

in severe poverty, and observing hippotherapy, hydrotherapy, use of a sensory (Snoezelen) room and vocational training of disabled people. Discussion sessions between the supervisor, administrators of YOKUK and the students were held regularly to facilitate the students' learning process.

Evaluation of results and impact Seven medical students participated in the programme. At the end of the programme the students were asked to reflect on and describe in a few paragraphs the most important lessons they had learned from the programme and the potential effects it may have had on their personal and professional development. This evaluation showed that the students felt that the programme had achieved its objectives. Rendering selfless service was experienced as 'a blessing' and the students appreciated the pleasure of giving. Some students had been fearful of interaction with mentally disabled children, but found it to be an enjoyable, useful and most rewarding experience and one they really wanted to repeat. They discovered that disabled people have a lot of potential and helped to transform the lives of some disabled people and their families for the better. Simultaneously, they discovered some of their own potential and transformed their own lives. They believed they would be able to use their memories of this programme as lifelong inspiration to further their aim of becoming caring, responsible and motivated doctors.

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doi: 10.1111/j.1365-2923.2010.03647.x

Reflections on culture: views on script concordance testing

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Context and setting The socio-cultural curriculum at the University of Michigan Medical School was designed as a longitudinal programme to allow the fluid development of students' cultural awareness on issues of religion, race, socio-economic status and health disparities.

Why the idea was necessary Although numerous cultural competency assessment methods have been introduced, few have explored students' perceptions

of the assessment and the manner in which it may contribute to their understanding of cultural issues. Through discussing the assessment process, we hoped to gain insight into the impact of the exercise on student attitudes toward diagnosis when culture is introduced.

What was done The Script Concordance Test (SCT) was designed to assess students' clinical reasoning via clinical vignettes. In the case scenario developed by the University of California Los Angeles, the SCT provides options for changing the diagnosis or treatment once the cultural background of the patient is introduced. A total of 171 students completed the SCT at the end of Year 3 using a single case of a 45-year-old patient returning for a follow-up office visit for hypertension. Approximately 3 weeks after the completion of the exercise, students were asked to participate in a focus group to discuss the exercise. Specifically, students were asked to share their overall thoughts about the exercise, to compare their clinical decisions with those suggested by a panel of experts and to discuss whether there was anything they would have done differently in completing the test. Eleven students (two male, nine female) participated in two focus groups.

Evaluation of results and impact A thematic analysis of the focus group transcripts revealed that the exercise caused students to consider how culture influenced interpersonal interactions. For instance, a student commented: 'You wouldn't really change your management based on a patient's culture, but I would change the way I ask certain questions or I might change what I ask or how I ask it.' Additionally, the exercise prompted reflections such as: 'When I was answering the questions, I was thinking, "Would this really have an impact on me? Should this have an impact on the decision I make?"' It was more of an internal battle rather than [about] whether I knew the right answer or not.' The exercise also helped students to realise that treatment plans are not based solely on an individual's cultural background. One student noted: 'Ethnicity shouldn't be a main determining factor in the way that you take care of patients. A lot of standards of care you should really do for everyone.' Finally, the analysis suggested that students recognised that when creating a patient treatment plan: 'You consider their culture, where they're coming from, their place in the world... just all of these different factors about them that may influence their ability to agree to the plan and actually work with you as a partner.'

We believe the SCT provided students with the opportunity to assess their clinical reasoning skills, to consider the processes used to diagnose individuals

with similar symptoms but different cultural backgrounds and thereby to identify personal bias.

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doi: 10.1111/j.1365-2923.2010.03638.x

Responding to the challenges of teaching cultural competency

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Context and setting This study evaluates the effectiveness of a 2.5-hour introductory session on culture, health and illness delivered to Year 1 medical students. It examines the effectiveness of this session on students' attitudes and compares it with that of prior efforts. The primary goal was to introduce the notion of culture and explore the interaction of cultures in a medical encounter. The session attempted to help students understand that both the patient and the doctor have a culture. A second objective was to provide a tool to help students to explore medically relevant aspects of a patient's culture.

Why the idea was necessary The need to include cultural competency education throughout medical school is widely accepted. However, introducing this topic in the context of the basic science curriculum presents many challenges. Student apathy and resistance are primary challenges that are gaining wider acknowledgement. This session attempted to overcome such resistance through student leadership and a focus on the clinical encounter.

What was done During an interactive session in the Foundations of Doctoring course, upper-level students and a clinician jointly introduced the notion of culture to 156 Year 1 students (in groups of 50+). Each group then viewed a video of a medical situation involving culture and discussed their impressions of the doctor and family portrayed. The students were encouraged to reflect on the situation, the family's culture, the medical culture and the interactions between the two cultures. Under the upper-level students' leadership, group members then explored their own individual culture with a peer using structured dyads. Finally, the clinician and an upper-level student demonstrated the use of anthropologically oriented interviewing techniques

in a role-play of a medical interview which the students then practised with their peers.

Students completed the 15-item Health Beliefs Attitude Survey before and after participating in the session. A paired *t*-test was conducted for each attitudinal factor documented in the literature: whether the doctor should *elicit* a patient's perspective, and whether knowing the patient's perspective affects the quality of *care* the doctor provides. **Evaluation of results and impact** Students' attitudes increased significantly ($P = 0.001$) on both factors resulting in large ($d = 0.66$) and moderate ($d = 0.44$) effect sizes for *care* and *elicit*, respectively. These results are remarkable when compared with those of prior studies with medical students in which attitudes declined or increased only on *care*. Asked to evaluate whether the session 'advanced my understanding of the impact of culture on communication issues', students rated the session significantly more highly than in the previous prior year ($t = 3.4385$, $P \leq 0.0007$).

We felt that the utilisation of upper-level students along with clinicians as instructors and the provision of opportunities to relate to culture personally and in a medical situation and to practise skills to address culture appeared to reduce resistance and improve students' attitudes towards addressing cross-cultural communication in medicine.

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doi: 10.1111/j.1365-2923.2010.03691.x

Actors' personal stories in case-based multicultural medical education

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Context and setting Case studies are often used in medical education to provide a health care-related context in which to discuss diversity and social justice. However, there are obstacles to this approach, including the stigmatisation of psychosocial and multicultural concerns, the treatment of 'culture' as static and limited to minority groups, and the use of 'cultural characteristics' which reinforce existing stereotypes and deprive members of marginalised groups of individuality and autonomy.