Soft skills taking greater role in medical students' education

By AMARIS ELLIOTT-ENGEL

Rochester-area healthcare educators are preparing curriculums rich in technology at the same time there is competing pressure to ensure students are well-rounded in human-oriented disciplines.

Daniel Ornt, a medical doctor and



Ornt

vice president and dean of Rochester Institute of Technology's Institute and College of Health Sciences and Technology, says in the last 10 to 15 years the complexity of science has been es-

calating in areas like molecular biology and population medicine, which involves statistics and epidemiology to promote total population health beyond individual needs.

The amount of basic science that a medical doctor needs to have in their wheelhouse has increased, Ornt says.

Not only are the various areas of science becoming more complex, but the volume of technologies that are available to treat patients has increased and also become more complex, Ornt says.

For students, the steps to become competent in their health disciplines have become steeper in the last 20 years, Ornt says, adding that health-care providers need to not only understand new technologies and how to integrate them into patient care but they also have to understand comprehensively the mechanisms of the diseases and other health conditions that patients are facing.

One of the ways that RIT prepares future physicians, physician assistants, nurses and other healthcare providers is by creating opportunities for students to ensure their education intersects where the science is, Ornt says.

For example, as the medical profession "branches into the computer science world and bioengineering world," he says, "students have a broad opportunity to take courses that address these new emerging areas of technology that will impact how they will take care of patients."

Jason Taylor, professor of chemistry and chair of the chemistry and chemical sciences department at Roberts Wesleyan College, says that future healthcare providers must have a focus on science, technology, engineering, and mathematics (STEM), but healthcare graduate schools also now want students to have softer skills.

Graduate schools are "looking for an undergraduate program that gives students the breadth of knowledge that is needed for health sciences," Taylor says. "You need to have the mix of social sciences to have the softer skills



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and communication skills." Graduate schools are also looking for research skills and experiential education.

To meet that demand, Roberts Wesleyan is ensuring that students

have the opportunity to get into the field by shadowing practicing professionals, Taylor says.

Additionally, "all of our classes are very hands-on," he says. "Students get very experienced working with different scientific technologies and working with cutting-edge instrumentation so they know how to do analysis in different areas."

Roberts Wesleyan also has developed a major in biomedical science that is geared toward students who want to go into the medical field. There is an advanced microbiology class regarding the mechanisms of disease and a gross anatomy class where students dissect a cadaver and study the pathology of typical ailments, Taylor says.

Through those two classes, students implement case studies and are given a foundation in diagnosing ailments and using research to figure out those ailments, he adds.

Taylor says students have to take about half of their classes in general education. So students are taking classes in psychology, sociology, communications, philosophy and ethics and developing their writing skills.

This exposure to fields outside the hard sciences is important, Taylor says, because of the trend in medical education toward ensuring that practitioners are well-rounded.

Amber Charlebois, assistant professor of chemistry and biochemistry and the prehealth advisor at Nazareth College, notes that in 2015 the Medical College Admission Test (MCAT) was changed to include sections on behavioral and social sciences and critical analysis and reasoning. Her responsibilities include advising students who

are going into medicine (including both doctors and physician assistants), physical therapy, occupational thera-

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 $py, pharmacy\ or\ veterinary\ medicine.$

Charlebois says expertise in science is, of course, the most important thing in the diagnosis of a patient's condition. But healthcare education has also been focusing on ensuring that future healthcare providers have the communications skills and cultural competency skills to be able to communicate that diagnosis.

The stereotype of the nerdy doctor with a pocket protector who can't communicate with patients is no lon-

ger the reality for the modern practitioner.

"I believe the push in medical education is the opposite of including more STEM," Charlebois says. "The push is to develop students who are very well-rounded and who will make healthcare providers who have good bedside manners and who have cultural competency and good social skills and who are oriented to the service of being a health professional."

Healthcare providers need to be able to treat the person, not the disease.

"If you can't deliver that diagnosis in a way that's going to make that person feel real and whole and appreciated and present than that makes it just not as effective," she says, noting that interpersonal skills also are important for healthcare providers because the modern healthcare setting involves teamwork.

"Teamwork is crucial, and introducing students to that idea is important," Charlebois says.

A liberal arts college like Nazareth is the perfect training ground for modern medical school because of its exposure to multiple disciplines, she believes.

The premedicine minor at Nazareth exposes students to the hard sciences as well as ethics, sociology, communications and psychology.

The "minor is designed to have that holistic provider treating the person, not just the disease," Charlebois says.

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since August, said she has observed instructors tell students these issues are likely to come up in the context of sensitive issues, such as changing a catheter, and students should be prepared for it, and include a second nurse in the room.

And Peterson has heard reports—albeit rare—including a male cancer patient who didn't want to be cared for by a male nursing student because he assumed male nurses would be homosexual. Yet she also heard a report from the maternity unit where both mother and father wore confederate flag clothing yet didn't raise an issue with a black student nurse or black

nursing instructor who attended them.

UR includes discussions about patient push-back in its classes, Morgan said, as such events can take a toll on students and professionals in the field, causing what she called "moral distress" over time. They practice coming up with responses to such patient requests, she said.

"Depending on who you are, it can happen on a daily basis," Morgan said. Whether hospitals should comply, and in what circumstances, with patient's objections to being treated by healthcare professionals of different demographics is part of an ongoing national discussion, she said.

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