

# From the Advisor



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## Melting Pot

A debate has long simmered among students of American history and culture. On one side are those who advance a vision of the United States as a “melting pot.” Writing in 1782, de Crevecoeur described an American as one who has left “behind him all his ancient prejudices and manners, receiving new ones from the new mode of life he has embraced, the government he obeys, and the new rank he holds.” English, Scotch Irish, French, Dutch, Germans, and Swedes would cease to be what they were and become something new – Americans. “Here,” in America, he writes, “individuals of all nations are melted into a new race of men.”

Switching from the sphere of national identity to medical education, such a metaphor might have special appeal at a school as large as ours. With 365 students in each class spread around nine campuses, no one – faculty, staff, or student – can know all the students in a single class, let alone the whole student body. So instead of dwelling on the myriad distinctive traits that characterize each student, we often focus on standardization – what every student is expected to become. Students arrive with a wide variety of cultural, geographical, biographical,

and academic backgrounds, but here, at the IU School of Medicine, they are all melted down and reshaped into physicians.

The melting pot metaphor offers important insights. Above all, it helps to explain both how a new nation can be forged from a highly diverse influx of immigrants and how premedical students from widely different backgrounds can be made into physicians. In the case of nationality, the blast furnace is daily immersion in American culture, including the English language. In the case of medical education, each student enrolls

in the same classes, takes the same examinations, and demonstrates the same competencies. What matters is not so much the distinctive resources immigrants or students bring with them, but their malleability. In the words of Star Treks' Borg, each will be assimilated.

In recent decades a new way of thinking about national identity has gradually replaced the melting pot metaphor and something similar may happen in medical education. Instead of seeking to make Americans into a monoculture, which often turns out to represent the vision of a dominant

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group, recent commentators have emphasized the metaphor of multi-culturalism, sometimes described as a cultural mosaic or salad bowl. Instead of the mass production model of citizenship favored by industrialist Henry Ford, in which immigrants abandoned their distinctive modes of dress and emerged clad in the same costume and waving American flags, the heritage of immigrants would be preserved and celebrated.

Multi-culturalism regards diversity not as an unacceptable degree of deviation from the mean but as a source of vitality and creativity. The United States is culturally richer because it consists of not a single state but 50 states and America thrives in part because it consists of regions such as the Northeast and the South. Herman Melville could not have written "Moby Dick" in Mississippi, nor could Faulkner have penned "The Sound and the Fury" in New York; likewise, baseball was a natural product of a northeastern mentality, and the blues could only have originated in the south. Diversity has always been the wellspring of American vigor and ingenuity.

As these examples illustrate, diversity is not confined to characteristics that can be captured in a photograph or a sample of a person's speech. In its fullest sense, it is far richer and includes answers to such questions as these: What are your favorite memories? Who do you most admire, and why? What are you most afraid of? What matters most to you in life, and what sacrifices are you prepared to make to protect and promote it? What role do you think human beings are called to play in the larger order of creation? Each student who enters the IU School of Medicine would answer these questions somewhat differently, and therein lies an only partially tapped opportunity for excellence.

What would a fully diversity-prizing culture of medical education look like? Above all, it would not focus on homogenization. Instead of trying

to ensure that each student has the same experiences and emerges looking more or less the same as every other, it would strive to get to know each student sufficiently well to identify distinctive interests and abilities and provide opportunities to develop them as fully as possible. Instead of basing evaluation on how well each student performs on the same tests every other student takes, it would seek out opportunities for students to focus on what they can do best, a dimension of distinctiveness barely touched by the choice of medical specialization.

One of my favorite cartoons features an educator looking across the desk at a collection of creatures including a bird, monkey, penguin, elephant, fish, seal, and dog. Behind them is a tree. The educator says, "For a fair selection, everybody has to take the same exam: climb that tree." The allure of objectivity, fairness, and efficiency is great, but medicine could take a cue from doctoral-level graduate study, in which each student is expected to produce a distinctive work of scholarship. Particularly at the largest schools, where it is especially difficult to know each student, the metaphor of a single score on a high-stakes standardized exam needs to be replaced by how students develop and contribute in distinctive ways.

The year I graduated from medical school, the cover of the senior skit program showed a student passing along a cheese grater. The implicit message: Don't let who you are and what is best about you get peeled away. To resist assimilation, you need to take some responsibility for your own education, not just by dedicating many hours to learning independently, but also by cultivating what makes you special. If you are a reader, make sure you keep reading, and reading well. If you find peace and fulfillment from playing an instrument or singing, make sure you find at least a few hours each week to do so. If service is your calling, make sure you keep serving outside of medicine.

And tend not only to yourself

but also your colleagues. Resist the temptation to boast about how busy you are, how you hardly have time to eat or sleep, or to glory in your own assimilation. Such self-destructive braggadocio only contributes to a self-destructively vicious cycle. Instead, make it a point to talk about the passions that make you you and your classmates themselves, and how you and they are making time for things that matter. Do well on your tests, but not at the expense of whittling away your capacity to make distinctive contributions to medicine. Our patients and community need not just generic physicians, but the distinctively best doctor each of us is capable of becoming.

The profession of medicine and the patients we care for will ultimately be better served not by a clone army, but a diverse group of medical professionals with distinctive passions and abilities. To some degree, we are passing through a furnace and being melted down and molded into physicians. But we are also growing and developing like biological organisms, each with a distinctive set of resources and opportunities. The heat of the melting pot makes us malleable, but it can also burn us or even consume us completely. Only by approaching four years of medical school with the best metaphors – not a melting pot but a mosaic or even a garden – will we truly flourish.