

## COMMENTARY

## The Compelling Need for Cross-Cultural Medical Education

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The importance of providing cultural competency and sensitivity training as part of curricula for the training of health professionals is no longer a question for debate in many countries. Medical educators and accreditation bodies are increasingly recognizing cultural competency as critical to learners' professional development and essential to providing patient-centered care. The Liaison Committee on Medical Education (LCME), the accrediting body for US medical schools, has standards that address the importance of cultural sensitivity and of recognizing the influence of different beliefs on health and treatment. Additionally, the LCME has proposed new standards that focus on achieving and sustaining diversity in the student and faculty bodies.

The level to which a health care professional can be culturally sensitive (proficient) can and will influence patient health outcomes. The challenge is how to best approach this type of education in content-laden curricula. The challenge for schools is how to address the practical aspects of implementing and evaluating a cultural competency curriculum for multiple levels of learners given scarce resources.

Dr. Reitmanova<sup>1</sup> provides a compelling rationale for cross-cultural medical education in Slovakia. As she illustrates, patients cannot be treated neutrally and objectively since each person has a unique cultural perspective that includes a multitude of factors that may affect health care delivery and health disparities such as language proficiency, health literacy, gender, race/ethnicity, socioeconomic status, history of discrimination or torture and immigration status.

Dr. Reitmanova accurately points out that introducing cross-cultural medical education experiences in isolation from clinical training is a mistake. However, waiting until the third year of training is perilous, although understandable given when students in Slovakia experience their communications course. Most US and Canadian medical schools have professionalism and communications courses as well as clinical experiences integrated in the first and second years. Adding appropriately placed cultural competency curricula that include encounters with real and standardized patients helps to provide the foundation for the attitudes, knowledge and skills that can be further enhanced during the clinical years. Having early experiences gives students opportunities to experiment in "low stakes" environments, which can build their confidence for when the world of practice becomes a reality.

Faculty development and faculty engagement in any curricular reform is crucial to successful implementation. Most of us, regardless of our situation, feel that we have too few resources to "get everything perfect". Dr. Reitmanova offers a novel approach to that situation by drawing on the expertise of non-physician faculty. Inter-faculty collaboration provides richness to the medical school curriculum that cannot be provided by physician faculty alone. This collaboration will also enrich the curricula of the other disciplines. Given the growing diversity of Slovakia's immigrant population, cross-cultural medical education will become increasingly important and relevant to medical practice.

**1. Reitmanova S.** Cross-cultural medical education and training. Bratisl Lek Listy 2008; 109: 82-87.