ABSTRACT

The Global Health Seminar implements a "constructivist" cognitive approach in providing students with experience in cultural competency. This course utilizes a curriculum of case-studies, forum discussions, interviews with medical school faculty, and interactive video conferences across medical schools in the U.S., Caribbean, and Central America.

Our focus is to use pre- and post-course surveys to identify the relationships between demographic factors and cultural competencies in order to improve the Global Health Seminar curriculum.

BACKGROUND

Cultural competencies are important to practicing medicine in the US and abroad; thus, an important component of training new physicians. VCOM provides a Global Seminar for Health and the Environment to enhance cultural competencies in medical students through case studies of topics in global health. Examining the relationship between demographic factors of medical students enrolled and their reported cultural competencies allows for improving and providing a better curriculum.

OBJECTIVES

Are there pre-test significant differences in self-reported rating of AACOM cultural competencies based on demographic factors (age, gender, ethnicity, and place of residence)? The results will be compared to a post-course self-assessment in order to determine changes in cultural competencies associated with the course.

METHODS

The research study was conducted in collaboration with six medical schools, three US VCOM campuses (Virginia, South Carolina, and Alabama) and three medical schools in Honduras, El Salvador, and Dominican Republic.

The study population of 85 participants was recruited from the students currently enrolled in the Global Seminar at each of the participating campuses. Inclusion requirements were the same as for enrollment in the course: 1) English-speaking 2) self-selected application and 3) approved by school Dean or committee.

The data was collected using a 61-item Qualtrics self-assessment survey separated in two sections, General Background Information and AACOM General and Cultural Competencies, using a 10-point Likert scale (1= None, 10= Very High). Instrument validity was established by a panel of experts (Marshall et al, 2018).

RESULTS

In the tests performed examining the relationship between demographic factors and general or cultural competencies, only the relationships between cultural competencies with ethnicity and cultural competencies with place of residence showed statistical significance. These results show that there is a difference in the self-assessment of cultural competencies between ethnicities among medical students enrolled in this course. Similarly, the results also show a difference in self-assessed cultural competencies by place of residence among medical students. Further research is needed to examine which ethnic groups and from which country display higher self-assessed cultural competencies.

These results will be followed up by a post-course self-assessment examining if participation in the Global Seminar reduces the differences in cultural competencies between the demographic groups and if cultural competencies improve overall.

CONCLUSIONS

The overall mean for General Competencies was 6.52 and the overall mean for Cultural Competencies was 6.40. Both scales were additionally analyzed independently in comparison to four demographic factors: Gender, Age, Ethnicity, and Place of Residence.

Two Independent Samples T-test was performed comparing general and cultural competencies with Gender (n=82) providing p-values of 0.74 and 0.87, respectively.

A Pearson’s Correlation test compared both competencies scales with Age (n=82). The correlation between Age and General Competencies gave a p-value of 0.45 and with Cultural Competencies a p-value of 0.52.

One-way ANOVA was performed to test for significance (α=0.05) between General Competencies with Ethnicity (p=0.87) and Place of Residence (p=0.75), and Cultural Competencies with Ethnicity (p=0.012) and Place of Residence (p=0.008).