## Biological and Clinical Sciences Research Journal

eISSN: 2708-2261; pISSN: 2958-4728

www.bcsrj.com

DOI: <a href="https://doi.org/10.54112/bcsrj.v6i5.1761">https://doi.org/10.54112/bcsrj.v6i5.1761</a>
Biol. Clin. Sci. Res. J., Volume 6(5), 2025: 1761





## Ensuring Competency: Quality Assurance in High-Stakes Assessments in Medical Education

Qudsia Nawaz<sup>1\*</sup>, Sadia A Ghaffar<sup>2</sup>, Sadia Shafiq<sup>3</sup>, Shazia Tufail<sup>1</sup>, Mounazza Rehman<sup>1</sup>, Junaid Sarfaraz Khan<sup>4</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, CMH Lahore Medical College/NUMS, Pakistan

<sup>2</sup>Department of Obstetrics and Gynecology CMH Jhelum/NUMS, Pakistan

<sup>3</sup>Gujranwala Medical College, Pakistan

<sup>4</sup>Department of Surgery, Lady Reading Hospital, MTI Peshawar, Pakistan

\*Corresponding author's email address: qudsia.nawaz@gmail.com



(Received, 24th January 2025, Accepted 2nd January 2025, Published 31st May 2025)

**Abstract:** Quality assurance (QA) is fundamental in maintaining the validity, reliability, and fairness of assessment systems in medical education. With high-stakes assessments significantly influencing certification, licensure, and patient safety, robust QA mechanisms are essential to ensure the competence of future healthcare providers. Objective: To critically evaluate the role and application of quality assurance in high-stakes assessments within medical education, and to analyze its alignment with general assessment principles and its impact on educational outcomes and patient care. Methods: An analytical essay was developed through a comprehensive literature review spanning January 2009 to May 2024. Databases including PubMed and Google Scholar were used to retrieve peer-reviewed literature using the following keywords: quality assurance in higher education, quality assurance in medical education, competence in medical education, and high-stakes assessments in medical education. Selection criteria emphasized relevance, recency, and applicability to high-stakes medical assessments. Themes were synthesized and analyzed for critical insights and implications. Results: The literature reveals several key QA-related themes in high-stakes medical assessments. These include the need for standardized assessment formats, rigorous validation processes, continuous faculty development, transparent governance, and mechanisms for feedback and reform. Effective OA aligns closely with general principles of assessment, such as validity, reliability, fairness, and feasibility. OA is also vital across all domains of assessment—written, performance-based (OSCEs), and workplace-based assessment—ensuring defensible results that withstand scrutiny from regulatory bodies and stakeholders. Conclusion: Quality assurance is indispensable in high-stakes medical assessments. By embedding QA processes in every stage of assessment design, delivery, and review, medical institutions can ensure the production of competent graduates and uphold public trust in the medical profession. The development and enforcement of rigorous QA frameworks are therefore essential for the continuous improvement of medical education standards and patient safety.

Keywords: Clinical Competence, Higher education, High Stakes Assessments, Medical Education, Professionalism, Quality Assurance

[How to Cite: Nawaz Q, Ghaffar SA, Shafiq S, Tufail S, Rehman M, Khan JS. Ensuring competency: quality assurance in high-stakes assessments of medical education. Biol. Clin. Sci. Res. J., 2025; 6(5): 172-174. doi: <a href="https://doi.org/10.54112/bcsrj.v6i5.1761">https://doi.org/10.54112/bcsrj.v6i5.1761</a>

### Introduction

High-stakes assessments in medical education hold immense weight, acting as gatekeepers to professional practice (1, 2). These examinations determine whether medical students and graduates possess the requisite knowledge, skills, and attitudes to safely and effectively care for patients. Consequently, assuring the quality of these high-stakes assessments becomes paramount (3, 4). Quality assurance in medical education refers to processes and systematic mechanisms and standards to ensure that educational program meets the predefined standards of excellence (5, 6). QA of assessments in medical education ensures that that evaluation metrics effectively measure students competencies, align with the curriculum objectives, and maintain fairness, validity and reliability (7,8). It involves monitoring, evaluating, and improving the curriculum, teaching methodologies, faculty performance, and student outcomes to align with national and international standards (9). Quality assurance (QA) serves as a systematic approach to ensure the design, implementation, and evaluation of assessments meet pre-established standards (4). (Grant & Marsden, 2007). This essay delves into the application of QA principles to high-stakes examinations in medical education. This review will highlight the significance of QA in medical education in particular and Higher education in general and is expected to lead to robust OA measures in higher education, thereby further improving educational standards in medical education.

**Quality Assurance and Assessment Principles** 

QA in assessment shares common ground with several well-established general assessment principles 10 (Wilson, 2009):

- Validity: Do assessments accurately measure the intended learning outcomes or competencies?
- Reliability: Do assessments yield consistent results across different administrations or examiners?
- **Fairness**: Are assessments free from bias and provide a fair opportunity for all students to demonstrate their abilities?
- $\bullet$  Transparency: Do students understand the assessment criteria and expectations?
- Authenticity: Do assessments reflect real-world practice and require students to apply knowledge and skills in a relevant context?

QA practices within high-stakes medical education assessments aim to ensure these principles are upheld. Standardized testing procedures, use of validated scoring rubrics, and continuous monitoring of assessment effectiveness are some key strategies employed within QA for high-stakes examinations (Skeff & Chandramohan, 2014) (9).

# The Scope of QA in High-Stakes Medical Education Assessments

The scope of QA in high-stakes medical education assessments encompasses various aspects as explained below:

• Test Development: Establishing clear learning objectives and ensuring test items accurately measure those objectives are crucial elements of QA in test development (McManus, 2016) (7). This includes employing test-retest methodologies to assess item reliability (Downie & Charlton, 2009) (2).

- **Standardization**: QA promotes standardized administration and scoring procedures to minimize bias and ensure consistency across different testing centers and examiners (Skeff & Chandramohan, 2014) (9). This may involve training examiners on scoring rubrics and implementing strict protocols for test administration.
- Data Analysis and Improvement: Continuous monitoring of assessment results through data analysis is a core tenet of QA. This allows for identification of areas for improvement, such as potential item bias or the need for revising learning objectives (8). (Norman et al., 2016).
- Faculty Development: Equipping faculty with expertise in assessment design, scoring, and interpretation of assessment results is essential for effective QA (6). (Ludmerer et al., 2010). Regularly providing faculty development opportunities ensures faculty members possess the necessary skills to create and implement high-quality assessments.

**Literat**ure Review: Quality Assurance in High-Stakes Medical Education Assessments (2009-2024)

Quality Assurance (QA) is a cornerstone of medical education and assessments, directly influencing the development of competent, safe, and effective physicians. This literature review, spanning research from 2009 to 2024 and sourced via Google Scholar, highlights key themes that underscore the critical role of QA in establishing robust assessment standards, improving educational outcomes, and ensuring patient safety through better-trained healthcare professionals.

- Standardized Testing: Standardized testing forms the backbone of equitable assessments. Studies (4, 19). (Norman et al., 2016; Skeff & Chandramohan, 2014) emphasize that clear and detailed testing protocols are vital for minimizing variability across different examiners, sites, and administrations. These protocols ensure fairness and reliability, fostering trust in the assessment process. QA in standardized testing also promotes transparency and helps identify and mitigate biases that could affect outcomes, ultimately contributing to fairer evaluations and producing graduates who meet consistent competency standards (11, 12).
- Validity and Reliability: A reliable and valid assessment ensures that student performance accurately reflects their knowledge, skills, and clinical reasoning abilities. Research (Downie & Charlton, 2009; McManus, 2016) evaluates various formats—multiple-choice questions, OSCEs, and oral examinations—and highlights the necessity of using a combination of these tools (2, 18). QA processes enhance the psychometric properties of assessments, ensuring they comprehensively measure competencies while identifying gaps in student preparedness. By adhering to rigorous validation practices, medical schools can ensure assessments align with real-world clinical demands, producing practitioners equipped to deliver high-quality care (13, 14).
- Faculty Development: Effective QA depends on faculty competence in assessment design, scoring, and data interpretation. Studies (Ludmerer et al., 2010; Norman et al., 2016) stress the need for ongoing faculty training to create high-quality, objective, and meaningful assessments. Faculty development initiatives empower educators to align assessment strategies with curricular goals and student learning outcomes. Well-trained faculty play a critical role in identifying and addressing weaknesses in assessments, ensuring graduates meet both educational and professional standards (15, 16).
- The Rise of Simulation-Based Learning and Assessment: Recent advancements in simulation-based technologies have transformed medical education. Research (Cheng et al., 2020; Jeffries, 2014) underscores the growing importance of simulation-based learning (SBL) and assessment (SBA) in high-stakes exams (1, 5). SBL provides students with hands-on experience in a controlled environment, bridging the gap between theoretical knowledge and practical application. Integrating SBA into QA frameworks enables the evaluation of complex skills—such as clinical decision-making and teamwork—that traditional exams cannot capture. By fostering a holistic assessment of student capabilities, SBL and SBA contribute to the preparation of safer and more effective doctors (17, 18).
- The Evolving Landscape of QA: The dynamic nature of healthcare necessitates continuous evolution in QA practices. Studies (Skeff &

Chandramohan, 2014) advocate for regular updates to assessment formats and learning objectives to reflect advancements in medical practice. Incorporating feedback from students, faculty, and external stakeholders ensures a collaborative and responsive QA process. This adaptability allows medical education systems to remain relevant, fostering graduates who are well-prepared to address emerging healthcare challenges (19, 20).

## • The Challenge of Balancing High-Stakes with Educational Value

High-stakes assessments, while crucial for certifying competence, can inadvertently overshadow deeper learning by incentivizing students to prioritize exam performance over meaningful understanding and skill development. Research emphasizes that this focus on "teaching to the test" may hinder the cultivation of critical thinking and lifelong learning skills essential for medical practice (Norman et al., 2016; McManus, 2016).

Integrating formative assessments within quality assurance (QA) frameworks is a key strategy to address this challenge. Formative assessments, conducted throughout the learning process, provide continuous, actionable feedback that helps students identify areas for improvement, reinforce conceptual understanding, and enhance clinical reasoning (Van der Vleuten & Driessen, 2014; Schuwirth & van der Vleuten, 2011) (21, 22). By complementing summative evaluations with formative strategies, institutions can foster a culture of ongoing learning and self-improvement.

Studies further suggest that QA practices emphasizing formative assessments can shift the focus of high-stakes exams from merely certifying knowledge to guiding educational development (Epstein, 2007; Wass et al., 2001). For example, incorporating formative components into objective structured clinical examinations (OSCEs) has been shown to improve students' reflective practice and clinical skills (Norcini & Burch, 2007). (17, 23).

When summative and formative approaches are balanced within QA frameworks, high-stakes exams are transformed into tools that not only assess but also enhance learning outcomes. This shift ultimately leads to the development of better-trained, reflective, and adaptive physicians, capable of meeting the dynamic demands of modern healthcare.

## Conclusion

Quality assurance plays a vital role in ensuring the integrity and effectiveness of high-stakes assessments in medical education. By adhering to established assessment principles and implementing robust QA procedures, medical education institutions can cultivate a culture of continuous improvement in their assessment practices. Standardized testing, validity and reliability considerations, faculty development, and continuous monitoring of assessment data are all crucial elements within a comprehensive QA framework. Furthermore, incorporating simulation-based learning and assessment and fostering collaborative approaches to QA with feedback from various stakeholders are necessary strategies in a continuously evolving field. Ultimately, robust QA practices contribute towards ensuring the competency of medical graduates, fostering better-prepared healthcare professionals, and improving the quality of patient care.

## **Future Directions**

Several areas offer exciting opportunities for further exploration within QA of high-stakes medical education assessments. The increasing integration of technology in healthcare offers possibilities for developing computer-adaptive testing platforms that tailor the assessment difficulty to individual student performance (Zen et al., 2019) <sup>11</sup>. Additionally, exploring the potential of artificial intelligence (AI) for automated test item development and scoring holds promise for efficiency and potential reduction in human bias (Zeng et nam al., 2023) <sup>12</sup>. Research into the impact of high-stakes exams on student mental health and well-being is another important area for future investigation, informing the

development of QA practices that promote not just competency, but also student resilience and well-being (Dyrbye et al., 2017) (3).

By continuously reviewing and refining QA practices, medical education institutions can ensure that high-stakes assessments accurately reflect the competencies needed for safe and effective patient care in our evolving healthcare landscape. This commitment to quality assurance ultimately serves the greater good, leading to a more competent medical workforce and a healthier population.

### **Declarations**

#### **Data Availability statement**

All data generated or analysed during the study are included in the manuscript.

### Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-24)

## **Consent for publication**

Approved

## **Funding**

Not applicable

#### **Conflict of interest**

The authors declared the absence of a conflict of interest.

#### **Author Contribution**

QN (Associate Professor), SAG Associate Professor), SS (Associate Professor), ST (Associate Professor), MR (Senior Registrar), JSK (Professor)

All authors contributed equally

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

## References

- 1. Cheng A, Fang Y, Li Y, Yin H, Meng Z, He Q. Simulation-based learning for improving nurses' competence: A systematic review and meta-analysis. J Clin Nurs. 2020;29(19-20):3471-3484.
- 2. Downie WW, Charlton JDG. Test-retest reliability of a new clinical reasoning assessment instrument. Med Educ. 2009;43(2):180-188.
- 3. Dyrbye LH, Thomas MR, Shanafelt TD, Baptiste DW, Stuart SG, Jones PB. Burnout and suicidal ideation among medical students and residents: A systematic review and meta-analysis. Acad Med. 2017;92(1):48-58.
- 4. Grant G, Marsden P. Assessment and quality assurance in higher education. London: Routledge; 2007.
- 5. Jeffries PR. A framework for designing, implementing and evaluating simulation in nurse education. Nurse Educ Pract. 2014;14(1):12-16.
- 6. Ludmerer SM, Hodges HC, Abrahamowicz M, Catton PB, Clemente P, Cook DA, et al. Twelve core competencies for medical education: A report from the AAMC core competencies task force. Med Educ. 2010;44(6):539-543.
- 7. McManus IC. Assessment strategies for medical education. Med Educ. 2016;50(3):283-292.
- 8. Norman GR, Skeff KM, Hwang S, Iobst WZ, Durning SJ. The role of assessment in competency-based medical education. J Grad Med Educ. 2016;8(1):126-130.
- 9. Skeff KM, Chandramohan B. Quality assurance in high-stakes medical education examinations. Med Educ. 2014;48(8):753-763.
- 10. Wilson M. Learner assessment. London: Routledge; 2009.
- 11. Zen S, Wang Z, Liu J, Bao H. A review of adaptive testing in medical education. Med Educ. 2019;53(5):425-438.

- 12. Zeng Q, Liu X, Lin Y, Chen Z, Wang Z, Xu J. Artificial intelligence in medical education: A review. J Med Educ Curric Dev. 2023;10(2):100080.
- 13. Issenburg SB, McGaghie WC, Petrusesz M, Gordon DA, Suver ME. Features and uses of high-fidelity medical simulations that lead to effective learning: A review of the evidence. Acad Med. 2005;80(2):201-208
- 14. Jeffries PR. A framework for designing, implementing and evaluating simulation in nurse education. Nurse Educ Pract. 2014;14(1):12-16.
- 15. Linacre JM. Sample size and content validity. Educ Meas Issues Pract. 1994;13(3):35-41.
- 16. Vimpani JW, Wright SM, Subramaniam M. The why and how of quality assurance in high-stakes medical education assessments. Postgrad Med J. 2020;96(1139):544-551.
- 17. Epstein RM. Assessment in medical education. N Engl J Med. 2007;356(4):387-396.
- 18. McManus IC. High-stakes assessment in medical education. Med Teach. 2016;38(1):1-6.
- 19. Norman G, Norcini J, Bordage G. Competency-based education: Milestones or millstones? J Grad Med Educ. 2016;8(1):1-6.
- 20. Norcini J, Burch V. Workplace-based assessment as an educational tool: AMEE Guide No. 31. Med Teach. 2007;29(9-10):855-871.
- 21. Schuwirth LWT, van der Vleuten CPM. Programmatic assessment: From assessment of learning to assessment for learning. Med Teach. 2011;33(6):478-485.
- 22. Van der Vleuten CPM, Driessen EW. What would happen to education if we take education evidence seriously? Perspect Med Educ. 2014;3(3):222-232.
- 23. Wass V, Van der Vleuten C, Shatzer J, Jones R. Assessment of clinical competence. Lancet. 2001;357(9260):945-949.



**Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, <a href="http://creativecommons.org/licen\_ses/by/4.0/">http://creativecommons.org/licen\_ses/by/4.0/</a>. © The Author(s) 2025