

FROM THE LITERATURE

## **In the News**

An opinion

### **Be prepared for surprises!**

A large portion of the May 2003 issue of *Academic Medicine*; 78(5) is devoted to Underrepresented Minorities in Medical Schools. In the accompanying editorial, Michael E. Whitcomb (2003) stated that “US medical schools have not been able to achieve the level of enrolment of underrepresented US racial and ethnic minorities that many had hoped for just a few short years ago. In fact, in the past few years, the number of underrepresented minorities entering medical schools has been declining”.

Three of the papers in this journal describe programmes designed to improve the qualifications of underrepresented minorities interested in a career in medicine. Carline & Patterson (2003) report the results of an evaluation of a national project (Health Professions Partnership Initiative) aimed at having health professions schools partner with public school districts for the purpose of increasing the number of academically qualified minorities applying to health professions schools.

It is important to understand why many believe that medical schools should give explicit consideration to race and ethnicity in making admission decisions. Those in favour of doing so tend to offer a number of reasons to support their views. One of those reasons is that diversity in medical school student bodies improves the quality of medical education. Those who hold this view assert that diversity in medical school student bodies adds value to the education of all students because it enhances the likelihood that they will gain an understanding of how differences in race, ethnicity, and other cultural experiences might affect adversely the interactions that occur between doctors and the patients who seek their help. The assumption here is that some of the lessons learned in the classroom, in the clinic, and on the wards, which can be traced in part to the diversity of the students in those learning environments, will have a positive impact on the ability of future doctors to establish effective relationships with the patients they will encounter in their practices, regardless of differences in race, ethnicity, or cultural experiences.

Whitla *et al.* (2003) published data relevant to this issue. The paper describes the results of a study designed to obtain the views of students enrolled at two medical schools—the Harvard Medical School and the University of California, San Francisco School of Medicine—about the educational value of

the diversity of their classes. At both schools, the majority of the students, regardless of their own race and ethnicity, believed that the diversity of their class did enhance their ability to interact with patients of different races and ethnic and cultural backgrounds, thus contributing positively to their medical education. There is, of course, no way to know whether or not the students' beliefs will actually translate into how they will practice after they complete their formal education, but the study results suggest that this is likely to happen.

Academic Medicine is not the only journal that pays attention to the issue of the multicultural aspect of our current societies. The most practical of these articles give advice about lessons that should be included in the curriculum, in order to help students deal with the increased demands that a multicultural society makes. Insight is given for example into the differences between two cultures and the implications of this for the encounter between the health care professional and the patient.

Although such enhanced understanding is obviously beneficial, it remains to be seen whether we are on the right track. First of all I am not convinced of the benefit of analysing people from a certain group as a whole in order to develop guidelines to deal with members of this group. Very often the differences between people within a group are bigger than the variation between groups. Moreover, the number of variables to be taken into account to arrive at valuable guidelines seems to be endless.

We simply cannot prepare students for every situation they will encounter. It would therefore perhaps be more helpful to try to prepare students for the surprise, paradoxical as it may sound. When we can help our students and ourselves to appreciate that there will be patients with questions that we will not expect, then we probably help the future doctor to cope with the unexpected. By confronting our students with many new situations, and supervising them to face the surprising issues that will result from that, they can develop a good sense of what they can do and what they will find difficult to cope with. By increasing these meta-cognitive skills, students may be better prepared for the unexpected.

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