Components of Culture in Health for Medical Students’ Education

Melanie Tervalon MD, MPH


Abstract

Medical educators across the United States are addressing the topics of culture, race, language, behavior, and social status through the development of cross-cultural coursework. Dramatic demographic changes and nationwide attention to eliminating racial and ethnic health disparities make educating medical students about the importance of the effects of culture on health a 21st-century imperative. Despite the urgent need for including this topic material, few medical schools have achieved longitudinal integration of issues of culture into four-year curricula. The author makes the practical contribution of describing key themes and components of culture in health care for incorporation into undergraduate medical education. These include teaching the rationale for learning about culture in health care, ‘culture basics’ (such as definitions, concepts, the basis of ‘culture’ in the social sciences, relationship of culture to health and health care, and health systems as cultural systems), data on and concepts of health status (including demographics, epidemiology, health disparities, and the historical context), tools and skills for productive cross-cultural clinical encounters (such as interviewing skills and the use of interpreters); characteristics and origins of attitudes and behaviors of providers; community participation (including the use of expert teachers, community-school partnerships, and the community as a learning environment); and the nature of institutional culture and policies.

Global migration patterns have forever changed the racial, ethnic, cultural, and linguistic character of the United States. One consequence of the nation’s rapid multicultural transformation is that interpretations of contemporary health care experiences are often reflections of the different cultural viewpoints about health and the health care delivery system that exist among patients and providers. For example, patients’ opinions of the use of complementary and alternative healing practices, spiritual healers, and community-based support mechanisms as primary sources for health maintenance or healing can be at odds with the perspective of those US providers whose explanations and approaches to health and illness originate in training heavily infused with the principles of biomedicine and technology.

Fundamental mismatches in culturally-mediated health belief systems between patients and providers in the current health care system are occurring alongside the well-publicized differentials in health outcomes across racial and ethnic groups in the United States. Over the last decade, substantial research and educational efforts have been directed towards untangling the relationships between culture and health in order to reverse these differentials. Many health policy experts, and most recently the Institute of Medicine, suggest that a well-conceptualized focus on culture in medical education could serve as one of several important national strategies to eliminate racial and ethnic health disparities.

Responding to the call to teach about culture in the undergraduate medical curriculum requires creating learning materials and learning environments that equip students with
knowledge, skills, and experiences about culture and health that have clinical applicability for all patient populations. For example, part of this educational process includes providing students with information that deepens their understanding of the concept of culture in health, the power dynamics inherent in cultural interactions, and the reality that culture is ever-changing and thus cannot be reduced to stereotypic descriptions of population groups’ cultural health beliefs, norms, behaviors, and values. It also includes the difficult work of examining cultural beliefs and cultural systems of both patients and providers to locate the points of cultural dissonance or synergy that contribute to patients’ health outcomes.