

HEALTHCARE

The Increasing Importance of Social and Cultural Awareness in Healthcare

by Kelsey Chong



Recent revisions to the MCAT standardized test have revealed a shift to place greater emphasis on social and cultural awareness within the healthcare industry.

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The Revised MCAT 2015

After grueling undergraduate years of maintaining a high GPA in science classes, applying to competitive research positions, and procuring work experience in the medical field, it's finally time for pre-med students to put all their knowledge to the ultimate test - the MCAT.

According to the Association of American Medical Colleges (AAMC), the Medical College Admission Test (MCAT) is a standardized, multiple-choice examination created for the purpose of evaluating students' problem solving and critical thinking skills, while also measuring the mastery of science concepts and principles in relation to the study of medicine. In addition to factors like GPA, medical work experience, and letters of Recommendation, MCAT scores play an extremely large role in medical school admissions in the United States, Canada, and Australia.

However, in spring 2015, the MCAT underwent its most extensive revision yet. Along with some format adjustments, MCAT 2015 is turning heads with its significant changes in examination material. In the new Social and Biological Foundations of Behavior section, the MCAT will now test on introductory psychology, neurology and sociology, with an emphasis on behavioral science. Similarly, the new Critical Analysis and Reasoning Skills section will replace the old Verbal Reasoning portion, and test exclusively on humanities and social science passages. In contrast to the memorization-heavy, natural science-intensive former version of the MCAT, the new MCAT intends to evaluate students' ability to apply knowledge of social sciences and adapt to real-life patient situations and behaviors. Given the long, 85-year history of the MCAT, this sudden major revamp begs the question - why the change?

Globalization and Growing Diversity

With the rapid globalization and technological advances of the 21st century, the world's nations have become deeply interconnected. The Internet and global trade provide us with constant exposure to foreign media, products, and ideas; modern transportation allows convenient travel and immigration between countries. As a result, nations like the United States are steadily becoming more and more diverse, boasting an abundance of cultures, identities, and socio-economic backgrounds.

The National Center for Cultural Competence describes cultural competency as a set of behaviors manifested at the organizational-level that allows those in the organization (e.g. a company, a group of workers) to work effectively in cross-cultural situation. It

fundamentally relies on valuing diversity, having the capacity for cultural self-assessment, being conscious of cultural dynamics, having knowledge of cultures, and having developed adaptations to reflect an understanding of cultural diversity.

According to the Institution of Medicine, culturally incompetent care is directly connected to “poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services”. On the other hand, culturally competent care is shown to not only improve care quality and patient satisfaction, but also job satisfaction and staff retention.

The First Stepping Stone

With the new emphasis on humanities in the MCAT 2015, medical education is taking a step in the right direction. Whereas the old MCAT left students unprepared for the gap between science and actual medical practice, the new exam encourages students to broaden their knowledge. According to Allan Joseph and Karan Chhabra, the new MCAT is sending the message to students that “they need [humanities] just as much as they need hard science, and the medical community now demands they have it”

The implications of this on the world outside of healthcare are immense. The MCAT’s change signifies that cultural competency is becoming a mainstream requirement for organizations at large, including businesses, workplaces, and education systems.

Unfortunately, the new MCAT alone will likely not be enough to spark major change. In 1962, the MCAT actually went under a similar revision that expanded its “understanding modern society” section to test a wider range of general liberal arts subjects. However, in the following 1977 revision, criticism from medical school admissions led to the complete elimination of the general knowledge section, and the de-emphasis of cultural and social biases.

Despite the AAMC’s efforts to emphasize a broader, liberal education, medical school admissions committees were still focused on the hard science achievements of applicants. Because the admissions committees directly determine who is admitted into medical school, they hold the ultimate power of declaring the current standards for becoming a

doctor. Until medical school admissions change the application process to reward students' exposure to humanities, social sciences, and cultural differences, it's likely that any progress made will follow in the footsteps of the 1962 MCAT.



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