The Need for Cultural and Linguistic Competence Training in Medical Education
Prepared Physicians to Meet the Needs of a Changing Society

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Overview

Section 1: Background and Definitions

Section 2: Current and Pending Requirements

Section 3: Strategies for the Future of Medical Education

Source: https://www.mededportal.org/icollaborative/resource/724

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Section 1:
Background and Definitions

Take-Home Message #1:

*Cultural and Linguistic Competence (CLC) is now considered the core and foundation of professional behavior.*

*Medical education programs must build CLC into all aspects of their learning requirements.*
Background

• Traditional medical education programs have focused on history collection, physical examination, differential diagnosis, and appropriate courses of treatment
• Little attention to formalized training and development of communication skills, customer service, human relations
• Last 25 years has ushered in new expectations to meet the needs of an increasingly diverse population

Source: https://www.mededportal.org/icollaborative/resource/724
Definitions

- CLC = Cultural and Linguistic Competence
  - Coined by Terry Cross, et al in 1989 monograph:

  “...a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.”

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Definitions

- PCC = Patient-Centered Communication or Patient-Centered Care
- Not a new concept:
  - “The secret of the care of the patient is in caring for the patient” – Peabody, 1927³
  - Focus on the person with the disease rather than the disease itself – Kleinman, 1978⁴
  - Patient-Centered Care: Informs and involves patients in medical decision-making and self-management; physical comfort and emotional support; understands cultural beliefs – IOM, 2001⁵

Sentinel Events in the Development Of Expectations for CLC Care

1927
Peabody: Patient-specific care argument in JAMA

1978
Kleinman: Focus on the person as opposed to the disease

1989
Terry Cross, et al definition of CLC

2009
HP 2010 calls for complete elimination of disparities in care

2014
Full implementation of healthcare reform – requires CLC care

2050
US minority population expected at 62%

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Fundamental Concepts

Ped-I-Care’s Model of Cultural Competence©

[Diagram showing Professionalism, What you have (Skills, knowledge, education), How you use it (Communication, Chosen Behaviors), Attitude, Cultural and Linguistic Competence]

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Primary topics within CLC

- Specific topics of interest within cultural competency include, but are not limited to:
  - Language and health literacy
  - Age, class, and gender
  - Race, ethnicity, and country of origin
  - Sexual orientation
  - Religion and spirituality
  - Disability
  - Education and perceptions of intelligence
  - Technology and the Internet
  - Workplace behaviors

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Section 2: Current and Pending Requirements

Take-Home Message #2:

Providers are expected – and legally required – to provide services in a culturally and linguistically competent manner.

There is much work to be done in meeting these expectations.

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Effective communication is an American College of Graduate Medical Education (ACGME) requires CLC as an element of professionalism, among others. Effective communication an attribute of physician qualities

- “...providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

Care-process level is 1 of at least 4 disparity sources, others being clinical uncertainty, stereotyping, and provider prejudice.
Affordable Care Act (ACA) Requirements

• “Standards shall ensure that the summary is presented in a culturally and linguistically appropriate manner and utilizes terminology understandable by the average plan enrollee...to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings.”

• “State is to provide:
  • education programs...in the cultural context that is most appropriate for individuals in the particular population group to which they are directed.
  • quality-driven, cost-effective, culturally appropriate, and patient- and family-centered health care...”

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Medical Milestones Expectations

Being implemented for evaluation of medical student and resident evaluation for competencies:\(^{13}\)

- **Interpersonal and communication skills:**
  Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; demonstrate intercultural sensitivity

- **Professionalism:**
  Several sub-components, including:
  1) Respecting the dignity, culture, beliefs, values, and opinions of the patient;
  2) Recognizing and addressing disparities in health care.

From the Literature

• Physician Patient Communication – Schwartz Center for Compassionate Healthcare, Mass Gen Hospital:

  • Survey of 72 groups of physicians (with 3 to 244 physicians per group)
  • Reviewed previously completed patient experience survey reports
  • 48% patients felt they played no role in decision making for their care
  • 29% patients did not know which doctor was in charge of their care
  • 81% of patients and 71% of doctors reported that outcomes were better with better communication

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Training MDs: Technical Items

• Estimated direct & indirect costs (2003-2006) of racial & ethnic disparities in health care in US $229.6 billion\textsuperscript{15}

• Most common healthcare disparities for minorities:
  • **Access to care** - System structural and financial barriers prevent from receiving high-quality care
  • **Safe care** - Experience more medical errors with great clinical consequences
  • **Evidence-based** - Less evidence-based care; less likely to receive preventive health services.
  • **Timely** - More likely to wait for same procedure.
  • **Efficient** - Higher rates of ER utilization, hospital admissions as well as longer inpatient stays.

Challenges

• Overcoming misconceptions about meaning, implications of CLC
  • CLC not just race, ethnicity
  • Overcoming the notion that communication studies, interpersonal skills are fluff work/not really important
• Issue of technology is often the overlooked in patient-provider relationship, as well as in medical education
• Need for CLC training with practical, hands-on training w/take-home messages
  • Intricate, comprehensive explanations of anthropological terms and concepts is helpful but should not take center stage in CLC training

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Section 3: Strategies for the Future Of Medical Education

Take-Home Message #3:

Although there is much work to be done, the medical community can and will meet these expectations if it embraces the essence of CLC as providing the most appropriate care to each individual.

Those who practice patient-centered communication/care are likely already providing CLC care.
Training MDs: The Essentials

• Providers need to be trained in:
  • Requirements of law and standards;
  • Definition and nature of CLC, and what it is not.
  • Patient-centered communication/care, and how PCC intersects with CLC
• Chevannes’ study:\textsuperscript{1, 16}
  1) Integrate cultural competence into the foundations of health profession education
  2) A core curriculum that includes cultural competency training with experience in and understanding of delivering high-quality care to multiethnic populations


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All MDs need to know:

• HIPAA requires info made available to patients in the format they request – written, electronic, otherwise.

• Medicaid requires written communications at 4th grade or lower level.

• A number of free resources available to help with provider-patient communication, patient health literacy
  • CDC, JAMA patient pages

• Website must be section 508 compliant.
  • Part of Rehabilitation Act of 1973 which requires electronic communications be accessible to people with disabilities
  • Affects structure, design, syntax of web design

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17 Office for Civil Rights. The HIPAA Privacy Rule’s Right of Access and Health Information Technology.
18 Centers for Medicare & Medicaid Services Special Terms and Conditions. Number 11-W-00206./4.
Patient-Centered Communication

- Consider each patient encounter a discussion with a specialist/expert/colleague
  - You are the expert in the disease
  - Patient/family is expert on the patient
    - Patients’ specialty as “Patientist”
- Seek patient’s input and perspective
- **Physicians:** Correct diagnosis and treatment plan is key
- **Patient:** Connecting with physician is key
- Patient-centered care/communication is an example of CLC in action

*Source: https://www.mededportal.org/icollaborative/resource/724*

*Photo credit: Dawn Arlotta/CDC*
PCC Continued: Respect

• Demonstrate appreciation/value for patient’s choices, behaviors, special qualities
  • You have obviously worked hard on this
  • That was tough; You handled it well
  • You have obviously researched this problem
  • Let’s see if I can add to your knowledge
• Shared decision making
• Empowering the patient/family
• Listening to their concerns: non-judgmental
• Not “blowing off concerns”
• Respectful of everyone’s time
Training MDs: Communicating Effectively

- **GRUSK:** Gentle, Respectful, Understanding, Sympathetic, Kind
- **OARS:** Open-ended questions, Affirmations, Reflective Listening, Summaries
- Four Habits Model
- Kalamazoo Consensus Statement
- Relationship **PEARLS:** Partnership, Empathy, Apology/Acknowledgement, Respect, Legitimization, Support

Photo credit: Amanda Mills/CDC

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21Dr. Robert McKay, AAP President 1970-71.
10. Saliba H. Photo of ceiling tile artwork on public display in Shands Hospital, Gainesville, Florida. 2010.
References


