

Cultural Competency in Medical School Education: Muslim Patients



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BACKGROUND

- A good physician-patient relationship is a strong component for positive healthcare outcomes¹.
- It has been shown that a physician's understanding of a patient's culture can enhance the physician-patient relationship².
- The metro-Detroit area is a diverse region that encompasses a multiple minority and religious groups. Michigan has one of the highest Muslim populations in the country, with a majority residing in the metro-Detroit area.

INTRODUCTION

- In the WSUSOM curriculum, there is education on cultural competency during the Population, Patient, Physician, & Professionalism (P4) course that is completed in preclinical years.
- Important topics are covered in this course, however, nowhere in the curriculum is there information regarding important religious and cultural differences that are relevant for healthcare workers to know .
- Given that there is a large Muslim population in the metro-Detroit area, it is important to incorporate common Muslim practices into the medical education curriculum, especially those that could impact Muslim patients' health and healthcare experience. These include, but are not limited to, fasting during Ramadan, the hijab, prayer, dietary restrictions, understanding that many topics are not often discussed in the community (like mental health), etc.
- Healthcare workers knowledgeable about common religious and cultural practices will improve patient satisfaction and could improve healthcare outcomes

STUDY AIMS

This project is currently a work in process. The study aims to increase medical students' familiarity with Muslim practices that can impact patient satisfaction and healthcare outcomes of the Muslim patient population by creating a module to be incorporated into the P4 curriculum during preclinical years.

METHODS

Participants

Preclinical medical students



Module

Module will include information of important Islamic cultural and religious practices that are important to providing good healthcare. Information will come from Institute for Social Policy and Understanding (ISPU) and similar sources



Data Collection

Qualtrics Survey at the end of the teaching module
Survey will be anonymous and optional



- A module will be created on the topic of Cultural Competency related to Muslim patients. This will include information on fasting, hijab, dietary restrictions, and more.



- The module will be optional for students to complete at some point during the P4 class prior to starting clinical years.

- Students can optionally elect to take complete the survey. Questions will assess:



1. If they benefited from the module.
2. If they feel more comfortable treating Muslim patients than prior to the module.
3. If they see benefit in permanently applying it into the curriculum.



- Analyze survey results to potentially incorporate module into the curriculum permanently

POTENTIAL IMPACT

- There is potential to enhance medical students' education on cultural competency with Muslim patients by adding a module specific to this patient population to the curriculum during the teachings of cultural competency
- Prediction: Medical students will feel more prepared when treating Muslim patients during clinical rotations (and beyond) as well as be able to positively impact their healthcare experience
- If data shows the model benefited students, this module could serve as a template for future modules for other cultures and/or religions
- Potential for further longitudinal study via surveying the same students who completed the survey post completion of 3rd year (clinical years), and whether they were able to utilize any of the information in practice



REFERENCES

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2. Horvat L, Horey D, Romios P, Kis-Rigo J (2014) Cultural competence education for health professionals. Cochrane Database Syst Rev: CD009405