Applying Theory to the Design of Cultural Competency Training for Medical Students: A Case Study

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Abstract
Although literature suggests that providing culturally sensitive care promotes positive health outcomes for patients, undergraduate medical education currently does not provide adequate cultural competency training. At most schools, cultural competency, as a formal, integrated, and longitudinal thread within the overall curriculum, is still in its infancy. In this article, the authors summarize the current practice of cultural competency training within medical education and describe the design, implementation, and evaluation of a theoretically-based, year-long cultural competency training course for second-year students at Wake Forest University School of Medicine. Evaluation of the results indicate that the course was successful in improving knowledge, attitude, and skills related to cultural competence as well as bringing about positive changes in the medical school’s approach to cultural competency training. Also discussed are the implications of the outcomes for the development of culturally competent physicians and how using appropriate theory can help achieve desired outcomes.

Undergraduate medical education does not adequately prepare future physicians to understand how cultural influences a patient’s perception of disease and how perceptions affect treatment and, ultimately, quality of care. Evidence suggests that providing culturally sensitive care promotes positive health outcomes for patients. Although some cross-cultural medical education curricula date back to 1970, requiring cultural competency as a comprehensive curricular thread in undergraduate medical is mostly still in its infancy. However, medical educators and accreditation bodies are increasingly recognizing cultural competency as critical to the professional development of physicians. The Liaison Committee on Medical Education has taken a position in their accreditation standards that “The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Medical students must learn to recognize and appropriately address gender and cultural bias in themselves and others, and in the process of health care delivery. The American Medical Student Association’s Promoting, Reinforcing and Improving Medical Education project (AMSA PRIME) has solicited requests for proposals from schools to pilot a cultural competency curriculum using the association’s established core competencies. The Accreditation Council of Graduate Medical Education and the Council on Graduate Medical Education are increasingly emphasizing the importance of cultural competency and will soon establish guidelines. Guidelines and competencies have already appeared for residency programs. The National Board of Medical Examiners will ultimately focus on cultural competency skill as one requirement for passing licensing exams.
In this article, we summarize the current practice of cultural competency training within medical education and describe the design, implementation and evaluation of a theoretically-based, year-long cultural competency training course for second-year students at Wake Forest University School of Medicine (WFUSM).