ABSTRACT

VCOM provides a Global Health Seminar Course that implements a "constructivist" cognitive approach in providing students with experience in cultural competency. This elective utilizes a broad 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. The research hypothesis proposed in this study is that participation in the 14-week Global Seminar for Health and the Environment will significantly change (α=0.05) the self-reported general and cultural competency scores among course participants at the campuses at VCOM (Virginia, Alabama, and Carolinas), UES in El Salvador, INTEC in Dominican Republic, and UNITEC in Honduras. Positive results from the study would support our model for global communication and education techniques leading to understanding across cultures for disease prevention, diagnosis, treatment and disaster response along with other culturally sensitive medical education.

OBJECTIVES

Our main objective is to determine whether there was a statistically significant difference in general and AACOM cultural competencies prior to and following participating in a Global Health Seminar. We will compare self-reported competency ratings in each category through a pre-course and post-course self-assessment in order to determine changes in general and cultural competencies associated with the course.

METHODS

The study population included 85 voluntary participants from the students enrolled in the 2019 Global Seminar course from six medical schools in the U.S. and abroad. Inclusion requirements were: 1) English-speaking 2) self-selected application 3) approved by the school Dean or committee and 4) voluntary participation in the research. 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.

RESULTS

The pre-course survey had 82 respondents with mean reported "general" and "cultural" competency of 6.5 and 6.4, respectively. Following the Global Seminar course, the post-course survey was administered with 81 respondents reporting a mean "general" competency of 8.3 and a mean "cultural" competency of 8.3. A two samples t-test was performed on the pretest and posttest for "general" and "cultural" competencies, leading to both p-values <0.001.

CONCLUSIONS

These results suggest that participation in the VCOM Global Seminar course significantly changes self-reported "general" and "cultural" competencies across the U.S. and abroad sites. One limitation to our study is that because the surveys were reported anonymously, we are unable to match individual general or cultural competency changes. Collectively, the self-reported means improved after participation in the course leading to a successful study. Thus, the hypothesis is accepted. This also implies the innovative experimental education methodology is viable for transnational participation.

ACKNOWLEDGEMENTS

Lebrón, Ana, MD; Beltre, Alba, MD; Estrada, Gabriela, MD
SAMPLE POPULATION AND SURVEY DESIGN

Use of Evidence based practice to solve problems without diagnostics

Prior to participation in Global Seminar (0=None to 10=Very High)

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Solve problems professionally across cultures and health fields

Prior to participation in Global Seminar (0=None to 10=Very High)

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Apply quality improvement to real life public health related cases

Prior to participation in Global Seminar (0=None to 10=Very High)

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Gender

- Male
- Female

Ethnicity

- White
- Asian/Pacific Islander
- Hispanic or Latino
- Other
- Black or African American

Residence

- Dominican Republic
- Other
- United States
- Honduras
- El Salvador

Campus

- United States - Auburn Campus
- Honduras - UNITEC
- Dominican Republic - UNITEC
- United States - Carolinas Campus
- United States - Virginia Campus
- El Salvador - UES3

Ages

Frequency

Age

0  2  4  6  8  10  12  14  16  18
18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Sample Population and Survey Design
IN THE CLASSROOM