

ORIGINAL REPORTS: MEDICAL TRAINING

MEDICAL STUDENTS' SELF-REPORTED PREPAREDNESS AND ATTITUDES IN PROVIDING CARE TO ETHNIC MINORITIES

Background: To assess medical students' self-reported preparedness to provide care to ethnic minorities, factors that influence preparedness, and attitudes toward cultural competency training.

Methods: A cross-sectional study, which invited University of British Columbia medical students to participate in a survey on student demographics, knowledge and awareness, preparedness and willingness, and personal attitudes. Of 1024, eligible, 301 students consented to study.

Results: Students across all year levels felt significantly less ready to provide care for non-English speaking Chinese patients compared to "any" patients. Proficiency in working with interpreters was correlated with readiness, OR 4.447 (1.606–12.315) along with 3rd and 4th year level in medical school, OR 3.550 (1.378–9.141) and 4.424 (1.577–12.415), respectively. Over 80% of respondents reported interest in learning more about the barriers and possible ways of overcoming them.

Conclusions: More opportunities for cultural competency training in the medical curriculum are warranted and would be welcomed by the students. (*Ethn Dis.* 2014;24[1]:116–121)

Key Words: Medical Education, Cultural Competency, Immigrant Health, Multiculturalism

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BACKGROUND

Cultural competence is essential in order for health care providers to provide quality care to diverse populations. It is the "behaviors, attitudes, and policies that...ensure... [an] individual can function effectively and appropriately in diverse cultural interaction and settings."¹ In the United States, data from 2006 reported ethnic minorities to be 30% of the country's population and suggested they will, collectively, become the majority by 2050.² As of 2008 in Canada, more than 16% of its citizens belonged to visible minority groups; in major cities such as Vancouver and Toronto, minority groups were 42% and 43% of the cities' populations, respectively.³ The cultural milieu of the United States and Canada is rich and diverse and although this increasing diversity enriches communities, it also introduces challenges for health care delivery.

Chinese Canadians of all generations, but particularly first-generation immigrants, often maintain languages, cultural values, and belief systems that are under-represented in the health care system, and profoundly influence their interactions with Western health care professionals.⁴ In order for physicians to acquire the skills and knowledge to address these challenges, cultural competency training programs in medical schools have emerged. In Canada, sociocultural competency is a stated objective on the Licentiate of the Medical Council of Canada Examination and both Canadian and American medical schools have adopted and integrated additional training into their curricula.^{5–7}

Our study was carried out at the University of British Columbia, the

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second largest medical school in Canada, and is one of the first to assess Canadian medical students' attitudes towards cultural competency training as well as their self-perceived preparedness to provide care to ethnic minorities. More specifically, we asked students about their willingness to work with the Chinese population as this is one of Canada's largest visible minority groups with more than 1.2 million individuals represented nationwide.⁸

Thus, we first aimed to assess whether a patient's cultural background influences a medical student's preparedness or willingness to provide care. Secondly, we sought to investigate the associations between self-perceived preparedness to care for a Chinese patient and various demographic factors such as student's primary spoken language, year of study, and clinical exposure.

METHODS

Participants

Students from all four years of medical undergraduate education at-

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