

Institute for Education and Excellence Conference: Abstract Submission

Title: Knowledge and Attitudes of U.S. Medical Students Regarding the Care of Asian American Patients

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BACKGROUND

Asian Americans are one of the fastest growing minority groups in the U.S. Few studies have analyzed medical students' cultural competency (CC) towards Asian American (AsAm) patients.

AIM/HYPOTHESIS

This project surveyed U.S. medical students on their knowledge of and attitudes towards AsAm patients to assess predictors of CC and areas of improvement in medical training. We hypothesized that increased exposure to AsAm culture and more in-depth CC training will predict more knowledge, comfort, and CC with AsAm patients.

METHODS

This cross-sectional survey was adapted from previously tested surveys and distributed online to medical students who had completed at least one clinical rotation at nine medical schools throughout the U.S. The survey measured self-rated knowledge of, comfort with, cultural competency towards, and explicit biases towards AsAm patients. Scores from the first three domains were analyzed in a multivariate regression model, including sociodemographic characteristics and past clinical, curricular, and social experiences with AsAms. Responses about explicit bias were reported descriptively.

RESULTS

There were 688 respondents. Asian race, AsAm-prevalent hometown, AsAm-related extracurricular activities, Asian language knowledge, and completion of a population health course predicted increased AsAm knowledge (all $p < 0.05$). Social interactions with AsAms increased comfort in working with AsAm patients ($p = 0.005$). Increasing year in medical school, more frequent exposure to AsAm patients on rotations, and prior travel to an Asian country were predictors of increased CC toward AsAms (all $p < 0.05$). Importantly, completion of a CC course was a significant predictor in all domains. In terms of explicit bias, students felt that AsAm patients were more compliant than Caucasian patients. Students also believed that Caucasian patients were generally more likely to receive perceived "preferred" versus "acceptable" care (74.7%, $n = 384$) than AsAm patients (4.7%, $n = 24$), but that in their own clinical experiences, neither group received preferred care.

CONCLUSION

Experience with AsAms prior to and during medical school and CC training may increase medical student knowledge of, comfort with, and CC towards AsAm patients. Possible curricular recommendations include standardized and longitudinal CC training and simulations with AsAm patients. Future research is needed to develop and implement curricular changes to improve student physicians' ability and comfort to care for AsAm patients.

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