

EXAM VS LEARNING ORIENTED EDUCATION

Where public education has gone wrong

Professor Siddiqur Rahman, former Director of the Institute of Education and Research at the University of Dhaka and member of the National Education Policy 2010 Formulation Committee, has been a member of all the National Curriculum Development Committees (NCTB) since 1985. In an interview with Eresh Omar Jamal of The Daily Star, he talks about the state of our public education and some ways to improve it.

What is your reaction to the government doing away with all examinations for students of classes I, II and III from this year?

I support this decision, but there is a slight conceptual problem here. Getting rid of all exams is not the solution. It's okay to get rid of half yearly and final exams, but not periodic exams. That is to say, you can do away with summative assessment of students, but not formative assessment.

Summative assessment focuses on the outcome of a programme—for example, the half yearly or final exams students sit for every six or 12 months. This contrasts with formative assessment which summarises their development at a particular time and includes a range of formal and informal assessment procedures conducted by teachers during the learning process.

Formative assessment is particularly important because it tells you how well students grasped what they were taught at regular intervals. It allows you to identify which child has fallen behind, or where they have fallen behind so they can be given remedial assistance immediately instead of after months—at which point it may not be possible to provide that assistance because so much time has passed and so much more has been taught.

Gaps in their learning will cause students to struggle later. If we can properly implement formative assessment, we can identify those who are struggling, provide extra attention and remedial assistance to them, and ensure everyone moves forward together which should be the goal.

Without exams, how can formative evaluation be possible in big classrooms? And doesn't this also demand alteration in how teachers are trained and recruited?

Many teachers unfortunately don't know, but there are methods to do this even in big classrooms. Let's say I am teaching students how to identify different flowers or their different parts. At the end of the class I can

ask students to write down some answers in their copies and instruct them to switch copies and check each other's answers. That way a teacher can easily evaluate their performance instead of checking each and every copy individually.

But when teachers are not trained and don't know the techniques, formative assessment is not possible. That is why I cannot agree with the government's decision to remove all exams starting this year. For this change to succeed you need teachers who are specially trained. And most teachers right now are not. This means that continuous assessment, or formative assessment, which is part and parcel of the teaching-learning strategy, cannot be properly implemented. Without it, the teaching-learning process is useless.

Given the culture we have where guardians are overly-concerned about the academic performance of their children, how will this change affect guardians who will not have test scores to help them determine their children's performance?

This is a big challenge. Our guardians want to know how their children are doing in exams—they want scores. I wouldn't say that's a bad thing. But it must be explained to them that what is actually important is for children to learn—not their exam scores. Teachers must explain this to them.

Teachers should interact with guardians more regularly. They should also inform guardians how their children are doing in a constructive way. They should give feedback to improve their students' performance—not just complain about students.

Their feedback shouldn't only be about academic performance. It should include extracurricular activities, how students are socialising with others, their health, etc. They should give advice that will help guardians make children stronger in every way.

Would you have advised the government to do anything differently? What do you think about the government's decision to keep

the exams for classes V and VIII, ignoring the suggestions of most academics?

I would advise the government not to stop exams from this year. To start training and preparing teachers especially on how to give remedial assistance. Some waiting time before implementing the change will also give guardians time to prepare.

I agree that the government should cancel exams for students in classes V and VIII. Many will argue that students will not want to study without having to sit for exams. Here



Professor Siddiqur Rahman

I will disagree. If they are given the right lessons in class and continually assessed, then the outcome can be positive without exams.

These exams, without continuous assessment, tend to scare students. Students are overworked by their guardians to do well. It would be better if the lessons are broken down, and students are allowed to learn little by little, throughout the year.

When preparing for big exams, students have to handle a lot of unnecessary pressure. Pressure to get GPA-5. This is not a healthy system. And it can negatively impact the

social and psychological wellbeing of students.

The fact that we refuse to recognise this shows how our education system is exam oriented rather than learning oriented. Learning is less important, what is important is getting good marks. Children see this and it gets ingrained in their minds. They don't like to read whole books as a result; only those parts that are important to do well in exams. It makes them less curious and less willing to learn. And they obsess over the more pedestrian aspects that in reality are less important.

This hampers their full development—and I have seen this having very bad effects in the lives of many students. Once they are pressurised like this, and their lives are made miserable, it is difficult to bring these students back to being interested in learning again—as they develop a strong aversion for learning.

With your vast experience of working on national education boards, what would you say are the biggest problems that prevent good decisions from being implemented? The government brings in a number of academics to help formulate policies, but how much of their advice does it actually take?

The biggest problem is placing the right person in the right position. In most cases, not all, that doesn't happen. When a person who is capable in one field is asked to take responsibility and make decisions requiring expertise in another, the result is almost always unsatisfactory. What is ignored is that their decisions affect everyone—which means that the whole nation suffers because they are forcefully given tasks that are not their speciality to perform.

Although this is a national problem, it is also the case when it comes to education. It is thought that you can simply place anyone anywhere when it comes to education. That attitude must change. There is a reason why specialists are considered important around the world.

Another important thing to note here is that the government has different projects for different education levels. For these projects, the government has different development partners—that gives loans to the government. These partners insist that the government hire a number of foreign consultants. The majority of these consultants see things in the context of their countries and cultures. In the meanwhile, local consultants are not paid much attention to. When the government pays all its attention to foreign consultants and completely ignores local consultants, the benefits of these initiatives almost always dry up after a short time.

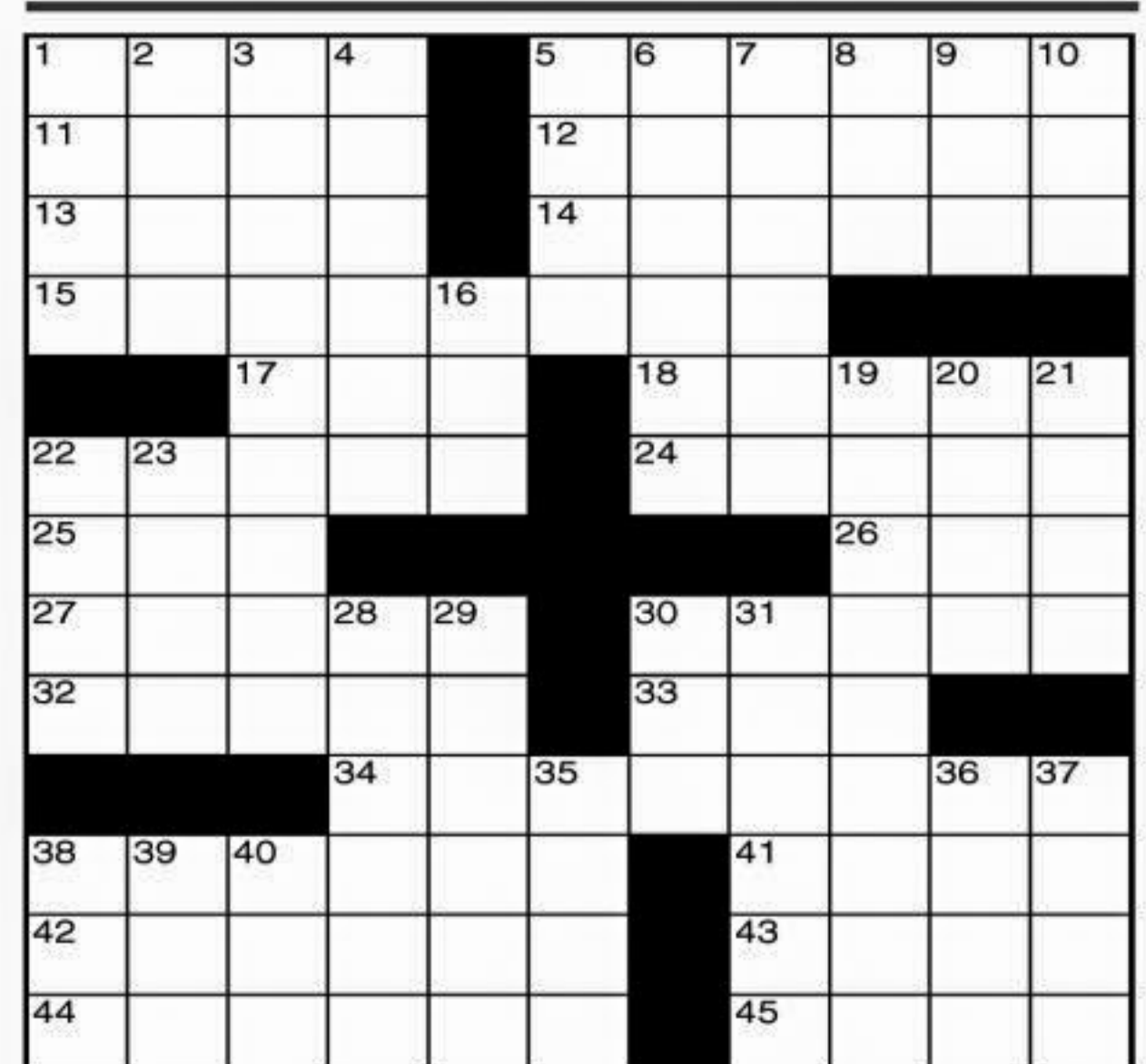
Not only are these projects a waste of time, but since foreign consultants have to be paid way more than local consultants, huge amounts of funds too are wasted—which the government has to pay back to its development partners. Although, here I must say that sometimes the government is forced to make such decisions by its partners—and is actually left with very little choice.

If we want good results, we must reduce wastage in our education sector. The government, if it wants to improve the quality of our public education, must be willing to spend more. But before increasing its budgetary allocation, it must ensure that there is enough capacity to make good use of it. There is no point in increasing allocation only to see funds being wasted. Which is why, I think the government should incrementally increase the education budget, and not increase it by 2-3 percent at once.

To improve education quality, we must improve the quality of our teachers. Every good teacher must have four basic qualities: i) commitment to the profession above all; ii) mastery over their subjects; iii) know the techniques of teaching; and iv) have strong values and principles, as well as a good aesthetic sense. To attract good teachers, you must be willing to give them good opportunities and benefits—but this has largely been ignored. With mediocre salaries, you will continue to get mediocre teachers and mediocre results.

CROSSWORD BY THOMAS JOSEPH

ACROSS	32 Travel stop	9 Need to pay
1 Massage target	33 Cry of insight	10 Wee bit
5 Team symbol	34 Concrete	16 "Sure thing!"
11 Low digits	38 River of	19 In this region
12 Capital north of	Nebraska	20 Plant pest
Syracuse	41 Highway	21 Pitcher Hershiser
13 Castle	42 A lot	22 Hurry
surround	43 Desert sight	23 Not fooled by
14 Pivoted	44 Retiring	28 Irritate
15 Bronzing treatment	45 Ollie's pal	29 Lists of candidates
17 Pigged out	DOWN	30 Slump
18 Chump	1 Money sources	31 Trisection parts
22 Spa garments	2 Hen pen	35 Comfy place
24 Belonging to those folks	3 Get wind of	36 Turner of movies
25 One, for Juan	4 Will topic	37 Blissful place
26 Numbered hwy.	5 Largest amount	38 Small dog, for short
27 Dazes	6 Finally	39 John, to Elton
30 Girder material	7 Awful smell	40 Say further
	8 Cornfield cry	



YESTERDAY'S ANSWER

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Digital technology: A cultural shift in healthcare

ANINDITA ROY and DAVID BELL

Do you remember the primary function of a wristwatch? It is a timepiece, which gives you the time of the day and in some cases date as well. A wristwatch, worn by individuals to keep track of time, might also serve as a fashion accessory, but that's about it! It's been that way for hundreds of years (Queen Elizabeth I of England had one).

Now there is a paradigm shift underway in the functions of a wristwatch. For the emerging generation, they still keep track of time, but also track our activity, heart rate, sleeping pattern—if you are willing to pay a little more, it will manage your emails and social media. We are moving beyond the era of smartphones, we are entering an era of the smartwatches.

Disruptive technology has brought incredible changes in our daily life across the world. Not so long ago we had to queue in banks carrying an account book to access our accounts—difficult for generation Y in many countries to imagine. Now we access our accounts, manage transactions, pay bills and transfer funds between countries from our palms, perhaps, from our smartwatches. However, to find out whether our blood sugar level is getting better or worse (diabetes patients), we likely have to travel several miles, still wait in a queue in a waiting room for an indeterminate time, sit in front of a clinician, go find a pharmacist and queue again, (repeat process later if the test-kits are out of stock), return all the way home, and somewhere along the line, pay a bunch of money. There has been a modest trickle of digital technology into public health, often almost incidental, such as mobile phone applications, but the digital revolution has largely passed by,

particularly at the primary health level. Healthcare has been plodding while the emerging generation has been sprinting, embracing a transformation in much of the rest of life—through social media, entertainment, mobile cash transfer, the transportation sector through ride share programmes like Uber.

This is set to change. Technology will make healthcare far more accessible, participatory and less patriarchal. In traditional medicine the patients are absent in decision-making, the entire onus is on the healthcare practitioners for both curative and preventive healthcare. Especially for non-communicable diseases (NCDs), patients' participation should be key to manage or cure the illness. After all, they live with the problem day and night. According to World Health Organization (WHO) the global burden of disease is shifting from infectious diseases to non-



communicable diseases with chronic conditions. The statistics published in June 2018, showed that NCDs kill 41 million people each year, which is equivalent to 71 percent of all deaths globally. Tobacco use, unhealthy diet, lack of physical activities, use of alcohol increases the risk of NCDs. Digital health proffers an opportunity for patients to take control of their own health.

Two of the greatest obstacles to high-quality primary healthcare in low-income countries are a lack of skilled health workers and the limited access to reliable, actionable health information. Even where clinicians exist with sufficient skills, health information systems are rarely organised to collate and deliver feedback on health trends to the provider. Medical records have minimal content and may be difficult to access, and diagnostic results may arrive too late to influence therapy. Communication gaps between health

providers caring for the same patient result in fractured care, wasting time and money and risking outcomes. Barriers, such as limited capacity to collect and use data or accountability for performance, can severely limit the ability of health workers to integrate local epidemiology and real-time data on diseases. We need to break down the barriers that separate patients from their health records, limit the quality of clinician decision-making, and access to essential health products. We need to digitise health.

Fascinating insights into the future can be seen in promising pilots, such as, the WISH Foundation in India which has developed systems in public clinics in Rajasthan, India where tele-consultations between village dwellers and city-based medical specialists are opening direct access to high-level care near to their home. Treatment is dispensed

immediately from a modified electronic dispensing machine in the same clinic, based on a bar-coded prescription transmitted remotely by the specialist. Further south, in Karnataka, Healthcube is integrating dozens of sensors and tests into a portable electronic box that provides high-quality patient diagnosis and monitoring for a host of medical conditions. Their aim is to make healthcare delivery hassle-free and accessible. Closer to home, icddr, b in Dhaka is collaborating with international partners in the US and Cambodia to develop a system for recognising patients from birth to old-age with a smartphone or tablet, which could allow immediate access to medical records for the patient and clinician.

Healthcare delivery is ripe for such innovations. According to Bangladesh Telecommunication Regulatory Commission, there are about 147 million

mobile phone subscribers (Jan 2018 data). So, 147 million subscribers could receive directly their medical records and test results without returning to the clinic, secured by technology such as fingerprint or face recognition, blockchain and other data management systems. This will transform medical care in low-income countries into a data-driven, logical, and optimised decision-making process. Incorporating real-time, epidemiologic data with patient history, diagnostic results and latest evidence-based clinical data, medication resistance, and supply chain issues into treatment plans for presenting patients makes these computerised models dynamic and widely accessible, responsive to changing conditions, unlike current static, paper-based systems. The proliferation of mobile phones and increased access to the internet means that data can continuously flow back and forth between systems and users. This dynamic approach can be thought of as a kind of personalised, public health medicine, where the local epidemiologic milieu and treatment possibilities inform management, and, therefore improve outcomes. Availability of mobile phone has made tracking certain services, such as ante-natal care, pre-natal care, expanded programme of immunisation much easier. We perhaps need to explore how else technology can be used for preventive care, diagnostics, therapeutics and comprehensive disease management.

Digital revolution in healthcare is now feasible, the required components exists, we just need to connect the dots. There are pilot examples in neighbouring countries and the African continent of successful IT enabled healthcare on a local scale—such as teleconsultation, automated drug dispensing. The implementation needs to be carried out ethically and with caution—it requires a collaborative effort by government and the private health sector, and some new and innovative ways of collaborative thinking (for the health sphere). Also, the trust between healthcare professionals and patients need to be maintained. Any glitch in that process will defeat the purpose of accessible healthcare. The genesis of this is with us, so now is the time to shape it, to ensure that technology is introduced in an equitable way, accessible for all and aimed at a people-centred model for healthcare. It must be a tool to narrow the gaps in healthcare, not the domain of a select few, as many recent advances in health technology have become.

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