Museums Must Take On New Roles in This Multicultural Society

By Ivan Karp and Steven D. Lavine

A new role for art museums demands that museums face the realities of multiculturalism. A seminar of arts administrators underscored the need for changes in both the institution and the audience. Individual museums are beginning to respond to this changing role and to new cultural groups that have not been part of the traditional audience.

The seminar, "Museums and Cultural Change," was held in May 1992 at the Future of Museums Institute, operated by the American Alliance of Museums, at the University of Cincinnati. The seminar was organized by Susan Vogel, a professional museum specialist and assistant professor of art history at the University of Michigan. The seminar was sponsored by the Smithsonian Institution.

The seminar brought together arts administrators and cultural change experts to discuss how museums can adapt to a new cultural environment. The seminar also explored how museums can help bridge the gap between the traditional museum audience and the new cultural groups.

The seminar was divided into three main sections: the current role of museums, the cultural and social changes that are occurring in the United States, and the role of museums in the future.

The first section, "The Current Role of Museums," discussed the role of museums in the past and the current role of museums. The second section, "The Cultural and Social Changes in the United States," discussed the cultural and social changes that are occurring in the United States. The third section, "The Role of Museums in the Future," discussed the role of museums in the future.

The seminar included a panel discussion, which included arts administrators and cultural change experts. The panel discussion was moderated by Susan Vogel. The panelists included James A. Hough, director of the Museum of Fine Arts, Boston; John E. Maloof, director of the National Museum of American Art; and Richard J. Powell, director of the Smithsonian Institution.

The seminar also included three keynote speeches. The first keynote speech was given by John E. Maloof, director of the National Museum of American Art. The second keynote speech was given by Richard J. Powell, director of the Smithsonian Institution. The third keynote speech was given by James A. Hough, director of the Museum of Fine Arts, Boston.

The seminar concluded with a roundtable discussion, which included arts administrators and cultural change experts. The roundtable discussion was moderated by Susan Vogel. The panelists included James A. Hough, director of the Museum of Fine Arts, Boston; John E. Maloof, director of the National Museum of American Art; and Richard J. Powell, director of the Smithsonian Institution.

The seminar was well-received by the attendees. The seminar provided a valuable opportunity for arts administrators and cultural change experts to discuss how museums can adapt to a new cultural environment. The seminar also provided a valuable opportunity for attendees to learn about the cultural and social changes that are occurring in the United States.

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LETTERS TO THE EDITOR

Shedding Outdated Stereotypes of Medical Specialists

To the Editor:

While we applaud the efforts to increase the role of health-care graduates entering primary care, readers of your March 17 story ("State Officials Push Medical Schools to Train More Primary-Care Doctors") should know it will take even more funding and restructuring of the nation's current imbalance of health-care specialists and generalists.

Although boosting the numbers of primary-care physicians can help ease the problems of health care, significant obstacles still stem from the insufficient use of primary-care professionals already in the national supply. One recent estimate, for example, notes that underutilization of advanced nurse practitioners costs the nation as much as $8.75 billion annually due to scope-of-practice restrictions and other "denied access" for consumers that is keeping the cost of basic health care inflated.

While nurse practitioners can write prescriptions in at least 35 states, legal problems remain in barriers to licensing, reimbursement, and other areas of practice continue to prevent nurse practitioners from practicing independent of physician supervision. This, despite evidence that nurse practitioners can provide as much as 80 percent of the health-care services and up to 95 percent of the pediatric care delivered by primary-care physicians, at equal to or better quality than their medical physician counterparts.

Similarly, a national survey in 1989 found that the average cost of certified nurse midwives in California, according to prices of $1,492 for a normal pregnancy care and delivery. Again, similar data shows that certified nurse midwives can manage normal pregnancies safely and as well as or better than physicians.

As we are to realize a system of medical care that guarantees basic medical care, we must produce system-wide health-care reform, not merely medical reform. Moving barriers to practice, the solution will also include moving beyond our society's prevailing and narrow definition of health care as "medical," and correcting the mindset that views medicine as the focus of health care. Before we rewrite what health care should become, let's not lose sight of what it is today: a retail enterprise delivered by full spectrum of health-care providers—nurses, pharmacists, medical technicians, and others. The issue is clearly the most appropriate mix that best serves the needs of our health care.

Janet A. Rodgers
American Association of Colleges of Nursing
Washington

To the Editor:

What is sadly lacking in your account of medical schools is the role that the 15 schools of osteopathic medicine in the country are playing in the production of primary-care physicians. Today all 10 osteopathic medical colleges, both state and private, incorporate a primary-care educational commitment within their curricula.

At the College of Osteopathic Medicine of the Pacific, I serve as president, primary care is emphasized in medical student recruitment and admissions policies.

Once admitted, students face a four-year curriculum structured to emphasize primary care. We maintain a small faculty of basic scientists and clinicians whose primary commitment is to teaching rather than exaggerated emphasis on research. Faculty teaching capabilities are major considerations in the academic regard system of promotion and tenure. Our students are introduced to family practitioners early in their education to establish clinical role modeling.

Our curriculum requires that the first clinical rotation for every student be in general or family practice. In addition, two rotations in general or family practice must be completed in each of the junior and senior years. In total, 50 percent of the required clinical training is in primary-care disciplines.

While students are presented with choices of places to complete their clinical education, we require that the positions available in hospitals and in clinics that provide care to the underserved, such as rural, interinstitutionally funded hospitals and outpatient facilities, be filled so that all students have exposure to practice in those settings.

The American Osteopathic Association requirement of the completion of a rotating internship further emphasizes the commitment of the profession to primary care. Finally, at the residency level, a vast majority of residency positions in osteopathic programs nationwide are in the disciplines of primary care.

As a result of this curricular structure, I am pleased to report that 65 percent of the school's alumni either practice or are in training in primary-care fields. If the trends observed in the Western United States through the 1980's continue to hold true, by 1995, 80 percent of all the new family practitioners produced in this 13-state region. This is a remarkable potential achievement at a single medical school.

I urge you to become more informed about the role that osteopathic medicine plays in the preparation of primary-care physicians.

Philip Parnasante
President
College of Osteopathic Medicine of the Pacific
Pomona, Calif.

Museums Must Rethink Their Missions and Their Exhibits

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Art: Resistance and Affirmation" exhibition at the University of California at Los Angeles—that include community groups in the planning process. Joint boards deliberate over the aesthetics or political decisions of what to present and what to exclude. The dangers are obvious: Committees tend to produce the least common denominator. But the potential value can be worth the risks.

Further changes in museums are inevitable. Since the civil-rights and anti-war movements of the 1960's and 1970's, every institution—cultural, educational, and governmental—that is said to hold power has been questioned. The stance of benign neutrality held by museums of the past has lost credibility. Exhibitions are banded around the issue of whether the political, cultural, and social agendas. As the demographics of the U.S. population shift and as we move toward pluralism in which the majority of the population will belong to minority groups, we can expect these external pressures to grow.

At the same time, current scholarship in the arts, humanities, and social sciences is attending to the subterfuges of power. Canons that justified the inclusion and exclusion of different groups are being dismantled. New pressures from within and merged with changes from within to produce a redemission of museum practices.

Courage in financing women's studies project

To the Editor:

I am writing to thank The Chronicle for writing an article ("Review of Women's Studies Faces Personalized Learning as Strength," March 10) that made the results of a three-year research project, "The Courage to Question: Women's Studies and Student Learning," known to a wider public. I think it was, however, to acknowledge the funding source for that project: the Fund for the Improvement of Postsecondary Education of the U.S. Department of Education.

In keeping with its well-earned tradition of funding innovative projects that show promise of improving the quality of and access to higher education, the Fund provided the funding for this particular project in a period when backlash against women's studies had resurfaced with renewed vehemence.

If it takes courage to question, it