

Medical Schools Want Help in Providing Cultural Competence Curriculum

By Houkje Ross

Closing the Gap, Cultural Competence • January 2000

Learning how to interview patients and take a medical history is a requirement of all medical schools. Some schools go even further and train students on culture and how it impacts the care they give. For example, Dartmouth/Brown Medical School's "Clinical Experience" class covers cultural beliefs and values, race, ethnicity, and sexual orientation. Dave Osborne, a White student in his third year at the school, said he learned how to work with an interpreter for the many patients from Hispanic and Portuguese backgrounds he encounters.

"It was helpful to learn that it is important to maintain eye contact with your patient and to keep the interpreter in the background. You need to speak directly to your patient," he said. Osborne said the class content on culture was good, but there could have been more.

AAMC studies culture in medical schools

In late 1997, staff in the Division of Medical Education at the American Association of Medical Colleges (AAMC) began gathering information on the activities in place at medical schools regarding cultural competence curriculum. AAMC's ongoing study aims to find out if medical schools considered it their responsibility to teach cultural competency and to find out what schools needed to do it better, said Deborah Danoff, MD, assistant vice president of AAMC's Division of Medical Education.

So far, AAMC has surveyed 141 medical education programs in the United States and Canada, of which 96 percent responded. Of those who responded, 67 percent indicated that they had some form of teaching on cultural competence already in place. Fourteen percent have plans to introduce the topic. The study also found that:

- At least 86 percent of medical schools provided at least one opportunity in multicultural medicine.
- Seventy-one percent said that multicultural medicine was part of a required course.
- Only one school teaches multicultural medicine as a separately required course.

Survey results also showed that most of the medical schools thought they needed assistance in developing or implementing a cultural competency program, said Dr. Danoff. Approximately 60 percent of schools that already had some form of cultural competency

training in place indicated they would like additional help. That figure jumped to 80 percent for the schools who did not have a program in place.

The most commonly requested forms of assistance were information on model programs, faculty development materials, formal teaching materials, and evaluation instruments. Of the schools that don't have a program in place, over 40 percent asked for help in the form of justifying the need for cultural competency training. "This is an indication that some medical schools need to learn how to fit cultural competency into the rest of the medical school curriculum," said Dr. Danoff.

But medical schools soon may not have a choice about including cultural competency in their curriculum. The Liaison Committee on Medical Education (LCME) proposed a standard on cultural diversity that would hold faculty and students accountable for recognizing and dealing with cultures and belief systems and how this impacts perceived health, illness, and responses to various symptoms, diseases, and treatments. LCME is the nationally recognized accrediting authority for medical education programs leading to the medical degree in U.S. and Canadian medical schools. LCME will vote on the adoption of the standard in February 2000.

Although AAMC's survey indicates most medical schools are providing some cultural competence training for students and are asking for assistance, some are questioning whether this is enough. "Most U.S. medical schools are not providing adequate instruction in cultural competency," said Glen Flores, MD, assistant professor of pediatrics and public health at Boston University Schools of Medicine and Public Health. For example, little is known about how to teach cultural issues in medical school. Dr. Flores, who is also a Robert Wood Johnson Minority Medical Faculty Development Scholar, is writing a research paper on cultural competency curricula in medical schools, to be published in the spring of 2000.

AAMC continues to gather information on cultural competence efforts at medical schools. The association will collect information from course directors on cultural competency programs or courses in place at medical schools, identify model programs, and share techniques for implementation with other schools. From the data it collects, AAMC hopes to write a summary paper, develop an expertise list, resource materials, and a professional development workshop.

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