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Commentary

Cultural competency in graduate medical education: A necessity for the minimization of disparities in healthcare

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Despite the growing advancements in clinical diagnosis and therapeutics, racial and ethnic disparities in healthcare continue to persist as a daunting challenge. Several studies have indicated that minorities in the United States have significantly higher rates of undiagnosed medical conditions [1,2]. Among a multitude of causes; poverty, lack of access to healthcare, lack of education, etc. have been identified as the major causes that result in healthcare related disparities in populations belonging to socio-cultural and economic minorities [3]. As physicians develop a growing understanding of various factors that potentiate these disparities, deeper and more inconspicuous layers of this deep-rooted problem continue to manifest. The language, ethnicity and culture that patients belong to have been identified as significant predictors of the quality of healthcare services delivered to them [4]. 'Cultural competency' provides physicians with skills that are needed to care for populations belonging to diverse cultural backgrounds. In the absence of a formal definition for the term, many authors have cited the definition put forward by Cross et al., "Cultural Competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations" [5]. It is well known that patients with language and cultural barriers comprise a unique population with diverse needs. Patients' perceived cultural competence of their physician is directly associated with higher overall patient satisfaction [6]. The perpetual disparities in healthcare access and overall outcomes among these groups, call for an effective delivery of culturally competent care to these patients.

While continued learning and unlearning is at the very core of modern medicine, it may be nearly impossible to train or retrain independently practicing physicians and sensitize them towards the need to expand their awareness of implicit biases and cultural incompetence. The incorporation of cultural competency into the professional training of resident physicians appears to offer great promise in addressing this seemingly insurmountable challenge [7]. The Accreditation Council for Graduate Medical Education (ACGME) has recognized cultural competency as a part of three out of six core competencies (patient care, interpersonal and communication skills and professionalism) that residency training programs are to provide training in [8].

Studies have found however, that despite a widespread understanding of the importance of cultural competence in clinical practice, residency training programs are still behind on its incorporation into formal curricula [9].

Encouraging basic practices such as attempting to know the community that one is serving as a trainee, understanding economic and cultural barriers restricting access to care and being mindful of implicit biases against minorities can go a long way in enhancing the cultural sensitivity of physicians-in-training. Incorporation of cultural competency training into didactic and clinical curricula in a seamlessly embedded fashion is needed to train a new crop of culturally competent physicians who are equipped with the skills necessary to weed out disparities propagated by implicit biases. It is also important to ensure that cultural competency training in graduate medical education (GME) does not become too mechanical and stays aligned to the greater idea of delivering 'patient-centered care'. Some authors have also suggested merging 'cultural humility' with cultural competency. The practice of cultural humility trains individuals to continue to engage in a process of self-exploration and self-critique that allows them to honor their patients' customs and values beyond what they already know about them [8]. In other words, a more superficial skillset of cultural competency should potentiate a deeper process of cultural humility.

In order to actively involve residents into the process of incorporation of cultural competency into their training, our residency program took the initiative of establishing a cultural competency committee led by the program director. The committee has identified ways to introduce cultural competency training at various levels and in different forms (Fig. 1). Simultaneously, residents are given the opportunity to self-analyze their growth through patient satisfaction scores as well. We intend to analyze the impact of making patient satisfaction scores available to residents on their training and overall patient experience as well. Moving forward, incorporation of cultural competency into GME needs to be promoted in an active manner

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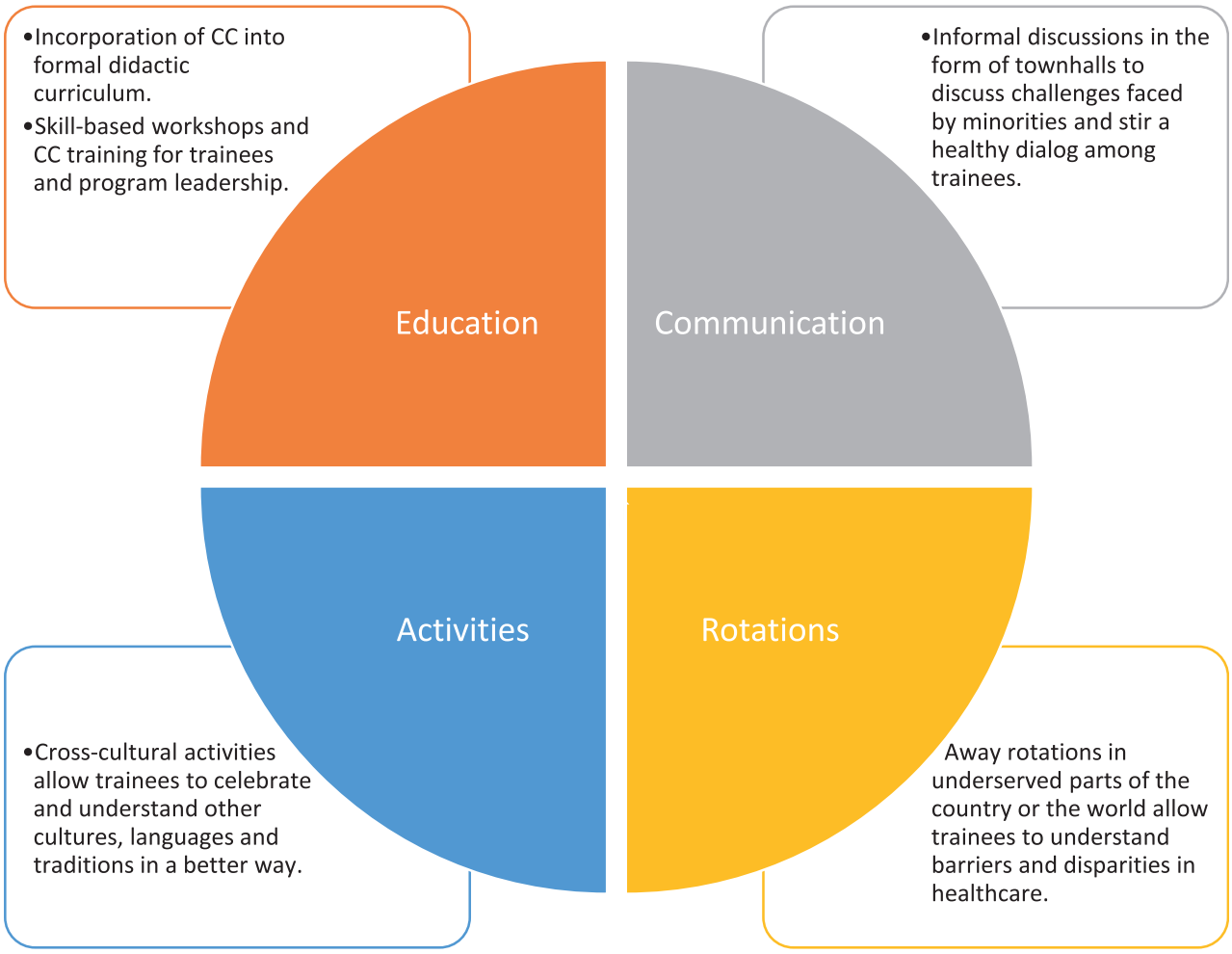

Fig. 1. Strategies to incorporate cultural competency into graduate medical education. [CC: cultural competency].

which allows trainees to lead from the forefront. Efforts towards raising a generation of culturally competent physicians would be a crucial step in the direction of building a more equitable healthcare system that can truly provide 'health for all'.

Declaration of Competing Interest

None to declare

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