#### **ORIGINAL ARTICLE**

# Students' perception about 'Model Answer' method as a reflective tool for assessment & teaching-learning in Forensic Medicine

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#### Abstract

Assessment is an integral part of the curriculum and it is always being attempted to connect teaching with learning. Formative assessment has been established as the best way to monitor a student's progress during the learning process. The essence of assessment is the purpose for which an assessment is done. Formative assessment is formative only if the teacher provides feedback to the student. Assessment without feedback may be a lost opportunity for a student to understand and correct the mistake. Challenges have also been perceived previously for providing feedback. Simply providing unstructured feedback might not ensure student's proper understanding of their use as desired by the teacher. The department of Forensic Medicine and Toxicology at our institute practices 'Model Answer' method to provide structured feedback following each formative assessment of medical students for the past few years. The model of 'model answer' used in this study differs from the previously suggested models with few modifications such as it is completely structured, enriched with specific and elaborative feedback and following up the assessment as early as possible. This study is an effort to note the perceptions of students about the effectiveness of the method. Most of the students agreed that this method helped them to learn from assessment, clarify concepts, to discuss commonly occurring mistakes, to learn from other's mistakes, to improve their writing skills, to identify their mistake and understand the appropriate response with reasons. Furthermore, they agreed that the method provided an opportunity for discussion and hence it leads to transparent and unbiased assessment. Structured feedback is essential to inform students about what they are doing well and what requires improvement. The structured model answer method with feedback may create a culture which includes an assessment for learning.

#### Keywords

Assessment; Feedback; Medical education; Model answer; Teaching-learning

#### Introduction

In medical education, the use of formative assessment for improvement in instructional practices and student performance has always been of concern. Best way to monitor students' progress during the learning process is formative assessment.<sup>1, 2</sup> Formative evaluation is differentiated from formative assessment in the evaluation of assessment-based evidence to provide feedback to and inform teachers, students, and educational stakeholders about the teaching and learning process.<sup>2</sup> Assessment drives learning is a universal fact and teaching-learning is always attempted to connect with an assessment.<sup>3</sup>

Recently, many suggestions prompted to drift the stream from 'assessment of learning' towards 'assessment for learning'.<sup>4, 5</sup> It clarifies to move away from the sole dependence on strong testing at the end of a period of learning, towards multiple moderate assessments throughout the period of learning

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Received: 26<sup>th</sup> August, 2020; Revision received on: 6<sup>th</sup> May, 2021 Accepted: 13<sup>th</sup> May, 2021 combined with rich feedback.<sup>4</sup> Assessment for learning approach gives the learner enough opportunity to learn and improve before the final assessment of learning.

A vital part of the assessment is the purpose for which any assessment is done. However, a test that was designed to give formative feedback exists as formative, only if the teacher uses it to provide feedback to the student.<sup>2</sup> Assessment without feedback or unstructured feedback would wipe out the essence of 'assessment for learning'. As a consequence of this lost opportunity for correction, the student may end up making similar mistakes in subsequent assessments.

No transition is easy ever. Challenges have been faced while changing to the 'assessment for learning' culture.<sup>4</sup> The utility for feedback can be measured by the relevance of time when the feedback is given, and the level of receptivity of the participants for the feedback. Simply providing unstructured feedback after assessment might not ensure students' proper understanding that they would use it appropriately as desired by the teacher. At the same time, there are studies documenting the difficulties encountered in using 'feedback' in formative assessment.<sup>4,6</sup>

The department of Forensic Medicine and Toxicology practices 'model answer' method to provide structured feedback following each formative assessment of undergraduate medical students for past few years. This article is an effort to document the perceptions of students about the effectiveness of the model answer feedback method where structured feedback is provided to them after a formative assessment.

#### **Materials and Methods**

#### Preparation of 'Model Answer'

The discipline of Forensic Medicine and Toxicology is taught to undergraduate medical students in their second year of MBBS (Bachelor of Medicine and Bachelor of Surgery) curriculum for a duration of one and a half years in India. The department of Forensic Medicine and Toxicology at our institute, conducts a total of five formative assessments in this period. For the past few years, the activity of providing structured feedback is being practiced in the department. Following each theoretical examination, faculties prepare an answer to each question which was asked in a structured manner in well advance and that too validated internally. Score distribution of all structured questions and average expectation level from students are considered while preparing this model answer. It is then reviewed by peers and if required, changes are made to finally devise 'Model Answer' for particular question paper following discussion among faculty and peer.

# Application of 'Model Answer'

Faculty assesses and scores for all answers in the assessment sheets of students, considering the content of answer and score distribution keeping the 'model answer' as a reference. The mistakes in answers are highlighted to draw attention. Faculty notes down the commonly made mistakes within the answers of students and captures some images of them keeping confidentiality and anonymity. After scoring all answer-sheets, the faculty proceeds to arrange a session with the students to display and discuss model answers in detail and the mistakes committed by them. Assessment of answer sheets is done as soon as the exam is over. The session for discussing 'model answers' and giving constructive feedback is also arranged as early as possible following the assessment.

In this session, the students are briefed about the method and are provided with their respective assessed answer-sheets. Faculty then displays the model answer for each question one by one using an audio-visual aid through a power-point presentation (PPT). Display of each answer is accompanied with a detailed feedback from the faculty regarding 'what to write', 'how to write' and 'what not to write' in response to the particular question asked, with justifications for the same. Students are then instructed to verify their score distribution for a particular answer according to the displayed model answer. Captured images demonstrating the common errors committed by students pertaining to any particular answer are displayed in PPT keeping the anonymity of the students. These common mistakes are also discussed to bring clarity of concepts. Additionally, the students are guided on appropriate application and utility of figures, graphs and pictures in the answers. Importance of legible handwriting is also emphasised upon in general. The same way all the questions in the paper are taken up and discussed one after the other by the faculty.

By providing a very conducive, non-threatening and healthy environment, all students are then given equal opportunity to inform faculty about any ambiguity they find in model answers and/or in score distribution or marking of their answers that are contrast to the model answer specified, or any unchecked answers or totalling errors, if any. All rational errors are then corrected and updated appropriately by the faculty.

# Collection and analysis of the student's perception of the study

After the approval from the Institutional Ethics Committee, the study was conducted in our institute which is designated by the Medical Council of India as the Nodal Centre for National Faculty Development Programme in India. Participants were undergraduate medical students who had completed their second year in profession and had experienced the 'Model Answer' part of formative assessment and feedback method during their term with the Forensic Medicine and Toxicology department.

The participants were briefed about the study objectives "understanding perception about the model answer feedback method's effectiveness" as they had experienced it first-hand. They were explained that participation was voluntary and anonymous responses only were sought for in the survey. Since no personal identifiers were sought from the students, they were asked to respond freely and fearlessly to the survey.

Following a briefing about the study purpose and process, the anonymous questionnaire sheet was handed over to the volunteering participants to elicit their perceptions. The response sheet consisted of fifteen questions about various key aspects of the model answer method. These feedback questions were consensually agreed upon by the peers before administration. Students were instructed to indicate their choice for all fifteen questions by ticking the most likely alternative out of strongly disagree, disagree, neutral, agree, strongly agree for all the questions. In order to maintain anonymity, the filled responses were collected from the students by an office help who had no involvement in the study.

Data collected from students were analysed using the STATA 14 (Statistical software package created by Statacorp). Exploratory data analysis was done to understand the distribution of responses. The responses were clubbed in major domains from the questionnaire (learning from assessment, the process of assessment and facilitation and expectations) and responses collected on the five-point Likert scale (strongly disagree, disagree, neutral, agree, strongly agree) were merged to

disagree, neutral and agree for analysis and presentation purpose.

# Results

All 86 students who were present on the day of the survey from a batch of 97 students, voluntarily participated and responded to the questionnaire about their perception on the 'Model answer' feedback method. There were 54 female participants. There were no statistically significant differences observed in the distribution of the frequencies in the table across gender (p>0.05). Other results have been tabulated (Table 1).

S. No.	Statements	Agree		Neutral		Disagree	
		N	%	Ν	%	N	%
	Learning from assessment						
1.	It generates my interest in learning.	77	89.53	7	08.14	2	2.33
2.	It assists me to clarify the concept being assessed.	75	87.21	9	10.47	2	2.33
3.	It helps me to improve writing skills.	74	86.05	10	11.63	2	2.33
4.	It helps me to identify my mistakes.	77	89.53	6	06.98	3	3.49
5.	It is useful to me to learn from others' mistakes and discussion over it.	67	77.91	16	18.60	3	3.49
6.	It is useful to me to enhance learning.	67	77.91	18	20.93	1	1.16
	Process of assessment						
7.	It is useful to me to verify distribution of obtained score for each answer.	71	82.56	12	13.95	3	3.49
8.	It is useful to me to verify error in total score.	67	77.91	15	17.44	4	4.65
9.	It is useful to me to verify unchecked answer if any.	67	77.91	19	22.09	0	0.00
10.	I get equal opportunity among plenary for verification, discussion & clarification of doubts with faculty.	66	76.74	13	15.12	7	8.14
11.	It makes an assessment transparent.	63	73.26	21	24.42	2	2.33
12.	It provides me a satisfaction of an assessment.	62	72.09	21	24.42	3	3.49
	Facilitations and Expectations						
13.	Faculty take interest and help sufficiently.	71	82.56	13	15.12	2	2.33
14.	It helps me to improve performance in subsequent assessment.	77	89.53	7	8.14	2	2.33
15.	I look forward to have more of this in other disciples.	73	84.88	12	13.95	1	1.16

#### Discussion

Use of formative assessments in the classroom directly resulted in marked changes in educational outcomes as seen from the study by Dunn et al.<sup>2</sup> Assessment without feedback is likely to wipe out the purpose of assessment for learning.<sup>7-9</sup> One decade ago, a consensual framework for good assessment was developed at the Ottawa Conference for "Assessment of Competence in Medicine and the Healthcare Professions."<sup>10</sup> The framework for single assessment identifies construct validity, reproducibility, equivalence, acceptability, feasibility, educational benefit and timely feedback as key elements. This approach motivates learners and provides educators with the opportunity to drive learning through assessment.<sup>11, 12</sup> Feedback after the formative assessment is considered as a reflection of assessment and also a good method of teaching-learning.<sup>9,13,14</sup>

Challenges have been perceived while transiting from the traditional assessment 'of' learning culture to an assessment 'for' learning.<sup>4</sup> Simply providing unstructured generic feedback after assessment does not ensure that the students would have understood their shortcomings and will improve upon it the next time. At the same time, difficulties have been faced in using feedback for formative assessment.<sup>4,6</sup> Formative feedback is defined as information communicated to the learner that is intended to modify the learner's thinking or behaviour for the purpose of improving learning.15 Another challenge is a hindrance to being receptivie to the feedback. Despite the best efforts of medical educationalists, there is evidence of dissatisfaction for the quality and effectiveness of feedback that students received.<sup>16-18</sup> One study remarked students generally perceived that they haven't received any in-depth feedback or just had it within a line or just had ticks all the way through. Thus, it is questionable they could use such feedback to improve performance. The same study also noted recommendation from students for the provision of generalised group feedback while personalised feedback was difficult to achieve.<sup>12</sup> Quality of feedback is compromised when it is either vague with ambiguity, or negative, or too late to be useful or out of context.19-21

Many studies have suggested different criteria for effective feedback.<sup>22-24</sup> Over the past few years, medical education has witnessed a profound use of rubric i.e. set levels of criteria that teachers often use to assess or evaluate students' work.<sup>25</sup> Their disadvantage is they can be vague and might be perceived as difficult to understand by the students.<sup>26</sup> In a few instances, exemplars were used as feedback; which are examples of exemplary writing selected from students' assignments which seemed to be providing incomplete information. One potentially a holistic approach, suggested by Huxham, is the use of model answers.<sup>27</sup> He defined model answers as ideal responses, which would receive full marks, generated by the tutor and distributed identically to all students involved in an assessment.<sup>27</sup> It would allow students to know what the final piece of writing should look like.

A quantitative synthesis of the research and literature review is still lacking for the use of model answers in medical education, especially in the subject of forensic medicine and students' perceptions towards that. The usefulness of model answer and exemplars was demonstrated by a limited number of studies.<sup>27-29</sup> A large group of students can be addressed at once through model answers more feasibly as compared to individual comments. It shortens the duration of feedback. Also, by eliminating individual feedback, it eliminates negative feedback and its consequences. It requires students to divulge into active engagement with feedback and compare their work with the model answer which satisfies important criteria of effective feedback. Furthermore, the model answer explains the structured marking criteria, hence clearly demonstrates the desired standard.

The model of 'model answer' used in this study differs from the standard model answer as suggested by Huxham<sup>27</sup> with few modifications such as it is completely structured, rich with specific and elaborative feedback, following the assessment as early as possible. It discusses commonly occurred mistakes, suggests an improvement in writing skills, allows the student to identify their mistakes and understand the appropriate response with reasons. The method provides an opportunity for discussion and hence it leads to transparent and unbiased assessment.

Formation of the key for the assessment involves the adoption of different approaches by the teachers over the period.<sup>26,30,31</sup> Among them, the 'product-oriented approach' mainly focused on the content which emphasizes on the correctness property and the 'process-oriented approach' involves the stages of writing, which are illustrated and practised from generation of ideas to compilation, through a series of activities which include planning, gathering information, drafting and revising.<sup>30</sup> In his research, Tangpermpoon suggested that the best teaching practices, however, involve a combination of both product and process approach.<sup>31</sup> Our method of the model answer in the current study adopted both the aforesaid approaches in a way as it describes 'what to write' (product-oriented) as well as 'how to write' (process-oriented) for each question in focus.

Elaboration of feedback following the model answer should be different for various types of question. In short answer question, the model answer is standard and it is understood by students in a simplified manner until required to be explained otherwise. For multiple-choice typed question, while the model answer is showing the only correct answer, the feedback should include the reason being it as well as the reasons for ruling out remaining options i.e. distractors. The model answer serves the purpose only if it is validated and structured for essay typed questions which allow students to compare the small elements of their answers with those of model answers.

Many researchers expressed students' dissatisfaction towards lack of timeliness, consistency and poor quality of the feedback

they received.<sup>32,33</sup> The requirement of timeliness of feedback has been validated via literature review as well.<sup>34</sup> Immediate feedback is a tool for effective feedback. It provides an opportunity for the students to improve in subsequent assessment tasks and it also acts as a form of reassurance.<sup>35,36</sup>

Challenges have been perceived with feedback practices.<sup>37</sup> When students are either not given feedback or it is given in an unstructured manner, it leads to the repetition of similar mistakes in subsequent assessments. It was perceived by students in a previous study that vague rubrics lead to variation in marks scored.<sup>12</sup> It suggests the requirement of structured model answer. In the feedback method adopted here, the mistakes are discussed properly and corrected, reducing chances for further repetition considerably. As a faculty who took the students through this process, we felt that the students benefitted well from the process and it helped the students understand their mistakes and correct them in time. This belief of ours is also endorsed by the responses of the students. (Table 1) Students also agreed about learning concepts from others' mistakes shown and discussed in plenary. Hartley et al. in their study revealed that misunderstanding the context of the question (what is being asked in the question) was one of the potential reasons for poor scoring. <sup>17</sup> The model answer would be potentially enabled to eliminate such general mistakes in subsequent assessments as they are discussed in plenary with a focus on understanding the context.

Meticulous observation is required for accurate evaluation and feedback. There are lesser chances of favouritism or assessor bias in this method as whatever bias is there (if at all) would be exposed when the students critically review their assessed sheets against the consensually agreed-upon model answer.

Black and William in their extensive review of the literature reported that feedback focused on the task, rather than the self, is generally more effective.<sup>38</sup> Here, the model answer is task-focused while individual feedback may be interpreted by students as more personal. The task-focused feedback such as model answer method enhanced students' performance in subsequent assessments. As model answer addresses the mass of students, it lacks the advantage of individual feedback. However, by careful observation during the assessment, common mistakes of students can be addressed and discussed. It might be perceived as lacking personal empathy and guidance when compared to individual feedback.

An appropriate model answer with rich feedback satisfies the key components of effective feedback namely observation of performance, evaluation of performance, guidance to the next level of performance and facilitation of performance improvement.<sup>33</sup> In short, the model answer method involves formal, constructive and formative feedback.

Although the process of preparing a model answer for the

assessments done is tasking on the faculty in terms of time invested and efforts put to make things crystal clear to the students, the efforts are worth it as witnessed the students improving their knowledge through the process. The ultimate objective is to make our students competent. Through this method, we found that it helps enhance the understanding of Forensic Medicine. The application of this method might be helpful in many other disciplines by the efforts invested by the faculty in the process.

Although any transition is never easy, it is the need of the hour to align our assessment to the objective of having a competent student at the end of the medical curricula. If we want good learning to occur, the assessment needs to be 'for' learning rather be 'of' learning when there are opportunities for correction i.e. formative assessment. Providing appropriate feedback with rational explanation timely enhances learning as observed in our study. Also, the students are receptive to feedback when it is maintaining confidentiality, at the same time providing insight on how better the questions could be answered. The transparency in the method of the model answer feedback method enhances the confidence of students in the faculty and also promotes a healthy and non-threatening ambience for learning.

# Conclusion

Emerging issues with regard to the assessment of students include transparency, relevance, fairness, specificity, being meaningful and timely feedback of the assessed tasks. Students as important stakeholders should actively seek information and feedback to support their learning. Educators need to utilise the assessment framework effectively in the development of assessment tasks in order to encourage learning and keep the students engaged. Feedback provider should discuss and direct students about what should be the next target level as well as how to get there. Structured feedback is essential to inform students about what they are doing well and what requires improvement. The structured model answer method with feedback is perceived by the student as the answer to that. This method is one of the steps for creating a culture that promotes reflection and goal setting, so learners may monitor their progress systematically. Model answers with a rich feedback method gained considerable receptivity to students in Forensic Medicine. It emerged as a useful reflective tool for assessment as felt by the faculty and based on the students' feedback. A current need of change in culture which includes assessment for learning would be satisfied on larger scale through model answer method.

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