EFFECTIVE PRECEPTOR SERIES

The Preceptor and Cultural Competence

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What Is Cultural Competence?

According to the Association of American Medical College's (AAMC) monograph Cultural Competence Education for Medical Students:

- Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations
- "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social or religious groups
- "Competence" implies having the capacity to function effectively as an individual or an organization within the context of cultural beliefs, practices and needs by patients and their communities

Why Is Cultural Competence Important In Medical Education?

The Liaison Committee on Medical Education (LCME) introduced a standard for cultural competence (ED-21), which states, "The faculty and students must 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 treatment." The LCME also advises, "All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health."

The LCME promulgated a related educational standard (ED-22), which asserts, "Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery."

Beyond educational standards are the rapidly evolving demographics of the U.S. population, health care and health care workers. Therefore, cultural competence is not an option, but a necessity, to maximize the patient-physician interaction and physician effectiveness as a member of a health care delivery team.

The Educational Challenge

While medical students need to avoid stereotypes, they must learn how culture affects nearly every aspect of health care. The AAMC developed a Tool for Assessing Cultural Competence Training (TACCT) that includes the following five domains, forming the foundation of cultural competence in medical school curricula:

1. Cultural Competence – Rationale, Context and Definition
2. Key Aspects of Cultural Competence
3. Understanding the Impact of Stereotyping on Medical Decision-Making
4. Health Disparities and Factors Influencing Health
5. Cross-Cultural Clinical Skills

Relevance To Preceptors

Preceptors, particularly community preceptors, are positioned at the intersection of culture and clinical skills. Therefore, they must use cross-cultural clinical skills that are vital to their practice of medicine. These skills are essential knowledge to be shared with medical students.

KNOWLEDGE, SKILLS AND ATTITUDES

To become culturally competent and effective members of a health care delivery team, medical students should acquire and demonstrate the necessary cross-cultural knowledge, skills and attitudes. By the completion of medical school, students are expected, by the AAMC, to possess the following:

Knowledge

Identify questions about health practices and beliefs that might be important in a specific local community

- Describe models of effective cross-cultural communication, assessment and negotiation
- Understand models for physician-patient negotiation
- Describe the functions of an interpreter
- List effective ways of working with an interpreter
- List ways to enhance patient adherence by collaborating with traditional and other community healers

Skills

- Elicit a cultural, social and medical history, including a patient's health beliefs and model of their illness
- Use collaborative and problem-solving skills in shared decision-making with a patient
- Identify when an interpreter is needed and effectively collaborate with an interpreter
- Assess and enhance patient adherence based on the patient's explanatory model
- Recognize and manage the impact of bias, class and power on the clinical encounter

Attitudes

- Demonstrate respect for a patient's cultural and health beliefs
- Acknowledge personal biases and the potential impact they have on the quality of health care

What Should The Preceptor Assess?

To assess medical students' knowledge, skills and attitudes in cross-cultural education, the following examples have been recommended by AAMC:

- **Knowledge assessment:** Has the student learned the key core cross-cultural issues, such as communication styles, mistrust/prejudice, autonomy vs. family decision-making, the role of biomedicine for the patient, traditions and customs relevant to health care, and sexual/gender issues?
- **Skills assessment:** Has the student learned how to explore core cross-cultural issues and the patient's explanatory model of health? Has the student learned how to effectively collaborate with a patient?
- **Attitudes assessment:** Has the student learned the importance of intellectual curiosity, empathy and respect in cross-cultural encounters?

Examples Of Cross-Cultural Communication And Collaborative Models

One of the most comprehensive approaches to identify a patient's explanatory model of her health and to facilitate cross-cultural communication and subsequent negotiation uses Kleinman's questions:

1. What do you think has caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you?
4. How severe is your sickness? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

However, medical students have a time-honored preference for pneumonics such as:

- **BELIEF:**

  Beliefs about health (What caused your illness/problem?)
  Explanation (Why did it happen at this time?)
  Learn (Help me to understand your belief/opinion.)
  Impact (How is this illness/problem impacting your life?)
  Empathy (This must be very difficult for you.)
  Feelings (How are you feeling about it?)

- **ETHNIC**

  Explanation (How do you explain your illness?)
  Treatment (What treatment have you tried?)
  Healers (Have you sought any advice from traditional healers?)
  Negotiate (Mutually-acceptable options)
  Intervention (Agreed on)
  Collaboration (With patient, family, and healers)

What You Need To Know And Teach About Working With Interpreters

The online Provider's Guide to Quality & Culture summarizes working with medical interpreters with the following guidelines:

- Make a diligent effort to find professionally trained, qualified interpreters
- Do not depend on children or other relatives and friends, or non-medical staff to interpret
- Hold a brief pre-interview meeting with the interpreter
- Establish a good working relationship with the interpreter
- Plan to allow enough time for the interpreted sessions
- Do not ask or say anything that you do not want the patient to hear
- Use carefully chosen words to convey your meaning, and limit the use of gestures
- Speak clearly in a normal voice and do not speak too fast or too loudly
- Make eye contact with the patient while speaking
- Avoid jargon and technical terms
- Keep your utterances short, pausing to permit the interpretation
- Ask only one question at a time
- Expect the interpreter to interrupt when necessary for clarification
- Expect the interpreter to take notes if things get complicated
- Be prepared to repeat yourself in different words if your message is not understood
- Have a brief post-interview meeting
- Remember that the interpreter is there to interpret for the patient or to interpret the patient's language
- Use a seating arrangement in which you, the patient and the interpreter form the points of a triangle

If in an emergency, you absolutely MUST communicate through someone who is not a professional interpreter, the Provider's Guide to Quality & Culture advises:

- Make sure the family member or friend understands his/her role before you begin
- Use the simplest vocabulary that will express your meaning
- Speak in short and simple sentences
- Check to see if the message is understood

Self-Awareness And Cultural Competence

One of the best ways of advancing along the continuum of cultural competence is self-awareness, especially when it is informed by self-assessment. Self-assessment involves assessing your own biases and knowledge of cultural competence. While there are a number of tools (mostly questionnaires) to assess an individual's cultural competence, Kumas-Tan et al., questioned the utility of these measures in medical education in a recent systematic review. In a formal academic setting, a small group discussion of illustrative paper cases or even an objective structured clinical examination (OSCE) can be used to assess the cultural competence of medical students and increase their self-awareness. In a clinical setting, less formal methods of enhancing medical student cultural competence self-awareness can include preceptor-facilitated candid and critical analysis of relevant aspects of cultural competence in a cross-cultural patient encounter observed by the medical student, role playing, keeping a journal and self-reflection. To guide the medical student with these activities, the preceptor can ask questions such as:

- What happened in the patient encounter (real or role-played)?
- How do you feel about what happened or what you observed?

- How did you feel toward the patient?
- What do you think was the patient's perspective?
- How did the patient's cultural beliefs impact the patient's health and this encounter?
- What was done to acknowledge or incorporate the patient's cultural beliefs?
- What would you have done differently?

Medicine Is A Culture

Medical students need to know and remember that medicine itself is a culture. That means we bring at least two cultures to a patient encounter.

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