**MEDICAL TRAINING IN CULTURAL CONTEXT**

**Comparing the United States's Cultural and Structural Competency training to Mexico's Social Service Year**

**Introduction**

“Cultural Sensitivity”, “Structural Competency” and “Implicit Bias” are all recent terms in American medical school curriculum. Medical students are expected to leave school knowing how to best serve a patient regardless of differences in ethnic, racial, religious, and/or socioeconomic backgrounds. Unlike past cultural training, focused on racial stereotyping, recent curriculum has focused on trying to best understand a patient. This is accomplished through listening to the patient’s specific wants and desires while ceasing prejudice toward that patient because of his or her background. But where did these concepts come from? How and why did the the curriculum change? Moreover, why did American medical schools take action, pushing their students to remove bias towards their patients and enhance their “competency” in cultural and socioeconomic matters?

Although these countries share a border, their cultures and medical training differ greatly. I decided to compare these two aspects of medical schools (cultural/structural training and the social service year) to better understand how culture influences medical schools and their curriculum. Most importantly, what can these differing cultures learn from each other?

Over the summer, I interviewed doctors in New York City, the most diverse city in the world. I interviewed professors, residents and directors from three of NYC’s medical schools; Icahn School of Medicine at Mount Sinai, Columbia University College of Physicians and Surgeons and NYU School of Medicine. These professors teach courses that concern the more personal side of medicine. These directors lead efforts in inclusion, recruitment and retention in the Office of Diversity Affairs. These residents work in public hospitals where they speak more Spanish, Cantonese and Mandarin than English on a daily basis. I asked my interviewees questions on how they prepare students to be culturally and structurally sensitive. I also asked past students how they were prepared and if they understood the importance of being so in American medicine.

I traveled to Guadalajara, Mexico to conduct interviews with doctors who attended the University of Guadalajara (U de G) to better understand their experience during this obligated service year. I asked specific questions about their medical training before they were sent out and their thoughts and attitudes toward the system. I also asked about their experience during their service year and compiled relevant information about the types of work they were doing, where exactly they were and who they were with. I also interviewed the director of U de G’s Social Service who laid out the entire process of sending students out and placing them in hospitals. He also explained to me the importance of Mexico’s mandatory social service year for Mexican society and what it says about Mexican culture.

**Methods**

To conduct my research, I interviewed doctors in New York City, the most diverse city in the world. I interviewed professors, residents and directors from three of NYC’s medical schools; Icahn School of Medicine at Mount Sinai, Columbia University College of Physicians and Surgeons and NYU School of Medicine. These professors teach courses that concern the more personal side of medicine. These directors lead efforts in inclusion, recruitment and retention in the Office of Diversity Affairs. These residents work in public hospitals where they speak more Spanish, Cantonese and Mandarin than English on a daily basis. I asked my interviewees questions on how they prepare students to be culturally and structurally sensitive. I also asked past students how they were prepared and if they understood the importance of being so in American medicine.

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**Results**

Through my interviews with NYC doctors and faculty, I discovered that there became a need for discussion of cultural and structural practices and techniques in the curriculum because of America’s increasingly diversifying pool of doctors. Furthermore, as doctors became more diverse and aware of doctor/patient relationships because of differing backgrounds, medical schools changed the resources they were providing their students. From my interviews with Mexican doctors, I found that there were fairly positive experiences and attitudes toward the mandatory social service year. There are many issues these interviews brought to light, such as little to no pay and increasingly dangerous threats because of illegal drug trafficking. However, the service year is a staple in Mexican medical schools because it embodies the Mexican culture of serving thy neighbor and forces students to become better doctors since they are on their own for an entire year.

**Concluding Thoughts**

Living in NYC for two months and visiting Guadalajara for a couple weeks really allowed me to place both of these cities alongside each other and compare their distinct cultures. Although the US and Mexico are neighboring countries, their medical schools are completely different. However, Mexico has created a way to help medical students practice become confident and competent in their abilities while simultaneously caring for their low-income, and often rural citizens, at a minimal cost. This may be an option for the US considering its recent struggles with access to public healthcare. The US, has begun providing its medical students with ways to combat implicit bias in its healthcare system. I believe as more indigenous Mexican doctors from rural settings become doctors, its curriculum will account for this as well.