

## Reviewer's report

**Title:** "That Never Would Have Occurred To Me": A Qualitative Study of Medical Students' Views of a Cultural Competence Curriculum

**Version:** 1 **Date:** 10 March 2006

**Reviewer:** Brenda Beagan

### Reviewer's report:

General

The research question is novel and clear. Despite growing attention to cultural competence in medicine, and numerous attempts to measure this concept among medical learners, we know little about how this is experienced or understood by learners themselves. A qualitative focus group study is an appropriate method to explore this topic, and the methods are well-described, except for a few details

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

None

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The abstract and conclusions both refer to "the political correctness." I don't think "the" is needed. Reference 15 and 22 are the same (p 6 and in reference list.)  
The sample size description on p 5 is confusing, but it seems that a total of 16 students participated. Yet the sample includes 6 men and 11 women (N=17).

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Discretionary Revisions (which the author can choose to ignore)

It is not clear why consent was only given verbally, rather than in writing. Is that the standard of practice for research in the US? The focus groups details are sufficient except that it maybe worth mentioning where the groups were held and who facilitated. Later the authors say there were 2 facilitators.

Details of data analysis are admirably explained, in a thorough, thoughtful account. One detail – p 7 near the middle the authors say "The summaries prepared by each researcher..." – it is not clear what these summaries are.

The results are interesting and are reported concisely, accessibly. In the first theme, "Definition of cultural competence" did students mention what effective interaction meant to them? Under "Students perceptions..." it is mentioned that he 2 students interviewed individually were more negative about the CCC. That is not taken up at all in the Discussion. What do you think that is about? P 9, "Weaknesses..." can you say what the students meant by the notion that clinical opportunities for teaching were underutilized? P 9 middle, in a participant quote, "places" should be "place." P 11, bottom, the tension between desire not to stereotype, and desire to have concrete applicable knowledge is very interesting. Did any of the participants raise any other ways they could

garner applicable knowledge without going to the stereotyping place? For example, attention to power and privilege in the cross-cultural encounter.

There is mention that 'minorities' were over-represented in the focus groups. No analysis was offered as to whether minority status affected perspectives on the issues.

The paper is well-written, interesting, accessible, and reports interesting, useful findings. The Discussion, however, is rather disappointing. Much more could – and should – be made with what has been presented in the Results. The Discussion basically summarizes. For example, p 13, the preference of informal curricula as a forum for cross-cultural learning is raised. What does this suggest? Coupled with the point p 14 that no students suggested examining on cultural competency, it appears that perhaps this material is still not seen as “real learning,” on a par with the basic sciences and clinical skills. It is an interpersonal issue, rather than a teachable, evaluable competency.

Similarly, p 13 near the bottom, the point is made again that students want concrete answers, yet worry about stereotyping. Again, go farther with this. How could we teach skills, something applicable to practice, that avoids the stereotyping cook-book approach where Group X believes this and Group Y believes that...? Can you suggest alternative ways to conceptualize skills? E.g. are there skills of critical self-reflection that should be taught?

On p 13-14 it is mentioned that students found that learning among a diverse groups of students was advantageous. I think you need to talk a bit here about the tendency in medical school for pressures toward homogeneity to 'stamp' out the diversity of those who succeed in medical training. In other words, medicine allows little room for 'diverse' students to be all of who they are while in school (Beagan BL. Neutralizing differences: producing neutral doctors for (almost) neutral patients. Soc Sci Med 2000;51:1253–65), so the learning from diverse classmates is likely to be limited.

Finally, the last paragraph of the discussion raises 3 critical points – the concern about political correctness, the need for humanizing education, and the reluctance to address testing for cultural competency. Each of these is a fascinating point – do more with them! Each one warrants discussion. The issue of political correctness, for example, is a complex and confusing one. You owe it to readers to make some sense out of it.

All of these are discretionary revisions, though I do think without more substance the Discussion is seriously lacking, failing to do justice to the results.

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'