

cess. But conventionally only the science courses and grades have been given major consideration. There is evidence that non-science students performed equally well or better than the traditional science trained students in one medical school¹². Gough¹³ found that students who were relatively low in science performance and preference had relaxed, easy going and progressive personality traits. Weingartner³ believes that every applicant to medical school should give evidence of a broader education rather than piling up of additional science courses simply to impress admission committees.

Biographical variables also have been taken into consideration in some medical schools. But sometimes selection processes based on biographical characteristics such as age, gender and ethnicity have been biased depending on the people in the selection committees. For this reason the selection committee should determine in advance the reasons for including these characteristics as the criteria for selection. If medical manpower needs by speciality, geographic area or both are determined, it may be justified in selecting some candidates who will fulfil the requirements based on biographical variables. For example if more surgeons are needed in a particular geographic area, it may be necessary to select more male students based on available data on career preferences and reduced amount of time females are able to devote as compared to males¹¹. Conversely if more doctors are needed in maternal and child health or in gynaecology, some religious groups may decide to take more female students, as required in some Arab States.

Attitudinal and psychomotor variables are rarely considered in determining the entry characteristics of the medical students. Most criticisms against the current selection procedures stem from the lack of appropriate methods to reliably assess personality traits and attitudinal dispositions.

AVAILABLE METHODS OF SELECTION

Questionnaires have been used to gather information on biographical characteristics. It is relatively simple to gather this information which could be analysed by computers.

Scholastic and intellectual abilities have been assessed by grade point averages, secondary school

grades and intelligence tests administered to prospective candidates.

Interviews are held in many schools by an expert committee. Usually students who satisfy the minimum cognitive criteria only are screened in the interview. In Newcastle University in Australia, the interview is conducted by a trained member of the academic staff and a community representative. The interviewers used a structured 5-point scale to write down their impressions. In St. Mary's, which is one of the schools of London University, three independent scales of selection criteria "academic ability", "interests" and "community service" contributed to the eventual interview decision¹⁴. Proponents of the interview method argue that it is natural justice to enable the candidates to make their own case for selection.

Psychological tests are used at the Newcastle medical school to assess personal qualities including ethical, reasoning, creativity and higher mental abilities. These tests are separately administered and named as (a) Moral Dilemma Test (b) Empathy Test (c) Creativity Test (d) Higher Mental Ability Test¹⁵. Reports from referees, community leaders, head masters of schools have also been used to determine attitudinal characteristics of students. At McMaster University assessment of letters written by all eligible applicants about themselves were rated by a team of three members. This is a very complex procedure. It was assumed that the interview which follows the assessment of the self report would reveal faked letters. An effort was also made to eliminate literary style and background experience of candidates. Applicants also have indicated acceptance of this procedure¹⁶.

CONCLUSION

Determination of prerequisites based on expected entry characteristics and the organization of selection process should result in choosing the right candidates for future health care delivery. The selection process should also encourage the sort of behaviour that improves the quality of the aspirants and discourage undesirable and inappropriate choices.

Since there are many possible career opportunities in medicine requiring physicians with various backgrounds, cognitive abilities should also include non-science disciplines such as humanities and social

sciences. Any selection procedure which purports to choose the appropriate candidates for medicine should have a multi-factorial approach rather than just screening grades of secondary school performances.

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