

## The ideal medical applicant: Who holds the crystal ball?

**D**o we know what to recognize during selection? Can we realistically look beyond scant follow-up information to assess effectiveness in practice?

Our inability to fully answer these questions should not limit efforts to both define and seek the best. Dramatic changes in pertinent information, curriculum design and learning experience, and global involvement have occurred over the last few decades. Also, we recognize that many characteristics blend to make a skilled doctor, and at this time, appreciate individuality and the mix of talents within the medical school and eventual practice environments. But has our expectation or profile of individual medical students changed?

All medical schools have the commonality of admissions procedures as the first major step in screening would-be doctors. While standards and emphasis are diverse, all schools anticipate an above-average capacity of applicants to assimilate new information. Undergraduate marks (and, increasingly, sustained records in graduate studies for some) must be given substantial weighting. MCAT scores help even out some obvious (or more subtle) differences among applicant experiences at a range of universities. Medical schools do have access to the brightest among young minds, but we expect more and go to considerable lengths to assess community involvement, long-term commitment, and broad ranging talents. No wonder it's often said that getting into medical school is the most difficult part of medical education.

Contrary to observations by the general public, there is more to a physician than having the smarts to deal with complex information. Experience (and increasingly, analysis) has taught us that emphasis on the humanities makes Dalhousie's program special and affects both the quality of ongoing student life and the "end product" of a more adjusted and effective physician. It does not require imagination to understand that the best medical students are well-rounded people

able to draw on different experiences and ways of thinking throughout their medical careers. Being open to new ideas and able to embrace change are a must in a field that is as fast-paced and progressive as medicine. It is vitally important to think critically and draw effectively on a broad array of information, increasingly accessible through international communications networks.

In anticipation of broadening emphasis on integrated healthcare delivery through effective interdisciplinary-interprofessional teams, medical students must not only learn about, but also actually embrace, the importance of working cooperatively with many levels of health professionals and support staff in a collegial and engaging manner. Teamwork skills must move beyond traditional bedside or office models to a more blended participation with researchers and policy makers across the spectrum from fundamental to applied investigations. Here at Dalhousie, use of tutorial and Problem Based Learning (PBL) team approach is one-way of helping each other, but the team experience must be expanded if collaboration is to become the ultimate way to interact with others to benefit patients and the health care system. A strong capacity for effective communications must be deeply embedded in virtually every aspect of the educational experience.

It is no myth that doctors are busy people with commitments beyond expected clinical responsibilities. Medical students involved imaginatively in curricular and extracurricular activities are likely to have a stronger base for excellent clinical care and community commitments when practice credentials have been earned. We expect a portion of physicians to serve on academic committees, regional health boards, or nationally based organizations. Development of professionalism, established in sound ethical, legal and moral principles, with a good sprinkling of solid common sense will lead to a lifelong attitude of respect and commitment. This encompasses an ingrained sense for personal, professional development that

continues well beyond graduation.

A final test of our medical graduates is their capacity to live a balanced life that blends an expected dedication to the individuals and communities they care for with personal health and well-being. Demands on each end of this spectrum are ever-changing but our goal remains to foster a capacity to embrace an exciting and challenging future with a truly caring and ever-

learning attitude. My crystal ball does not reveal indisputable answers to the opening questions; however, by encouraging the best, our students will continue to exceed the standards in this highly privileged and exciting profession.

Harold Cook  
Dean, Faculty of Medicine,  
Dalhousie Medical School

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## Checking the box – Minorities and medical school

*From the 2005-2006 Dalhousie Faculty of Medicine application form:*

Applicants who wish to be considered in one of the following categories should indicate this here:

- Indigenous Black      
Aboriginal

What does “checking the box” mean for a prospective medical student? At Dalhousie this information is collected solely for the purpose of awarding funding (e.g., the Elizabeth C. Weld Award) and not as criteria for admission. However the idea of “checking the box” remains a powerful symbol of the importance of diversity in medicine. As discussed in the “Diversity and Medicine in Canada” position paper of the Canadian Federation of Medical Students,<sup>1</sup> a diverse medical community is important from a physician, patient and student perspective. One of the greatest challenges identified in the report is with respect to recruitment of students from black and aboriginal communities. The potential for (and often reality of) underrepresentation of minority groups in medical education risks perpetuating underservice to vulnerable populations, creating barriers to appropriate and timely care and limiting opportunities for learning.

If we as future physicians are to be representative of the Maritime population we must include

among our ranks members of Aboriginal, African Nova Scotian and Acadian communities, students with an assortment of primary languages, individuals from a variety of geographic origins and cultural backgrounds; students as diverse as the communities we will be serving.<sup>2</sup>

While we are fortunate to have a number of ongoing initiatives involving faculty, staff and students promoting the importance of diversity in medicine (e.g., Changing Worlds: Diversity and Healthcare, Aboriginal Health Initiative, and Diversity in Medicine) we are still far away from success in this area. The idea of “checking the box” is a subtle reminder that members of historically marginalized groups still face barriers in the line of further education in health professions such as medicine.

Jennifer Ahmed  
Dalhousie Medical School, Class of 2008

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### References

1. Ayeni B. Position Papers: Diversity and Medicine in Canada <[http://www.cfms.org/representation/papers\\_view.cfm?id=12&what\\_section=representation](http://www.cfms.org/representation/papers_view.cfm?id=12&what_section=representation)>. Accessed 03/30. Canadian Federation of Medical Students, Canada, 2004.
2. Statistics Canada. 2001 Census of Canada <<http://www12.statcan.ca/english/census01/home/index.cfm>>. Accessed 03/30. Statistics Canada, Canada, 2005.