



Diversity Training in Medical School: AMSA Tests Pilot Curriculum

Guest Editorial by Meredith Burke Lawler, American Medical Student Association
Closing the Gap, Cultural Competency Part II • February/March 2001

Our Nation is growing more diverse. By 2010, minority populations will constitute 32 percent of the U.S. population. By 2050, nearly half of the U.S. population will be composed of members of ethnic and racial minorities. In order to become effective and responsible physicians, medical students need to learn to respond to the unique needs of patients from varying ethnicities, races, sexual orientations, and cultural backgrounds. Medical schools have a responsibility to prepare their students for cross-cultural relationships with their patients.

In an effort to foster cultural competency curricula in medical schools, the American Medical Student Association (AMSA), in conjunction with the Promoting, Reinforcing and Improving Medical Education (PRIME) project, funded by the U.S. Department of Health and Human Services, has developed a one-year pilot curriculum for addressing issues of diversity in medicine.

Culture and Diversity Pilot Curriculum

The educational goal of the Culture and Diversity curriculum is to provide a curriculum on cultural competency that will help physicians-in-training develop the attitudes, skills, and knowledge base to serve diverse populations effectively, especially underserved and vulnerable populations.

The curriculum is based on specific core competencies that each school must address. Some of the core competencies include: cultural models of health, disease and illness, cultural/traditional health care practices, negotiating cultural conflicts in the doctor-patient relationship, effective communicating and interviewing, and using interpreters. Medical schools participating in PRIME adapt the curriculum to

reflect the characteristics of their institution and surrounding community and resources.

For example, Wake Forest University in North Carolina adapted the PRIME curriculum to respond to the presence of Hispanic, Hmong, and American Indian populations that surround the school. Speakers during the fall 2000 semester have focused on common cultural and demographic misconceptions of the above populations, as well as their important values and health beliefs. Students have given excellent feedback on the small group sessions, which last from two to four hours each and are led by physicians, community leaders, and Wake Forest faculty.

The Medical University of South Carolina has adapted the PRIME curriculum to reflect the unique population of South Carolina, including migrant farm workers and the nearby Gullah community. Noon-time presentations have attracted a much greater audience than expected, with 146 students attending a recent "Religious Diversity" presentation.

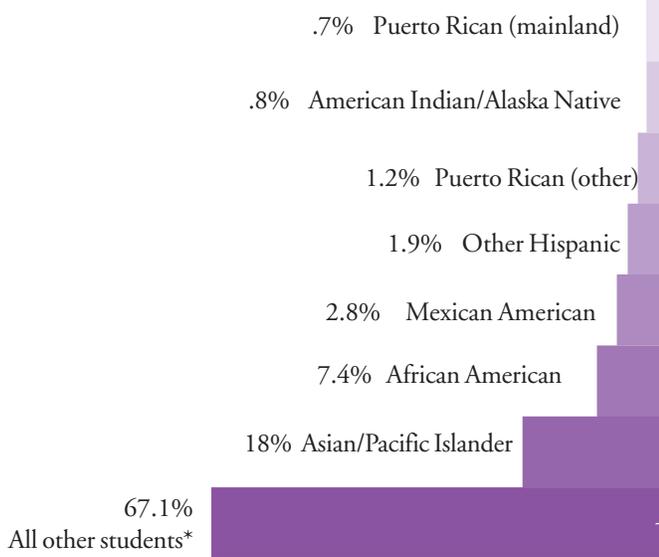
The University of Kansas School of Medicine has also incorporated the PRIME goals into its medical school curricula. The school focused its curricula on eliminating biases. Small group class sessions included discussions of the Tuskegee Project, obtaining a relevant and complete cultural history, and the relationship between economics and health.

The PRIME project also developed the Community Responsive Curriculum Project, which focuses on teaching medical students the skills necessary to be a physician in underserved areas.

For more information on the PRIME curriculum projects, please go to <http://www.amsa.org/programs/prime.html> or contact Shadia Garrison, PRIME Project Manager, at shadia_g@www.amsa.org.

Data Source: Barzansky, B, Jonas, HS, and Eizel, SI. Education programs in US medical schools, 1999-2000. JAMA. 2000;284:1114-1120.

Racial & Ethnic Backgrounds of Medical Student Graduates: 1999-2000



How Do Physicians-in-Training Become Culturally Competent?

- Listen with sympathy and understanding to the patient's perception of the problem.
- Explain your perceptions of the problem and your strategy for treatment.
- Acknowledge and discuss the differences and similarities between these perceptions.
- Recommend treatment while remembering the patient's cultural parameters.
- Negotiate agreement. It is important to understand the patient's explanatory model so that medical treatment fits in their cultural framework.

Source: *A Teaching Framework for Cross-Cultural Health Care*. Berlin EA, Fowkes WC Jr, *Western Journal of Medicine*. 1983, 139:934-938.