

**DOES A CLERKSHIP IN A MULTICULTURAL PRIMARY CARE SETTING INCREASE MEDICAL
STUDENTS' ABILITY TO EXPLORE SOCIOCULTURAL FACTORS
DURING PATIENT EVALUATION?**

N. Junod Perron¹, M. Dominicé Dao, T.V. Perneger², P. Hudelson¹. ¹Department of community medicine and primary care, and ²Division of Clinical Epidemiology, University Hospitals of Geneva.

BACKGROUND: As patient populations become increasingly diverse, medical students need not only to master biomedical aspects of care, but must also be able to identify sociocultural factors that may affect care. The goal of our study was to examine whether a clerkship in a multicultural primary care setting increases medical students' ability to identify sociocultural factors during a patient evaluation.

METHODS: We conducted a pre-post controlled intervention study with 4th and 5th year medical students of the Geneva University. They were invited to access a program called "Virtual Internet Patient Simulation" (VIPS) and conduct a simulated consultation with two migrant patients before and after a two month clerkship in primary care, in a highly multicultural outpatient clinic, or in inpatient internal medicine. For each VIPS consultation, students were assigned a sociocultural score, corresponding to the number of sociocultural domain explored. The intervention during the clerkship in primary care consisted of four 2h training sessions in cultural competence and socioeconomic determinants of health and health care. No such intervention took place in internal medicine. Results are presented for the first rotation of students.

RESULTS: 10 students in primary care and 7 students in inpatient internal medicine took part in the study and completed both pre and post clerkship simulated encounters with migrant patients (VIPS). Pre-clerkship mean sociocultural scores were 9.7 (SD 3.7) for primary care students and 14.0 (SD 3.7) for internal medicine students and post-clerkship scores were 10.6 (SD 4.6) and 12.3 (SD 3.9). The difference between the pre-post changes (+ 0.9 in primary care students and - 1.7 for internal medicine students) was of 2.6 additional domains explored in the intervention group (p=0.13).

CONCLUSIONS: These preliminary results suggest that a clerkship in a multicultural primary care setting may increase medical students' ability to elicit sociocultural information from migrant patients. This study aims to enroll 30 students per group in order to obtain statistically stable results.