

# NON-SCHOLASTIC ABILITIES

Recommendations on the importance, training and evaluation of non-scholastic abilities based on the online discussion carried out by the CMCL FAIMER Fellows in July 2007

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Ability is defined as the power and skills to do, think, act and make.

The word 'scholastic' means "of or concerning schools and teaching". In general, non-scholastic abilities include those abilities which are not traditionally taught and evaluated in schools. These abilities include attitudes, moral values, leadership, motivation, etc.

A month long online discussion on non-scholastic abilities carried out by the CMCL FAIMER Fellows 2007 under the able guidance of the faculty of CMCL FAIMER raised many important and pertinent issues. Based on these discussions, the following recommendations are being proposed on the importance, training and evaluation of non-scholastic abilities in medical profession in general and medical profession in particular.

1. Developing and nurturing non-scholastic abilities are vital to the holistic and professional development of self and medical students. It is also important to foster the connection between the scholastic and non-scholastic abilities.
2. In the medical profession- which deals with human touch- these aspects of learning become vital. While it is inherently ingrained in some, most of us need to train to develop these abilities.  
These abilities reflect the later performance of the students as doctors. Hence, this is the concern of curriculum planners or medical educators. A medical professional, a surgeon for example, is called upon to perform various roles. He is a clinician, scientist, craftsman, manager, student, and teacher all rolled into one. It is like one person doing the work of six. One needs to develop various skills including non-scholastic ones to perform these roles.
3. While framing a medical curriculum following non-scholastic abilities have been identified as important:
  - ✚ Communication skills and ability to communicate with peers, teachers, patients, assertiveness, ability to break bad news and explain medical jargon to patients and relatives.
  - ✚ Social skills (Team work and leadership, interpersonal skills and a good emotional quotient).
  - ✚ Personal qualities (Regularity, punctuality, hard work and attitude to work, inventiveness, originality and initiative)
  - ✚ Professionalism
  - ✚ A scientific temper and inquisitiveness
  - ✚ Service orientation and an aptitude for serving in rural areas
  - ✚ Body language and non verbal communication
  - ✚ Participation in sports and other extracurricular activities, hobbies, social service activities
  - ✚ IT skills: Computer, internet
4. It is important to foster and maintain a communication between the scholastic and non-scholastic abilities. Training and evaluation methods developed for non-scholastic abilities must be designed keeping this in view.

5. Non-scholastic abilities are important for teachers too. These are:
  - Helping the low achievers and being able to understand problems of students (non-academic) which are interfering in their academic behavior, reducing exam stress.
  - Leadership, multitasking
  - Social conscience
  - Interests outside medicine
  - Balance of home and career
  - Patience
  - Communication skills
  - Interpersonal relationships
  - Professionalism
  - Encourage humanistic aspects.
6. Although these non-scholastic abilities are not formally included in the medical curricula, teachers can inculcate and nurture them in their students in a subconscious manner by being role models i.e. teaching by example, organizing and encouraging activities that promote and help develop these abilities. We need to respect, recognize and grow these abilities in students without losing focus on scholastic excellence.
7. Non-scholastic abilities are not just 'nice to have' or 'desirable to have', but 'must have' qualities. And since they are 'must have'- every effort must go into learning them. It is recommended to capture these abilities rather than declaring that they are "out of syllabus".
8. These abilities can be fostered in the students through training, group discussions, debate, being role models and inviting good trainers.
9. Effective teaching methods include:
  - ✚ Provide evidence of current deficiencies in these areas, reasons for them, and the consequences for patients and doctors
  - ✚ Offer an evidence base for the skills needed to overcome these deficiencies
  - ✚ Demonstrate the skills to be learned and elicit reactions to these
  - ✚ Provide an opportunity to practice the skills under controlled and safe conditions
  - ✚ Give constructive feedback on performance and reflect on the reasons for any blocking behavior.
10. Evaluation of these qualities is essential. Anything which is not evaluated is never learnt properly. Also the evaluation system itself is a motivating factor to imbibe these skills into one's personality. Emphasis must be paid to formative assessment along with summative assessment as it provides feedback to the students on the skills they need to improve.
11. One can attempt to develop objective evaluation tools for these abilities. The more complex the behavior or ability you wish to assess, the more global is the assessment.
12. Identification, nurturing, developing and evaluating of non-scholastic abilities should be continuous process beginning at the pre-admission stage to the period that students complete their training period.