Teaching Cultural Issues in U.S. and Canadian Medical Schools

Compared to the 1990’s, fewer U.S. medical schools teach cultural issues today. Teaching of cultural issues in the U.S. and Canada is inadequate and may be getting worse. This is particularly upsetting since there is a rapid growth of diversity in both countries and more and more evidence of the important effect of culture on clinical care.

Required medical school instruction in cultural issues could reverse this trend and ensure that culturally competent physicians are trained who are able to provide quality care with improved communication and patient satisfaction.

Instruction in cultural issues could include the presentation of a cultural competency model, skills for using interpreters, folk illnesses, cultural issues of major ethnic groups, and case analyses. Culture can effect doctor-patient communication, access to health care, health status, and the use of health services. An underutilized educational resource is citizens and faculty from major ethnic groups residing in a medical school’s surrounding community.


Emotional Intelligence and Medical School Applicants

The need to increase the emphasis of medical schools on primary care continues. It is also important for medical students to improve their competence in interpersonal skills.

Medical schools need to restore public trust to improve their relationship between the public and the schools. To accomplish this they should select applicants and nurture those who see medicine in a broad social context.

They should select people who have learned to listen to feedback and are able to respond and communicate clearly and honestly in these areas.

A step in the right direction would be to change the criteria for admission. An emotional intelligence-measuring instrument to identify those attributes that indicate desirable personal and interpersonal skills in applicants to medical school has been developed at Northeastern Ohio Universities College of Medicine.

Emotional intelligence includes a knowledge of one’s own emotions; the ability to manage one’s emotions in difficult situations; motivating one’s self; the ability to recognize the emotions in others; and interpersonal skills.

Dimensions assessed in the emotional intelligence instrument include maturity, compassion, morality, sociability, and calm disposition.

Differences in Harvard New Pathway and Traditional Graduates in Humanism

Harvard introduced its problem-based learning new pathways (NP) program in 1985, which was designed to promote a sound knowledge of the basic sciences, active, self-directed learning, and competency in psychosocial and humanistic concepts.

Its NP program took place in a highly social and interactive environment to promote humanistic skills and attitudes. Problem-based learning (PBL), pioneered at McMaster University, was the primary method employed in the Harvard NP curriculum.

After graduation, NP graduates were more likely to choose residencies in primary care and psychiatry compared to traditional graduates. They also characterized themselves as better prepared than traditional graduates in the psychosocial challenges of medicine.

In a randomized controlled trial study that had a high response rate, it makes a convincing case that a humanistic approach to medicine can be taught and learned. Compared to traditional graduates, enhanced interpersonal skills were demonstrated in the PBL NP Harvard curriculum graduates.

(Peters AS, Greenberger-Rosovsky R, Crowder C, Block SD, Moore GT. Long-Term Outcomes of the New Pathway Program at Harvard Medical School: A Randomized Controlled Trial. Academic Medicine. 2000; 470-479.)

Teaching Medical Students How to Learn Rather Than What to Learn

Now in its second year, the University of Pennsylvania School of Medicine Curriculum 2000 restructured its curriculum so that students learn to evaluate and use information and adapt to the changing world.

During the basic science period, for example, there are significant amounts of unscheduled time during which students may pursue optional opportunities (three afternoons each week). The free time provided allows students time for study, extracurricular activities, or electives in the School of Medicine as well as any other school in the university.

This part of the curriculum includes a limited amount of time devoted to core concepts that underlie the foundation of basic science and clinical medicine. Didactic (lecture) experience is limited, replaced by seminars, workshops, and computer-assisted instruction along with up-to-date software packages in basic science and clinical decision-making.

Included is the Virtual Curriculum 2000 that completely integrates basic science and clinical education across the four years of study. It is an electronic adjunct that integrates the fundamentals of the curriculum serving to teach students to provide a transition for them to be lifelong learners and use computers as clinical tools.

Virtual Curriculum 2000 has options that include on-line, real time video and synchronized audio and slides of all medical school lectures. An electronic bulletin board for each course facilitates communication between students and faculty. In addition, sample tests are provided by faculty.

(Applicant Information. University of Pennsylvania School of Medicine. 1999-2000.)
The University of Rochester School of Medicine and Dentistry has had a long interest in the psychosocial model in medical education and practice.

It introduced a new first-year curriculum in 1999 that integrated a course called Introduction to Human Health and Illness into other first- and second-year courses. Topics covered were parallel to concurrently offered basic science resulting in collaboration between basic science and clinical faculty.

One of the objectives is to help students appreciate more fully the personal impact of the physician as a person in healing. The sessions are intended to expose their increasingly specialized faculty to disciplines other than their own.

Students interact with patients and employ active learning through problem-based learning.


The Comfort Level of Peer Examinations

Learning the fundamentals of the physical examination by practicing on each other is a frequent component of medical education.

While peer physical examinations (PPE) may help develop student camaraderie, PPE’s are an area of potential discomfort and even inappropriate behavior.

A sample of medical students at the university of Minnesota medical School in Minneapolis indicated that they are willing to participate in PPE’s as an appropriate and valuable part of the standard medical school curriculum comfortable except when it came to examinations of “nonsensitive” areas.

Most students were more comfortable examining classmates of the same gender, particularly for chest and inguinal examinations.

The majority agreed that performing peer breast, genital, and rectal examinations are not an appropriate part of medical training. However, there was no suggestion that students desired to replace all PPE’s with standardized patients.

Long Island, New York-based Hofstra University is offering a special premedical course.

In cooperation with Long Island Jewish Medical Center (LIJMC) a course called Applications of Basic Science to Cardiovascular Medicine demonstrates the importance of the biological sciences to medicine. Students learn the importance of the anatomy of the heart to the understanding of congenital heart disease. Students who take the course have indicated that they see the practical importance of what they have learned in science education.

A summer fellowship in the cardiology division of LIJMC has been created as a result of the success of the program and includes observing clinical procedures, surgery, and research.

(Shanies SA. A Special Course for Premeds and Biology Majors at Hofstra University. Academic Medicine. 2000; 75:402.)

Welcome to the NSU-COM Medical Education Digest. To commemorate the new millennium, we have unveiled a new look for the publication. As always, we invite your suggestions and will accept a limited number of brief letters (50 words or less) sent in care of the editor. The Medical Education Digest also is available for viewing on the Internet at http://medicine.nova.edu/ostmed/admin/facdev.

“Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; telephone number: 404-679-4501) to award bachelor's, master's, educational specialist, and doctoral degrees. Nova Southeastern University admits students of any race, color, sex, age, non-disqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.”