Cross-cultural Medical Education: Conceptual Approaches and Frameworks for Evaluation

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Abstract
Given that understanding the sociocultural dimensions underlying a patient’s health values, beliefs, and behaviors is critical to a successful clinical encounter, cross-cultural curricula have been incorporated into undergraduate medical education. The goal of these curricula is to prepare students to care for patients from diverse social and cultural backgrounds, and to recognize and appropriately address racial, cultural, and gender biases in health care delivery. Despite progress in the field of cross-cultural medical education, several challenges exist. Foremost among these is the need to develop strategies to evaluate the impact of these curricular interventions. This article provides conceptual approaches for cross-cultural medical education, and describes a framework for student evaluation that focuses on strategies to assess attitudes, knowledge, and skills, and the impact of curricular interventions on health outcomes.

The 2000 Census confirmed what demographers had been predicting all along – our country has become more diverse than ever before. This expansion has been fueled by growth of our minority populations, in addition to significant immigrant influx. Our success as a nation hinges on how we meet the challenges diversity poses, while capitalizing on the strengths it provides. Many sectors have responded proactively to our demographic evolution, understanding there are financial and market imperatives to better understanding, communicating, servicing, and partnering with those from diverse backgrounds. This has resulted in the focusing of major educational efforts, through training and corporate development, on how to better ‘manage’ diversity at the workplace and in business/service relations.

A growing literature delineates the impacts of sociocultural factors, race, and ethnicity on health and clinical care. Clinicians aren’t shielded from diversity, as patients present varied perspectives, values, beliefs, and behaviors regarding health and wellbeing. These include variations in patient recognition of symptoms, thresholds for seeking care, ability to communicate symptoms to a provider who understands their meaning, ability to understand the prescribed management strategy, expectations of care (including preferences for or against diagnostic and therapeutic procedures), and adherence to preventive measures and medications.

Sociocultural differences between patient and physician influence communications and clinical decision making. Evidence suggests that provider-patient communication is directly linked to patient satisfaction and adherence and subsequently to health outcomes. Thus, when sociocultural differences between patient and provider aren’t appreciated, explored, understood, or communicated in the medical encounter, patient dissatisfaction, poor adherence, and poorer health outcomes result. It is not only the patient’s culture that matters; the provider’s ‘culture’ is equally important. Historical factors for patient mistrust, provider bias, and their impacts on physicians’ decision-making have also been documented. Failure to take sociocultural factors into account may lead to stereotyping,
and, in the worst cases, biased or discriminatory treatment of patients based on race, culture, language proficiency, or social status.