

*Self-test exercises as learning tools, with Certainty  
Based Marking (CBM)*

*Tony Gardner-Medwin - Physiology (NPP), UCL*

- **The why and the how of Self-Tests**
- **What can CBM add?**
- **Inside or outside a VLE?**
- **Wiki-editing of self-tests**
- **CBM in exam assessment**



*Publications, Software, try-out, contact , etc:*  
**[www.ucl.ac.uk/LAPT](http://www.ucl.ac.uk/LAPT)**

**WHAT ARE WE AS TEACHERS TRYING TO DO?**

- Get students to think: to link and relate knowledge
- Use our own (teachers') time to best effect
- Enable students to take charge of their learning
- Discourage superficial (rote) learning
- Take advantage wherever technology has good features

<b>STUDENT ACTIVITIES</b>	<b>TEACHER INVOLVEMENT</b>	<b>THINKING PRESSURE</b>
Listening	high	medium
Practical sessions	high	mixed
Presenting knowledge	high	high
Reading	low	medium
Testing / challenging	low	high
Exams	high	(high)

**Assessment – a word to be wary of !**

**Assess** ... from Old French *assesser*, based on Latin *assidere* 'sit by' (in medieval Latin 'levy tax'), from *ad-* 'to, at' + *sedere* 'sit'. [Oxford]

For many teachers, assessment = exams

purpose = grading, filtering, motivating

For learning, the value of assessment (in-course A, peer-A, self-A) is in:

challenge, reflection, feedback

**How do we learn to sing, play tennis, or do algebra?**

.... by practice, challenge, and thinking

.... by having someone 'sit by' and give feedback

.... but mostly the first

***I like to talk about 'self-tests', 'practice' or 'exercises'  
– not 'exams', 'tests', 'assessments' or 'quizzes' !***

Blackboard Learning System - Windows Internet Explorer

http://vle.imperial.ac.uk/webct/cobaltMainFrame.doweibct

Imperial College London

Year 1: Medicine Self Tests (2010 - 2011)

Student View

Table of Contents for Self Tests

- 1 CBM Self-test 1 (MCD & FoCP)
- 2 CBM LAPT student report
- 3 LAPT staff facility
- 4 CBM Self-test 3 Resting & action potential (MCD & LCRS)
- 5 CBM Self-test 4 Cardiovascular system (LSS)
- 6 CBM Self-test 5 Musculoskeletal system (LCRS)
- 7 CBM Self-test 6 Endocrinology (LCRS)
- 8 CBM Self-test 7 Neuroscience (LCRS)
- 9 CBM Self-test 8 Anatomy of the thorax (LSS)
- 10 CBM Self-test 9 Resp (LSS) mid-course lecture quiz
- 11 CBM Self-test 10 Respiration (LSS)
- 12 CBM Self-test 12 Nucleic acids & gene expression (MCD)
- 13 CBM Self-test 13 Intro to Cells (MCD)
- 14 CBM Self-test 14 Genetics (MCD)
- 15 CBM Self-test 15 Immunology (MCD)
- 16 CBM Self-test 16 Tissues (MCD)

Done

100%

**Menu of self-tests linked on Blackboard at Imperial, and run on LAPT for 1<sup>st</sup> yr medical students**

**-many initially drafted by students**

**NB these are learning resources – marks don't count**

Exercise on LAPT-lite - Windows Internet Explorer

Index [ Multiple Choice Questions in Physiology ]

645 question/s in 127 section/s. Click on a link to choose a section, or click  or

**Information:** Multiple Choice Questions in Physiology These True/False questions were written by &n ...

**Information:** Introduction Aims. Multiple-choice questions are widely used in examinations at all levels, but they ...

**Sect. 1 (5 Qs): Body fluids and The Blood** The following are reasons for including certain ingredients in physiologica ...

**Sect. 2 (5 Qs):** Concerning the osmotic pressure of plasma

**Sect. 3 (5 Qs):** Glycerol penetrates the red cell membrane

**Sect. 4 (5 Qs):** The following are true of human red blood

**Sect. 5 (5 Qs):** A blood count in a woman aged 40 gave th

**Sect. 6 (5 Qs):** Oxygen delivery to the tissues is usually red

**Sect. 7 (5 Qs):** The graph shows the relationship between t

**Sect. 8 (5 Qs):** This diagram shows how the oxygen center

**Sect. 9 (5 Qs):** Concerning the viscosity of blood: ...

**Sect. 10 (5 Qs):** Blood clotting is delayed or prevented in v

**Sect. 11 (5 Qs):** It is often difficult to find suitable blood for

**Sect. 12 (5 Qs):** If Rh+ blood is transfused into an Rh- wo

**Sect. 13 (5 Qs):** A man of blood group A has 2 children. Plasma from the blood of one of them agglutinates his red cel ...

**Sect. 14 (5 Qs): Heart and Circulation** Concerning the autonomic nerve supply to the heart: ...

**Sect. 15 (5 Qs):** An infusion of noradrenaline is given to a human subject at a sufficient rate to produce a rise in s ...

**Sect. 16 (5 Qs):** Cardiac output is decreased: ...

(lbmcq) TOTALS: Qs done=0, Marks=0 © UCL 2009.11.2 [EDIT \(Staff\)](#) [ ]

Internet

150%

**A large browsable self-test in Physiology – open access on LAPT (and for UCL students linked from Moodle where appropriate)**

**Student-directed learning**

### ***What are desirable features in SELF-TESTS?***

- Immediate feedback for each Q
- A stimulating / didactic sequences of Qs
  - mix easy & difficult Qs : for engagement, reward, realism
  - include classic misconceptions – learn through mistakes
  - make chains of Qs : lead through the logic of a topic
- Explanations should widen an issue into other contexts
  - prompt the bringing together of different kinds of knowledge
- Clear navigation – students should be choosing what to do
- Allow use of study materials – tests shouldn't be time-limited
- Encourage comments & dialogue
  - linked to specific quiz/question contexts
- Encourage working in pairs (or more)
- Certainty Based Marking (CBM)

### ***Certainty-Based Marking (CBM)***

Degree of Certainty :	No Reply	C=1 (low)	C=2 (mid)	C=3 (high)
Mark if correct:	0	1	2	3
Mark if wrong:	0	0	- 2	- 6

**Probability Correct?                      <67%                      >80%**

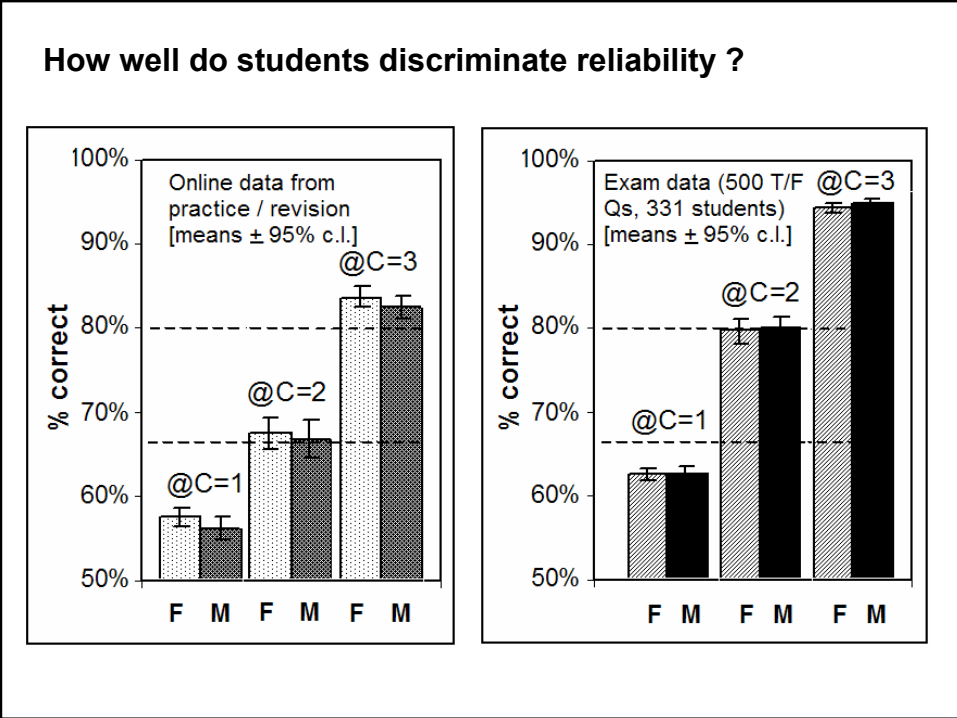
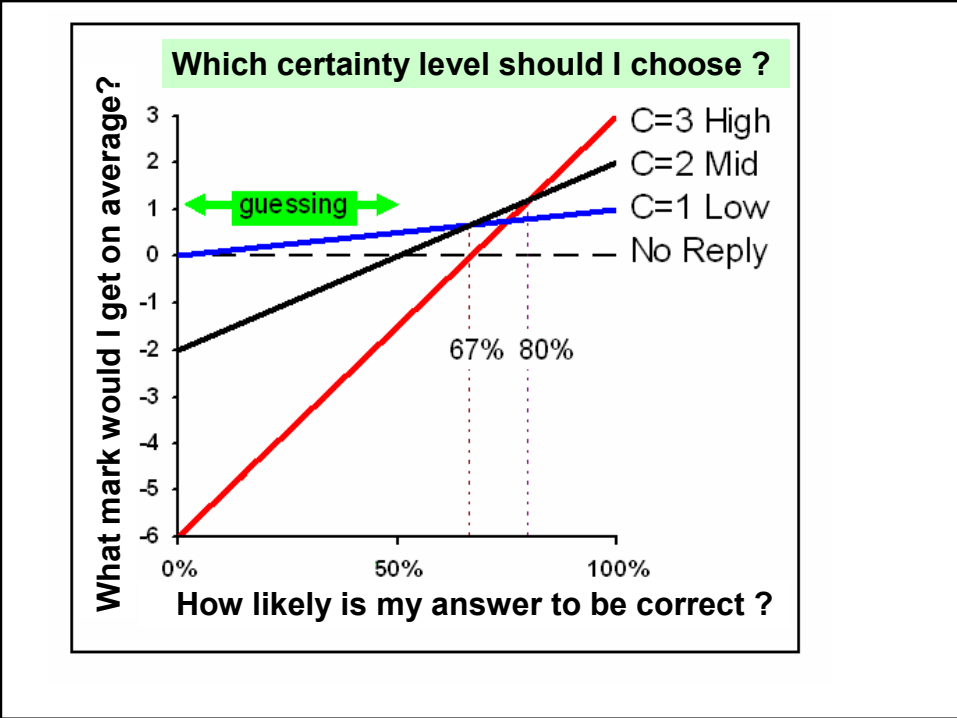
To do well, you need to do more than just jump at an answer:

- can you justify being sure (C=3), by finding links to other knowledge?
- are there uncertainties : reasons for reservation (C=1)?

Misconceptions (confident errors) are highlighted;

- a double negative mark (-6) hurts!

CBM engages students more (and enhances assessment reliability)



## LAPT ([www.ucl.ac.uk/LAPT](http://www.ucl.ac.uk/LAPT))

has been developed (since '94) specifically for self-tests in science, medicine & basic maths, and to incorporate CBM efficiently

### Can I use self-tests in my VLE / LMS?

Yes, of course. But LAPT has features you may struggle to include:

1. CBM [CBM code can go in Moodle, but Moodle is always changing]
2. Immediate feedback independent of server-interaction [with .JS]
3. Marks relative to the Qs a student chooses, not the entire file
4. Comment & discussion facilities for individual questions
5. Grouped questions, with common stems (cf. common medical practice, Questionmark)
6. Editing of exercises as whole simple files, not individual questions
7. Wiki-editing facilities – students can update/ correct/ explain points

***I prefer authenticated links to LAPT from within a VLE, with students able to see their session reports on LAPT***

## Access to WIKI-exercises allowing students to edit content

User: ucgbarg Identifier: UCL

Available Index Names for wiki-editable exercises:

Let me know if there are exercises you think it appropriate

**Wiki-LAPT Principles ( [www.ucl.ac.uk/lapt/](http://www.ucl.ac.uk/lapt/))**

Explanations for tricky issues, explaining how the Q & A

1. The system will ensure that it is not possible for anyone to make changes to exercises without being logged in.
2. The person making a change will be traceable, and their name will be visible to all students.
3. Students making changes should discuss them at the end of their session with the person responsible for the exercise.
4. A comment (shown with 'Comments' for the exercise) should be added explaining a change.
5. Anyone is encouraged to comment constructively on changes made by other students.
6. Teachers on courses should respond to reasonable changes in exercises, so don't be afraid to make changes.
7. If questions are bad, they should be amended or replaced with better ones.
8. Students are encouraged to write new material for exercises.
9. I (for the present) will deal with any technical issues.

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UCL 27/1/11

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bloodgrps  
clin\_1201card  
clin\_1201care  
clin\_1201gcp  
clin\_1201gmed  
clin\_1201gsur  
clin\_303gmem  
clin\_303gmtf  
clin\_701med  
clin\_701path  
clin\_701phar  
clin\_701surg  
clin\_acute\_med  
clin\_chronic  
clin\_path\_prev  
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from the Wiki list.

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responsibly.

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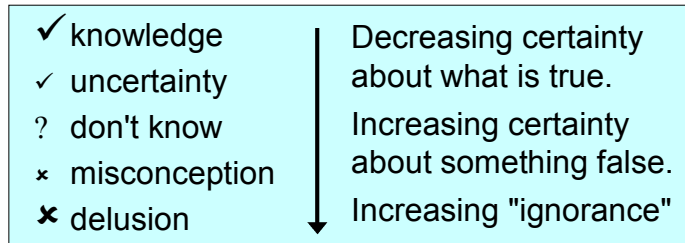
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this vetted by appropriate staff before

about style.

**Is certainty just 'meta-cognition' or is it fundamental to knowledge?**

Ordinary words we use to describe Knowledge :



- Knowledge is a function of certainty (confidence, degree of belief)
- There are states a lot worse than acknowledged ignorance

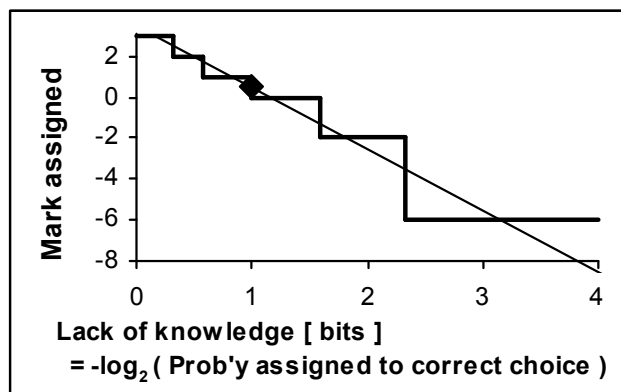
"It's not ignorance does so much damage - it's knowin' so durned much that ain't so."

attrib J. Billings



**Should I use CBM then in exams?**

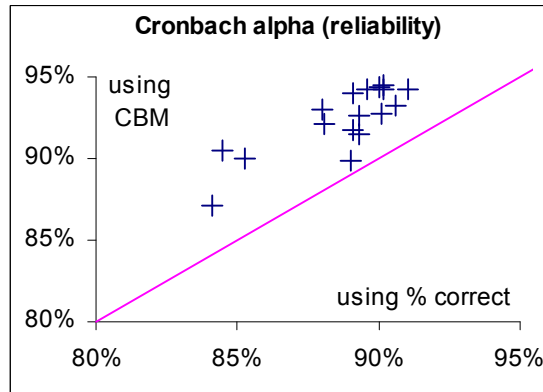
**CBM does quite closely follow the ideal measure of ignorance**



**The student loses about 3 marks per 'bit' of ignorance - up to a maximum of 3 bits**

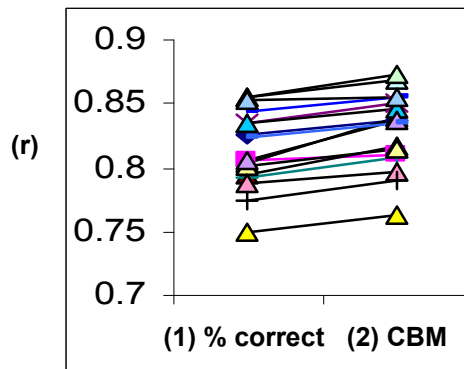
**... and CBM increases the reliability of exam data**

'Reliability' indicates how well a score measures something about the student's ability, as opposed to 'luck' or chance.



To achieve these increases using only % correct would have required on average 58% more questions.

**... and CBM scores are better predictors of how many correct answers a student will give on a different set of questions**



Correlation coefficients (r) showing how well the % correct on odd numbered Qs was correlated with (1) % correct and (2) CBM scores on even numbered Qs, from 17 exams (250-300 Qs each), >300 students.



### Are there problems in using CBM in exams?

Prior practice with CBM is essential (lots of self-tests!)

Adjustment for students with poor calibration may be fair

Standard setting requires care, with a new approach

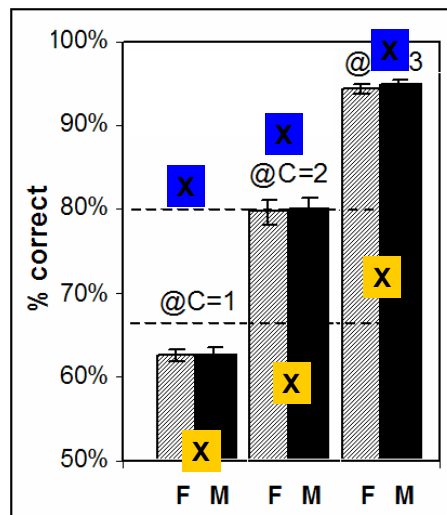
Exam boards do tend to be wary of innovation

**BUT:**

CBM exams yield extra data not different data, so the percent correct scores are always there, for comparison with traditional techniques

How you mark exams motivates how students will study in self-tests, for which CBM is even more clearly of value

### Adjustment for poor calibration



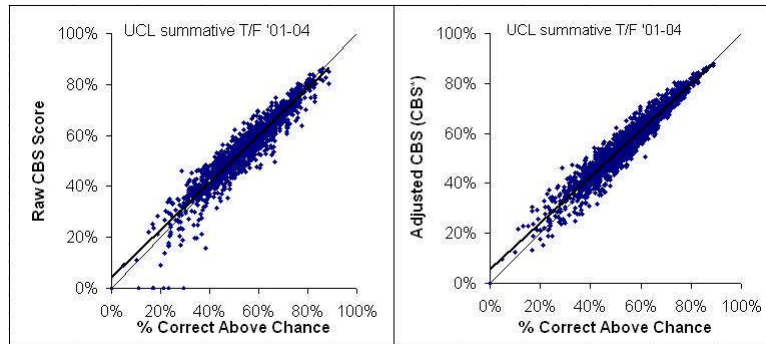
Significantly underestimate the reliability of their answers: e.g. 41 students (14%)

Significantly overestimate the reliability of their answers : e.g. 2 students (1%)

*Maybe one shouldn't penalise such students*

*.... you can adjust their scores by changing e.g. C=2 to C=3 or C=3 to C=2*

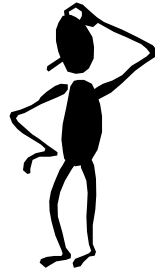
### Adjustment of Scores can take account of broad mis-calibration of confidence



### So why doesn't everybody already use CBM ? - a puzzle

- Enthusiasm was exhausted before the age of 'online'
- Some CBM methods were complex, opaque or non-motivating
- Reluctance to treat certainty as integral to knowledge
- Mistaken worries about 'personality bias'
- Under-rating of self-tests & practice as learning tools
- Worry that CBM would need new questions
- Worry that CBM would upset standard-setting
- Inertia and vested interests

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**How should one handle students with poor calibration?**

Significantly overconfident in exam: **2 students (1%)**

e.g. 50% correct @C=1, 59%@C=2, 73%@C=3

Significantly underconfident in exam: **41 students (14%)**

e.g. 83% correct @C=1, 89%@C=2, 99%@C=3

***Maybe one shouldn't penalise such students***

**Adjusted confidence-based score:**

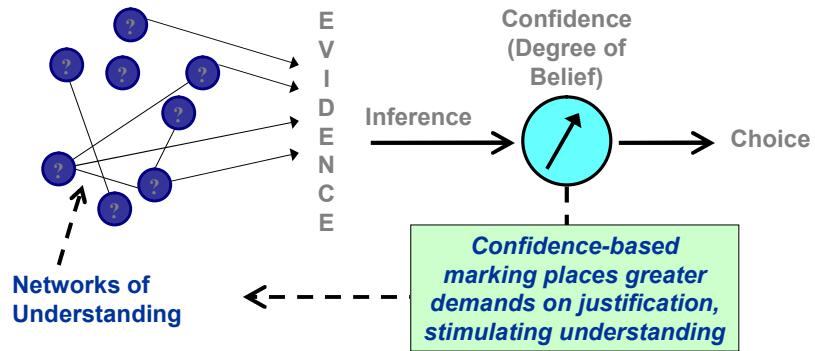
Mark the set of answers at each C level as if they were entered at the C level that gives the highest score\*\*.

mean benefit = 1.5% ± 2.1% (median 0.6%)

\*\* (first combining sets if %correct is not in ascending order)

**Thinking about uncertainty and justification stimulates understanding**

Nuggets of knowledge



**To understand = to link correctly the facts that bear on an issue.**