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Weaving The Threads of Multiculturalism Throughout Medical Education

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Weaving The Threads of Multiculturalism Throughout Medical Education

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How do medical students learn about the healthcare impact of essential multiculturalism issues in an increasingly diverse population? This study gauges student participation in a variety of multiculturalism curricula and student assessment of curriculum time devoted to multiculturalism at school versus national levels.

BACKGROUND

How do medical students learn about the healthcare impact of essential multiculturalism issues in an increasingly diverse population? This study gauges student participation in a variety of multiculturalism curricula and student assessment of curriculum time devoted to multiculturalism at school versus national levels.

METHODS

Seven items from the AAMC Graduation Questionnaire (GQ) address specific aspects of multicultural curricula that directly map to various multiculturalism curriculum options at our school. The proportion of students participating in each was compared at school and national levels over the past four years (2003-2006). A bivariate statistical analysis tested a null hypothesis that differences between the two groups equal zero. School and national student ratings of "inadequate" time devoted to "culturally appropriate care" as "inadequate": 11.6%/24.1% (2003), 8.1%/20.4% (2004), 5.5%/25.2% (2005), and 2.4%/19.3% (2006) (Table 1).

RESULTS

Our students participated significantly more frequently than at other US medical schools (based on GQ national data) in five of seven multiculturalism curriculum experiences: international health, delivering healthcare to underserved populations, learning another language to improve communication, experiences with minority health disparities, and experiences related to cultural awareness across the four years/comparison groups (p < 0.05) (Graph 1). While not statistically significant, this school still surpassed national trends in participation in community health field experiences and working with community-based multicultural groups. Also a significantly lower percentage of our students rated their instruction time devoted to "culturally appropriate care" as "inadequate": 11.6%/24.1% (2003), 8.1%/20.4% (2004), 5.5%/25.2% (2005), and 2.4%/19.3% (2006) (Table 1).

CONCLUSION

Our school is providing more opportunities than other US medical schools to learn about the culture, language, and health issues of diverse patient populations through a combination of both required and voluntary multiculturalism curricula. These opportunities are helping students develop skills that will help them better serve such populations as evidenced by more than twice as many of our students learning a second language compared to the national average and more of our students actually delivering services to underserved populations, a disproportionate number of whom are recent migrants to the U.S. Whether this experience directly connects with student satisfaction or awareness will need further investigation.

Table 1. UMass vs. National Medical Graduates GQ Data
2003 – 2006

<table>
<thead>
<tr>
<th>Selected Items</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>International health experience</td>
<td>49/32</td>
<td>44/27</td>
<td>47/32</td>
<td></td>
</tr>
<tr>
<td>Delivering health services to underserved populations</td>
<td>70/61</td>
<td>70/61</td>
<td>70/61</td>
<td>68/61</td>
</tr>
<tr>
<td>Field experience in community health</td>
<td>41/31</td>
<td>37/29</td>
<td>35/29</td>
<td>36/29</td>
</tr>
<tr>
<td>Learned another language to improve my communication with patients</td>
<td>48/24</td>
<td>45/24</td>
<td>45/24</td>
<td>55/24</td>
</tr>
<tr>
<td>Internships related to minority health disparities</td>
<td>36/31</td>
<td>36/31</td>
<td>36/31</td>
<td>36/31</td>
</tr>
<tr>
<td>Experience related to cultural awareness or cultural competence</td>
<td>62/26</td>
<td>62/26</td>
<td>62/26</td>
<td>62/26</td>
</tr>
<tr>
<td>Worked on a project with a community-based multicultural group</td>
<td>56/39</td>
<td>56/39</td>
<td>56/39</td>
<td>56/39</td>
</tr>
<tr>
<td>Currently appropriate care for diverse populations</td>
<td>12/31</td>
<td>12/31</td>
<td>12/31</td>
<td>12/31</td>
</tr>
</tbody>
</table>

Table 1. UMass vs. National Medical Graduates GQ Data
2003 – 2006

**Notes:**
1. The percentage of students who participated in each multiculturalism curriculum experience is indicated by the first number, and the second number indicates the percentage of students who rated the time devoted to that curriculum as "inadequate." Students could report participation in multiculturalism curricula on an elective or voluntary basis.
2. Items 1-7 request information on multiculturalism curricular activities participated in during medical school.
3. Items 8-10 ask about the students' experience with multiculturalism curricular activities, and item 11 asks about the students' current approach to multiculturalism in their practice.
4. The results presented are for the years 2003-2006, and the data are based on the responses of medical students who graduated from UMass Medical School and the National Medical Graduates.

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*Questions were modified to better align with the goals of multiculturalism and medical education.*