

Medical entrance examination pattern needs tweaking!

Madam, the world has witnessed an amazing revolution in medical curricula during the last two or three decades. New developments require students with a high-potential, efficient problem solving skills, great adaptability and perseverance, and a holistic approach for effective management of patients. In view of these developments, few medical schools are satisfied with their criteria for entrance to the institution. In fact the basis of student selection has been much debated over time. However, due to the high demand for medical professionals there has been a great increase in the number of students admitted every year, while the selection criteria remain uncertain.¹ This is true for the developed as well as the developing world.

Several approaches have been tried in different parts of the world in order to meet the needs for new selection criteria. Nonetheless medical schools are not very confident of the effectiveness of all these interventions and are extremely concerned about potential and learning aptitude of students selected. Literature review² suggests that the predictive validity of admissions tests is contentious, with inconsistent results of studies during medical schools evaluating the reliability of cognitive measures as indicators of academic or clinical performance. In contrast, some studies feel that personality factors have been underexplored and the situational tests that measure particular paradigms may be more useful than cognitive tests¹ alone. Interviews are an added popular measure used by several medical schools, but at best interviews are a poor predictor of behavioural and attitudinal aptitudes. In addition, interviews are inherently subjective in nature and hinder assessment of personality characteristics in their true perspective.³

Though medical entrance examination patterns in Pakistan appears to be standardized and effective (e.g., objective test), and use over 200 multiple choice questions (MCQs), they are, even more embryonic for measuring insight, aptitude and personality characteristics. The exam

consists of questions largely based on physics, chemistry, biology, and English followed by an interview in some medical schools. This approach measures competence by assessing knowledge. One cannot refute the importance of adequate knowledge in any field including medicine, but it is not adequate for assessing the ability to be a competent, safe and effective medical practitioner. Current medical curricula demand much more, and emphasize the significance of behaviour, attitudes and approach to patients.⁴ Unfortunately these important attributes are currently missing from the medical entrance examinations in Pakistan.

In conclusion, without robust, objective and valid measures of emotional intelligence⁵ like self-awareness, self-regulation, motivation, social skills and empathy to complement current measures of knowledge, medical entrance examination are unreliable in providing insights into personal characteristics. Emotional intelligence is an important measure of students ability to empathy with patients. It is proposed that emotional intelligence measures should be incorporated in medical entrance examinations to assess identified behavioural capabilities in order to procreate a generation of much needed i.e., "Empathic and Patients-Centered Competent Physicians."

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References

1. Groves MA, Gordon J, Ryan G. Entry tests for graduate medical programs: is it time to re-think? *Med J Aust* 2007; 186: 120-3.
2. Salvatori P. Reliability and validity of admissions tools used to select students for the health professions. *Adv Health Sci Educ Theory Pract* 2001; 6: 159-75.
3. Goho J, Blackman A. The effectiveness of academic admission interviews: an exploratory meta-analysis. *Med Teach* 2006; 28: 335-40.
4. Ferguson E, James D, Madeley L. Factors associated with success in medical school: systematic review of the literature. *BMJ* 2002; 324: 952-7.
5. Carr SE. Emotional intelligence in medical students: does it correlate with selection measures? *Med Educ* 2009; 43: 1069-77.