Teaching of cultural diversity in medical schools in the United Kingdom and Republic of Ireland: cross sectional questionnaire survey

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Over the past decade, pressure to teach about cultural diversity in the medical undergraduate curriculum has increased.1,2 Tomorrow’s doctors states that “students should have acquired respect for patients and colleagues that encompasses, without prejudice, diversity of background and opportunity, language, culture and way of life.” In this study, we used ethnicity as an example of cultural diversity, but we acknowledge the importance of other factors. We aimed to identify the extent to which cultural diversity was being taught in medical schools in the United Kingdom and Republic of Ireland.

Participants, methods, and results

We devised a study specific questionnaire that asked a series of closed questions plus some open ended questions inviting free text responses. We sent this to contacts in all medical schools in the United Kingdom and Republic of Ireland (n = 31 at the time of the study). We followed up non-respondents by a further questionnaire. The intervention reported here was valued highly by all participants.

The positive findings from the course included an increase in participants’ reported self confidence about recruiting patients into trials, and objective analyses revealed improvements in the style and content of the participants’ discussions. The course increased participants’ reported self confidence about recruiting patients into trials, and objective analyses revealed improvements in the style and content of the participants’ discussions.

We have used these types of “trigger” tapes successfully in our previous research with nurses and doctors working in oncology.11 The intervention reported here was valued highly by all participants.

The positive findings from the course included an increase in participants’ reported self confidence about recruiting patients into trials, and objective analyses revealed improvements in the style and content of the participants’ discussions. There is strong evidence that if both competence and self confidence are improved then behavioural changes often do transfer successfully into the clinical setting and endure, even without support or consolidation courses.7,8

Our training course is now being rolled out by the national cancer research networks in England and Wales, and research to see if real patient outcomes are affected is planned.

We thank members of the NCRN Consumer Liaison Group for their generous contributions and agreement to be filmed together with Dr Rob Glyne Jones, Professor Robert Leonard, Professor Peter Selby, Professor Stephen Spiro, Professor Pierre Guillou, Dr David Bloomfield, Dr Fiona McKinn, Dr Joanne Simpson, nurse lead for the WCTN Libby Batt, trials manager Nicky Gower, and Louise Leach. Mark Mansell and Roland Brinton from Visual Image Publishing produced the series with us. Finally we thank Role Call actors, all the healthcare professionals who participated in the study, and members of Sussex Psychosocial Oncology Group who assisted in the smooth running of the courses, especially Sue Catt, Karen Nicholls, Val Shilling, Lou Atkins, Leigh Johnson, Mel Price, Tracy Woodcock, and Louise Leach.

Contributors: See bmj.com

Funding: Cancer Research UK funded the project, and AstraZeneca provided an unrestricted educational grant to help video production.

Competing interests: None declared.

Ethical approval: None required.


(Accepted 11 January 2005)

doi 10.1136/bmj.38366.562685.8F

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Learning in practice

Responses to yes/no item questions (n=30/31; response rate=97%). Values are numbers (percentages)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your school provide formal teaching in cultural diversity?</td>
<td>23 (73)</td>
<td>7 (22)</td>
<td>2 (6)</td>
<td>0</td>
</tr>
<tr>
<td>Does your school provide formal teaching in cultural sensitivity/multicultural issues?</td>
<td>28 (87)</td>
<td>6 (19)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Is the course a standalone course?</td>
<td>5 (19)</td>
<td>21 (66)</td>
<td>6 (19)</td>
<td>0</td>
</tr>
<tr>
<td>Is it part of a larger course?</td>
<td>23 (72)</td>
<td>2 (6)</td>
<td>7 (22)</td>
<td>0</td>
</tr>
<tr>
<td>Is the teaching part of the core curriculum?</td>
<td>24 (75)</td>
<td>3 (9)</td>
<td>5 (16)</td>
<td>0</td>
</tr>
<tr>
<td>SSMs/SSCs</td>
<td>16 (50)</td>
<td>11 (34)</td>
<td>5 (16)</td>
<td>0</td>
</tr>
<tr>
<td>Is student self study expected?</td>
<td>19 (59)</td>
<td>8 (25)</td>
<td>5 (16)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Does formative or summative assessment take place?</td>
<td>19 (58)</td>
<td>6 (19)</td>
<td>5 (16)</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Formative</td>
<td>9 (28)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>10 (31)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is student feedback gathered?</td>
<td>23 (72)</td>
<td>4 (13)</td>
<td>5 (16)</td>
<td>0</td>
</tr>
<tr>
<td>Is there teaching about specific ethnic groups?</td>
<td>13 (41)</td>
<td>13 (41)</td>
<td>5 (16)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Are different ethnic groups used to plan teaching?</td>
<td>20 (62)</td>
<td>5 (16)</td>
<td>6 (19)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Are different ethnic groups used to deliver teaching?</td>
<td>18 (56)</td>
<td>6 (19)</td>
<td>7 (22)</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Are there plans for further development?</td>
<td>18 (56)</td>
<td>9 (28)</td>
<td>Under development, 4 (13)</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>

*Denominator for percentages is 32, as two medical schools completed questionnaires for both their four year and five year programmes.

Thirty (97%) medical schools responded to the questionnaires; 32 questionnaires were returned, as two medical schools completed questionnaires for both their four year and five year programmes. The table shows the items to which yes/no responses were possible.

Teaching and assessment methods

Fourteen (44%) schools used three or fewer teaching methods, and 11 (33%) used four or five methods. The most commonly used teaching methods were small group based teaching (21), discussions (16), lectures (16), problem based learning (11), community placements (9), and workshops (8).

Ten (31%) respondents stated that their school used only one teaching method; six (19%) respondents used two methods, and five (16%) used three methods. Nine (28%) respondents stated that the question was not applicable. The most commonly used methods were short answer questions (8 schools), essays (7), objective structured clinical examinations (6), and projects (5). Other assessment methods were used by three or fewer schools. Thirteen (41%) respondents stated that cultural diversity was integrated throughout the curriculum. Eight (25%) respondents stated that cultural diversity was taught in the first year; we received one (3%) positive response for each of years two, three, four, and five. Very positive or positive feedback was reported by 18 (56%) respondents.

Findings from the free text

We identified the following themes from the free text comments: staff related factors (how staff were valued, as well as their difficulties in managing the organisation and delivery of diversity teaching); students’ perceptions and evaluation of courses; contents and organisation of the course (the time allocated, where the course was placed, and how teaching was organised); and delivery and outcomes of the course.

Comment

Some progress seems to have been made since the publication of a survey in 1995, in that 72% of schools now report some teaching in cultural diversity. However, the number of respondents reporting that their school is teaching cultural diversity compares unfavourably with the United States, albeit more favourably than Canada. Teaching of cultural diversity has been developed in the United Kingdom but seems rather fragmented. A great deal of uncertainty seems to exist about what constitutes diversity teaching. This study has limitations in that it was a questionnaire survey and the terminology used may not have matched the terminology of the schools. The staff who returned the questionnaires might not have been best placed to complete them. Nevertheless, the survey presents a snapshot of the state of teaching of cultural diversity in the United Kingdom and Republic of Ireland in 2003. Further work is needed to embed teaching of cultural diversity within the medical undergraduate curriculum and to ensure that it is valued by staff and students.

We thank all the staff who completed the questionnaires.

Competing interests: None declared.

Funding: None.

Ethical approval: Not needed.


doi 10.1136/bmj.38338.664393.AE

VOLUME 330 19 FEBRUARY 2005 bmj.com