

# Socially Accountable Medical Students: Selecting Medical Students for the 21st Century

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The main aim of medical colleges is to educate, train & certify doctors who will then go on to take care of the health of the people. WHO held the health care institutions to be socially accountable, declaring in 1995 that they have “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and the nation that they have the mandate to serve.”<sup>1</sup>

Medical education institutions of the twenty first century face numerous challenges like provision of equitable health care, using technological innovations, dealing with brain drain, problems created through migrations and conflicts, changing demography and aging population. The developed countries have responded through educational reforms. The modern curriculum brings together well-articulated competencies, use of innovative teaching methodologies and technological advances.<sup>2</sup>

Medical education institutes provide the main health care workforce. Evidence shows that once admitted attrition rates from medical schools are very low and the majority, once admitted go on to become doctors.<sup>3</sup> This makes the criteria for student selection critical. Till recently, admission into health care institutions was granted to the students with highest cognitive achievements globally. A competent professional, however, requires many other competencies. Critical thinking and problem solving, professionalism, integrity, communications and interpersonal skills, ability to work in teams, social skills and cultural competence, compassion, resilience, and adaptability have all been identified as essential personal attributes for medical students in addition to cognitive skills.<sup>3</sup> With the evidence available

that the personal competencies are associated with better chances of positive medical school as well as health care outcomes has led to calls for broadening student selection criteria globally and many countries like North America, United Kingdom, and Australia are already using innovative methods to assess personal competencies.<sup>4</sup>

Contrary to the global move admissions in Pakistan are based mainly on cognitive performance mainly (secondary/ higher secondary school certificate (SSC/ HSSC or performance of equivalent exams such as A Level/O level) and Medical & Dental college Aptitude test (MDCAT). Our admission criterion does not test for personal attributes. In-fact the regulatory body, Pakistan Medical and Dental Council (PMDC), has not included interviews in admission guidelines.<sup>5</sup>

Similar to the agenda of all health care institutions, the main purpose of the undergraduate medical program in Pakistan should be to produce professionals who have the requisite knowledge, skills and attitude to take care of the health of the Pakistani society. Unfortunately, the on-ground reality is different. Though Pakistan has seen a rapid growth in health Profession Education programs in the last decade the state of health in Pakistan remains worrisome despite increase in number of Pakistani medical graduates. Often times lure of economic benefits leads to compromise of the merit in selection, granting admission to students who do not even have the requisite cognitive qualities, what to talk of personal attributes and values.<sup>6</sup> Now is perhaps the time to relook into our student admission criteria.

Many of the diseases besetting Pakistan are amenable to prevention. Through provision of services in poor and resource restricted environments, primary care physicians provide the vital link between individual health and a healthy nation. There is considerable evidence of association of the personal characteristics with choice of a career in primary care and practice in underserved communities.<sup>7</sup> Giving primary care its due place in curricula is the need of the hour. Selecting students with the right personal attributes and cognitive strengths will provide the foundation of a health care system most suitable to solve the health care issues of Pakistan.

There is no denying the fact that it is very difficult to assess these attributes. Recently Multiple Mini-Interviews (MMI) which utilize the structured multiple sampling approach used in Objective structured Clinical Examination (OSCE) has been introduced for assessing these attributes.<sup>4</sup> These were developed as the existing selection tools like interviews used for identifying these qualities in the applicants were found to be unreliable, biased and subjective. Scores on MMI the other hand have been shown to be reliable and valid for assessing personality traits and exhibit generalizability to clinical and licensing examination performance.<sup>4</sup> The good news is that evidence from a few institutions in Pakistan utilizing this tool for student selection is accumulating.<sup>8</sup> MMI, however require considerable resources and the large-scale adoption of such methods will require change of mindset of the major stakeholders including our regulating bodies.<sup>4</sup>

In conclusion, though Medical education in Pakistan needs to address myriad problems in curriculum design development & implementation there is an urgent need to simultaneously broaden our admission criteria and select only those students who have the requisite cognitive as well personal attributes. The health care institutions and regulating bodies are answerable to society

for identifying students with humane personal qualities who will hopefully opt to select primary care specialties thereby providing health care services in the restricted resource setting of developing countries like Pakistan.

This is the only way out for meeting our social responsibility & being accountable to society.

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