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Developing cross-cultural competence in Chinese medical students

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Letters to the editor

The hidden curriculum: Are medical students adequately prepared for life on the wards?

Dear Sir

Every year, at the end of August, there is an influx of new doctors on the wards of hospitals around the United Kingdom. These are medical students that have succeeded through years of examinations and appraisals and are expected to possess the attributes of the General Medical Council's *Tomorrow's Doctors* (GMC 2009).

However, there have been concerns as to whether the new flock of doctors are adequately prepared for life on the wards. A recent study in the UK showed that medical patients admitted a week after these doctors began their new jobs had a higher early death rate by 6% (Jen et al. 2009). The authors cited issues regarding patient safety and process measures that could have influenced these results.

We believe that working full-time in a hospital demands attributes and knowledge that are different from those gained at medical school and it is this 'Hidden Curriculum' that most students are unaware of. Sixty-eight percent of a group of local final-year medical students that we surveyed also agreed that they were inadequately prepared for starting their new job. The main concerns were regards to their lack of knowledge about hospital dynamics, handing over clinical information to seniors and initial assessments of ill patients.

The Department of Health recently began a mandatory 'Preparation to Practice' module this August to address this. Although there were variations according to hospital and foundation school it mainly consisted of lecture-based tutorials and shadowing period for prospective FY1 doctors on their new jobs for a few days. There is no data yet to see whether this has had a direct impact on patient care.

Our experience as junior doctors that have undertaken this scheme has still left us wanting. We feel that the culture of hospital work and the attributes that are necessary can be better instilled at medical school by introducing shadowing periods in the final year. It is also necessary to introduce 'near-peer' led sessions involving current foundation year doctors for this. This would ensure that new concepts such as managing shift work and real-time interaction with other health professionals are introduced earlier making students more familiar with the work ethic of a junior doctor.

Despite competence in theoretical and clinical knowledge being examined at medical school, the key to practicing safely as a junior doctor is through this 'Hidden Curriculum'. This requires trialling various education lead initiatives through cooperation with hospital induction organizers, final-year medical students and current foundation doctors.

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References

GMC. 2009. Tomorrow's doctors. London: General Medical Council.

Jen MH, Bottle A, Majeed A, Bell D, Aylin P. 2009. Early in-hospital mortality following trainee doctors' first day at work. PLoS ONE 4(9):e7103. doi:10.1371/journal.pone.0007103.

Developing cross-cultural competence in Chinese medical students

Dear Sir

As globalization is strongly underway in all parts of the globe, the medical field has become an international community. Cross-cultural competence is therefore a necessity for health professionals. The teaching of foreign languages in China emphasizes cross-cultural communication, and English is taught to students from elementary school to college, but the teaching is mainly focused on daily communication. A Chinese medical student with high scores in College English Test band 6 may feel clumsy in writing research papers or asking for information from a foreign patient. English for general purposes is unable to fulfill the medical student's needs for academic exchanges. Increasing importance is attached to English for specific purposes, but mainly to vocabulary building. Health professionals still encounter misunderstandings or awkwardness in international communication (Zhang & Zheng 2003).

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With these circumstances in mind, we established a medical English course for undergraduates. This course consists of two parts: basic medical English and doctor–patient communication. Basic medical English is intended to equip the students with basic medical terms and stylistic features of medical articles. Doctor-patient communication aims to improve the skills in history-taking and physical examination. Cultural aspects were introduced throughout the course. First, a healthy attitude towards foreign cultures was developed. Empathy was advocated and ethnocentrism was opposed to help the students consciously shake off the psychological fetters from their own cultural stereotypes and be open and tolerant to different beliefs and concepts from other cultures (Lukens 1978). Second, essential knowledge of foreign cultures was introduced, especially of medical ethics, religion, psychology, history and customs. Third, communicative skills were trained, for instance, how to build a common ground to make others willing to speak or how to use your body language to make yourself expressive.

The students felt more confident in writing research papers and talking to foreign patients after the course. Setting up a medical English course can be an effective way of developing cross-cultural competence in Chinese medical students.

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References

Lukens J. 1978. Ethnocentric speech. Ethnic Groups 2:35–53.

Zhang B, Zheng W. 2003. Cross-cultural awareness. Beijing: Tsinghua University Press. pp 47–50.

The costs and utility of the Mini-CEX

Dear Sir

Brazil et al. (2012) have added another piece of the jigsaw that shows what might constitute cost and value in medical education. However, their approach in measuring costs and in evaluating the utility of the assessment intervention may be flawed.

When measuring costs in education, we must be rigorous, thorough and comprehensive (Walsh 2010). This means that estimates should not be made of costs, but rather all elements of costs should be carefully accounted for and added up until a final definitive sum is arrived at. It appears from the paper by Brazil et al. (2012) that the authors only accounted for the cost of the senior assessor time. This may account for the majority of the costs but are unlikely to account for all of them. This approach does not include the costs of the time of learners, the costs of the time of administration staff, the costs of consumables (e.g. printed forms), the costs of software and hardware (used to store results), and the costs of blueprinting and standard setting. In assessment programmes that are rolled out, these costs will add up and cannot be ignored.

Next there is the issue of assessment utility. Even though adding the mini-CEX did not affect summative assessment results, both learners and assessors did have positive perceptions about the mini-CEX, and also the "mini-CEX was more effective in identifying the individual domains in which the interns demonstrated deficiencies." The question therefore is whether these outcomes are worth the sums spent on the assessment. This is not straightforward as the outcomes cannot be expressed in monetary terms. If educationalists, healthcare professionals and members of society place sufficient weight on these outcomes, then the cost will likely be justified. But if they do not, then the cost will not. Only by means of open public debate will be come to a conclusion on this.

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References

Brazil V, Ratcliffe L, Zhang J, Davin L. 2012. Mini-CEX as a workplace-based assessment tool for interns in an emergency department – Does cost outweigh value? Med Teach 34:1017–1023.

Walsh K (ed). 2010. Cost effectiveness in medical education. Radcliffe: Abingdon.

Deaf awareness training in medical schools

Dear Sir

The World Health Organisation predicts that by 2030 adult-onset hearing loss will be within the top 10 disease burdens in developed countries, above cataract and diabetes (Mathers & Loncar 2006).

Deaf and hard of hearing people frequently encounter difficulties communicating effectively in healthcare settings. Doctors are often unaware of such issues, leading to feelings of isolation and exclusion in patients. Clearly, there is a role for training at medical school.

Since the extent of such training provision is unknown, we conducted a questionnaire survey of all UK and Ireland medical schools ($n = 38$). Twenty-three completed replies were received revealing significant variations in the scope of training offered.

One-third (7/23) of medical schools did not provide any deaf awareness training and, of the 16 universities who