AUGUSTA UNIVERSITY
MEDICAL COLLEGE OF GEORGIA

Pilot Study to Assess Academic Rigor of Cultural Sensitivity Training of Fourth Year Pharmacy Students

Nicole Rockich-Winston, M.S., Pharm.D., Ed.S.
Medical College of Georgia at Augusta University, Augusta, GA

MARSHALL SCHOOL OF PHARMACY

Introduction

Didactic and experiential curricula in schools and colleges of pharmacy across the United States have emphasized students' competency in scientific, technical and therapeutics knowledge and skills.[1] However, many of the non-technical skills, collectively known as "soft skills," have generally been less emphasized in pharmacy education over the last few decades.[2] Such soft skills include empathy, communication and cultural competency. The latter example, cultural competency, has been defined as "the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients."[3] Developing culturally competent practitioners is essential, especially in the United States.

As a new school of pharmacy, curricular assessment is crucial for evaluating gaps or redundancies. As such, because aspects of cultural competency was integrated throughout our curriculum, we sought to assess the cultural competency of our fourth year students to evaluate this milestone as a means to maintain or improve our current cultural competency curriculum.

Purpose

The purpose of this study was to evaluate cultural sensitivity of fourth year pharmacy students using the validated Clinical Cultural Competency Questionnaire (CCCQ) of fourth year pharmacy students (P4s) to serve as a benchmark for didactic and experiential curriculum for quality improvement at a new school of pharmacy. Results were used to justify curriculum modification.

References

1. Brown B, Heaton PC, Wall A. A service-learning elective to promote enhanced understanding of civic, cultural and social issues and health disparities in pharmacy. *Am J Pharm Educ*. 2007;71(1):9.
2. Chisholm MA. Diversity: A missing link to professionalism. *Am J Pharm Educ*. 2004;68(5):120.
3. Betancourt JR, Green AR, Carrillo JE. *Cultural competence in health care: Emerging frameworks and practical approaches*. 2002. New York: The Commonwealth Fund.
4. Like RC. Clinical Cultural Competency Questionnaire (CCCQ). Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School. Aetna Foundation-Funded Cultural Competency/Quality Improvement Study, 2001. http://www.umdnj.edu/fmedweb/chfcd/aetna_foundation.htm. Accessed February 1, 2017.

Methods

- This study was approved by The Marshall University Institutional Review Board (IRB).
- The investigator received permission to adapt the medical resident-oriented Clinical Cultural Competency Questionnaire (CCCQ) to pharmacy students and to meet IRB requirements.[4]
- The survey consisted of approximately 45 questions, the majority of which were Likert-type items. Table 1 provides several examples survey questions for each section of the survey, excluding demographics. The response options consisted of a five-point Likert-scale (1=not at all, 5=very).
- The following variables were collected by self-report: age range (ordinal), gender (nominal), race/ethnicity (nominal), visited or lived in other countries (dichotomous), and bilingualism (dichotomous).
- Sixty-five P4 students were surveyed in March 2017 via email using the Qualtrics platform (Provo, Utah). Students were informed that the survey was both voluntary and anonymous.
- All analyses were performed using SPSS 22.0 (SPSS, Inc., Chicago, IL). Incomplete survey responses were removed before analysis if less than 75% of the survey had been completed. Descriptive statistics for all variables are presented as frequencies and percentage or mean and standard deviation where appropriate. Cronbach's alpha was calculated to evaluate the internal consistency of the CCCQ sections.

Table 1: Sample items from the CCCQ

How KNOWLEDGEABLE are you about the following subject areas?
Assessing health literacy
Different healing traditions (e.g., Ayurvedic Medicine, Chinese Medicine)
How SKILLED are you in dealing with the following sociocultural issues?
Negotiating culturally sensitive treatment plans
Providing culturally sensitive patient education and counseling
How COMFORTABLE are you dealing with the following experiences?
Caring for patients with limited English proficiency
Working with healthcare providers from culturally diverse backgrounds
How IMPORTANT are the following factors in contributing to disparities?
Environment
Racism

Results

We received 35 completed surveys (54% response rate). The majority of responses were from students 25 years or younger (43%), female (66%) and Caucasian (83%), which were not significantly different from the P4 class demographics. As indicated in Table 2, on average, students rated attitudes toward improving various health disparities the highest (4.02 ± 0.42), followed by encounters (3.04 ± 0.83), skills (3.02 ± 0.86) and knowledge (2.96 ± 0.61). Students indicated the least familiarity with the standards for Culturally and Linguistically Appropriate Services (CLAS) for healthcare (1.91 ± 0.85). Visiting or living outside the United States or bilingualism did not correlate with responses in all categories (Table 3).

Table 2: CCCQ survey results

CCCQ Domain	Overall Score [Mean (SD)]	Example Item	Mean (SD)
Knowledge	2.96 (0.61)	Adult Health	3.63 (0.81)
		CLAS	1.91 (0.85)
Skills	3.02 (0.86)	Assessing health literacy	3.86 (0.69)
		Working with medical interpreters	2.46 (1.30)
Encounters/Situations	3.04 (0.83)	Working with healthcare workers from diverse backgrounds	3.80 (0.96)
		Working with colleagues who make derogatory remarks	2.26 (1.29)
Attitudes	4.02 (0.42)	Lifestyle contributes to health disparities	4.49 (0.85)
		Sexism contributes to health disparities	3.31 (1.12)

Table 3: Correlation results

Variable	Visiting or Living Outside the US Pearson's r (p value)	Bilingual Pearson's r (p value)
Knowledge	0.21 (0.23)	0.28 (0.11)
Skills	-0.05 (0.80)	0.14 (0.42)
Encounters/Situations	0.13 (0.45)	-0.16 (0.35)
Attitudes	-0.01 (0.98)	0.09 (0.79)

Conclusions

- Our results demonstrated similarities with previously published survey data assessing pharmacy students' perceptions using the CCCQ. However, deficiencies in knowledge domain regarding CLAS and other issues including different healing traditions were addressed by adding laboratory activities in our Integrated Laboratory series.
- Further investigation is warranted to see if our curriculum modifications have improved students' perceptions regarding cultural sensitivity.

Acknowledgements & Disclosures

The author of this presentation has the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.
All authors: Nothing to disclose