

11-2007

# Weaving The Threads of Multiculturalism Throughout Medical Education

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## Repository Citation

Barrett, Susan V.; Gentile, Gina M.; Zanetti, Mary L.; Ferguson, Warren J.; Godkin, Michael A.; Jonassen, Julie A.; and Pugnaire, Michele P., "Weaving The Threads of Multiculturalism Throughout Medical Education" (2007). *Office of Institutional Research, Evaluation, and Assessment Publications and Presentations*. 10.

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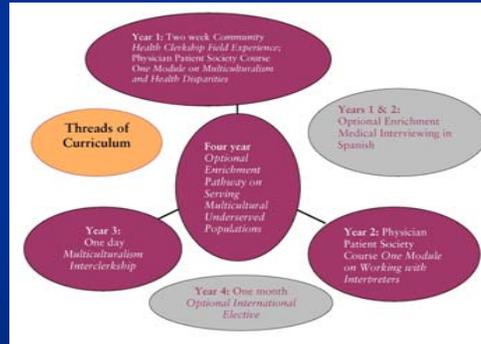
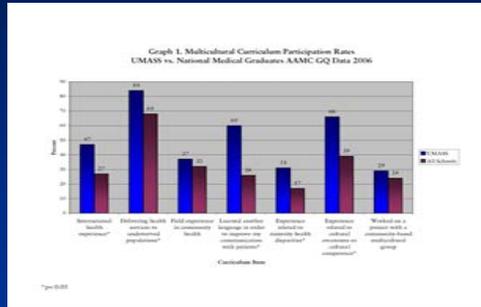
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# Weaving The Threads of Multiculturalism Throughout Medical Education

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## 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 for diverse populations” were compared by  $\chi^2$  analysis.

## 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. UMMA vs. National Medical Graduates GQ Data 2003 – 2006

Selected Items***	2003	2004	2005	2006
International health experience	40/22	33/22	44/25	47/27
Delivering health services to underserved populations	79/63	73/62	77/65	84/68
Field experience in community health	41/31	38/30	37/32	37/32
Learned another language in order to improve my communication with patients	44/24	45/24	45/24	60/26
Experience related to minority health disparities	31/10	20/11	25/15	31/17
Experience related to cultural awareness or cultural competence	60/26	61/28	60/36	66/39
Worked on a project with a community-based multicultural group	34/19	32/19	26/22	29/24
Culturally appropriate care for diverse populations	12/24	8/20	6/25	2/19

\*1st percent indicates UMMA medical graduates, 2nd percent indicates National medical graduates.  
 \*\*Highlighted sections indicate 10 or more percentage point difference between UMMA and National medical graduates.  
 \*\*\*Percentages pulled from GQ survey response rates from 2003 to 2006 range from 74 to 96 (UMMA) and 9,447 to 13,764 (National). However, individual item response rates not available.  
 Questions 1 – 7 request students indicate the activities participated in during medical school on an elective or volunteer (not required) basis.  
 Do you believe that the time devoted to your instruction in the following areas was inadequate, appropriate or excessive? Percentage reflects “inadequate” instruction time response.

