

# The Case for a Standardized Course and Examination on Cultural Competence

Mohammad N. Akhter, MD, MPH; Richard A. Levinson, MD, DPA

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**Author Affiliations:** National Medical Association, Washington, DC (Dr Akhter) and Health Management Program, Howard University, Washington, DC (Dr Levinson, associate professor and program director).

**Corresponding Author:** Mohammad N. Akhter, MD, MPH, Executive Director, National Medical Association, 1012 Tenth St NW, Washington, DC.

The population of the United States has become increasingly more diverse in terms of its cultural, racial, and ethnic composition since the middle of the 20th century, and this trend towards diversity is continuing. In fact, the federal government's population projections indicate that the current minority population will become the numerical majority by 2042.<sup>1</sup> However, minority enrollments in the nation's medical schools have not kept pace with these changing demographics.<sup>2</sup> As a result, Caucasian physicians will continue to provide a major portion of health care for non-Caucasian populations in the 21st century. In order for health care to be consistently effective, it is essential that physicians become competent in dealing with patients who have different cultural expectations about the content and outcomes of interactions with their physicians.

"Culture" has been defined as the set of attitudes, beliefs, and values that characterize human beings and their societies that are passed down between generations. The impact of culture on patients' beliefs regarding health and health care is large and can significantly influence the way in which they respond to efforts at testing for and treatment of disease.<sup>3</sup> Further complicating this situation is the fact that patients and physicians may have very different cultural expectations about health care that may adversely affect the doctor-patient relationship. As a result of these cultural mismatches, the quality and effectiveness of health care may be diminished, and patient satisfaction with their providers may be adversely affected.

Cultural factors that may become particularly significant in the patient-physician interaction are those associated with race, spiritual orientation, sex, socioeconomic status, educational level, and role in society. Physicians have their own specific cultural backgrounds.

In addition, most of them also adopt a fairly homogeneous set of beliefs that has been characterized as the "culture of medicine" as a result of their formal training as a physician.<sup>4</sup> This culture has been characterized as including the following components: wearing a white coat as a symbol of authority, using a characteristic form of verbal expression, and following a definite explanatory model for diseases. These external manifestations of the culture of medicine appear to contribute to misunderstandings between physicians and their patients.

The National Medical Association was the first to recognize that cultural differences can adversely affect the physician-patient relationship. The association has been engaged in an active effort to make all health care providers "culturally competent." This means the provider can identify and successfully work with their patients' diverse cultural views on health. The Cultural and Linguistically Appropriate Services Healthcare (CLAS standards), issued by the Office of Minority Health of the US Department of Health and Human Services, are widely perceived as an approach to cultural competency training that should be widely adopted.<sup>5</sup> These standards cover provider cultural competence (standards 1-3), language access services (standards 4-7), and organizational supports for culturally competent health care (standards 8-11). Standards 1-3 prescribe that health care organizations should assure culturally competent care for all of their patients; should recruit, train, and promote a diverse staff and leadership representative of the demographics of their patient population; and should assure that its staff at all levels receive ongoing education in culturally and linguistically appropriate service delivery. Despite the existence of these standards, satisfaction of minority patients with their health care providers has remained low, and the poor quality of health care provided to minority populations has been documented.

In response to this situation, groups responsible for health professional education have developed and implemented cultural competence curriculums in schools of the health professions. In addition, short-term training programs have been developed in several formats for practicing health care providers. However, according to a survey performed by the Cobb Institute, it appears that

a majority of practicing physicians and nurses have not completed formal training in cultural competence.

What educational outcomes should be expected from a curriculum designed to make practicing health care professionals culturally competent? There is conclusive evidence that the training of health care professionals in cultural competence improves health care providers' knowledge about cultural competence issues, and it improves patients' satisfaction with their health care. The data supporting the impact of cultural competence education on patient outcome are limited.<sup>6</sup> Future improvements in the approaches used to educate health care providers on cultural competence along with carefully designed research on outcomes of this education may provide the necessary supportive evidence in the form of better patient outcome.

The authors of this article believe that cultural competence education can be of great benefit to improving health care in the United States. However, we also believe that these benefits are unlikely to be realized until this training is offered in a systematic and organized manner and that the patient care benefits of this training are rigorously investigated. In order to begin this process we are developing a standardized 2-day continuing medical education course in cultural competence for practicing physicians. The course will begin with a review of the meaning of cultural competence and of its importance in health care. The major portion of the course will be dedicated to illustrating the principles of cultural competence and their application in health care delivery through a series of case reports. Each case report will illustrate the unfavorable consequences of health care that is not culturally competent and the steps

that should be taken to avoid such consequences. A standardized course such as this will set a minimum standard of knowledge about cultural competence for all practicing physicians.

The physicians who complete the proposed standardized course on cultural competency will have the knowledge and skills to deal with a multicultural patient population. This course will also encourage physicians to become life-long learners as they seek to make culturally competent their practices and the health care institutions where they work. The proposed course will be an enabler to the physician to fulfill the spirit of the Hippocratic oath by providing culturally competent quality care to the patient to the best of his/her ability, and that is what practice of medicine is all about.

The authors welcome suggestions and input regarding the design and construction of the cultural competence course.

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