Table 1

Promotional Materials in Patient Care Areas

	Number of Promotional Materials															
	Pens		*Notepads*		*Drug Samples*		*Pamphlets and Educational Posters*		*Mono-filaments*		*Reflex Hammers*		*Trinkets*		*Total*	
Area	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009
Examination rooms	0	1	20	0	0	0	35	0	NA	16	0	2	14	0	69	19
Nursing stations	5	37	11	0	1	0	9	0	NA	8	0	0	21	6	47	51
Hallways	0	0	5	0	0	0	8	0	NA	0	0	0	8	0	21	0
Waiting room	0	0	0	0	0	0	3	0	NA	0	0	0	0	0	3	0
Total	5	38	36	0	1	0	55	0	NA	24	0	2	43	6	140	70

With regard to pharmaceutical promotion, however, our survey demonstrates the truth of the adage: "The more things change, the more they stay the same."

Diane J. Madlon-Kay, MD, MS
Department of Family Medicine and Community Health
University of Minnesota Medical School

Correspondence: Address correspondence to Dr Madlon-Kay, University of Minnesota Medical School, Department of Family Medicine and Community Health, Smiley's Clinic, 2020 East 28th Street, Minneapolis, MN 55407. 612-333-0774. Fax: 612-359-0475. madlo001@maroon.tc.umn.edu.

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Comment

Disparities in the Residency Match Process

To the Editor:

We are writing to express our concerns with the current residency matching process regarding an apparent loophole that treats sponsored US graduates differently than independent applicants from international medical schools. Allowing international graduates to enter the National Resident Matching Program (NRMP) and then withdraw if offered a pre-Match position, is unfair to US graduates and programs that use the matching process in good faith.

Currently, a US graduate must go through the entire interview process and then wait until Match Day to find out which program they have matched with. They may not withdraw from the Match except through the dean of student affairs of their sponsoring medical school. On the other hand, an international graduate could start the NRMP process and then could independently withdraw from the Match if offered a pre-Match position prior to the rank order list certification deadline.

From a residency program perspective, one could interview a number of international graduates and not have the opportunity to match any of them if they all withdrew prior to the ranking deadline. A program will spend a lot of time and energy on individuals they are unable to match with. Having an agreement outside of the Match is also risky for applicants. Such loose agreements may lead to applicants refusing to show up or programs refusing to take on an applicant after initially agreeing to terms. The NRMP process, on the other hand, is a legally binding agreement ensuring both parties a successful outcome.

We are concerned that this disparity creates an uneven playing field between domestic and international graduates and between programs that strictly use the NRMP process and those who routinely practice pre-matching agreements. We recommend that the NRMP sponsors and board of directors reevaluate the impact these policies have on both applicants and residency programs.

John E. vanSchagen, MD
Phillip J. Baty, MD
Grand Rapids Family Medicine Residency
Grand Rapids, Mich

Humanizing the Clinical Gaze: Movies and the Empathic Understanding of Psychosis

To the Editor:

Since its earliest days, cinema has been recognized as a medium of profound cultural value. In particular, over the past century, cinema has been an influential source of education, shaping societal and professional attitudes to mental illness and more generally contributing to the cultural sensitivity of the contemporary world.

Cinema has been widely cited as being one of the main sources of both public information and public prejudice about psychiatric disorder,[1] meaning that community physicians might often encounter a "Hollywood" understanding of mental illness from patients and their families. Perhaps surprisingly for medics who may have had to tackle these negative or misinformed portrayals, there is now a growing recognition that cinema can be a fruitful resource of psychiatric education for clinicians themselves.

In the field of psychopathology, cinema's capacity to reflect reality and accurately portray psychological states has been the object of intense debate.[2] As far back as 1974, in an elegant description of training programs related to schizophrenia, published in *Schizophrenia Bulletin,* Rieder[3] observes that "My aim in the first part of the course was to illustrate, not define, schizophrenia. Here, it would have been very helpful to have had good films." More recently, such practice has been recommended in residency training programs, with specific emphasis on the development of differential diagnosis and treatment skills in the area of general psychiatric practice.[4]

The illustration of clinical signs through movies provides a sophisticated alternative to the biographical narratives, facilitating the development of empathic skills,[5] as well as the emotional impact of psychopathological symptoms. The latter is a key interpersonal skill—inherent in a sound professional training and necessary for a deeper humanization of clinical practice.

Through cinema, a variety of complex psychological disturbances, including psychotic phenomena such as delusions and hallucinations, can be comprehensively characterized and made empathically available to the spectator. This is the clearly the case for some masterpieces of cinema d´auteur (eg, Bergman, Buñuel, Cronenberg, and Polanski), which offer a unique "vision from within" of the prepsychotic and psychotic modes of experiencing, capturing the very manifestation of psychosis in all its existential and interpersonal impact. Through the depiction of film, the spectator can experience transformations of personal meaning and its relation to the world and gains a profound access to otherwise enigmatic and almost impenetrable subjective experiences.

Precisely encouraging the development of empathic awareness of psycho-emotional states in interpersonal contexts, "Cinemeducation"[6,7] can promote essential components of subjective understanding as the "ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion, and regulate emotion in the self and others."[8]

Andrea Raballo, MD
Danish National Research Foundation
Centre for Subjectivity Research
University of Copenhagen, Denmark
Frank Larøi, Msc, PhD
Cognitive Psychopathology Unit
University of Liege, Belgium
Vaughan Bell, Msc, PhD
Institute of Psychiatry
Kings College London, UK

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