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Theme of this Issue
Competence-Based Assessment

Using emotions — the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.

Understanding emotions — the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognize and describe how emotions evolve over time.

Managing emotions — the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

Educational Implications of EI in Medical Education

It could develop a better understanding of the competency of interpersonal and communications skills of medical students and medical professionals which is more important in relieving anxiety and establishing trusting relationships.[8] EI of individuals can be measured using appropriate tools which help the medical teachers to carry out necessary educational interventions for the desirable development of EI among the medical students during the formative period.[5,8] Doctors with good EQ have proved to have effective communication and interpersonal skills and are less likely to receive patient complaints and more likely to play a major role in reducing medical errors.[9] Educational interventions can be designed to enhance student recognition of patient needs and personal satisfaction.[9] Assessment of EI is now used as part of the selection process for some medical school applicants in an effort to consider an applicant's competence in interpersonal skills.[1,2]

Conclusion

Medical education must change to meet the changing health care needs of the population and the changing demands of patients. It is widely acknowledged that medical schools must strive hard to improve the overall competency of medical students in the interpersonal dimension of practicing medicine. By developing the emotional intelligence, medical students and professionals can become more productive and successful in what they do and help others become more productive and successful too.

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Low Achievers – Are They Really Slow Learners?

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Introduction:

The university result in preclinical examination in our college with an intake of 150 students is between 70 to 88%. There are failures in spite of completion of syllabus and regular teaching schedule. Poor results forced us to make an attempt in knowing the exact cause of poor performance.

Students who had failed in their internal assessment tests conducted as part of their formative assessment attributed various reasons for their poor performance other than coping with academic stress. Medical educators have identified extra curricular causes like language, parental and peer pressure, personal, medical and domestic problems to have a significant impact on learning. So we perceived the necessity to

devise a tool to identify the cause for poor performance and intervene accordingly.

Objectives:

1. To design a questionnaire to identify the cause of poor performance in low achievers.

2. To develop a remedial program to help slow learners in improving academic performance

Methodology:

All the students scoring below 50 % in theory and practicals of his / her 1st Internal Assessment (IA) scores were considered as low achievers. A questionnaire (Table 1) was designed which contained 20 statements regarding curricular (statements 9,10,16,17,18,19,20) and extra curricular (statements 1,2,3,4,5,6,7,8,11,12,13,14,15) causes and administered to the students. After analyzing the responses, one to one interview was conducted to know the problem in detail.

Intervention planned was having a remedial program consisting of counseling, conducting enrichment classes to assist in learning and having study skill sessions. Periodic assessment was conducted and faculty feedback was obtained.

Table 1. Questionnaire to identify cause of poor performance

1.	I have problem in understanding the language	Yes/No
2.	I have no interest in doing Medicine	Yes/No
3.	I have come here as my parents forced me	Yes/No
4.	I am anxious	Yes/ No
5.	I am not accustomed to the food that is provided	Yes/No
6.	I have problems due to my seniors	Yes/No
7.	I am afraid of failing in the exams	Yes/No
8.	I have problems with my classmates/room mates	Yes/No
9.	I don't understand what is taught in class	Yes/No
10.	I am not able to take notes	Yes/No
11.	I don't find the environment conducive to study	Yes/No
12.	I feel sick often	Yes/No
13.	I feel unhappy	Yes/No
14.	I feel threatened	Yes/No
15.	I feel that I don't belong to the group	Yes/No
16.	I am not able to study on my own	Yes/No
17.	I need additional help in learning	Yes/No
18.	I am not confident regarding the subject	Yes/No
19.	I don't understand what is read	Yes/No
20.	I feel frustrated as I can't study	Yes/No

Results:

45 low achievers were identified after the 1st internal assessment. After analyzing the responses of the questionnaires, poor performance was due to non-curricular causes in 23 students and curricular causes in 22 students.

In addition to identifying the cause, motivating, providing emotional support and non threatening learning ambience, giving confident feedback, encouraging team learning to promote peer acceptance were part of the remedial program planned. All the students were counseled and additional assignments and study skill sessions were conducted.

After 2nd Internal assessment, 20 improved and scored more than 50%. The faculty opined that these students submitted their assignments on time and showed interest during the tutorials. For the remaining 24 low achievers, extensive one to one coaching was adopted for those with poor learning techniques and counseling and motivation for the rest. After 3rd and final Internal assessment, 13 students remained low achievers with less than 50%. Enrichment and counseling were continued for these students.

Conclusion:

Non-curricular causes like lack of motivation, language and food preferences appear to have a significant impact on the academic performance of students. A well designed questionnaire will serve as an important tool in identifying the cause of poor performance and then intervene accordingly.

The questionnaire that was developed for this NTTC project has now become the mainstay of remedial and mentorship program to help the poor performers in our department.

Remedial program for slow learners include identification of cause, counseling by faculty, enrichment classes, assignments, small group discussions and constant feedback.

Orientation programs for fresh entrants with sessions on study skills, mind mapping, making notes and time management and coping stress (delivered by a

psychiatrist) are also being conducted to facilitate learning at the beginning of the course.

Future directions:

The questionnaire will be revised to include responses on a 5 point Likert scale to test validity and internal consistency. To extend the remedial program to para clinical and clinical phases.

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The Seekers and the Sought: a novel Teaching-Learning concept

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It is a commonplace experience during ones studentship in a medical school, that one hears the existence of a great teacher somewhere in the institution, but won't be able to experience him because the teacher is in a different unit, or is in a situation normally inaccessible if one is in a different semester [eg. in Anatomy or Anaesthesiology dept]. Their 'great' classes were lost horizons for the rest of us.

Even though we all tend to accept the situation as such, the fact remains that such a teacher is rightfully a 'property' of all the students at that point of time. How to make a good teacher accessible to a cross section of students in a medical school? This was the question which led us to formulate this unconventional TL concept.

The prime question was about how to find out the 'Good Teachers' in the Undergraduate student's point of view. This was a delicate area, because a number of egos might get rubbed in the wrong way at every stage of the process.

We solved this by asking Thrissur Medical College Alumni Association to conduct an informal, quadri-centric survey. The Debate and Quiz Club of the Students Union, 'Prateeksha', the Charity wing of Medical Students, different Tutorial Groups, and an informal group consisting of students with good academic track records, were asked to simply rank the 'Good Teachers' in different departments. They were permitted to use 'sms' as a method of participating in the survey. Anonymity was ensured at every stage.

The data was analyzed, and the teachers were divided into four groups, according to whether their names appeared in one, two, three or all lists. The teachers whose names appeared in the 3 and 4 groups were [ie, those whose names were present in 3 out of 4 lists and all the 4 lists] were approached by the Alumni Association members and requested to present a session on a topic of their choice before a cross section of students, in the Alumni Association Auditorium on any Tuesday or Thursday after class hours. Duration and choice of TL Method were left to the teacher. However the Teacher was encouraged to stick on to the theme of the program, "Simplify It!".

Students were informed of the sessions one day before each session through the SMS Communication Network, an initiative by the TMC Students Union 2011. PGs and other faculty members were also informed through sms networks from the Dean's office. Attendance was not compulsory, but they were encouraged to come to the venue by about 4.30pm, sufficiently relaxed.

The program, christened as 'TMCAA-DQ Mastermind Program' commenced on 7th April 2011. The response was enthusiastic and highly encouraging. A cross section of students of different semesters varying from 35 to 200 attended each session. Obviously, some sessions were 'crowd pullers'. Many PG students and other faculty members also came over to attend sessions. After 12 sessions, feedback was taken from the teachers and students on what they felt about the concept.

What the Students liked about the concept

1. Teachers were chosen by the students; hence the sessions were eagerly awaited for.
2. No compulsions.
3. Felt relaxed [especially the timings, and absence of compulsions on attendance]
4. Topics were relevant.
5. Liked the teachers & their ways of teaching
6. Came across different personalities and styles among the faculty
7. Felt informal.

What the Teachers liked about the concept

1. Felt wanted
2. Felt recognized
3. Could get an audience who came specifically to hear them
4. Could select their own 'favourite' topics.
5. Could select their own T-L method
6. Flexibility of timings.
7. Overall freedom.

What the Organizers felt about the Program

The concept of 'Evening Classes' by teachers is nothing new. From the point of view of organizers, the most important features, which we felt made the difference, are:

1. Informal, relaxed settings
2. Total lack of compulsions on teachers and students
3. Flexibility in timings
4. Flexibility in choice of topics
5. Creates intimacy among Teachers and students, and among students themselves.