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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 letter and emails. We entered data into SPSS and did a content analysis of the free text responses.

What is already known on this topic

Worldwide, few potentially eligible patients are approached about entry into clinical trials; healthcare professionals find discussing trials and obtaining truly informed consent difficult. Patients are often confused or unclear about the experimental nature of treatment in trials.

What this study adds

A training course was designed specifically to help health professionals provide clear information about phase III randomised trials of cancer treatments to patients and to encourage them to approach all eligible patients for recruitment. 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.

References


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Learning in practice
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 (34%) 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 assessment 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, graduate curriculum and to ensure that it is valued by staff and students), teaching of cultural diversity within the medical undergraduate curriculum (the time allocated, where 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.

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