Introduction

Health disparities exist in the United States and are likely due in part to disparities in health care. The need to include cultural competency education in medical training in order to address these disparities is widely recognized. However, the many challenges this poses are becoming more apparent. We instituted a cultural competency teaching session for first year medical students to address these needs. We present assessment data from three consecutive first year classes as well as a framework for an effective session.

Materials and Methods

Pre and post session assessment was carried out each year with a new first year medical student class using the Health Beliefs Attitudes Survey. 15 items scored on a 6 point Likert-type scale. The before and after surveys are printed on the front and back of a single sheet, allowing for anonymous, linked data collection. Questions are divided into two categories for the purposes of analysis: How important is it to “Elicit” a patient’s perspective? How may this affect the quality of “Care” doctors provide?

Scores were analyzed using a paired t-test and ANOVA to assess for change within and between classes.

Results

Session assessment data demonstrate significant positive change in attitudes of first year medical students in both the “Elicit” and “Care” categories for all three years (p-values <0.01), with “Elicit” t-values ranging from 3.4 to 7.1, and “Care” t-values ranging from 3.4 to 6.7. The third year of the session generated significantly more change than the previous two years in the “Elicit” category (p-values <0.01), with a trend toward greater change in the “Care” category.

Class sizes were consistent, but response rates were significantly higher in the second and third year of the session.

Conclusions

There were sequential classes of first year medical students now participating in this cultural competency teaching session, with significant positive change in attitudes as assessed by the Health Beliefs Attitudes Survey seen across all three years.

The session is designed to engage students, increase awareness of both health disparities and how culture may play into those differences, and offer some insight into an ethnographic approach to intercultural interactions. It also provides some concrete tools in the form of the Kleinman Questions and other examples which they can begin using in the clinical setting.

References

3. Chinn ML, Ferrell B. How to avoid the problem of introducing a cultural competency training initiative. Medical Education. 2009;43(9):838-842

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References

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