INTRODUCTION

In medical education, strategies to enhance behavioural expression of empathy or retard its decay made medical students clinically competent to both examiners and patients (Ogle et al., 2013). Neuroticism was influencing psychological health of medical students during stressful testing period. Various personality traits, emotional intelligence and previous academic performance were associated factors of psychological health during a less stressful period (Yusoff et al., 2013). Clinical reasoning was considered a thinking having no correlation detected with other constructs. Emotional intelligence and its subscales was used for clinical reasoning prediction (Ashoorion et al., 2012). Strategies strengthening emotional intelligence in leaders included keeping an emotional journal, daily meditation, positive visualization, thought before action, appreciative inquiry and empathetic listening. Skills to enhance emotional intelligence were self awareness, self management, social management, and relationship management (Scott, 2013). Research has shown that empathy declines during medical school graduation (Batt-Rawden et al., 2013). Incorporation of visual arts, literature and music into the curriculum was not to teach professionalism but, to offer students a viable, lifelong tool to reorient themselves along in the training process (Mullangi, 2013). The interest motivated profile of medical students was associated with good study hours, deep study strategy, good academic performance and low exhaustion from study. The interest status motivated profile was found to be associated with a good learning profile, but students with this profile showed higher surface strategy. Low motivation and status motivated profiles were associated with the least desirable learning behaviours (Kusurkar, 2013).

For Physicians and Doctors

Proper application of a methodical evaluation of communication competences, diagnosing educational needs of occupationally active physicians was needed to allow the preparation of courses in accordance with the needs in the area of professional communication competences (Włoszczyk-Szubzda and Jarosz, 2013). Clinical practice had an impact on empathy development and was instrumental in maintaining empathetic skills with age (Handford and Lemon, 2013). Attachment style and emotional intelligence (EI) were potential factors to influence the variation in medical students' and doctors' patient provider communication relating to emotive issues (Cherry et al., 2013). Japanese female students were conscious about emotionality. Emotion driven communication exercises influenced the development of students' EI (Abe et al., 2013). Differences in backgrounds and perceptions of the study of medicine, were found in medical students interested in non clinical careers from their peers (Kim et al., 2013). Programs of life
skills training increased the levels of emotional intelligence of students, leading to academic success, reduced substance abuse and increased stress tolerance (Lolaty et al., 2012). Study done on cultural competency in pharmacy students showed that ideologies and behaviors can be altered based on the educational intervention received (Sales et al., 2013). Methylphenidate was not beneficial in increasing memory or learning, only increases wakefulness and alertness, reducing the time of sleep (Finger et al., 2013). Medical students need to be provided with additional learning and feedback opportunities to exercise both skills combined for applying in physicians' daily practice (Ohm et al., 2013). Student generated video activity gave a positive experience that enabled to play the major role in driving the learning process in first year dental students (Omar et al., 2013). Empathy had a weak association with person orientation and links between empathy and the three motivation scores was low (Gonçalves-Pereira et al., 2013). A mind body course increased self regulation and self compassion in medical students (Bond et al., 2013). Responsibility subscale differed between men and women. Happiness subscale was a good predictor for emotional intelligence score (Ghajarzadeh and Mohammadifar, 2013). Medical students who were emotionally intelligent performed better in continuous assessments and the final professional examination as well (Chew et al., 2013). Similarities in gender were found among Swedish medical students' specialty preferences contrasting with research from other western countries where male and female students showed differences in career aspirations (Diderichsen et al., 2013). The concept of EI was associated with performance in medical school, suggesting incorporation of assessments of EI into curriculum as part of a Personal and Professional Development programme (Doherty et al., 2013). Sharing meaningful practice based stories was a method of learning, strengthening professional identity and stimulating intrinsic motivation. More space for this form of reflection restores the balance with external control systems (Witman et al., 2013). Civilly committed sex offenders had higher levels of empathy compared to the general population, and their levels of anger, aggression, and hostility were similar to male college students. Somatization being comparable to psychiatric outpatients. A big proportion reported at least one form of childhood trauma and childhood sexual abuse (Hulme and Middleton, 2013).
Combination of Task based learning, and problem based learning in a mature design improved motivation and understanding among fourth year student learners (Fujkura et al., 2013). Intellectual curiosity, altruism, professional autonomy, and interest in human relationships were the most common reasons for choosing medicine as a career. Medical students motivated by personal illness, ill health of a family member or death showed a greater emotional exhaustion compared to students with other motivations. Primary prevention strategies for burnout students are needed for this at risk group (Pagnin et al., 2013). Year one medical students showed higher anxiety, decreased academic motivation and a maladjusted leisure/social life, which did not affect their academic achievement (Del-Ben et al., 2013). The study findings illustrated a decline in empathy among both genders during physician assistant (PA) training, similar to other health care providers' educations, supporting the need for further conversation regarding role for empathy assessment and curricula in PA education. This study was done using the Jefferson Scale on Physician Empathy (Mandel and Schweine, 2012). The quantitative study showed that objective structured clinical examination (OSCE) and facilitation of both understanding and memorizing the learning material, were the two most motivating items. The demotivating aspects were, other students saying that preparation was not useful and other indistinct preparatory advices. Students made an active and complex choice whether to prepare or not, depending on multiple factors (Aalbers, 2013). Attachment avoidance was negatively correlated with EI. EI was positively correlated with OSCE scores. Attachment was perceived to be stable from early adulthood, but EI could be developed only through the use of targeted interventions (Cherry et al., 2013). Improved medical education in pain was found to be essential to prepare providers who manifest both competence and compassion toward the patients (Murinson et al., 2013). The study suggests a high prevalence of stimulant use among medical students compared with the general population. Personal experience with such medications as medical students impacts physician attitude and prescribing patterns toward patients seeking help for attention deficit hyperactivity disorder (ADHD) related symptoms (Webb et al., 2013). Teamwork training was recommended early in undergraduate medical curricula to promote collaborative learning. Teamwork training is needed during residency training, where physicians participated in differing roles with patient care teams. Training in EI must be extended beyond graduate medical training to confer the skills needed by clinicians and by faculty in academic medical centers (Stoller et al., 2013). Male paramedic students had higher empathy than female paramedic students. The empathy level was lowest among year one paramedic students. Compassion towards substance abuse was low (Williams et al., 2013).

**Studies Done in Europe and Middle East**

Female medical students completing an endourological simulator task, passed the theoretical examination in the basic surgical sciences with better scores than females with low efficiency in the urological simulator suggesting a correlation with motivation and a lower amount of current video gaming experience (Schlickum et al., 2013). The study done by using Socio Cultural Attitudes in Medicine Inventory, the Jefferson Scale of Empathy and the Nijmegen Professionalism Scale, to all the students of the C curriculum in Medicine of Sapienza University of Rome (Italy), revealed no differences related to gender or type of high school for the three examined components. A trend was noted towards a familiar influence when one of the parents was a doctor and an idea of professionalism was more technically oriented than addressed to communication and empathy (Consorti et al., 2012). 46% students revealed strong motivation. A moderate correlation was found between preadmission scores and academic success in year one modular examination, which became weaker in various professional examinations in higher classes. No correlation was observed between motivation and academic success of medical students (Luqman, 2013). Multiple factors inspired the medical students of Kuwait in choosing a future medical specialty. When identified, these factors could be used by mentors of medical students and directors of residency training programs to motivate students in choosing suitable specialties that are limited in Kuwait (Al-Fouzan et al., 2012).

**Assessment Methods**

Students showed a preference for voluntary basic skills lab training sessions, relevant to clinical skills assessment, especially at the beginning and at the end of the term. Voluntary advanced skills lab training
sessions without reference to clinical skills assessment were used efficiently at the beginning of the term, but declined towards the end of term (Buss et al., 2012). Empathy increased significantly after first year of medical education. The difference between two education systems, medical college and medical school, did not affect the changes in empathy (Hong et al., 2012). The primary focus on literary characteristics of patients' and physicians' discourses, without ignoring psychoanalysis theory, was found to be safe for young students. Writing exercises were encouraged but not mandatory. Reading was optional if ever they feel embarrassed after producing their own texts, suggesting that impact of Narrative medicine students' attitudes and behaviors need to be assessed before implementing new educational programs (Goupy et al., 2013). Increased opportunities of interactions between students and psychiatrists or psychiatric patients improved recruitment of physicians in psychiatry (Andlauer et al., 2012). Students identified the need for strong positive role models in their learning environment, and for effective evaluation of the professionalism of students and teachers. The study suggests medical school leaders to facilitate development of these components within the Doctor of Medicine (MD) education and faculty development programs as well as in clinical milieus where student learning occurs (Byszewski et al., 2012). Effective educational programmes facilitated empathic skills and empathic tendency in medical and nursing students. Both male and female students benefitted from empathy course (Ozcan et al., 2012).

CONCLUSION
EI, measured by an abilities test at the time of admission, did not predict future academic performance in medical students. Leadership is a core component of the work life of physicians, but many are ill prepared to assume leadership roles upon completion of residency program. Learning of components of emotional intelligence, facilitates improved leadership styles (Johnson and Stern, 2014). Medical educators must incorporate emotional intelligence in medical curriculum which contributes to student centered education, patient centered practice, work place satisfaction and effective communication skills. Good control of emotions in self was associated with good relationship with superiors and colleagues. Getting married and those who voluntarily have chosen their specialty post graduation training courses like surgery, ophthalmology and psychiatry were more confident and empathizing. Medical students with some major problem at home were more aware of their own emotions and other's feelings (Faye et al., 2011).

REFERENCES
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