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Negotiating Care: The Teaching and Practice of Cultural Competence in Medical School. A Student Perspective

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As early as 1927, medical educators worked to include physician-patient communication into the formal training of medical students.[1] Today, the subject of cultural competence is gaining momentum within U.S. medical school curricula, adding a new level in the effort to teach the art of medicine.[2] As medical students who value the importance of teaching physician-patient communication, we find ourselves negotiating with faculty to find ways to incorporate cultural competence into our own curriculum. We hope that our efforts will allow future medical students to learn important patient care skills: those that will allow them to forge strong partnerships with patients of many cultures.

What is cultural competence?

In many ways, cultural competence is the natural extension of physician-patient communication; as such, it is simply good medicine. Cultural competence has been described as health care that is **"**sensitive to the health beliefs and behaviors, epidemiology and treatment efficacy of different population groups.**"**[3] The need for cultural competence has always existed, but now more than ever, recognizing health care disparities, functioning within a multicultural framework, and meeting the demands of an increasingly diverse society is emerging as a priority of the great institutions of medicine.[4,5]

"Cultural competence" moves beyond "cultural sensitivity" as it calls for knowledge and skills to diagnose and manage disease in a multicultural patient population, as opposed to simply acknowledging and tolerating differences. Recently, programs in cultural competence have taken a broader view of cultural diversity that is inclusive of race, ethnicity, age, gender, sexual orientation, immigration status and socioeconomic status.[6,7,8] As medical students, we've learned that the steps to cultural competence include: 1) Know when you don't know 2) Listen 3) Be willing to reverse the roles and let the patient teach you.

Is there a need for cultural competence training in medical school?

The answer is complex and must be considered from several perspectives. The HMOs report that cultural competence is good business: it enhances quality of care, expands markets, maximizes retention, minimizes malpractice and contains costs.[8] For these reasons, perhaps, residency programs increasingly view culturally competent medical students as more competitive. Skills in cultural competence are considered by the American Association of Medical Colleges to be essential for the provision of quality health care to a diverse patient population.[4] Even more compelling is the Liaison Committee on Medical Education 's recent *requirement* that all accredited medical schools "demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments".[9] In short, to adequately meet the current standards in physician-patient communication, cultural competence must be integrated into current medical school curricula.

Is there time for cultural competence?

With astounding advances in science and countless ethical, economic and social challenges confronting medicine today, we recognize that finding time for cultural competence education in an already demanding medical school curriculum can be a daunting task. It is impossible to teach a student everything there is to know about medicine in four years, so we must decide on the essential. Teaching cultural competence *is* essential. A clinician's knowledge can be made useless in the face of a communication or cultural barrier and all of the scientific acumen in the world won't suffice without cultural competence. Also, as medical students enter the field of medicine in a time in which the recognition of disparities in healthcare is inescapable, it is the responsibility of the medical school to provide students with the skills needed to eliminate those disparities. Teaching cultural competence represents a tangible way to engage medical students in addressing healthcare inequalities.

How do we teach cultural competence?

Ideally, cultural competence can be seamlessly integrated into the existing medical school curriculum. Pedagogy for cultural competence education can be borrowed from other disciplines, such as nursing, social work and medical anthropology. The teaching of

cultural competence is more rooted in process than it is in content. Learning the subtleties of each of the world's cultures presents an obviously impossible challenge, therefore the physician must be equipped with a set of skills by which to approach a patient from *any* culture. Cultural competency can be integrated into case learning, courses in clinical medicine, as well as the basic sciences. Through establishing scenarios in which cultural difference acts as an obstacle to the delivery of optimal care, students can develop a participatory decision-making style in order to arrive at a compromise when such differences arise.[10] Instruction in cultural competence should encourage life-long learning and teach that epidemiological data and generalizations about populations are to be used as starting points to guide conversations with individual patients, not to stereotype them. In this way, knowledge of cultural competence could serve to shape more open-minded attitudes among physicians. Most importantly, teaching cultural competence in medical school establishes professional standards and guidelines for conduct to which the physician *must* be held accountable.

Medical students are beginning to approach faculty with the questions raised in this article. At times this may precipitate a struggle rather than a collaborative effort. Perhaps medical students ask these questions from a position of idealism, believing that health care disparities can be eliminated, and cultural differences between doctor and patient that act unnecessarily as barriers to optimal care can be resolved. Recognizing that the need to improve physician-patient communication comes as part of a long-standing effort of medical educators to prepare students for modern medicine may help to simplify the request. In asking schools to teach cultural competence, medical students are preparing to best serve their patients. The real question, then, is: Are medical schools up to the challenge?

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