

The National Medical Admission Test in Relation to the  
 Academic and Clinical Performance of Medicine  
 Proper Students of De La Salle University-  
 College of Medicine SY 1995-1996

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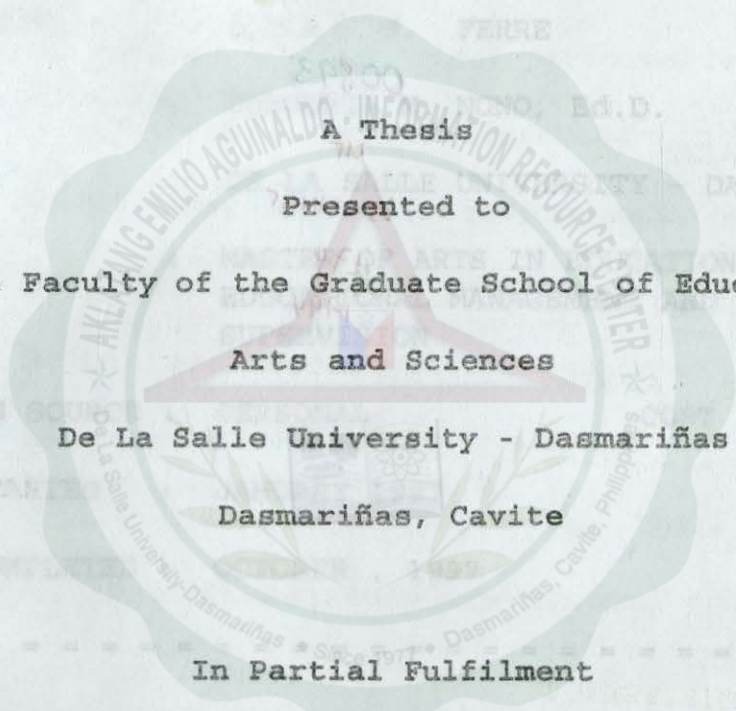
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**ABSTRACT**

**TITLE** : THE NATIONAL MEDICAL ADMISSION TEST IN RELATION TO THE ACADEMIC AND CLINICAL PERFORMANCE OF MEDICINE PROPER STUDENTS OF DE LA SALLE UNIVERSITY COLLEGE OF MEDICINE SY 1995-1996

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This study sought to determine the correlation of NMAT performance to the academic and clinical performance of medicine proper students of De La Salle University College of Medicine SY 1995 - 1996.

This study attempted to answer the following questions:



1. What is the performance in the NMAT of the fourth year medical students of De La Salle University College of Medicine, 1995 - 1996?

2. What is the academic performance of the clinical performance of the respondents? subject?

3. What is their clinical performance?

4. Are there any differences in the NMAT performance when the respondents are grouped according to type of family, pre-medical school attended, type of pre-medical course, and pre-medical course grade?

5. Are there differences in their academic performance when they are grouped according to type of family, pre-medical school attended, type of pre-medical course, and pre-medical course grades?

6. Are there differences in their clinical performance when they are grouped according to type of family, pre-medical school attended, type of pre-medical course, and pre-medical course grades?

pre-medical course, and pre-medical course between grades?

7. Is there a significant correlation between NMAT performance, academic performance and clinical performance of the respondents?

It was hypothesized in this study that:

1. There are no significant differences in the NMAT performance when the respondents are grouped according to type of family, pre-medical school attended, type of pre-medical course, and pre-medical course grades.

2. There are no significant differences in the academic performance when the respondents are grouped according to type of family, pre-medical school attended, type of pre-medical course, and pre-medical course grades.

#### FINDINGS:

3. There are no significant differences in clinical performance when the respondents are grouped according to type of family, pre-medical school

1. The computed mean in NMAT of 68.36% showed that the students did not achieve much in NMAT course grades.



4. There is no significant correlation between NMAT performance, academic performance, and clinical performance of the subjects.

The method used in this study was the descriptive methods of research.

The respondents of the study were the 128 fourth year medical students enrolled during the first semester of school year 1995 - 1996.

The techniques used in this study were research design, population, research instrument, data gathering techniques and data analysis.

The statistical method used in this study were frequency count, frequency distribution, percentage, mean, one way Anova, f-test, Pearson product moment correlation, and t-test.

#### FINDINGS:

The following findings resulted from this investigation:

1. The computed mean in NMAT of 68.36% showed that the students did not achieve much in NMAT.

2. The mean grade of the subjects as to academic performance was 2.851 which showed that the students achieved satisfactorily. value of 2.17 and probability of .319

3. The mean grade of the subjects as to clinical performance was 2.54 which showed that the students achieved satisfactorily. performance as to pre-medical

4.1 With regards to NMAT scores when the subjects were grouped as to type of family, the computed t-ratio of .43 for pooled variance estimate with a probability of .625 using 126 degrees of freedom is not significant at .05 level. The null hypothesis of no differences in the level of NMAT performance according to the type of family is not rejected. to pre-

4.2 As to NMAT scores when the subjects were grouped as to pre-medical school, the computed F-ratio of 1.231 with a tabular value of 2.17 and probability of 2.953 is not significant using 6 and 121 degrees of freedom. The null hypothesis of no significant differences in the NMAT performance when the subjects were grouped according to pre-medical school attended is not rejected. grouped according to pre-medical school



4.3 As to NMAT scores when the students were grouped as to pre-medical course, the computed F-ratio of 1.815 with a tabular value of 2.17 and probability of .1018 is not significant using 6 and 121 degrees of freedom. The null hypothesis of no significant differences in NMAT performance as to pre-medical course finished is not rejected.

4.4 As to NMAT scores when the students were grouped as to pre-medical course grades, the computed F-ratio of .027 with a tabular value of 3.92 and probability of .87 using 1 and 126 degrees of freedom is not significant. The null hypothesis of no significant differences in NMAT performance as to pre-medical course grade is not rejected.

5.1 As to academic performance and type of family, the computed t-ratio of 1.36 for pooled variance estimate with a probability of 1.47 using 126 degrees of freedom is not significant at .05 level. The null hypothesis of no difference is not rejected.

5.2 As to academic performance when the subjects were grouped according to pre-medical school

attended, the computed F-ratio of 2.071 with a tabular value of 2.17 and probability of .0616 using 6 and 121 degrees of freedom is not significant. The null hypothesis of no significant differences in academic performance according to pre-medical school attended is not rejected. As to clinical performance when the

5.3 As to academic performance according to pre-medical course, the computed F-ratio of .854 with a tabular value of 2.17 and probability of .5310 using 6 and 121 degrees of freedom is not significant. The null hypothesis of no significant differences in academic performance according to pre-medical course is not rejected.

5.4 As to academic performance according to pre-medical course grades, the computed F-ratio of 17.598 with a tabular value of 3.92 and probability of .0000 using 1 and 126 degrees of freedom is significant. The null hypothesis of no significant differences in academic performance according to pre-medical course grade is rejected. performance and pre-

medical course grade, the F-ratio of 17.591 with the



6.1 value As to clinical performance and type of family, the computed t-ratio of 1.59 for pooled variance estimates with a probability of 1.65 using 126 degrees of freedom is not significant at .05 level. The null hypothesis of no difference is not rejected.

6.2 probability of As to clinical performance when the students were grouped as to pre-medical school attended, the computed F-ratio of 2.027 with a tabular value of 2.17 and F-ratio of 2.027 with a tabular value of 2.17 and probability of .5310 using 6 and 121 degrees of freedom is not significant. The null hypothesis of no significant differences is not rejected.

6.3 the As to clinical performance and pre-medical course the computed F-ratio of .854 with a tabular value of 2.17 and probability of .5310 using 1 and 121 degrees of freedom is not significant. The null hypothesis of no significant difference is not rejected. As to academic and clinical performance, the

subjects 6.4 act As to clinical performance and pre-medical course grade, the F-ratio of 17.591 with the

tabular value of 3.95 and probability of .0000 is significant. The null hypothesis of no difference is rejected. al course and pre-medical course grades.

7.1 As to relationship of NMAT and academic performance, the obtained r-value of .871 with a probability of .0000 showed high relationships between the two variables.

7.2 As to relationship of NMAT and clinical performance, the obtained r-value of .23 with a 0.13 probability showed that there is a slight correlation that exists between NMAT scores and clinical performance of the students.

#### CONCLUSIONS:

In the light of the findings the following conclusions were drawn:

1. The fourth year medical students in DLSU-College of Medicine used as subjects of the study were not achieving high in NMAT.

2. As to academic and clinical performance, the subjects were achieving satisfactorily.



3. The NMAT scores were not related with the students type of family, pre-medical school attended, pre-medical course and pre-medical course grades.

4. Academic and clinical performances of the students were not related with the type of family, pre-medical school attended and pre-medical course.

5. Pre-medical course grades were related with academic and clinical performances of the students. The higher the pre-medical grades, the higher is the academic performance of the students and the higher they performed clinically.

6. NMAT is related with the academic and clinical performances of the students. The higher the student's score in NMAT, the higher he could perform academically and clinically.

7. NMAT is a good predictor of the academic and clinical performances of the medical students.

RECOMMENDATIONS

## APPROVAL SHEET

1. NMAT should be evaluated continuously as to its predictive validity to serve as an effective screening/admission of perspective applicants in the medical school.

2. Medical student applicants should concentrate on courses which are closely related to medical course if they intend to enrol in the College of Medicine.

3. All schools, colleges and universities in the country should give weight on NMAT and pre-medical grades as one of their admission scheme in selecting and screening medical student applicants.

4. It is recommended that studies in the relationship of NMAT with medical board examination be conducted to evaluate further its predictive validity.

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Accepted and approved in partial fulfillment of the requirements for the degree Master of Arts in Education, Major in Educational Management.

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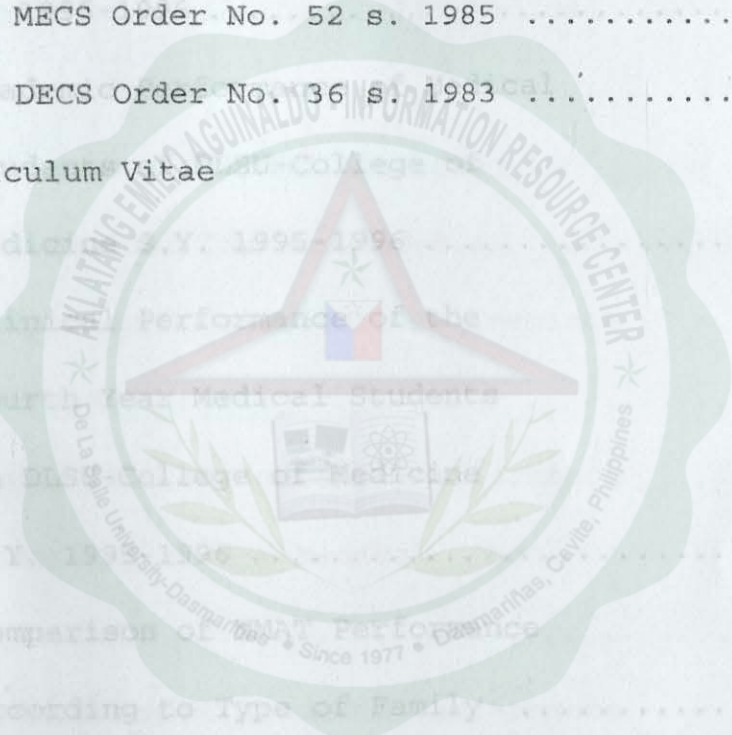
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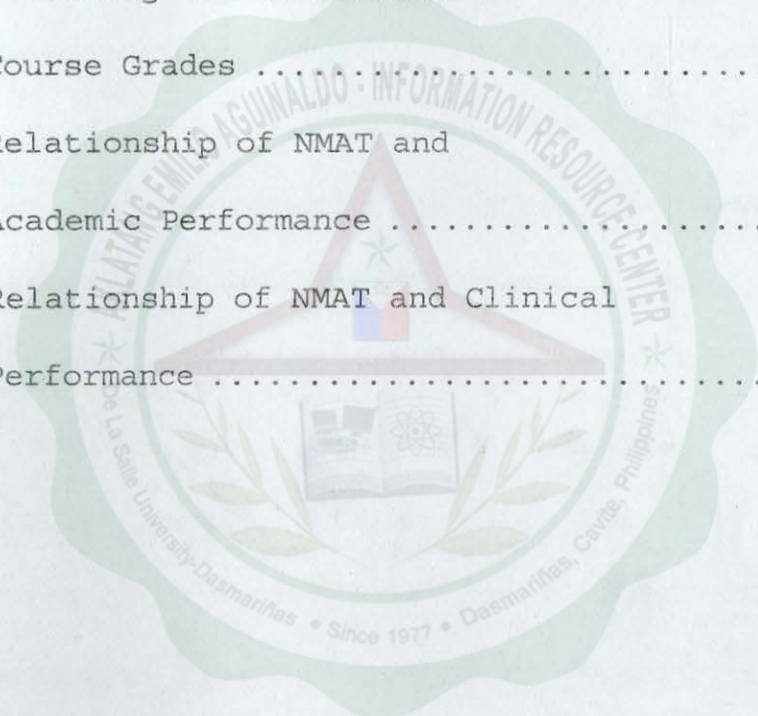
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FIGURE

CHAPTER I

Figure The Problem and Its Setting

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which is believed to be one of the greatest legacies of parents to their children. Thus, in this education-conscious society, it is a tribute to the medical profession that medical education is regarded as one of the most prestigious educational attainments. "That medicine is desirable" (Gomez, 1982) is evident in the great number of applicants who annually seek entry into the country's medical schools. Consequently, there is a need for an entrance examination in this particular course which would serve as determinant whether a certain student is fit to enter the College of Medicine or not. This is being done to ensure that students are competent enough to undergo the rapid scholastic tasks and training which the course offers. Eenn (1988) has this to say:

There are two principles that maybe useful for decision-making relative to admission of students:

