

To the Editors:

Regarding the article by Frank Quintana et al. (*Assessment of a Complementary Curricular Strategy for Training South African Physicians in a Cuban Medical University*) in the July 2012 issue of *MEDICC Review*, medical education has to be specific to the country of practice. The mere fact of being a doctor in one country does not necessarily mean that one has all the knowledge and abilities needed to practice in other parts of the world. Countries differ in their disease patterns, cultural values and even in the technology they use. Therefore, moving from one country to another will always require a period of adaptation.

International students are subject to a great deal of pressure to excel academically. They are exposed to a new and different culture (reflected in exam format, ways of handling group discussions, even in note-taking). They have communication challenges that can affect how they relate to other students, their professors and even their patients. Sometimes these difficulties are interpreted as lack of interest, and they can find it hard to ask for the help they need.

The article clearly describes the problems and suggests a workable strategy to deal with them. I have a further suggestion that could help address the problems faced by South African students in Cuba: creation in South Africa of a Cuban university hospital to place graduates for their sixth (internship) year; with 100- to 250-bed capacity and staffed by bilingual Cuban medical faculty familiar with the South African educational and health systems.

This would ease the transition from Cuba to South Africa by placing students in their own community, thus breaking down all sorts of barriers students face when they return home. These include language (as described in the article), rivalry with compatriots who stayed in South Africa (those who study overseas are often thought to return with more knowledge and skills) and difficulty readapting to the South African educational system. They sometimes even face frustration and impatience on the part of South African professors who supervise them in various universities.

It must be understood that it's one thing to study medicine from start to finish in one country and quite another to start in one country and finish in another. With the option of a Cuban university in South Africa for the internship, returning students would feel at home and more easily adapt to the new reality of their country. Their medical practice would be easier because they would be at home, with fewer barriers.

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[Ed. Note: South African medical students training in Cuba return to their country for a sixth-year internship, usually placed at the medical school in their home province. Schools vary widely in their history of accepting black students and in the degree of social accountability they explicitly uphold in their core missions. One school is noteworthy in both regards: the Walter Sisulu University Faculty of Health Sciences in Eastern Cape, affiliated with two hospitals in Mthatha, and where not entirely coincidentally, a strong cohort of Cuban professors also teaches in a problem-based, community-centered curriculum.

It might be interesting for these and their South African faculty colleagues to share their experiences with the Medical University of Villa Clara and other Cuban schools where South African students are enrolled, which could assist the process of deepening understanding of the context in which graduates are expected to practice and the competencies required—complementing the philosophy of training physicians for public service that Walter Sisulu and the Cuban educational institutions have in common. It would also be interesting to undertake a graduate outcome study of Cuban-trained South African physicians, including professional competencies, placement, health and social impact of practice in various settings, and patient satisfaction.] 