Student Selection-Changes and Further Improvement
Akitsugu Ojima, Main Topic Editor

Medical student selection was chosen as a main topic few times in the past issues; however, the reason that it has been chosen again in this issue is as follows: 1) Competition rates have been gradually changing during these ten years since the Joint First Stage Achievement Test (JFSAT) started. 2) Selection methods have been actively devised in newly founded schools but little improvement has been made in the old ones. 3) The so-called “New Test” is going to start in 1990. Accordingly, on this occasion, it is important for further improvement that we review changes in the competition rates, in the methods to select students and in quality of students selected, etc.

In introduction, D. Ushiba briefly points out the insufficient improvement in student selection and requests further efforts of medical teachers to examine more intensively students’ affective domain rather than their test achievements, on this chance when the New Test begins.

A. Ojima summarized changes in the competition rates in national and public medical schools, which have been gradually decreasing since 1979. The rates in engineering and agricultural schools, which were lower than in the medical schools ten years ago, gradually increased and crossed over the medical school rates a few years ago. However, they crossed again two years ago. I. Sakurai also surveyed the competition rates in private medical schools, which are decreasing also. The total number of applicants in 1986 (23,631) became just 1/2 of that in 1979 (47,572). He analysed the factors influencing competition rates in private schools and stressed that the schools are not selecting students; rather, applicants are selecting schools.

A. Ojima reviewed overall changes in selection methods in medical schools for the past ten years. The use of new student selection methods in which one or two out of interview, short essay test, aptitude test, etc. are utilized have been gradually spreading from the new medical schools to the old ones. The percentage of national and public medical schools which use the new methods was 10.9% (5/46) in 1978; however, it rose to 64.0% (32/50) in 1989. Further, the percentage of recommendation admission is rapidly increasing from 0 in 1984 to 16 (38.1%) in 1989 in the national schools, and the percentage is very close to that in the private medical schools. The author stresses that the biggest obstacles in improving the student selection does not lie in JFSAT itself but in the second tests, which is still based on only achievement tests in the old universities. He also analyzed the experiences in student selection in Gifu University School of Medicine in these ten years.

M. Hori, of the University of Tsukuba, which belongs to the Network of Community Oriented Educational Institutions for Health Science, indicated the educational objectives of the school, that is, to develop problem solving ability and society-oriented attitude in health care. He then reported that since 1979, his school has been conducting five-hour essay tests which use much material and group discussion interviews, instead of implementing achievement tests. The selected students’ abilities and personalities have a high reputation. The author stresses that Tsukuba’s selection methods proved to be very significant to assess learning ability rather than learned knowledge and that there is no necessity for achievement tests at all.
T. Kanaseki also summarized changes in student selection for the past ten years at Saga Medical School, which is one of the innovated medical schools and is implementing interview and short essay tests as well as a recommendation admission system since 1985, instead of achievement tests. The quality of the students selected by these methods and system is above average and the students have never had any difficulty through the premedical and medical courses.

S. Sato appeals a difficult standpoint in improving student selection of the public medical schools in general, which resemble neither the national nor the private medical schools.

Y. Kagawa, Jichi Medical School, reports on the very favorable character and achievements of students selected by multiple selection methods including a psychological test in order to check personalities. This is conducted in two steps: that is, on the level of each prefecture from which the applicants originated, and on the level of the school itself. T. Takagaki also explains the importance of multiple selection methods focused on personality in Juntendo Medical School.

O. Koide, University of Occupational and Environmental Health, the only private school participating in the JFSAT, describes the objectives and methods of student selection in the school and his hope for the so-called “New Test” from the standpoint of the private school.

T. Abe, A. Nakazawa, I. Sakurai, and K. Miyoshi and I. Takayama report on “recommendation admission” undertaken in each of their schools in detail. The contents of these papers are very helpful for schools which are going to introduce the recommendation admission system.

N. Nakajima of the Daigaku Nyushi Center, explains the history, aims, contents, methods on the use, and merits of the so-called “New Test”, or Daigaku Nyushi Center Test.

M. Nishizono introduces recent vigorous pilot studies on the New MCAT (skills analysis) in Japan and stresses that the test measures problem solving ability which may be closely related to the clinical competence of students. A. Nishiyama reports on correlation studies between varied factors of students and the results of the New MCAT (skills analysis), which was undertaken as an optional pilot test after the admission tests.

S. Sawaki, H. Hosomi et al. and R. Tokunaga stress the importance in selecting students by focusing on their humanity and social awareness and by using multiple selection methods.

I do hope these invaluable papers will not only theoretically but also practically contribute to further improvement of medical student selection in Japan.

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