LETTERS TO THE EDITOR

Comments on Rangel et al., "Racial and Ethnic Disparities in Influenza Vaccination. . ."

To the Editor:—The article in the May issue entitled "Racial and Ethnic Disparities in Influenza Vaccination among Elderly Adults" described decreased immunization rates among Hispanic and non-Hispanic black patients. Rangel et al.¹ used NHIS data to investigate factors impacting access to care and found that, even after controlling for access to care and socioeconomic factors, racial/ethnic disparities remained. The authors hypothesized that there may be attitudes and perceptions specific to African Americans, which affect their willingness to be vaccinated.

A recent study done at our institution had very different results. Denver Health is a vertically and horizontally integrated system of an urban public hospital and 11 community health centers. We analyzed rates of immunization for pneumococcus and influenza among our patients who are 66 years of age and older and who are regular users of our system. Hispanic and African-American patients had rates of immunization equal to or higher than our Caucasian patients. This remained true after controlling for insurance status, medical comorbidities, age and site of greatest uses. Language was also not found to be a barrier for our monolingual Spanish-Speaking Hispanic patients.

There are a few possible reasons that explain why ethnic minorities have equal rates of immunization when compared to Caucasians at Denver Health. Personnel who staff our community health centers are hired from within the communities, which access care at a particular clinic site. This leads to a great deal of racial concordance between staff and patients and establishes a sense of trust in the community with regards to the medical care the center offers. Many of our providers also speak Spanish and there is a significant amount of language concordance between the provider and their patients. All immunization data sheets are in both Spanish and English and interpreter services are readily available for those providers not proficient in Spanish. Furthermore, all providers and staff undergo cultural sensitivity training. Thus, while it is clear that racial disparities continue to exist in health care, additional efforts should be focused on analytical work that helps to understand those disparities and on the implementation of interventions to reduce them.—**Alicia Appel, MD, and Philip S. Mehler, MD, Denver Health Medical Center, Denver, Colo, USA.**

REFERENCE

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Using Videotaped Vignettes to Teach Medical Students to Perform the Neurologic Examination

To the Editor:—We read with interest the article by Rambaldini et al.¹ highlighting the impact of severe acute respiratory syndrome (SARS) on the medical education training program for house staff. We thought it would be interesting to highlight a strategy developed by our medical faculty at the National University of Singapore for the teaching of neurology to our preclinical medical students, who were not allowed to enter hospitals during the 2003 SARS outbreak in Singapore.² Our solution was to videotape patient examinations, showing the correct technique for performing each step of the examination. We sought consent for videotaping from all of our patients, and obtained videotaped vignettes of normal and abnormal examinations. We then designed a lecture teaching students how to localize the level of neurologic lesions using clinical signs, including videotaped vignettes to demonstrate signs such as ankle clonus, increased and decreased tone, motor power, and deep tendon reflexes. Realizing that merely observing signs was inadequate, we divided them into groups of 10 during these sessions and had them perform the neurologic examination on student volunteers in each group. We identified 2 advantages in using this strategy. First, the student volunteers were more amenable to being repeatedly examined (often for long periods) than regular patients would have been. Second, the student volunteers were more aware of the rigors of being subjected to repeated examinations, and could empathize with their patients. The program was so popular with our students that the neurologic localization lecture, with videotaped vignettes, has been incorporated for both our under- and postgraduate teaching.

Videotaped vignettes are useful for teaching medical communication skills,³ but less so for the clinical examination.⁴ In situations where live patient contact is limited, we highlight the potential use of multimedia technology (such as videotaped vignettes) as a useful tool in medical education.—**Erle C.H. Lim, M Med (Int Med), Benjamin K.C. Ong, FRCP, Raymond C.S. Seet, MRCP, Division of Neurology, National University Hospital, Singapore.**

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