

# Better assessment systems will engender better study habits

Sir,  
Cohen *et al.* should be congratulated for their study on methylphenidate use among medical students at Ben-Gurion University of the Negev.<sup>[1]</sup> They have discovered findings which are fascinating and worrying at the same time. There appears to be the high usage of methylphenidate use in medical students, and many of these students are using it without a medical indication. It is likely that many students are using it to enhance performance during exams and to improve their attention and studying stamina in the days and weeks before the exam.

However, this activity should make us reflect as much on our own behavior as medical faculty as it does on the students' behavior. In some ways, students are reacting in a rational and logical way to the pressures placed on them. Why then do we place these pressures on students – surely there are better ways to assess students than by means of end-of-term exams? Surely there are also ways to encourage healthier studying habits?

The first clear way to do this is to assess continually. Students should be assessed throughout the year – they will then be less likely to cram at the end. As faculty, we can assess their attendance at learning events, the extent of their usage of online learning resources, and their continuous progress through a curriculum.<sup>[2,3]</sup>

The second clear way to do this is to assess more than just knowledge and thus cognition. Students need more than just a bank of knowledge to become good doctors – they need communication and team-working skills and procedural skills.<sup>[4]</sup> They need healthy attitudes to their patients and colleagues. They need to practice ethical and professional behaviors. Only a continuous and rounded assessment system will enable us to know when if and when students have achieved these outcomes. Moreover, using methylphenidate will not help them achieve any of these outcomes.

It is not surprising that the current system of assessment is encouraging unwanted behaviors – and it is only by changing the system that we will in turn change these behaviors.

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## References

1. Cohen YG, Segev RW, Shlafman N, Novack V, Ifergane G. Methylphenidate use among medical students at Ben-Gurion University of the Negev. *J Neurosci Rural Pract* 2015;6:320-5.
2. Wrigley W, van der Vleuten CP, Freeman A, Muijtjens A. A systemic framework for the progress test: Strengths, constraints and issues: AMEE Guide No 71. *Med Teach* 2012;34:683-97.
3. Sandars J, Walsh K, Homer M. High users of online continuing medical education: A questionnaire survey of choice and approach to learning. *Med Teach* 2010;32:83-5.
4. Pugh D, Touchie C, Wood TJ, Humphrey-Murto S. Progress testing: Is there a role for the OSCE? *Med Educ* 2014;48:623-31.

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