Are Residents More Comfortable Than Faculty Members When Addressing Sociocultural Diversity in Medicine?

Tricia S. Tang PhD, Mary Ellen A. Bozynski MD, MS, Joyce M. Mitchell MD, Hilary M. Haftel MD, Sarah A. Vanston and Robert M. Anderson EdD


Abstract

Purpose: Sociocultural medicine is a growing curricular area in medical education. Because faculty members and residents will teach these curricula and model these skills in patient care, it is important to assess their attitudes toward diversity. This study examined faculty members’ and residents’ attitudes toward sociocultural issues in medicine.

Method: In November 2000, 198 physicians from the Department of Pediatrics at the University of Michigan Medical School completed a questionnaire on demographics and sociocultural attitudes in medicine while they attended a department-wide retreat on cultural competency. A factor analysis of the sociocultural attitudes measure yielded five dimensions accounting for 70% of the variance. These factors included sexual orientation, diversity in professional functions, discussing race/ethnicity in teaching forums, clinical skills, and alternative medicine.

Results: Significant differences were found between faculty members and residents for sexual orientation issues ($t = 2.76, p < .01$) and alternative medicine ($t = 2.84, p < .01$), with residents endorsing greater comfort in these areas of patient care. When controlling for demographic/background variables, group differences disappeared. Past exposure to multiculturalism emerged as a significant predictor for both sociocultural attitude dimensions.

Conclusions: Findings suggested while residents felt more comfortable than faculty members did with sexual orientation and alternative medicine issues in medicine, attitudes may have been related more to previous diversity education than to seniority of the physician. Integrating diversity education within departments and across the medical education continuum likely benefits all physicians. In the area of sociocultural medicine, both faculty members and residents can offer perspectives valuable to medical students, colleagues, and the larger medical community.

As the US patient population grows increasingly diverse, accreditation committees for both undergraduate and graduate medical education (i.e., the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education) have recognized cultural diversity training as a necessary skill for delivering effective patient care. In response, medical educators have focused on developing and implementing effective curricula and training models to address the understanding, incorporation, and application of social and cultural factors in health, medicine, and patient care (i.e., sociocultural medicine).

Goals for most training models are to increase awareness of, sensitivity to, and knowledge about diversity issues in health and health care delivery. Given this
framework, a growing number of medical schools have incorporated curricula that aim to broaden students’ attitudes toward sociocultural aspects in medicine and to introduce how these issues may influence patient-physician communication, health behaviors, and treatment delivery. Although standardized evaluation of these curricula across medical programs is lacking, assessments of existing curricular experiences have reported changes in students’ attitudes and awareness in the positive direction.

While many sociocultural medicine curricula target medical students’ learning, less emphasis has been placed on training residents and faculty members regarding these issues. Clearly, the extent to which faculty members and residents acknowledge, understand, teach, and model social and culturally effective patient care will shape students’ attitudes and behaviors. To ensure an optimal learning environment for medical students, it is important to assess the attitudes of our teachers.

Few studies have examined sociocultural medicine training among medical school faculty members. However, one study conducted by Welch evaluated a three-part workshop series on cultural diversity and cultural competence for the department chairs and course directors of a major academic teaching hospital. Faculty evaluation of the workshop itself was generally positive. Qualitative feedback included holding workshops annually as well as developing department-specific workshops. Absent in the evaluation were baseline and follow-up measures of faculty members’ attitudes toward diversity issues in medicine. Without baseline data, the efficacy of these training programs cannot be accurately demonstrated.

The purpose of our study was to examine attitudes toward sociocultural issues in medicine among a large sample of physicians, to compare sociocultural attitudes between residents and faculty members, and to identify significant predictors of sociocultural attitudes.