

## ABSTRACTS

# ASME Scientific Meeting, September 1989

The Annual Members' Day of the Association for the Study of Medical Education was held on 22 September 1989 at the University of Glasgow.

Any correspondence about the abstracts of the papers presented should be addressed to the authors, rather than the Association.

### **The independent effects of intelligence and educational achievement in predicting final examination success**

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Clinical students entering Westminster Medical School during the period 1975-1982 were each given the AH5, a timed intelligence test. In order to make the test more acceptable to the students, it was explained to them that, except for the lay member of the staff of the School who administered the test, no one else in the School would have access to the results until the students had qualified and left the School. Results were available for 512 students. A-level examination results were available for Medical School records, as were final examination results. Subsequent careers were reviewed by examining the Medical Register and Medical Directory.

The distribution of AH5 scores was typical of that of university students in general (mean 40.4; SD 7.7; range 19-62). Final examination performance was classified into four categories: fail; resit; pass first time; and distinction. IQ scores were significantly different in the four categories, with means of 34.3, 37.8, 40.8 and 43.8 respectively ( $P < 0.0025$ ); the correlation coefficient was 0.156. Final examination performance

also correlated significantly with A-level results ( $r = 0.161$ ). Partial correlations of IQ and A-levels with final examinations were each significant after taking the other into account, showing that each is an independent predictor of success.

It seems that IQ scores contribute additional information predictive of medical school success, over and above that provided by A-levels.

### **Drama in medical education?**

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The general practice clerkship in Leeds includes a project carried out by small groups of students and presented to a larger group in a seminar. The task is to investigate some aspect of the community context of medical care.

One third of students spontaneously introduce an element of drama into their presentation: short plays, videotaped interviews, etc. Students enjoy their dramatic productions and take them seriously. They contrast this permission to be creative with the perceived rigidity of the rest of the course.

Awareness among medical teachers of the potential of dramatic presentation could enrich the medical curriculum by liberating students' creativity and emotional involvement. It could also develop in some skills that are increasingly important in a world wedded to the screen, whether in health promotion or in parrying politicians.

### **Computerizing an MCQ databank**

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