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Final Year Medical Students' Perception of Different Assessment Methods in the Internal Medicine Department, University of Benghazi .

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Original Research Article

ABSTRACT

Introduction: Assessment of medical students involves many challenges and processes to develop competent physicians; nonetheless, students' feelings and perceptions of assessment methods are usually neglected.

Aim: To evaluate the perception of final year medical students to different assessment methods in the final examination at the Department of Internal Medicine, Faculty of Medicine, University of Benghazi.

Method: A cross-sectional study. An electronic three-point Likert scale questionnaire was distributed to final year medical students electronically.

Results: A total number of 337 students were included in the study. The majority of the studied group were females and accounted for 255 (75.7%). The mean age was 27.7 years. Exam unfairness was reported by 85.8% of students while 81.9% reported that the exam was dreadful. Females significantly reported more perception of exam unfairness than males 90%vs 74% respectively (P=0.0013.

Conclusion: Students reported high anxiety, and females perceived unfairness more significantly than males.

KEYWORDS: Medical, Final, perception, Exam, Benghazi University, written, OSCE, Perception.

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INTRODUCTION

The 5th year final exam is an important turning point for medical students, where graduates become practitioners. Studying medicine includes different learning domains, which include knowledge and understanding of different diseases as well as clinical skills and different diagnostic procedures. During studying, they also learn communication skills and ethics. It is a great challenge for the University of Benghazi (the oldest University in Libya) to graduate a competent physician in order to continue its progress.

The exam is not just a certification requirement, but it is designed to evaluate and introduce competent future practitioners to the community with proper knowledge, skills, attitude, and ethics. [1]

Nonetheless, the medical assessment is mainly for students' competence but ignores a very important part, which is the feelings and perception of students towards these assessment methods. The perception by students may affect their performance as well as their future choices in practicing medicine.[2]

There are different assessment modalities that constitute the final exam in medicine. They include written exams and the Objective Structured Clinical Examination (OSCE). The written exam includes two papers: paper -1 in the form of case scenarios (which test knowledge, analysis, and critical thinking) and paper- 2 which tests the knowledge. The OSCE exam evaluates clinical skills, critical thinking and analysis. Each assessment tool has its important part for assessing competence, but on the other hand they have their potential burden and emotional and cognitive stress.[1]

Students' perceptions are powerful mediators of how assessment objectives translate into actual learning behaviors. A student who perceives the exam as a test of becoming a real physician will be different from the exam, which is perceived as only the gateway to success. [2]

Students' perceptions and feelings towards assessment methods influence study strategies and retention of knowledge. In the long run, they affect the development of clinical response and their resilience towards stress and anxiety associated with the future clinical training [3]. Exploring and understanding what students feel toward the exam is essential to reconstruct and re-frame evaluation methods to yield competent and reflective physicians.

The study aimed to determine the perception of final -year medical students of different assessment methods at the Department of Internal Medicine, Faculty of Medicine, University of Benghazi

METHODS

The study was a cross-sectional study. Data were collected using a three- point Likert scale questionnaire designed by researchers after reviewing the literature. A pilot test was conducted, and the questionnaire's Internal Consistency (Reliability) test yielded a Cronbach's Alpha of 0.74.

Electronic questionnaires were distributed to the final year medical students immediately after the final exam.

Statistics:

Frequencies and percentages were calculated. Mean and standard deviation were used to describe the age and different perception items. Data was entered and analyzed using SPSS version 18. The Mann-Whitney U test was used to compare the means of perceptions by males and females. A P value of < 0.05 was considered a cut-off of significance.

RESULTS

The total number of participants was 337 students. The majority of participants were females, 255 (75.7%). The mean age was 27.73 ± 1.16 years. Most students (85.8%) answered that the final exam was not fair.

General Perception of Exam Quality:

There was a high consensus on the psychological impact, with 90.2% reported the exam was exhausting, and 81.9% reported significant exam dread. (Table 1)

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Table (1): General Perception of Exam Quality

Question	Yes N (%)	Medium N (%)	No N (%)
Was the final exam fair?	12 (3.6)	36 (10.7)	289 (85.8)
Was the exam time sufficient?	134 (39.8)	97 (28.8)	106 (31.5)
Was the exam well-managed?	66 (19.6)	85 (25.2)	186 (55.2)
Was the exam well-prepared?	54 (16)	94 (27.9)	189 (56.1)
Was it an exhausting exam?	304 (90.2)	23 (6.8)	10 (3)
Are you aware of the required info?	37 (11)	66 (19.6)	234 (69.4)
Were you fully aware of the exam method?	136 (40.4)	86 (25.5)	115 (34.1)
Did you experience exam dread?	276 (81.9)	55 (16.3)	6 (1.8)

OSCE-Specific Feedback (Clinical Stations)

The clearest aspect of the exam was the station instructions (57% answered Yes). (Table 2)

Table (2): OSCE-Specific Feedback (Clinical Stations)

Question	Yes N (%)	Medium N (%)	No N (%)
The time in each station was enough	166 (49.3)	86 (25.5)	85 (25.2)
Instructions were clear	192 (57)	75 (22.3)	70 (20.8)
Tasks were fair	114 (33.8)	98 (29.1)	125 (37.1)
The station sequence was logical	151 (44.8)	89 (26.4)	97 (28.8)
It gave me a chance to learn	118 (35)	86 (25.5)	133 (39.5)
Correctly assesses skills	68 (20.2)	97 (28.8)	172 (51)

Learning Effectiveness by Assessment Type

The clinical exam is perceived as more educational than the written papers (37.1% vs ~7%). (Table 3)

Table (3): Learning Effectiveness by Assessment Type

Assessment Method	High N (%)	Low N (%)	No Comment N (%)
Paper 1	18 (5.3)	102 (30.3)	217 (64.4)
Paper 2	27 (8)	115 (34.1)	195 (57.9)
Clinical Exam	125 (37.1)	137 (40.7)	75 (22.3)

Gender Comparison of Exam Perceptions

Males perceived exam fairness more than females with mean scores of 1.34 vs 1.13 (P<0.001). A major disparity exists regarding time sufficiency, where males perceived that the time was enough more than females with mean scores of 2.4 vs 1.9 respectively (P<0.001). Male students were more likely than female students to feel that the exam provided a genuine opportunity to learn (P=0.004).

High emotional burden was found in both genders, where the mean score for exhaustion was higher in females (1.2) than males (1.1) and the difference was significant (P = 0.013).

Females generally reported more extreme negative perceptions compared to males. (Table 4)

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Table (4): Gender Comparison of Exam Perceptions.

Perception Item	Male Mean	Female Mean	p-value
The final exam was fair	1.34	1.13	< 0.001
Exam time was sufficient	2.44	1.97	< 0.001
Exam was well-managed	1.88	1.57	0.004
Chance to learn from exam	2.20	1.88	0.004
Logical station sequence	2.35	2.10	0.013
Clear station instructions	2.52	2.31	0.020
Exhausting nature (Reverse)	1.22	1.10	0.031
Wide range of skills covered	1.88	1.64	0.031
Accurate skill assessment	1.87	1.64	0.034
Fair tasks at each station	2.12	1.92	0.060
Exam was well-prepared	1.66	1.58	0.472
Awareness of exam method	2.02	2.07	0.685
Exam dread	1.23	1.19	0.952

DISCUSSION

Globally, more females were interested in medical education than males. The study showed similar results, also similar results were reported by a study at the University of Tripoli, where the majority of the students were females. [3] This was important, as the present study suggested that female students reported negative perception towards exam fairness significantly more than males. The exam was a structured measure of competence, but students might perceive it emotionally unfair because it might be tricky for them and tested knowledge in a way not familiar to them. Medical students at the University of Benghazi preferred clinical exams more than written ones. Internationally, there was a push toward "authentic assessment." A study in the United Kingdom found that students value clinical assessments more because they offer higher "face validity", meaning the students believed the test actually measured their ability to be doctors. [4]

A recent study on medical student performance at the University of Benghazi [5] confirmed that students actually perform significantly better in clinical examinations (73.9% pass rate) compared to written exams (43% pass rate). This high performance likely fueled the positive perception found in the present study, as students felt more competent and successful in these "hands-on" formats. Findings from the University of Tripoli found that students reported that clinical exposure and assessments were the most vital part of their education, despite high associated stress levels. [6]

Other studies showed a "love-hate" relationship with MCQs; they were preferred for their objectivity and lack of examiner bias, yet criticized for being "easy to fail" if the questions were poorly constructed. [7,8] While both genders experienced high stress, females felt the grading was less objective. Many studies in the western world found different results, where female students often reported higher satisfaction with clinical grades. [9] However, in the Middle East and North Africa region, studies suggested that female students might be more sensitive to the lack of structured feedback, which was often not found in traditional Libyan clinical exams. Interestingly, one study of the University of Benghazi found no significant difference in exam scores between male and female students at different exam types (written, clinical, or viva). It suggested that the perception of unfairness reported by female students was a psychological or environmental perception, as

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both genders achieved nearly similar results. [5]

A study at the University of Tripoli in 2025 found that female medical students reported significantly higher stress levels (94%) than males (80%). This heightened stress might exacerbate the unfairness perception of clinical exams, where emotional stress is high. [10] In one study in Saudi Arabia, female students often scored significantly better than males in clinical and subjective tests, but they reported higher levels of negative perception towards exam assessment methods. This suggested that this gap between exam perception and performance might be more related to the psychological burden and the lack of feedback that would otherwise reassure female candidates. [11] The clearest aspect of the exam was the station instructions, suggesting that the verbal/written communication at individual stations was relatively effective despite the overall negative perception of fairness.

CONCLUSION

Our study found that students reported high anxiety, and a low learning value for Paper 1. Additionally, there was a significantly higher perception of exam unfairness among females. We recommend that the university address this 'environmental stress' and gender-based perception gap to better align the technical quality of the exam with the student experience. Furthermore, we suggest conducting peer-OSCEs, during which students are provided with rubrics to grade each other during practice sessions.

LIMITATIONS

The study was a cross-sectional study results might be affected by recent exams.

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