Resident Physicians’ Preparedness to Provide Cross-Cultural Care

Joel S. Weissman PhD, Joseph Betancourt MD, MPH, Eric G. Campbell PhD, Elyse R. Park PhD, Minah Kim PhD, Brian Clarridge PhD, David Blumenthal MD, Karen C Lee MD, MPH, Angela W. Maina BS

Abstract

Context: Two recent reports from the Institute of Medicine cited cross-cultural training as a mechanism to address racial and ethnic disparities in health care, but little is known about residents’ educational experience in this area.

Objective: To assess residents’ attitudes about cross-cultural care, perception of their preparedness to deliver quality care to diverse patient populations, and educational experiences and educational climate regarding cross-cultural training.

Design, Setting and Participants: A survey was mailed in the winter of 2003 to a stratified random sample of 3435 resident physicians in their final year of training in emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, or general surgery at US academic health centers.

Results: Responses were obtained from 2047 (60%) of the sample. Virtually all (96%) of the residents indicated that it was moderately or very important to address cultural issues when providing care. The number of respondents who indicated that they believed they were not prepared to care for diverse cultures in a general sense was only 8%. However, a larger percentage of respondents believed they were not prepared to provide specific components of cross-cultural care, including caring for patients with health beliefs at odds with western medicine (25%), new immigrants (25%), and patients whose religious beliefs affect treatment (20%). In addition, 24% indicated that they lacked the skills to identify relevant cultural customs that impact medical care. In contrast, only a small percentage of respondents (1-2%) indicated that they were not prepared to treat clinical conditions or perform procedures common in their specialty. Approximately one-third to half of the respondents reported receiving little or no instruction in specific areas of cross-cultural care beyond what was learned in medical school. Forty-one percent (family medicine) to 83% (surgery and obstetrics/gynecology) of respondents reported receiving little or no evaluation in cross-cultural care during their residencies. Barriers to delivering cross-cultural care included lack of time (58%) and lack of role models (31%).

Conclusions: Resident physicians’ self-reported preparedness to deliver cross-cultural care lags well behind preparedness in other clinical and technical areas. Although cross-cultural care was perceived to be important, there was little clinical time allotted during residency to address cultural issues, and there was little training, formal evaluation, or role modeling. These mixed educational messages indicate the need for significant improvement in cross-cultural education to help eliminate racial and ethnic disparities in health care.