

# Annotated bibliography

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Mu, K., Coppard, B. M., Bracciano, A., Doll, J., & Matthews, A. . Fostering cultural competency, clinical reasoning, and leadership through international outreach. *Occupational Therapy in Healthcare*, 24(1), 74-85.

The results of two international outreach programs, China Honors Immersion Program (CHIP) and Institute for Latin American Concern (ILAC) where students were sent to the Dominican Republic, were analyzed to gauge the effect of international settings on student learning. The data collected from these programs were studied to find the link between international settings and student learning, as it was hypothesized that such programs increase student learning. The data was collected from a group of four students in CHIP and five students from ILAC through written reflections by the students as well as team debriefing, which was then analyzed by the authors using content analysis method. Through this method, initial coding categories were identified, which were then used to generate the main categories of the study: cultural competency, clinical reasoning, and international leadership. The findings were consistent with the hypothesis. It was discovered that the cultural immersion in international settings has significant effect on the main categories of the study, as does the experiential learning done in such settings. This, the study points out, is also consistent with previous studies done on this topic. The article points out the positive effect international programs have in student learning. The study is well documented and researched and goes to prove its hypothesis quite well. The focus group, however, was too small, and limited to two international settings only.

Gustafson, D. L., & Reitmanova, S. (2010). How are we 'doing' cultural diversity? A look across English Canadian undergraduate medical school programs. *Medical Teacher*, 32(1), 816-823

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This article seeks to document the need for cultural diversity in medical school programs. It also strives to look into what steps are being taken by Canadian universities and educators to cope with the ever changing health needs of the community that is now more diverse due to ever increasing immigration. The study gathered data about cultural diversity education through the websites of 14 English Canadian undergraduate medical schools. The data was gathered through manual and keyword search from these websites. This data was analyzed and reviewed via a set of criteria. An inter-coder reliability technique was used to ensure reliability. A tool was also developed to classify the various approaches used to include matters relating to cultural diversity during undergraduate medical education so that it could be used for future studies as a benchmark. The study found that though many English Canadian undergraduate medical schools do have some form of cultural diversity incorporated in their curriculum etc., however, it is not uniform. Moreover, the study points out at how a large percentage of students interviewed in a study showed dissatisfaction at the current state of affairs, reporting inappropriate behavior during medical encounters, whereas some of them complained about their environment not being responsive to their cultural values and beliefs. The study underlined the need for evaluating long term effectiveness of the various approaches listed in the article to improve learning outcomes of students. The study makes a good case for the need for topics related to cultural diversity to be included in the medical school curriculum. The focus of the study needs to be expanded to include undergraduate schools across Canada, and not just limited to English Canadian medical schools.