

SocioCultural Competence: A curriculum for pre-clerkship medical students

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Introduction

Physicians need to effectively communicate with and care for patients with a variety of health beliefs and behaviors. The attitudes, knowledge, and skills meant to equip physicians for this are described as “cultural competence.” **Cultural competence education for medical students is required by the LCME.**

Statement of Problem

Descriptions of cultural competence in the medical education literature are numerous, but problematic in many respects:

- overly simplistic/deterministic definitions of culture, race, and ethnicity
- rare acknowledgement of the impact of social context on health beliefs and behaviors
- heavy focus on attitudes, with varied emphasis on knowledge and rare description of the skills necessary to be culturally competent physicians
- no specific method for individuals to address the effects that their own biases have on interactions with patients

Our curriculum addresses these problems and is intended to equip students with appropriate background knowledge and skills to be culturally competent physicians.

Objectives of Program

This Sociocultural Competence Curriculum:

- Defines culture accurately, setting it apart from race and ethnicity
- Identifies impact of social context on an individual's health beliefs and behaviors: *Sociocultural Competence*
- Recognizes health beliefs and behaviors are influenced by numerous life experiences, not solely culture or ethnicity
- Defines two skills of sociocultural competence: structured self-reflection, and the ability to take a sociocultural history
- Explains the impact of individual physician biases on effective communication and treatment

Description of Program

	Key Features	Key Concepts
Part 1: 40 Minutes	<ul style="list-style-type: none"> • Didactics • Physician Story 	<ul style="list-style-type: none"> ✓ Patient Sociocultural Heterogeneity ✓ Difficulty in Predicting Health Beliefs and Behaviors ✓ Culture vs. Race vs. Ethnicity ✓ Pattern Recognition vs. Stereotyping
Part 2: 80 Minutes	<ul style="list-style-type: none"> • Large group interactive session 	<ul style="list-style-type: none"> ✓ Medical Student Sociocultural Heterogeneity ✓ Language of Personal Bias
Home Assignment	<ul style="list-style-type: none"> • Short Written Reflection 	<ul style="list-style-type: none"> ✓ Effects of Personal Bias on Patient Care
Part 3: 60 Minutes	<ul style="list-style-type: none"> • Small Group Discussion 	<ul style="list-style-type: none"> ✓ Review of previous concepts
Part 4: 45 Minutes	<ul style="list-style-type: none"> • Didactics • Video example of a Sociocultural History 	<ul style="list-style-type: none"> ✓ Specific Skills of Sociocultural Competence: <ul style="list-style-type: none"> ○ Structured Self-Reflection ○ Taking a Sociocultural History

Findings to Date

- We taught the curriculum to the current class of first year medical students in the CWRU School of Medicine during 2 sessions of their Foundations of Clinical Medicine Seminars.
- Based on a pre- and post-test of sociocultural competence (SCC) concepts and a post-test opinion survey*, it is unclear whether students' understanding of SCC increased after going through the curriculum.

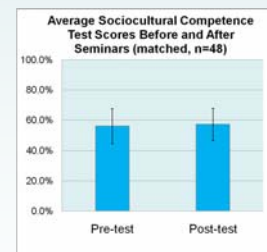


Figure 1: Average scores from pre-tests (version A and B) and post-tests (version A and B) from students that fully completed pre and post tests. Error bars are standard deviation. Although 82 students returned both pre- and post-tests, only 48 of these students answered all the questions on both tests. In contrast to the data shown, 52% of students self-reported that they had a better understanding of what it means to be socioculturally competent after the sessions.

*Data from the surveys was collected for internal evaluation purposes only; neither this poster nor any results from the data analysis will be shared outside the Case School of Medicine.

Findings Continued

Pre-session Data

- A majority (>50%) of students understood foundational concepts of SCC before the seminars, including that:
 - SCC should be practiced with all patients
 - Self-reported race or ethnicity should not affect the way a physician approaches the patient

Post-session Data

- Student understanding of 2 specific concepts we taught increased (>50% correct response rate in the post-test):
 - Knowing facts about particular cultures is not part of being a SCC physician
 - A physician should ask all patients the same set of questions about health beliefs and behaviors
- After the sessions, a majority of students could not list the specific skills we taught were part of SCC, and were still not able to give a specific definition of SCC.

Key Lessons Learned

- Students have preconceived ideas about what sociocultural competence (SCC) means; these need to be explored, while highlighting how the definition we are teaching is different.
- Small group discussions may be more useful than lectures in ensuring that students understand the concepts and skills of SCC.
- Endorsement of the clinical usefulness of SCC by practicing physicians may be important for student acceptance of SCC concepts and skills.

Questions for Poster Viewers

- When is an appropriate time to introduce the concept of sociocultural competence to medical students?
- Can someone be trained to be socioculturally competent?
- Can self-reflection be taught?
- Are small group or large group methods more effective for teaching concepts of sociocultural competence?
- What are effective ways to measure the acquisition of sociocultural competence skills?