Opportunities for Cross-Cultural Medical Education

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INTRODUCTION

Cross-cultural medical education is a timely topic in undergraduate medical education. The National Institute of Medicine, mandated by Congress, produced a report that examined a wide body of existing medical research and found compelling evidence of health-care disparities between minority and nonminority patients. The increasing awareness on the part of the medical community of the effect of race and ethnicity on health outcomes has provided some of the impetus for mandating the inclusion of cultural diversity and cross-cultural communication in medical education (Flores, 2000; US Bureau of the Census, 1998; Betancourt et al., 2000; Carrillo et al., 1999). The growing use of alternative health practices and complementary medicine among the general population as well as in specific groups also indicates the need for eliciting culturally competent medical histories (Adler and Fosket, 1999). Physicians increasingly encounter patients of diverse racial, ethnic, linguistic, and religious backgrounds, making effective cross-cultural communication skills essential. The need for training in cultural competence has been embraced by the Association of American Medical Colleges and other regulatory and accrediting bodies and is currently a requirement for medical schools. As the United States population becomes more diverse, racially and ethnically, demographic differences between physicians and patients increase, and the medical profession itself becomes more diverse, cross-cultural medical training takes on greater significance.

Spirituality and religion, while often indistinguishable from culture, are beginning to be addressed in medical education. A large segment of Americans claims belief in a higher being, and studies indicate that patients who have some religious commitment benefit in terms of stress reduction, recovery from illness, reduction of depression, and adjustment to disability (Williams et al., 1995; Levin, 1996; Koenig et al., 1995; Idler and Kasl, 1997). This compelling evidence has provided the impetus among medical educators to include content in undergraduate medical school curricula to increase awareness and teach students techniques to communicate with patients about their spiritual beliefs, as they may affect their health and health care (Barnard et al., 1995).

For academic faculty, cross-cultural medical education also has the potential to positively influence disparities in health. Training learners to care for patients from diverse backgrounds requires careful attention to and examination of the culture of medicine, the personal culture of the physician, and assumptions and biases that are brought to the clinical encounter. As medical educators, we believe that improving communication with our patients will enable us to be more effective patient-care advocates. Greater understanding of the diverse social, cultural, and spiritual contexts in which patients seek health care will facilitate more-favorable health outcomes and even lead to more-rewarding clinical experiences.

INTRODUCTION TO CLINICAL MEDICINE PROGRAM (ICM)

ICM, Introduction to the Patient Course
In the Introduction to Clinical Medicine (ICM) program at Albert Einstein College of Medicine (Einstein), we have formally integrated teaching/learning strategies regarding cross-cultural communication in the two first-year courses: Introduction to the Patient and The Clinical Experience. In the Introduction to the Patient course, we have included specific goals and objectives addressing cross-cultural issues in various Wednesday sessions, including “The Clinical Interview: Communicating with the Patient,” “Loss and Grief and the Dying Patient,” “Illness and the Adolescent,” and “Chronic Illness: HIV as a Paradigm.” The emphasis in our ward visits, in which we conduct patient interviews, is also to address the cultural and spiritual dimensions of patients. A series of workshops that address cultural diversity and spirituality issues is also included in this course. Themes such as language, alternative medicine, gender, the culture of medicine, and issues specific to certain populations at risk as well as end-of-life issues are discussed in small groups. This past year in our annual faculty development session, we seized the rich opportunity of having a diverse faculty and student body to use as a springboard for discussion about cross-cultural encounters. The basic premise of this discussion was to engender awareness of and capitalize on the fact that just as our patients have sets of cultural and spiritual beliefs, so do our faculty and students, and it is this rich mixture that marks...
each encounter as uniquely cross-cultural. In an attempt to continue a dialogue among faculty regarding this issue, we invited a guest speaker this year, Dr. Alexander Green, who is well published in the area of cross-cultural medical education, to facilitate a roundtable discussion about the opportunities and challenges in implementing strategies to be effective communicators and practitioners within this cross-cultural medical milieu. In our ultimate goal of becoming culturally competent, we need to recognize and respond to the cultural, social, and spiritual needs of our patient populations.

**ICM, The Clinical Experience Course**

The Clinical Experience course is the companion course to the Introduction to the Patient course in the first year. The Clinical Experience is a 16-session practicum at a community clinical site. Students are placed in one of approximately 13 programs that include sites such as the emergency room, Calvary Hospital, an end-of-life in-patient facility, and rehabilitation centers. Cross-cultural communication is part of the program goals and objectives at all clinical sites; however, more-formal efforts to implement strategies to address these specific issues exist in the Family Life Program, the Women's Health Program, the Palliative Care Program, and Primary Care with a Focus on Complementary and Alternative Medicine. A new program called Primary Care with a Focus on Urban and Latino Health Issues was available to first-year students and addressed language, cultural, and socioeconomic issues prevalent in the Spanish-speaking population of the Bronx. A study done by Nora et al. (1994) concluded that medical students' ability to care for diverse patient groups may be enhanced by programs that provide community experience, link language study, and offer training in cultural competence.

**A TEACHING/LEARNING TOOL: CASE DISCUSSIONS**

Small-group discussions as well as clinical experience are mainstay strategies for teaching and learning about cross-cultural communication. One particular strategy for addressing cross-cultural issues and isolating specific points for discussion within small group settings is the case study. These two case scenarios illustrate various points for discussion in a cross-cultural encounter. The following case is an example of a patient's health belief model being different from that of the provider:

**Case Study: Negotiating a Hypertensive Medication Regimen**

55-year-old overweight Hispanic woman returns to your office for a follow-up of her blood pressure after missing several prior appointments. She has not lost weight or followed a low-salt diet as strongly recommended in earlier visits. Both parents are deceased secondary to apparent hypertensive stroke. She admits to intermittently taking her blood pressure medication although there are no side effects reported. After you ask her how she views her illness, you learn that she believes her pressure goes up only when she suffers from “malos ratos” or stressful events in her life. She is convinced that her parents suffered the same fate. She also admits that she regularly drinks a home remedy consisting of crushed garlic gloves in boiled water to alleviate her symptoms.

**Discussion Points:**

Need for further questioning regarding other risk factors:

- Habits, such as tobacco use
- Diet, specifically high-cholesterol, high-fat, and high-sodium foods
- Prior health screenings, e.g., cardiac evaluation, including stress test (health-care disparity issue)
- Pattern of compliance with medical visits

Validation of health beliefs:

- Acknowledge and concur that stressful events may raise her blood pressure
- Acknowledge her use of boiled crushed garlic since some studies even confirm its usefulness

Cross-cultural communication:

- Share your concern that there are some people whose blood pressure is higher than that of others even when they sleep
- Help her understand that she would benefit from using her medication regularly and as prescribed, despite symptoms, in addition to her boiled crushed garlic
- Use the “malos ratos” as a patient-education mechanism to help her identify triggers for stress in her daily life
- Explore with patient the selection of an alternative hypotensive medication that may fit her more practical needs for administration

The next case illustrates the inseparability of culture and spirituality and how the process of negotiation with a patient to avoid a potential risk can be done within the context of mutual respect.

**Case Study: Negotiating Safety Regarding a Choking Hazard**

Maria Delgado comes to the pediatric clinic with her two-month-old infant, Ana, for a routine health-care maintenance visit. She moved to the Bronx, NY, from Puerto Rico two years ago and is living with her large extended family. While the pediatric resident is conducting the physical examination, she notices that Ana is wearing a gold bracelet with a dangling black and orange charm. The resident anticipates that as Ana’s eye-hand coordination becomes more developed and she begins to explore the environment orally, she will be sucking on the charm, which will present a potential choking
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hazard. Through further inquiry, the resident asks about the charm bracelet, and she learns from Ms. Delgado that it has both spiritual and cultural significance: The charm bracelet needs to be worn to “ward off” evil spirits and protects Ana from any bad thoughts that “evil eyes” can inflict.

Discussion Points:
Need for further exploration of risks:
- Other parenting practices that are culturally or spiritually based, e.g., honey for hiccups
Validation of health beliefs:
- Acknowledge that it is a natural maternal instinct to use charms or other items to protect children
Cross-cultural communication:
- Negotiate a plan with mother that will accomplish protecting Ana from both choking and the “evil eye.” (Explore possibility of placing the bracelet on Ana’s ankle or the crib or bassinet, etc.)
- Initiate discussion with mother to share cross-cultural beliefs, stories or examples of cultural and spiritual protection of children that engenders mutual respect for each other’s perspectives

FACULTY AND STUDENT PERSPECTIVES FROM A SUMMER FELLOWSHIP

Perhaps the best way to learn more about patients’ culture and beliefs is to simply talk to them. The Office of Education at Einstein along with the Arnold P. Gold Foundation funded summer fellowships for two first-year medical students to work on a qualitative research project to explore parenting philosophies and practices among immigrant families from diverse cultures. Under the direction of a multi-disciplinary team of four pediatricians and a pediatric nurse practitioner, the two students spent eight weeks recruiting and interviewing immigrant parents who were selected at random from the pediatric ambulatory clinic at Jacobi Medical Center. Using an open-ended method, students conducted ethnographic interviews, which is a technique traditionally used by anthropologists and sociologists to explore the everyday experiences of people. The interviewer attempts to elicit “stories” in order to learn from and understand the respondent’s experience. In ethnographic interviewing, unlike in most interview missions, the interviewer assumes the role of student while the respondent is the expert. No assumptions are made and no hypothesis is tested; rather, a question is asked to reveal underlying themes, which makes this kind of research project ideal for students to practice their interviewing skills and to learn about the cultural and spiritual beliefs of people from diverse populations. The students asked the parents questions such as, “Do you think your children will live better in this country than in your home country?” “Why or why not?” “What are the kinds of values and beliefs that you want to teach your children?” By the end of the summer, the students conducted 46 interviews, which were audiotaped, transcribed, and analyzed to look for the emergence of common parenting themes.

In the analysis of the data, we determined that universalism exists among immigrant families in this country related to parenting philosophy and childcare practices. We were also astounded that out of 46 interviews conducted at random, 27 different countries were represented. The universal themes that emerged across cultures in talking to these parents included: The need to teach children respect for elders, the importance of family ties, the inherent importance of instilling spirituality and religion in children’s development, as well as being strengthened by this dimension to guide their roles as parents.

Both faculty and students learned a great deal during this fellowship research project. The discussion sessions provided a rich forum for the exchange of ideas, perceptions, and knowledge of immigrant families’ parenting beliefs and childcare practices as well as an opportunity to share our own beliefs and practices from a personal and professional perspective. Faculty expressed that it was an inspiring way to mentor students about the culture and spirituality of the patients seen in our pediatric clinics. Students felt empowered to be able to present their findings from the interviews to the faculty and initiate discussion of these issues. Most importantly, this method of data collection provided a firsthand experience for the students to reinforce and hone their interviewing skills learned in the first-year ICM program, exposed them to the wide cadre of cultural richness here in the Bronx, and helped them to gain insight into the uniqueness of individual families while at the same time see the cross-cultural intersections of human motivation for nurturing, change, and desire, especially for the betterment of one’s own children. One student captured the essence of the whole experience in her summary of the fellowship.

By the end of the summer, I had realized there was so much more to each parent than a name difficult to pronounce, a unique style of dress, a foreign language or a country of origin. There was a story so rich and meaningful, a home so far away, and yet a new experience so similar to that shared by the family in the next room. Once so cautious to ask, “Excuse me, were you born in this country?” I now knew that this was not a question to which a patient would respond with offense. Rather it was a key to the heart, a teaching tool invaluable in childcare, and without question, as indispensable as a stethoscope.
Motivating Factors for Cross-Cultural Medical Education

- Perception of illness, disease, causal factors, and treatment varies by culture
- Diverse belief systems exist related to health, healing, and wellness
- Culture influences attitudes toward health-care providers and motivations for seeking health care
- Individual preferences and culture affect traditional and nontraditional approaches to health-care delivery
- Communications between patient and health-care providers need to be clear and convey respect for individual beliefs and differences
- Patients have personal experiences of biases within health-care systems perceived as a reaction to their culture or ethnicity
- Health-care providers in the delivery system are increasingly from culturally diverse and underrepresented minority groups

Talking to patients is a powerful tool for teaching and learning, especially about culture and spirituality as it may have an impact on health and health care. The students in this summer fellowship developed a greater cultural competence in patient communication than they possessed at the beginning of the summer through mere interest and engendering an environment of mutual respect.

SUMMARY

Many reasons and motivations exist for embracing cross-cultural communication in medicine that is driven by both personal and professional means. Whatever the driving force or strategy, whether we use clinical experience, case-based discussion, or respectful communication with patients, our ultimate goal of becoming culturally competent has the potential of fulfilling a responsibility that might also rekindle and sustain our sense of humanism toward patients. This is our real opportunity.

REFERENCES


