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## ORIGINAL COMMUNICATION

## Long Term Outcomes of a Curriculum on Care for the Underserved

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## Background

Evaluations of curricula to enhance ability to care for the underserved are often limited to short-term medical student outcomes.

## Purpose

This study evaluates retention of short-term improvements in outcomes from post-curriculum to graduation.

## Methods

Third-year students on 2003–2004 pediatric clerkships were randomized to a curriculum on caring for the underserved in one of three formats: established “readings only”, faculty-led, or web-based. Outcomes (knowledge, attitudes, self-efficacy and clinical skills) were assessed at three timepoints—pre- and post-curriculum and at graduation. Analyses, from 2009–2010, included Fisher’s exact test to assess the relationship of curriculum group with response patterns, demographics, and outcomes at graduation. Multivariate regression was used to model the longitudinal relationship between outcomes and curriculum groups, adjusting for prior clerkship experiences, baseline scores, and clustering by student.

## Results

Of 137 students, 135 (99%) completed the pre-curriculum survey, 128 (93%) completed the post-curriculum survey and 88 (64%) completed the graduation survey. Post-curriculum improvements in self-efficacy and clinical skills seen among students receiving the faculty-led or web-based curricula were retained at graduation. At graduation, web-based curriculum students’ self-efficacy was significantly greater for “establishing achievable goals with underserved families” compared to established curriculum students. With regard to skills relevant to caring for the underserved, few graduates had facilitated a referral to Women, Infants and Children (33%) or followed up to ensure a patient accessed a needed resource (56%).

## Conclusions

Self-efficacy and skills gained through web-based and faculty-led curricula were retained at graduation. Data from items at graduation support targeted curricular improvement.



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## Key words

underserved; web-based curricula; medical students; long term outcomes; pediatrics

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