

<b>CORE EDUCATIONAL OBJECTIVES</b> <b>GHANA MEDICAL STUDENTS AT THE UNIVERSITY OF MICHIGAN</b>
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**The core competencies for the US Accreditation Committee on Graduate Medical Education (ACGME) include:**

1. Patient care
2. Medical knowledge
3. Practice based learning and improvement
4. Interpersonal communication skills
5. Professionalism
6. Systems based practice

These are the competencies that are increasingly being used in the United States at all levels of education.

**The skills associated with each competency include:**

- #1. Patient care
  - Caring and respectful behaviors
  - Interviewing
  - Informed decision making
  - Develop and carry out patient management plan
  - Counsel and education patients and their families
  - Perform routine physical exam and medical procedures
  - Preventive health services
  - Work within a team
- #2. Medical knowledge
  - Investigatory and analytic thinking
  - Knowledge and application of basic science
- #3. Practice based learning and improvement
  - Analyze own practice and need for improvement
  - Use of evidence from scientific studies
  - Application of research and statistical methods
  - Use of information technology
  - Facilitate learning of others
- #4. Interpersonal & communication skills
  - Creation of a therapeutic relationship with patients
  - Listening skills
- #5. Professionalism
  - Respectful, altruistic
  - Ethically sound practice
  - Sensitive to cultural, age, gender, disability issues
- #6. Systems based practice
  - Understand interaction of their practices with the larger system
  - Knowledge of practice and delivery systems
  - Practice cost-effective care
  - Advocate for patients within the health care system

The rotation goals of Ghanaian students (UG, KNUST, and UDS) at the University of Michigan have evolved over the years, and currently include the following:

1. Exposure to electronic medical record (#3 use of information technology, #6 knowledge of practice and delivery systems)
2. Exposure to United States style physician-patient interactions (#1 caring, respectful behaviors; counsel and educate patients and families)
3. Exposure to concepts of informed consent (#1 informed decision making)
4. Exposure to patient involvement in shared decision making (#1 informed decision making)
5. Observe especially the care provided intrapartum to laboring patients and patients who have a normal delivery and Cesarean section with special attention to the presence of partners and family members not only for normal deliveries throughout all stages of labor including delivery but also presence in the operating room. (#1 caring and respectful behaviors, #4 creation of therapeutic relationships with patients)
6. Observe advanced ultrasound, fetal diagnostic and therapies (#1 medical procedures)
7. Learn basic operating room etiquette and scrubbing techniques (#1 work with a team)
8. Learn basic introduction to surgical techniques in the University of Michigan Simulation Center including obstetric deliveries, episiotomy repair, and laparoscopic skills (#1 medical procedures)
9. Observe advanced technologies including laparoscopic surgery and robotic surgery. (#6)
10. Observe outpatient clinic activities and procedures (#s 1, 2, 3)

The overall expectation is that students will be exposed to western technology and western practices, but ultimately understand that the high quality of their medical education prepares them to be world-class physicians.

### **CULTURAL DIFFERENCES/EXPECTATIONS**

- American students are expected to be full participants in the care of patients. This includes pre-rounding, attendance at all teaching rounds, following up to get test results, attending conferences, etc.
- American students are expected to arrive early in the morning and on time – punctuality is a very important hallmark of American medical education. There are very few excuses for being late that are considered ‘legitimate’ in the US medical setting.
- Even when there is ‘down time’, medical students are expected to stay. It is considered inappropriate to ask if one can leave early or complain about having to stay.
- American medical students are expected to ask questions and participate in discussions – visiting students ought to do the same. Speak loudly (Ghanaian students tend to speak softly, making it difficult to be fully understood).
- Ghanaian students are accepted and are able to perform the same activities as fourth year University of Michigan medical students. This includes scrubbing in on surgeries (after completing the surgery orientation), examining patients, and participating in patient care under the supervision of a University of Michigan attending physician.
- Unlike in Ghana, cellphones are not to be answered during meetings, in the middle of consultations or at other times when students are expected to be paying attention.