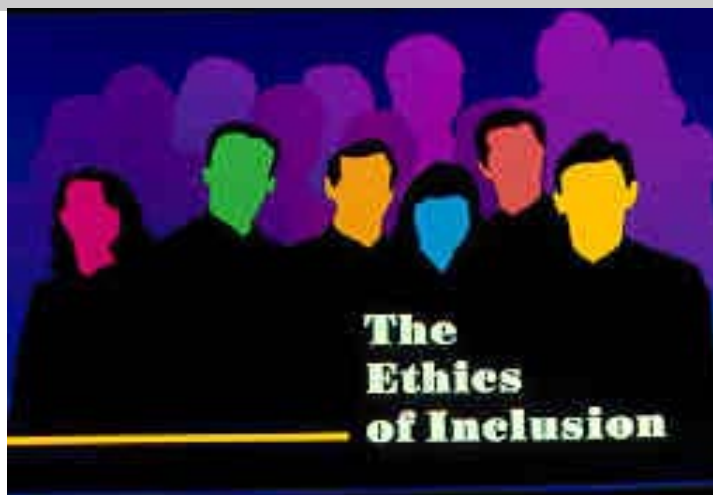


# NEWSLETTER

## Class of 2008: One Picture—or a Thousand Words?

By: Lois LaCivita Nixon, PhD, M.Litt, MPH



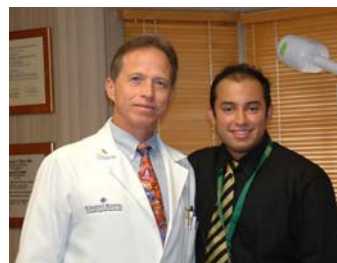
Most attempts to articulate the enormous shifts in culture and civilization reshaping the way in which we live require thoughtful reflection and a *river of words* about imposing forces or paradigms, especially those associated with the so-called **Industrial Age** from which we are emerging--and those representing the **Informational Age** we currently inhabit. The former, symbolized by the factory or a clock, is stolid, conformist, regimented; the latter, aptly illustrated by the computer, is associated with variables and overlapping multiples. Discussions of the changes affecting us and often referred to as globalization, "emerging convergences," postmodernism, etc., tend to be intellectual, emotional, and very complex. A simple way of visualizing the complexities of change is presented in the medical school classroom with the **Class of 2008**.

A snapshot of this class, when compared to a photographic composite of a medical school class in 1940, 1955, 1975, or 1985, is revelatory. *Just as revelatory* as many of the historic paintings of medical achievements in the past when placed next to photographic, or film records of contemporary achievements. Until the mid-20<sup>th</sup> Century, medicine remained an exclusive profession. Except as patients on a table surrounded by white male students and faculty in famous paintings by Eakins and others, no women appear in those commemorative pictures--or in the composites. Over the long decades, however, as currents of modernism and postmodernism begin to form and take hold in photographic records *and* in medical class composites, we begin to see the appearance (Continue on Pg.2)

## PSEP OFFERS STUDENTS PRECEPTORSHIP OPPORTUNITIES

The University of South Florida **Pre-Medical Summer Enrichment Program (PSEP)**, sponsored by the College of Medicine Office of Diversity Initiatives and Area Health Education Center Program, targets underrepresented students in medicine and disadvantaged college students who identify themselves as "pre-medical" students. Rising juniors and seniors are eligible for the 6-week program that includes 32 hours per week of enrichment in the sciences and verbal reasoning, MCAT preparation, seminars on current health topics, workshops on applying to

medical school, and 4 hours per week of shadowing with a community physician. It is our goal to pair selected students with minority physicians in the local community for their shadowing experiences. In this way, the physician becomes a role model and mentor for the pre-medical student and a positive influence on their future decision regarding medicine as a career. Many underrepresented students have not had the experience of being nurtured by a physician who may be from a similar background or have had similar experiences. Through these clinical shadowing experiences students not only gain a better understanding of the day to day life of physicians, (Continue on Pg.2)



Dr. Edwin M. Melendez & Bryan Gutierrez



Tatiana Elizée & Dr. Dexter Frederick

### Office of Diversity Initiatives Staff

**Ted Williams, Ph.D.**  
Associate Dean

**Suzanne Jackson, MPH**  
Program Director

**Lytte M. Pate**  
Office Manager

**Vanessa Travieso**  
Program Assistant  
Newsletter Editor

## MAKING A DIFFERENCE: THE IMPORTANCE OF CULTURAL COMPETENCY



*Karl Waite, MS IV*

Through my involvement with the AAMC I have had the opportunity to improve healthcare education by emphasizing the importance of Cultural Competency on a local and national level. In the fall of 2003, I and the other Regional Chairs of Cultural Diversity worked with the AAMC in developing and reporting a national survey on the state of Cultural Competency Education. This survey portrayed that Cultural Competency was often addressed in medical schools, but typically as an adjunct to a social medicine course or via a student-run organization. This survey also showed that while Cultural Competency Education was often student driven, lack of student interest was actually a barrier to implementing change. We found that student lack of

interest was often attributed to time restraints, given the importance of other "tested material". Finally, it was reported that while over 90% of the respondents reported seeing patients of limited English proficiency, only 25% made use of trained medical interpreters. We, as a Committee, recommended that in order to correct these problems Cultural Competency/Diversity should be taught during the orientation of medical students to set precedence and emphasize the importance of these aspects of medical education. We advised that the teaching should be interactive rather than didactic, and continue through the basic science and clinical classes. Proficiency should be evaluated in clinical experiences, rather than on written tests. Finally, we would encourage that students be advocates for patients of limited English proficiency and that they be properly trained on the use and importance of medical interpreters. These results were distributed to the AAMC representatives of all U.S.

medical schools, in addition to being presented at the 2003 AAMC National Conference. At our school, I worked with other students and faculty members to emphasize Cultural Competency/Diversity in our curriculum. We decided to introduce medical students to Cultural Competency training at the beginning of medical school during the "Profession of Medicine" course. First year medical students were exposed to Cultural Diversity through interactive sessions based on video vignettes featuring clips from various popular television series. These clips introduced various cultural issues and set the stage for group discussions about the importance of cultural issues. The intent of this exposure was not to teach everything about a particular culture. Rather, it was meant to expose medical students to various cultures and ensure that medical students realize that different cultures often hold different views. We, as a Student Committee, also ensured that Cultural Diversity was

throughout medical school with the proper importance. The Committee integrated cultural issues into various cases in a "clinical problem solving" class for second year medical students to ensure longitudinal consistency. I have enjoyed my time spent with the AAMC and in working with the Committee mentioned above. I feel that it is important to realize that patients often hold different views than our own. Physicians must first inquire about patients' views, and then try to understand them and work with them, rather than discriminate against or ignore those views.

By: Karl Waite, MS IV

### THE HIGH SCHOOL SUMMER RESEARCH PROGRAM 2004



(From left to right) Reed Hollands, Yewande Alimi & Dr. Ness



(From left to right) Glenn Roma, Ainsley Davis, Louis Crowley, Dr. Barber and Jessica Oliveros

### One Picture or a Thousand Words (Cont'd)

of women, Blacks, Latinos, Asians, Indians, Arabs, and other minority group members. The 2008 class composite is comprised of 116 individuals. Collectively, it serves as a visually document of eroded boundaries while underscoring broader cultural exchanges and understandings. What's wrong with this picture?

**Absolutely nothing.**

### PSEP (Cont'd)

the physicians themselves have an opportunity to take a personal interest in the academic and professional development of the students with whom they are paired. It becomes a win-win situation for both parties. We are especially excited about the PSEP program because we believe it improves the competitiveness of talented underrepresented and

disadvantaged students. It also provides an opportunity to "show off" the USF College of Medicine and all that we have to offer. We want USF to be their medical school of "first choice." And we want to retain more of these young physicians in residencies and, ultimately, practice settings in Florida where our need is great.  
**By: Dr. Cindy Selleck  
AHEC Director**

The USF College of Medicine Office of Diversity would like to extend its gratitude to Dr. Devyani Desai and Nainan V. Desai for providing the Desai Scholarship for the two high school students in the High School Summer Research Program.

<http://www.hsc.usf.edu/medicine/diversity/>