**Tittle:** **Oral assessments; Knowledge and perception of faculty in undergraduate dentistry program**

**ABSTRACT:**

Medical education globally constitute formative and summative assessments. Oral examination is an integral part of assessment used to assess various learning domains, conventional oral assessment has been criticized for its reliability and validity. So with the changing trends, emphasis is given on structured oral assessments (SOE). The aim of this study is to know the knowledge and perception of faculty on oral assessments.

Material and methods: A cross sectional questionnaire was designed, and faculty members of dentistry program participated.

Result and statistical analysis: A total of n=45 faculty members participated in survey. Descriptive data was presented in the form of frequency, percentage, mean and standard deviation. Independent sample t test was used to compare the response scores between the genders. Chi square test was used to test the association between the gender and study responses.

Conclusion: Structured oral assessment was the most preferred type, but time and student willingness was the major barriers. All five domains of Bloom’s taxonomy along with knowledge and interpersonal skills can be successfully assessed by SOE. There is a need for periodic faculty workshops to help them implement the newer trends in teaching and learning.

Keywords: Structured oral assessment, Bloom’s taxonomy, Miller’s pyramid.

**Introduction:**

Assessment **is** gathering of infor­mation to determine the knowledge, skills, abilities, and performance levels of students or candidates for graduation, licensure, or certification. There are various assessment tools used in current dental/medical education like, written assessments (MCQ’s, short answers, structured essay), oral exam/viva voce, multi-source assessments (clinical/pre-clinical, standardized patients), multi-competency and comprehensive assessments (OSCE, Triple Jump Exercise).1 Viva voce was defined by Joughin as *an "assessment in which a student's response to the assessment task is verbal, in the sense of being expressed or conveyed by speech instead of writing"* 2

Muzzin and Hart describe four basic formats for oral examinations: a) the interview style, in which the examinee is quizzed on general topics. b) The clinical style/chair side, in which questions are specifically regarding diagnosis and treatment plans for a particular patient. c) The cognitive style that requires problem solving around specific cases. d) The role-playing style, with students assuming various "roles" with the examiner.3 Oral exam/viva voce has become an integral part of formative and summative examinations in various universities. Of late conventional oral examination (COE) is criticized for being too subjective and being influenced by academic and nonacademic factors related to teachers and students.4 It may largely depend on the knowledge, attitude (offering verbal/nonverbal clues and prompting), and mood of examiners. Scores also correlate with personality scores.5

With the limitations also viva voce is still used as a central part of assessments in medical teaching learning. It’s flexible, driven by student’s responses, and tests several aspects of clinical competence and ability to defend the decision in a given clinical situation that cannot be tested by written examinations.6 The process related factors are leniency, central tendency, “Halo effect,” and error of contrast. In addition to that student related factors include gender, accent and vocabulary used, and ability to pick nonverbal cues. Candidate’s level of anxiety and test environment also determine scores.7

All these hitches may be dazed by replacing COE by structured oral examination (SOE). This can be done by pre deciding the syllabus to be covered, competencies to be measured and preparing a blueprint/checklist of questions to be asked in the viva.8 With the changing trends in teaching learning in medical education, few universities have experimented and adopted SOE as a type of assessment. The aim of this paper was to know the knowledge and perception of faculty regarding oral assessment use in dental surgery courses of Saudi Arabia.

**Material and methods:**

The present study was conducted in Burayadh Private Dental College, Buraydah, an institution comprising of completely segregated male and female campuses. Consent was formally taken from the institution’s ethical committee. All faculty members (n=45) including the course directors and contributors voluntarily participated in the study. A common questionnaire was prepared for all male and female faculty members with emphasis on questions pertaining to knowledge and perception of oral assessment.

**Results and statistical analysis:**

A total of 45 faculty members participated in the present study, out of which 25 (55.6%) were male and rest female 20 (44.4%). The data collected was entered into Microsoft excel spreadsheet and analyzed using IBM SPSS Statistics, Version 22(Armonk, NY: IBM Corp). Descriptive data was presented in the form of frequency, percentage, mean and standard deviation. Independent sample t test was used to compare the response scores between the genders. Chi square test was used to test the association between the gender and study responses. P value < 0.05 was considered as statistically significant.

Analysis of the questionnaire revealed that 86.7% of participants considered oral assessment important to their courses (Table 1), out of which 60% believed that it should comprise of <10% of the total assessment (Table 1).Time and student willingness (40 & 24.4%) were considered as major barriers in conducting such assessment (fig.1). The perception about oral assessment, 55.6% (n=25) were following unstructured type, but majority of the faculty members preferred conducting the SOE (71.1%, n=32). A 47% (n=21) of the participants were well versed with both SOE and COE (fig. 2). They considered (95.5%) reliability and validity as important factors in oral assessment. Ninety three percent relied on SOE to evaluate knowledge, cognitive & interpersonal skills of learning domains. Concerning Millers pyramid and Blooms taxonomy, 91% and 62% respectively believed that each could be reliably tested using oral assessment. (Table 2)

**Discussion:**

Oral assessment is an important component of student evaluation and provides greater insight into student understanding process, problem-solving ability as well communication skill. In formative and summative examinations, it is done in the traditional manner. The main objection to COE as a tool of assessment is lack of consistency and reliability. The procedure of SOE is a method of conducting a viva-voce in a manner that seeks to minimize variation due to a variety of reasons including skewed coverage of topics, examiner bias, luck factor and an inconsistent level of difficulty.

In the present study 39 participants (86.7%), agreed on oral assessment being an important part of assessment in their course (Table 1). According to Rushton P oral examination has several advantages over other forms of tests, including direct personal contact and also recognition of safe and competent clinicians.9 It can provide a constructive forum to ascertain the student’s appropriate use of the ‘scientific language,’ and also to test the student’s persuasive skills and oral poise.10

Jacobson and his colleagues pointed out that many examiners consider oral examinations as a useful feedback mechanism and by personally examining a sample of students they can elicit valuable information on the strengths and weaknesses of the curriculum.11 Moreover it provides a meaningful way to test students cognitive domains and offer overall progress.12 Twenty seven (60%), 12 male and 15 female, of the total participants favored <10% of the overall assessment to consist of oral assessment (Table 1).

Time was considered the most common barrier (40%) in conducting oral exam followed by concern over student willingness (fig. 1). Any well-planned examination was found to be costly in terms of examiners’ time and effort.9 Rahman H eta al and Ajeet Kumar Khilnani et al also pointed out time to be a limiting factor in conducting oral assessment. 13, 14

Student willingness was the second common barrier, 45% of female faculty expressed their concern for the same (fig. 1). There was a statistically significant difference p=0.02, found in the perceived barriers between the male & female faculties. This could be attributed to error in oral performance ratings due to the tendency for some evaluators to be lenient and others to be stringent in their assignment of ratings. As studied by Holloway et al., there is an inverse relationship between anxiety and performance in the oral examinations.15  Forty seven percent of the participants were aware of both structured and unstructured types of oral assessment and 15% knew only the structured type (Table 1). Therefore the study revealed that a total of 62% (n=28), of the participants have knowledge about the structured type of oral assessment (fig.2). Many authors in the literature have agreed that structuring and preplanning viva voce leads to a better validity and reliability of viva as an assessment tool for under graduates and postgraduates.16, 17, 18

Majority of the participants 56% (n=25), conducted unstructured oral examination in their courses. However, 71 % (n=32) of participants preferred the structured form of oral assessment (fig.2), but the preference of SOE by male faculty was in contrast with COE by female faculty (p=0.04, Table 1). A similar opinion was expressed by faculty members who participated in the study conducted by Mrunal R. Shenwai et al. They claimed that structured oral examinations were better in terms of reducing bias, minimizing luck factor and uniformity of questions making it a fair assessment tool.17 Similar results were found in study conducted by Shobha Kini, where faculty opined that it was better in terms of uniformity of difficulty level and coverage of the topic.19 Sharmila Torke et al, maintained that reliability had been demonstrated with structured, standardized orals using hand-picked examiners.20

Most of the participants of this study (95.5%) were convinced by the fact that validity and reliability are important factors in oral assessment (Table 2). Many studies have shown that structured examinations have better validity and reliability, with less susceptibility to gender or cultural bias than unstructured examinations. 20 21

It was a prevalent view (91%) amongst the participants that examiner, atmosphere, questions, feedback are integral part of structured assessment (Table 2). Examiners should be formally trained in oral examination issues and methods. Selection and preparation of questions should be done from each learning objective with intense care and training of the examiners to follow rules for framing of the questions from different areas to test the students overall knowledge.

A significant part of the error in oral performance ratings is due to the tendency for some evaluators to be soft and others to be strict in their assignment of ratings. Correcting for such errors would change the pass/fail decisions for about 6% of the examinees. Marks awarded to candidates by different examiners indicates low reliability between ratings and agreement between examiners is often poor. All these problems may be overcome by replacing the traditional viva by SOE.4

The atmosphere during traditional oral examination is often threatening and at times the dialogue takes the shape more of a confrontation than discussion. This too can be overcome by the judicious use of structured oral examination.17

The questions should be capable of being asked in a few sentences which are clear, unambiguous, uncomplicated, and without repetition. They should have been thought out clearly beforehand, but not so rigidly that it cannot be changed to suit the candidate’s response. This requires each question to have a decision tree prepared.10

The key factors to consider when setting assessment questions are:

• Validity - appropriateness, suitability

• Reliability - objectivity, consistency, accuracy and repeatability.

• Fairness - clarity of expectations, ways of preparing.13

Feedback is an evaluative response which gives information on all aspects, experiences, difficulties, interpretations and proposals from learners. The perception of students can be used for a series of reforms in the process of improving the quality of teaching and assessment methods. This can thus be employed, to improve educational programs, in order to facilitate in-depth learning and satisfaction amongst students, for better university ranking and standards.22

Norman suggested that the oral examination must sample more broadly across cases and examiners to enhance reliability (control observer bias, drift and fabrication) and enhance scope of feedback.23 Jacobson and his colleagues pointed out that many examiners consider that oral examinations are a useful feedback mechanism for the examiners.11 Rahman et al concluded from their study that the assessment of various domains of competence should be in an integrated, coherent, and longitudinal fashion with the use of multiple methods and provision of frequent and constructive feedback.10

Ninety seven percent of the participants in our study agreed that structured oral assessment can be used to evaluate knowledge, cognitive, communication and interpersonal skill domains of our intended learning outcomes of dentistry program. Most of the faculty members (93%) were in the opinion that structured oral assessments was a tool to measure KNOW and KNOW HOW of Millers pyramid (Table 1&2). As also stated by Mustafa Asani in his work that the base of Millers pyramid consisting of Know (basic facts) followed by know how (applied knowledge) are better assessed with various methods one of them being oral examination.19-24

The oral exams format enables instructors to test the students on all five cognitive domains of Bloom’s taxonomy, 17 62.2% (n=28) of the participants are in accordance with the same (Table 2). While many of these domains can be assessed through the written exam, the oral exam allows the instructor to probe these areas to ascertain if the student “really knows what he /she is talking about”.10 Ostensibly, the rationale is that instructors could use the oral format to probe, challenge, and critically assess depth and breadth of student’s knowledge, understanding and use of various concepts. This form of assessment is well suited for the evaluation of reflective and critical thinking competencies along with problem-solving abilities and analytical abilities.25

Eighty seven percent of the participants, (n=39) were in the opinion that structured oral assessment is time consuming in that preparation is requires time (Table 2). Oakley and Hencken questioned the cost effectiveness of oral examinations, when the cost, in terms of professional time and energy, is weighed against its reliability and validity as a measure of professional competence. Any well-planned examination, however, is costly in terms of examiners time and effort.26

As George Miller pointed out in his elegant address to the 8th Annual Research in Medical Education conference, ‘while the evidence is persuasive that these techniques provide insights that cannot be obtained through more conventional methods, it is also clear that large scale examinations of this kind are costly both in money and manpower’.27

Approximately 80% (n=36) of the participants disagreed that the oral exams could act as a substitute to written exams (Table 1). No single examination can be expected to assess the wide range of features as thought to be important for a “good doctor”. Examiners should identify those aspects that they wish to test and then provide an appropriate format. No single examination format can guarantee acceptability, feasibility, validity, and reliability, identifying the strengths and weaknesses of each approach is recommended.28 hence, oral exams are used not as a substitute but as a complement to written exams.

While reviewing the study participants’ response to various questions according to gender, it was observed that the difference between male and female was statistically significant only in questions pertaining to the perceived barriers in oral assessment (p = 0.02) and the preferred type (p = 0.04). As apparent from the questionnaire analysis, 65% of the female faculty were currently following the unstructured form of oral assessment. The inherent disadvantages associated with this form of assessment could be attributed as one of the reasons why the female faculty perceived student unwillingness as one of the main barriers (Table 2).

The analysis of the study participant’s preference and utilization of oral assessment type according to their knowledge resulted in a statistically significant difference (p = <0.001) between the components (Table 3). Therefore it can be deduced that even though the participants had knowledge of both forms of assessment and preferred the structured type, most of the faculty were utilizing the unstructured type of oral assessment.

**Conclusion**

Oral assessment is irrefutably accepted as a method of assessment. Time and student willingness were the main constraints in using this form of assessment. Even though there is knowledge regarding the different types of oral assessment, the unstructured type is more commonly followed. However it is essential to apply the structured type in practice. Structured oral examination can be a better assessment tool and with some modifications in blueprinting it will be acceptable to the students as well as faculty. There is a need for periodic faculty workshops to help them implement the newer trends in teaching and learning. Extensive ground work is needed to bring about a shift in students’ assessment from traditional viva to structured orals. The change should not only be restricted to one subject but needs to get extended to all other subjects. Substantial work, however, is needed to develop the traditional oral examination into a best practice oral format appropriate for medical or dental education.

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Graphs and tables:

Fig 1. Pie chart showing “Main barrier in conducting oral assessments in your course”

Fig.2 Bar graph showing the response for type of oral assessments **“you know, you do, you prefer doing”**

Table 1:- Percentage distribution of faculty response according to gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Gender** | | Total | p-value |
| **Male** | **Female** |
| Q1 | 1 | 22(88.0%) | 17(85.0%) | 39(86.7%) | 1.00(NS) |
| 2 | 3(12.0%) | 3(15.0%) | 6(13.3%) |
|  |  |  |  |  |  |
| Q2 | 1 | 12(48.0%) | 15(75.0%) | 27(60.0%) | 0.09(NS) |
| 2 | 12(48.0%) | 4(20.0%) | 16(35.6%) |
| 3 | 1(4.0%) | 1(5.0%) | 2(4.4%) |
|  |  |  |  |  |  |
| Q3 | 1 | 6(24.0%) | 4(20.0%) | 10(22.2%) | 0.02\* |
| 2 | 14(56.0%) | 4(20.0%) | 18(40.0%) |
| 3 | 2(8.0%) | 9(45.0%) | 11(24.4%) |
| 4 | 3(12.0%) | 3(15.0%) | 6(13.3%) |
|  |  |  |  |  |  |
| Q4 | 1 | 7(28.0%) | 8(40.0%) | 15(33.3%) | 0.16(NS) |
| 2 | 6(24.0%) | 1(5.0%) | 7(15.6%) |
| 3 | 12(48.0%) | 9(45.0%) | 21(46.7%) |
| 4 | 0 | 2(10.0%) | 2(4.4%) |
|  |  |  |  |  |  |
| Q5 | 1 | 12(48.0%) | 13(65.0%) | 25(55.6%) | 0.47(NS) |
| 2 | 8(32.0%) | 3(15.0%) | 11(24.4%) |
| 3 | 5(20.0%) | 4(20.0%) | 9(20.0%) |
|  |  |  |  |  |  |
| Q6 | 1 | 3(12.0%) | 8(40.0%) | 11(24.4%) | 0.04\* |
| 2 | 20(80.0%) | 12(60.0%) | 32(71.1%) |
| 3 | 2(8.0%) | 0 | 2(4.4%) |
|  |  |  |  |  |  |
| Q7 | 1 | 24(96.0%) | 19(95.0%) | 43(95.6%) | 1.00(NS) |
| 2 | 1(4.0%) | 1(5.0%) | 2(4.4%) |
|  |  |  |  |  |  |
| Q8 | 1 | 24(96.0%) | 17(94.4%) | 41(95.3%) | 1.00(NS) |
| 2 | 1(4.0%) | 1(5.6%) | 2(4.7%) |
|  |  |  |  |  |  |
| Q9 | 1 | 25(100.0%) | 17(94.4%) | 42(97.7%) | 0.41(NS) |
| 2 | 0 | 1(5.6%) | 1(2.3%) |
|  |  |  |  |  |  |
| Q10 | 1 | 24(100.0%) | 17(85.0%) | 41(93.2%) | 0.09(NS) |
| 2 | 0 | 3(15.0%) | 3(6.8%) |
|  |  |  |  |  |  |
| Q11 | 1 | 15(68.2%) | 13(72.2%) | 28(70.0%) |  |
| 2 | 7(31.8%) | 5(27.8%) | 12(30.0%) | 0.781(CST) |
|  |  |  |  |  |  |
| Q12 | 1 | 23(92.0%) | 13(65.0%) | 36(80.0%) | 0.06(NS) |
| 2 | 2(8.0%) | 7(35.0%) | 9(20.0%) |
|  |  |  |  |  |  |
| Q13 | 1 | 23(92.0%) | 16(80.0%) | 39(86.7%) | 0.38(NS) |
| 2 | 2(8.0%) | 4(20.0%) | 6(13.3%) |
|  |  |  |  |  |  |
| Q14 | 1 | 5(21.7%) | 4(21.1%) | 9(21.4%) | 1.00(NS) |
| 2 | 18(78.3%) | 15(78.9%) | 33(78.6%) |

Fisher’s exact test

Subjects with response “Not sure” are not included in the analysis. \*p<0.05 statistically significant. p>0.05 non-significant, NS

Table 2: Distribution of study participants according to responses to the various questions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Options** | | | | | **A - D** | |
| Questions | **A** | **B** | **C** | **D** | **E** | **Mean** | **SD** |
| **Q7.** Reliability and validity are important factors in oral assessments | 19 (42.2) | 24 (53.3) | 2 (4.4) | 0 | 0 | 1.62 | 0.58 |
| **Q8.** Examiner, atmosphere, questions, feedback are integral part of SOE | 17 (37.8) | 24 (53.3) | 2 (4.4) | 0 | 2 (4.4) | 1.65 | 0.57 |
| **Q9.** SOE help in evaluating KNOWLEDGE, CONGNITIVE & INTERPERSONAL SKILLS of learning domain’s | 20 (44.4) | 22 (48.9) | 1 (2.2) | 0 | 2 (4.4) | 1.56 | 0.55 |
| **Q10.** SOE is a tool to measure KNOWS and KNOWS HOW of Millers pyramid | 18 (40.0) | 23 (51.1) | 1 (2.2) | 2 (4.4) | 1 (2.2) | 1.70 | 0.73 |
| **Q11.** SOE test all 5 domains of Bloom’s taxonomy | 8 (17.8) | 20 (44.4) | 10 (22.2) | 2 (4.4) | 5 (11.1) | 2.15 | 0.80 |
| **Q12.** SOE requires multiple instructors | 14 (31.1) | 22 (48.9) | 6 (13.3) | 3 (6.7) | 0 | 1.96 | 0.85 |
| **Q13.** SOE is time consuming – preparation is required | 22 (48.9) | 17 (37.8) | 5 (11.1) | 1 (2.2) | 0 | 1.67 | 0.77 |
| **Q14.** Can oral assessments be a substitute to written assessments | 2 (4.4) | 7 (15.6) | 7 (15.6) | 26 (57.8) | 3 (6.7) | 3.36 | 0.93 |

**Table 3:-** Faculty preference and utilization of oral assessment type according to their knowledge

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Q4 | | | | Total |  |
| 1 | 2 | 3 | 4 | **p-value** |
| Q5 | 1 | 6(40.0%) | 2(28.6%) | 15(71.4%) | 2(100.0%) | 25(55.6%) | <0.001\* |
| 2 | 0 | 5(71.4%) | 6(28.6%) | 0 | 11(24.4%) |
| 3 | 9(60.0%) | 0 | 0 | 0 | 9(20.0%) |
|  | |  |  |  |  |  |  |
| Q6 | 1 | 10(66.7%) | 0 | 1(4.8%) | 0 | 11(24.4%) | <0.001\* |
| 2 | 5(33.3%) | 5(71.4%) | 20(95.2%) | 2(100.0%) | 32(71.1%) |
| 3 | 0 | 2(28.6%) | 0 | 0 | 2(4.4%) |