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? In this study, we gauge student participation in a variety of multiculturalism curricula and student assessment of curriculum time devoted to multiculturalism at school versus national levels.

**BACKGROUND**

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” were compared by χ² analysis.

**METHODS**

The AAMC Graduation Questionnaire (GQ) asked students to indicate the activities participated in during medical school on an elective or volunteer (not required) basis. 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” were compared by χ² analysis.

**RESULTS**

Our study found that medical students at our school 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, our 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 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>40/22</td>
<td>33/22</td>
<td>44/25</td>
<td>47/27</td>
</tr>
<tr>
<td>Delivering health services to underserved populations</td>
<td>79/63</td>
<td>73/62</td>
<td>77/65</td>
<td>84/68</td>
</tr>
<tr>
<td>Field experience in community health</td>
<td>41/31</td>
<td>38/30</td>
<td>37/32</td>
<td>37/32</td>
</tr>
<tr>
<td>Learned another language to improve my communication with patients</td>
<td>44/24</td>
<td>45/24</td>
<td>45/24</td>
<td>60/26</td>
</tr>
<tr>
<td>Experience related to minority health disparities</td>
<td>31/10</td>
<td>20/11</td>
<td>25/15</td>
<td>31/17</td>
</tr>
<tr>
<td>Experience related to cultural awareness or cultural competence</td>
<td>60/26</td>
<td>61/28</td>
<td>60/36</td>
<td>66/39</td>
</tr>
<tr>
<td>Worked on a project with a community-based multicultural group</td>
<td>34/19</td>
<td>32/19</td>
<td>26/22</td>
<td>29/24</td>
</tr>
<tr>
<td>Culturally appropriate care for diverse populations</td>
<td>12/24</td>
<td>8/20</td>
<td>6/25</td>
<td>2/19</td>
</tr>
</tbody>
</table>

Note: Data indicate the percentage of UMass medical graduates who indicated participating in the activity during medical school. "International health experience" refers to the proportion of students participating in an international health experience or a similar activity. "Delivering health services to underserved populations" refers to the proportion of students participating in an experience that involved delivering health services to underserved populations. "Field experience in community health" refers to the proportion of students participating in an experience that involved working in a community health setting. "Learned another language to improve my communication with patients" refers to the proportion of students participating in an experience that involved learning another language. "Experience related to minority health disparities" refers to the proportion of students participating in an experience that involved working with minority health disparities. "Experience related to cultural awareness or cultural competence" refers to the proportion of students participating in an experience that involved working with cultural awareness or competence. "Worked on a project with a community-based multicultural group" refers to the proportion of students participating in an experience that involved working on a project with a community-based multicultural group. "Culturally appropriate care for diverse populations" refers to the proportion of students participating in an experience that involved providing culturally appropriate care for diverse populations.