

Cultural Competences: A Proposal for Medical Curricula

Competencias Culturales: Una Propuesta para Currículos Médicos

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ABSTRACT: Medical training requires continuous and a progressively improved acquisition of specific competences (knowledge, attitudes, habits, values and different skills). However, in many Argentinean and Latin American medical schools, competences linked to general culture remain not properly addressed. Such a pending lack demands prompt fulfillment no matter the professional practice to be carried out in the future: teaching, research, medical care, extension and / or institutional management. By rescuing some features of the multidisciplinary field comprised by medical humanities in the US without deviating from Batistatou et al.'s statement, this communication refers on what, how and when cultural activities appear timely, trying to contribute with the abovementioned lack. Likewise, brief, preliminary and still unpublished results on the advantages of relating culture with medical disciplines are also reported.

KEY WORDS: culture, medicine, curriculum, competences, humanities, arts.

INTRODUCCIÓN

Medical training requires continuous and a progressively improved acquisition of specific competences (knowledge, attitudes, habits, values and different skills). However, in most Argentinean medical schools competences linked to general culture remain not properly addressed. In light of the Letamendi's quotation warning that "the physician whom only Medicine knows, not even. Medicine knows", such a pending lack demands prompt fulfillment no matter the professional practice to be carried out in the future: teaching, research, medical care, extension and / or institutional management (D'Ottavio, 2001; 2010).

By rescuing some features of the multidisciplinary field comprised by medical humanities in the United States (Doukas *et al.*, 2010) without deviating from the statement raised by Batistatou *et al.* (2010), this communication refers on what, how and when cultural activities appear timely. Likewise, it intends to contribute to the need for incorporating general culture competences in the medical curriculum since in most Argentinean and Latin American medical schools this issue remains not properly addressed and is a pending enterprise. Brief and unpublished results on the advantages of relating culture with medical disciplines are also preliminarily reported.

Initial considerations

Though some university applicants may exhibit some pre-existing humanistic background, such condition should be present in all of them. Attaining this goal initially requires the existence of professional teachers who, beyond their pedagogical-didactic skills, stimulate and enhance these curricular features engaging undergraduates to increase them outside schools. As imitable models, they have also to display a significant sense of opportunity for timely incorporation of those features into curricular and extracurricular instances (Carrera *et al.*, 2005).

After fulfilling this condition, the first activity should be addressed at improving student's own language for endowing them with a suitable number of rhetorical figures instead of using the so common, barbarisms, solecisms, redundancies, cacophonies, filler words and expletives (Azaústre & Casas, 1994).

Next, it would be advisable to explore: (1) Philosophy due to its scientific impact through Epistemology, Logic, Ethics and Axiology; (2) Anthropology to better understand factors influencing health and well-being, the experience and distribution of illness, the prevention and treatment of sickness, healing

processes, the social relations of therapy management, as well as the cultural relevance together with the utilization of pluralistic medical systems; (3) History for contextualizing the origin and development of sciences and arts, in addition to pointing out past achievements to be strengthened along with failures to be overcome and mistakes not to be repeated, and (4) Geography for providing locations where historical events took place.

Furthermore, it would be appropriate venturing into Literature for its biographical possibilities, its descriptive and explanatory approaches on human behavior, feelings and relationships, its narrative aspects similar to that of Medicine (Patient → Doctor → Doctors and Students) and for increasing imagination. Finally, Painting, Sculpture, Architecture, Theater, Cinema and Music, could also be employed to increase students sensitivity.

These sciences and disciplines may be two-fold inspiring, not only to keep going in Medicine but also to deepen in each one or some of them.

Cultural activities in medical curriculum

The above-mentioned activities may include:

- Approaches to the referred sciences and disciplines in the form of courses.
- Recall of scientists responsible for advances in medicine focusing on place, year procedures, historical circumstances and ethical conflicts, if present. In this regard, the actual discovery of the double DNA helix and the story surrounding it, i.e., gender affront along with the biased Nobel Prize awarding sounds worth including.
- Axiological and anthropological views for some medical issues.
- Remembrance of writers, painters, sculptors, architects, theater players and/or musicians because of their valuable works and / or performances. In this sense, a sort of historically, geographically and procedurally contextualized approach may be quite advantageous for the students. For instance: the buttresses in the cranial base compared with those belonging to Gothic architecture; paintings and sculptures reflecting medical pathologies; books dealing with the medical career and profession; or medical writers who wrote about Medicine, human feelings and behaviors (François Rabelais, John Keats, Arthur Conan Doyle, Archibald Joseph Cronin, Tobias George Smollett, William Somerset Maugham, Pio Baroja, Antón Chéjov, Walker Percy, Santiago Ramón y Cajal, Vincent Lam, Andreas

Karkavitsas, Takis Sinopoulos, Axel Munthe, Richard Selzer, Oliver Sacks and Michael Crichton, among others) (McLellan, 1997; Grant *et al.*, 2002).

The timely and adequate incorporation of these cultural activities throughout the whole curriculum is a joint working challenge for planners and teachers. Traditional and innovated curricula offer many curricular meetings and extracurricular opportunities. In this regard, TICs emerge as useful tools for registering information associated with the targeted purposes that professional teachers may manage to extract essential thoughts; in addition to introducing some ground-breaking ideas if required.

Within this setting and endorsing this approach, it is worth mentioning some integrative humanities and/or arts meetings for medical undergraduates in Oceania (Puustinen *et al.*, 2003), Europe (Lypson & Hauser, 2002) and USA (Lesser, 2017) offering courses, lectures and presentations in charge of experts as well as essays by small student groups and visits to museums, among other cultural activities.

Besides, a still unpublished preliminary experience was carried out in our medical school at the end of three seminars dealing with Cytology. The above-mentioned DNA saga was reinforced by the projection-debate of the TV film dramatization *The Race for the Double Helix* (aka *Double Helix* or *Life Story*) (1987) recalling a scientific rivalry after the discovery of DNA structure. A voluntarily and anonymous poll to 860 out of 1200 students assisting in those seminars revealed that 95 % of them were pleased with this cultural enrichment. In addition to the satisfaction of facing and learning cultural, they revealed that this sort of experience could serve as motivational and pedagogical boosts, thematic triggers, learning facilitators and mnemonic tools for memory reinforcement.

Despite its relevance, this type of cultural activities promoted for medical undergraduates by the Argentinean Interfaculty Consensus Forum during 2012 is not yet perceived in our country.

Final consideration

Since medicine deals with human being, Terencio's quotation asserting that nothing human can be unfamiliar to humans may be extended to medical doctors. In so doing physicians will be at a greater chance of improving the quality of the medical-

patient relationship in addition to reaching a better professional practice.

This includes the development of observational skills, analytical reasoning, empathy, self-reflection, and life experience; in full agreement with the following statement: "these acquisitions may also immunize them against trickster siren songs and protect them from the deceptive twists and turns of post-truth" (Keyes, 2004).

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RESUMEN: El entrenamiento médico exige la adquisición de habilidades específicas (conocimiento, actitudes, hábitos, valores y habilidades) que sean continuas y que mejoren progresivamente. Sin embargo, en muchas escuelas médicas argentinas y latinoamericanas las competencias ligadas a la cultura general no se abordado apropiadamente por lo que requieren su pronta puesta en práctica al margen de lo que el egresado realice en su futuro profesional: docencia, investigación, asistencia, extensión y/o gestión institucional. Rescatando algunos aspectos del campo multidisciplinario que abarcan las humanidades médicas en EEUU pero sin alejarse de las afirmaciones de Batistatou *et al.*, esta comunicación hace referencia en qué, cómo y cuándo las actividades culturales resultan oportunas, tratando de solucionar las faltas antes mencionadas. Asimismo, son presentados de manera preliminar algunos datos aún no publicados acerca de las ventajas de relacionar cultura con las disciplinas médicas.

PALABRAS CLAVE: cultura, medicina, currículum, competencias, humanidades, artes.

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