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LETTER

Medical students' perspective on using the Train the Trainer model to improve cultural competence training during the clerkship years of medical education

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Dear editor

The article by Anderson and Vanderbilt,[1] on improving cultural competence (CC) training in medical schools during clerkship years was read with great interest. We agree that CC is not adequately taught in the current medical curricula. As European medical students we have noticed that this issue is also existent in Europe,[2] and would like to offer our suggestion on how to implement this into the existing curriculum.

The authors propose the introduction of a Train the Trainer (TtT) model, enforcing a teaching hierarchy to incorporate CC into formal and informal education. Likewise, we believe implementation of this model, focusing on interactive learning, will enable efficient distribution of CC education throughout medical faculties and among students. Having started our clerkship training, we appreciate a teaching model that provides a flexible structure of CC education, allowing specialty-dependent modifications.[1]

Whilst we agree that medical professionals who teach students should have priority in CC training, in our opinion, all professionals involved in patient care should be taught CC. We believe that CC is vital in modern society, especially as Europe has recently seen an influx of people from a variety of demographic backgrounds. Practitioners lacking CC knowledge will have a negative impact on patients, and exposure to the unscripted informal curricula can significantly influence students. Therefore, it may be sufficient for students who are not actively taught by the aforementioned practitioners to simply observe and subsequently replicate such behaviors.[2] From personal experience, witnessing hallway conversations between residents not formally responsible for teaching us, allowed us to obtain a more in-depth understanding of clinician-patient interactions and professionalism. Role models have a considerable influence on individual learning, especially in regards to CC; important characteristics of medical professionals, such as empathy and demeanor, are conveyed in this manner both intentionally and unintentionally.[2]

The authors recommend a pilot program for the proposed TtT plan, which includes pre- and post-training evaluations.[1] A modified version of the Kirkpatrick model would accurately determine the effectiveness of the training program. In our modification, we focus on the first three aspects of the model: reaction, learning, and behavior. The first aspect includes assessment of the students' reactions to the course structure, content,

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and quality of teaching. However, this would not ascertain whether the content is learned or applied. Simulations and case studies, before and after training, would clarify whether students have correctly adopted CC;[3] from our experience, this is one of the most effective methods. Application of CC knowledge could then be assessed by asking supervising residents to complete a standardized survey.[3]

To conclude, we trust that the TtT model would rapidly disseminate CC knowledge among medical professionals and would extend to students within such environments. The study by Anderson and Vanderbilt,[1] together with our experiences in medical education strongly support this method. Having witnessed a significant lack of CC training – especially in the context of clinical teaching – it is our opinion that implementing this model would bridge this gap.

Disclosure

The authors report no conflicts of interest in this communication.

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