which are unlikely to have formal educational qualifications. This study explored the different ways clinician-educators experience and understand assessment.

What did we do?

Thirty-one clinician-educators responsible for assessment practice in their clerkships (clinician rotations) in undergraduate medical programmes were interviewed, across three contexts: two in South Africa and one in Mexico.

What did we find?

We found four ways in which clinician-educators experience and make sense of assessment. These ways of thinking can be thought of existing along a spectrum or hierarchy, from less to more sophisticated understandings.

- The first, the “**passive operator**”, describes clinician-educators who perceive assessment very negatively, as an additional burden that is dumped on top of their clinical responsibilities. Their primary professional identity is clearly that of a “clinician”. They are not invested in their assessment practices and maintain status quo practices. They see their role in assessment passively, as an administrator or technical operator on the side, who is simply required to coordinate assessment and record a grade for each student for their course. Assessment has no real meaning in terms of learning.
- The second, the “**awakening enquirer**”, refers to clinician-educators who, while continuing to practice assessment in the ways in which they have always been practiced, are starting to question whether this is really the best way to do so. They have a sneaky suspicion that perhaps their assessments are ineffective but are unsure what else they could be doing. Instead, they often rely on other colleagues, who may have some additional assessment experience or training which they lack. They do believe that assessment could impact on student learning and would like to improve their practices but are unable to do so themselves. These individuals were still battling to reconcile potential conflicting professional identities, that of being a clinician versus an educator.
- The third, the “**active owner**”, describes clinician-educators who viewed assessment positively because they understand that assessment serves various purposes, ranging from

decision-making to competency development. They see that assessment can have long-term impacts on students, as it shapes them as future health professionals. They believe that their assessment is accountable towards all key stakeholders: students, the institution, the professions, and the public. They display a level of assessment literacy, feel more confident, and are in control of their assessment practices; they are not afraid to innovate their practices. Their professional identity is a more harmonious, dual clinician-educator; they see their role as a facilitator of learning.

- The fourth and final, the “*scholarly assessor*”, refers to clinician-educators who possess an overarching philosophy of assessment: assessment should drive lifelong learning and continued professional development – not just for their students, but for themselves, their programmes, and the field more broadly. These individuals use assessment theory and evidence to inform their assessment design and implementation. They may also be involved in assessment research and leadership, guiding their colleagues in best practice.

What does it all mean anyway?

This work was the first from contexts of the global South that described the varied ways clinician-educators experienced and understood assessment. These findings are significant because they both encompass previous research on ‘conceptions of assessment’, from basic and higher education levels, different disciplines, and geographic locations, but extend theory through the detailing of the dimensions (descriptors) of these conceptions and their organisation (logical hierarchy).

When it comes wanting to enhance assessment practice in the health professions fields, we cannot ignore the different conceptual starting points of those involved in practicing assessment – and their potential influences on assessment practice. Future research will explore if these varied understandings can be changed, and if changing them can improve resultant assessment practices – and outcomes (e.g., student learning and patient care).

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