It Is Time for the Internationalization of Medical Education to Be at Home and Accessible for All

To the Editor: The global COVID-19 pandemic has highlighted the importance of the internationalization of medical education (IoME). Here, we hope to initiate a discussion about changes to IoME formats—away from emphasis on students’ outbound travel to, instead, standardized curricula at home that are accessible to all—using an interdisciplinary approach with international higher education (IHE).1

To date, IoME primarily focuses on students’ international travel to less privileged, low- and middle-income countries.23 These programs are inherently inequitable, as they prevent participation of all students (e.g., students from low socioeconomic backgrounds, those with disabilities). Also, as the global pandemic continues, international student exchanges are clearly regarded as unsafe, unpredictable, and not timely. For both these reasons, it is imperative to consider how to develop students’ international skills without resorting to and expanding costly, resource-draining travel abroad programs that only benefit select students.

We propose the creation of an international curriculum at home that moves away from an emphasis on students’ international travel programs and brings IoME to all. Internationalization is now, more than ever, a priority, and its delivery must be equitable.

Internationalization of the curriculum at home is an area of educational research at home that is accessible to all—using an interdisciplinary approach with international higher education (IHE).1

New technology offers many opportunities for international exposure. Formats can include virtual presentations from local cultural groups or international faculty, international exchange of online learning material, virtual courses at international partner schools, international case studies, international research projects, global journal clubs, and exposure to international peer collaborations. Expanding, strengthening, and standardizing existing local community-based projects involving refugee, immigrant, and underprivileged groups will also be important.

As international institutional partnerships, international faculty, and diverse local communities may not be available to all schools and programs, partnering with medical schools that have access to the above can provide IoME to more students.

We simply must find new ways to ensure that more, if not all, medical students acquire international competence and skills that can be used both in local and global practice.

Acknowledgments: The authors offer many thanks to Michael Fortgang, MD, for his helpful review of the manuscript.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

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First published online June 8, 2021

References

The MCAT Was a Barrier to Diversity Long Before COVID-19

To the Editor: The COVID-19 pandemic has forced us to renegotiate how we look at medical school admissions through the lens of equity and inclusion. Questions about test center availability and safety led some schools, despite little evidence of test center-related infections,1 to waive the Medical College Admission Test (MCAT) requirement for the 2021 cycle.2 Temporarily waiving the MCAT not only fails to acknowledge but also exacerbates the test’s harmful prepandemic effects on racial, ethnic, and socioeconomic diversity. Any decision regarding the MCAT should be substantive and create lasting change to promote the diversification of the medical profession well beyond COVID-19.

Many schools with the highest average MCAT scores often have modest levels of diversity in their student bodies, valuing the cost of maintaining stature in U.S. News and World Report rankings over diversity, equity, and inclusion.3 We must balance the MCAT’s role as a normative keel with our need to open medical school admission to more students from diverse backgrounds. Recent literature demonstrates medical schools accepting students with MCAT