



## INTRODUCTION

- In the face of the COVID-19 pandemic, exacerbation in inequalities based on race and culture across the globe calls for culturally competent medical leaders capable of providing to diverse populations and decreasing health disparities <sup>1</sup>
- Global collaboration among health professionals is also becoming more prevalent further underscoring the need for **intercultural competency (IC)** skills for both patient care and global mobility of healthcare professionals <sup>2</sup>
- Studying differences in IC learning in students from diverse cultural backgrounds is essential in implementing the most effective IC education in different regions of the world <sup>3</sup>

## OBJECTIVES

- 1) Obtain cultural and demographic differences in health professional students participating in **International Collaboration and Exchange Program (ICEP)** from different countries to improve cultural learning in future healthcare providers across the globe
- 2) Study the effect of diverse cultural exposure and multilingualism to explore the effect of such factors on student IC learning

## MATERIALS&METHODS

- Health professions students (medical, dental, nursing, biomedical, and health sciences) from 20 universities in 20 countries across four continents participated in a four-month online exchange program (ICEP)
- Students from different backgrounds networked with each other, discussing cultural values, comparing medical curricula, and discussing current healthcare issues with respect to diverse systems and cultures
- Validated questionnaires assessing IC skills on likert scale were provided, and the results were analyzed for demographic differences in IC skills and preparedness, pre- and post-program, using R version 4.0.3

Table 1. Student demographics

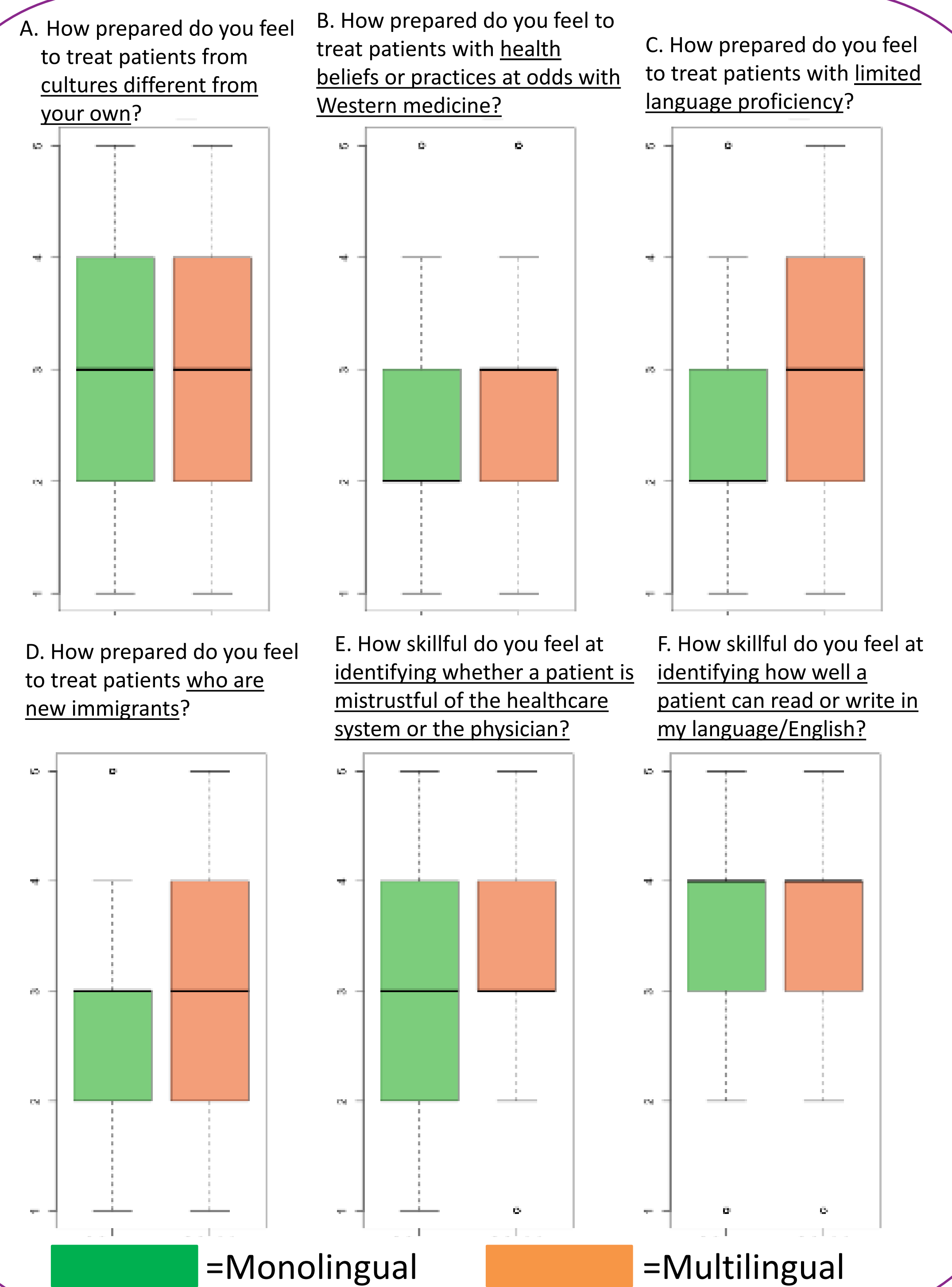
Global Region	Age Pre/Post				Gender Pre/Post			Total
	<20	Between 20 and 25	>25	Age N/A	Male	Female	Prefer not to disclose	
North America	3/0	16/3	3/1	2/0	8/0	13/4	3/0	24/4
Europe	39/4	62/21	6/3	3/2	30/7	75/19	5/4	110/30
United Kingdom	40/7	20/9	0/0	0/0	20/6	36/9	4/1	60/16
East Asia	26/6	48/7	0/0	2/1	33/5	39/8	4/1	76/14
Australia	0/0	19/0	0/0	1/0	8/0	11/0	1/0	20/0
Didn't Specify	7/1	3/2	0/0	5/0	3/0	8/3	4/0	15/3
Total (Pre% / Post%)	115/18 (38%/27%)	168/42 (55%/63%)	9/4 (3%/6%)	13/3 (4%/4%)	103/18 (34%/27%)	181/43 (59%/64%)	21/6 (7%/9%)	305/67

## RESULTS

- Analyses of pre- (n = 305) responses to the 40 self-graded questionnaire items targeting levels of cultural competency, attitudes towards varying cultures, IC preparedness, and IC skills revealed statistically significant differences among two demographic factors:
  - 1) In ten of the questions relating to student attitudes towards cultural relevance in healthcare and IC skills, students from Asian countries scored lower in the pre-program questionnaire (range of p < 0.001 to p = 0.041)
  - 2) Multilingual students scored higher on six of the pre-program questionnaire questions related to IC preparedness and skills compared to monolingual students (range of p < 0.001 to p = 0.045)

## RESULTS

Figure 1. Pre-program questionnaire comparison between monolingual and multilingual students



## DISCUSSIONS

- The lower pre-program scores among students from Asian countries could be due to the more homogenous populations in those countries and a lack of cultural diversity in their education
- In Asian countries, the quality of humbleness is expected from the individuals more than the North American/European counterparts <sup>4</sup>. The questionnaires are self-grading by nature, thus students from Asian countries may have graded themselves lower.
- Higher IC preparedness scores among multilingual students could indicate that learning additional languages can foster IC through exposure to those different cultures and is positively related to IC learning to some extent
- This is a reasonable result as multilingual speakers can deliver medical care in multiple languages without significant language barriers<sup>5</sup>

## CONCLUSION

- Studies on the effect of demographic factors in IC learning and exploration of different areas of IC skills that require improvement can help effectively integrate cultural competency in different medical curriculums across the globe
- Going forward, In culturally homogenous countries with low intercultural exposure, IC should be further emphasized and widely integrated in medical curricula
- In addition, integrating language learning into educational curriculum could improve communication and culture-specific knowledge<sup>6</sup> as it is positively related with IC skills<sup>7</sup>

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