Enhancing cultural education through service learning: A medical student's perspective

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In a recent survey of medical education programs in the United States, about 100 schools were found to include instruction on cultural diversity, with a mean of 15 hours of instruction.[1] The approaches to cross-cultural education in medical schools differ and can include formal lectures, role-playing, small group discussions, videos, patient interviews, and immersion experiences. These curriculums were assessed recently,[2] and were found to have varied levels of success.[3-5]

As a fourth year student at the Medical College of Wisconsin, I recently had a memorable experience learning more about cultural diversity. I spent time working with Hmong immigrants in Milwaukee who receive social services through the Milwaukee Christian Community Resource Center. This "service learning" experience, although not a part of my medical school curriculum, was a cultural learning experience unequaled in my academic requirements. This experience has made a significant contribution to my medical education because it allowed me to develop approaches to working with patients whose culture and language I am unfamiliar with.

An immigrant myself, I have been involved in a variety of community service in areas with diverse groups. During my undergraduate years at UCLA, I was a program director for an organization that participated in health fairs and ethnic events in the Asian community. When I arrived in Milwaukee as a first year medical student, I decided to combine my blood pressure measurement skills, some newly acquired clinical knowledge, and my desire to learn more about Asian immigrants in Milwaukee into a service project.

Through the Association of Asian Pacific Community Health Organizations, I learned of the Hmong Resource Center in Milwaukee. I knew little about the Hmong, but I contacted a nurse at the Center who became a liaison for me to meet the staff and the clients whom she served. It was a first, small step toward learning about a group of people I knew little about and whose language I did not speak.

I began to formulate questions about the Hmong perspectives on western health care. I wondered how their culture and attitudes, if any, about health and diseases such as hypertension influenced their care. With the help of other medical students, faculty, some bilingual Hmong high school students, and the Center's staff, I developed a project that examined not only patients' blood pressure, but also demographics, attitudes and beliefs about western health care, and the access to health care of the Hmong at the Center. A definite language barrier existed, but people participated because they recognized that we were genuinely interested in them and their well-being. We tried to absorb parts of the culture through observation and active participation.

After a year of data collection, the results were compiled. Although the results from 41 participants lacked statistical power, they did provide some insight into their experiences. For example, 75% of our sample had no formal education and 60% reported some psychological distress, ranging from family-related distress to clinical depression. What I remember most is the process of finding resources and networking with the community. The experience gave me the opportunity to actively observe and investigate health issues even with minimal clinical skills. Medical students were able to learn from people with a dissimilar background. No lecture, speaker, written assignment, or problem-based learning module can fully replace this real-life experience, as is the case with other hands-on clinical experiences.

I am grateful for the experiences I have had working in the Hmong community. Recently, I was pleased to be asked by a faculty member to provide advice on a situation in which a Hmong family withdrew

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medical treatment for a child because the family felt the disease was caused by a curse. I discussed the situation with respected members in the Hmong community, and I think my efforts made a difference.

Simply lecturing medical students on cultural diversity misses the mark, in my opinion. A different approach that may do a better job in making cultural diversity more meaningful is for students and physicians to reflect on their interests and personal backgrounds and then participate in an activity in a less familiar cultural setting. Medicine has always been about observations and making connections based on them; the framework for developing greater sensitivity to and understanding of cultural diversity is no different.

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