

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

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The basic purpose of medical colleges is to educate, train & certify doctors who will then go on to take care of health of the people thus linking health professions education to health outcomes.¹ 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 a mandate to serve.”²

This is a tremendous responsibility compounded further by the challenges faced by health care in twenty first century like provision of equitable health care, using technological innovations, dealing with brain drain, problems created through migrations and conflicts, changing demography and aging population³ The developed countries have responded through educational reforms, moving from science based curriculum to problem based instructional designs to the present systems based approaches. Today’s curriculum brings together well articulated competencies, use of innovative teaching methodologies, technological advances, and recognition of personal well being of professional.³ Medical education institutions face numerous challenges as the provider of the main workforce on which the entire health system is based. This, in turn, makes the admission criteria for student selection critical as attrition rates from medical schools are very low and the majority, once admitted goes on to become doctors.^{3, 4}

Till recently, admission into health care institutions was granted through a competitive, long and rigorous process to students with the highest cognitive achievements globally.⁵ Competent health care practitioners, however, require many other competencies. Integrity, professionalism, ability to work in teams; communications and interpersonal skills; social skills and cultural competence; critical thinking

and problem solving, compassion, capacity for improvement; reliability; ability to maintain dignity and respect of patient; resilience and adaptability have all been identified as essential personal attributes for medical students in addition to cognitive skills.^{5,6} There is increasing evidence that the personal competencies are associated with better chances of positive medical school as well as health care outcomes.⁷ This has led to many institutions in North America, United Kingdom, Australia namely to broaden student selection criteria by incorporating innovative methods to assess personal competencies.⁴ The Medical School Objectives Project (MSOP) of Association of American Medical Colleges strongly recommends using these qualities in student selection.⁸

A look at the scenario present in Pakistan tells us a different story. Admissions to medical colleges in Pakistan are based only on secondary/ higher secondary school certificate (SSC/ HSSC or performance of equivalent exams such as A Level/O level) with minimum of 60% marks (only!) plus an entrance exam based on subjects of English, Biology, Chemistry, and Physics. Unfortunately, even this entrance exam is not uniform for the whole country.⁹Our admission criterion does not test for personal attributes. In-fact the regulatory body, Pakistan Medical and Dental Council (PM&DC), has not included interviews in admission guidelines. As a result, even the traditional interviews are reported by very few medical colleges as a basis of selecting students in Pakistan.^{9, 10}

Pakistan has seen a rapid growth in Health Profession Education programs in the last decade.¹¹ A few public institutions have been launched but mainly private colleges have mushroomed where the lure of economic benefits often 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.¹¹ The training and

teaching provided in many of these private medical colleges is suboptimal and in need of reforms.¹² On the other hand, the state of health in Pakistan remains worrisome despite increase in number of Pakistani medical graduates. Pakistan is the sixth most populous country in the world and her health profile is described by high fertility rate, one of the highest infant and child mortality and high maternal mortality. We also faces double burden of communicable as well as non-communicable diseases.¹³

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. Many of the diseases besetting Pakistan and in fact, other developing countries 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.^{1,3, 14, 15} There is considerable evidence of association of the personal characteristics with choosing of a career in primary care and practice in underserved communities.¹⁶

Evaluation of students at the time of entry at all levels, and especially, at undergraduate provides the best opportunity to assess students and select those who will withstand the rigors and fulfill the demands of health care professions training and practice.^{3, 4} There is no denying the fact that it is very difficult to assess these attributes. Recently Multiple Mini-Interviews (MMI) which utilizes the structured multiple sampling approach used in objective structured Clinical Examination (OSCE) has been introduced for assessing these attributes. MMI 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.^{4, 6} Scores on MMI the other hand have been shown to be reliable and valid for assessing personal traits and exhibit generalizability to clinical and licensing examination performance.¹⁸ The good news is that evidence from a few institutions in Pakistan utilizing this tool for student selection is accumulating. Experiences of Aga Khan University's and author's own experience at Al Nafees Medical College bode well for the future.¹⁹ 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.¹⁸

Conclusion

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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