

Assessing Cross-Cultural Competency Knowledge Among Physicians-in-Training

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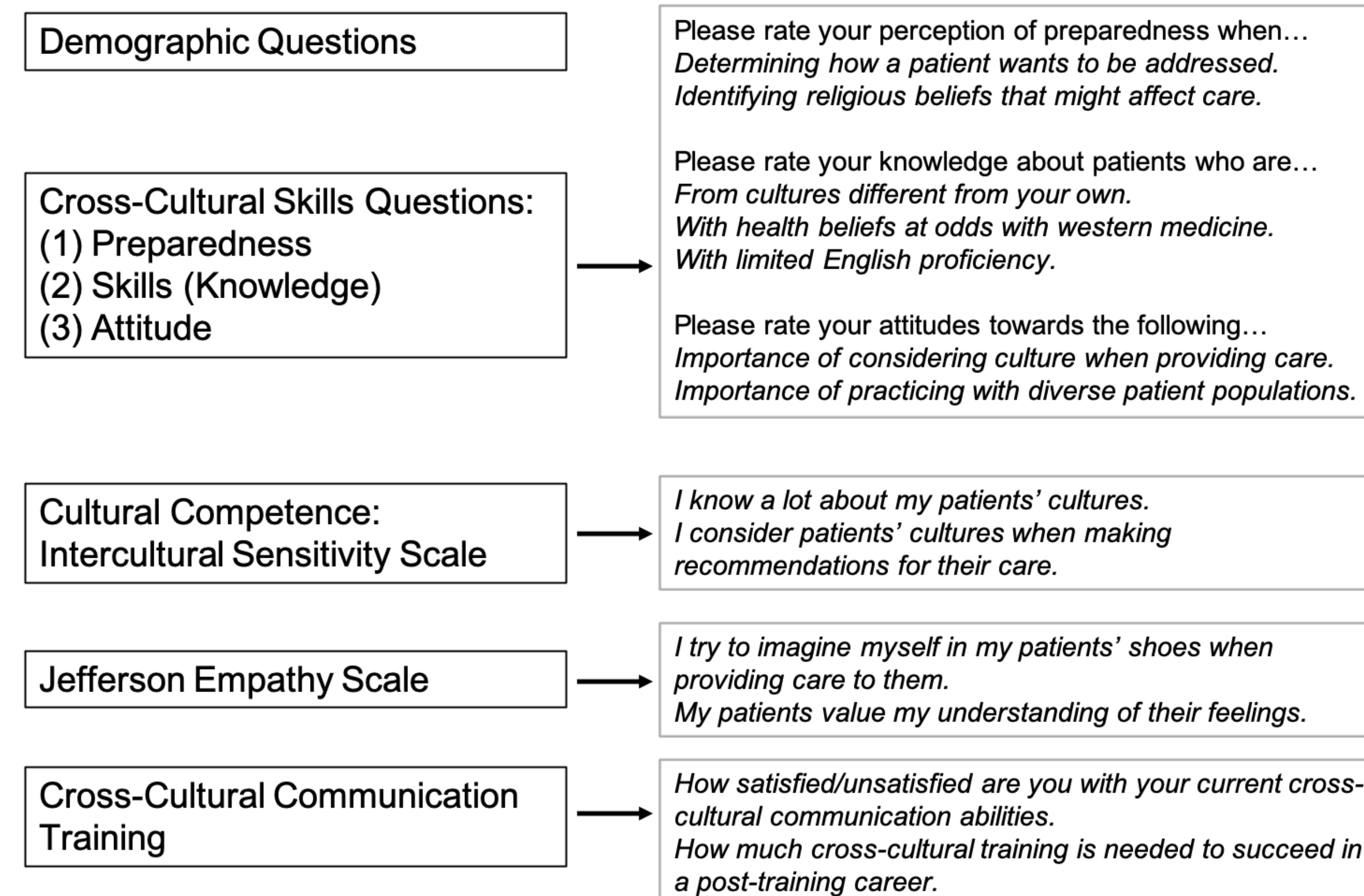
Introduction

- Cultural competency leads to: ^{1,2}
 - Improved physician-patient communication and collaboration
 - Increased patient satisfaction
 - Enhanced adherence to treatment plans
 - Improved clinical outcomes
 - Reduction in health disparities
- Some institutions have established curricula that integrate medical education with training in cultural competence
 - Disparate educational methods and approaches exist³
- Training and education focused on improving cross-cultural competency and addressing the needs of populations who have been historically marginalized and underserved is uncommon and understudied^{4,5}

Research Questions:

- What is the current cross-cultural preparedness knowledge, attitudes, and competence of medical trainees at our institution?
- Are there areas of current education or training that can be improved to ensure that future physicians are equipped with critical skills needed to assess patients of diverse cultural backgrounds?

Methods⁷⁻¹⁰



Results

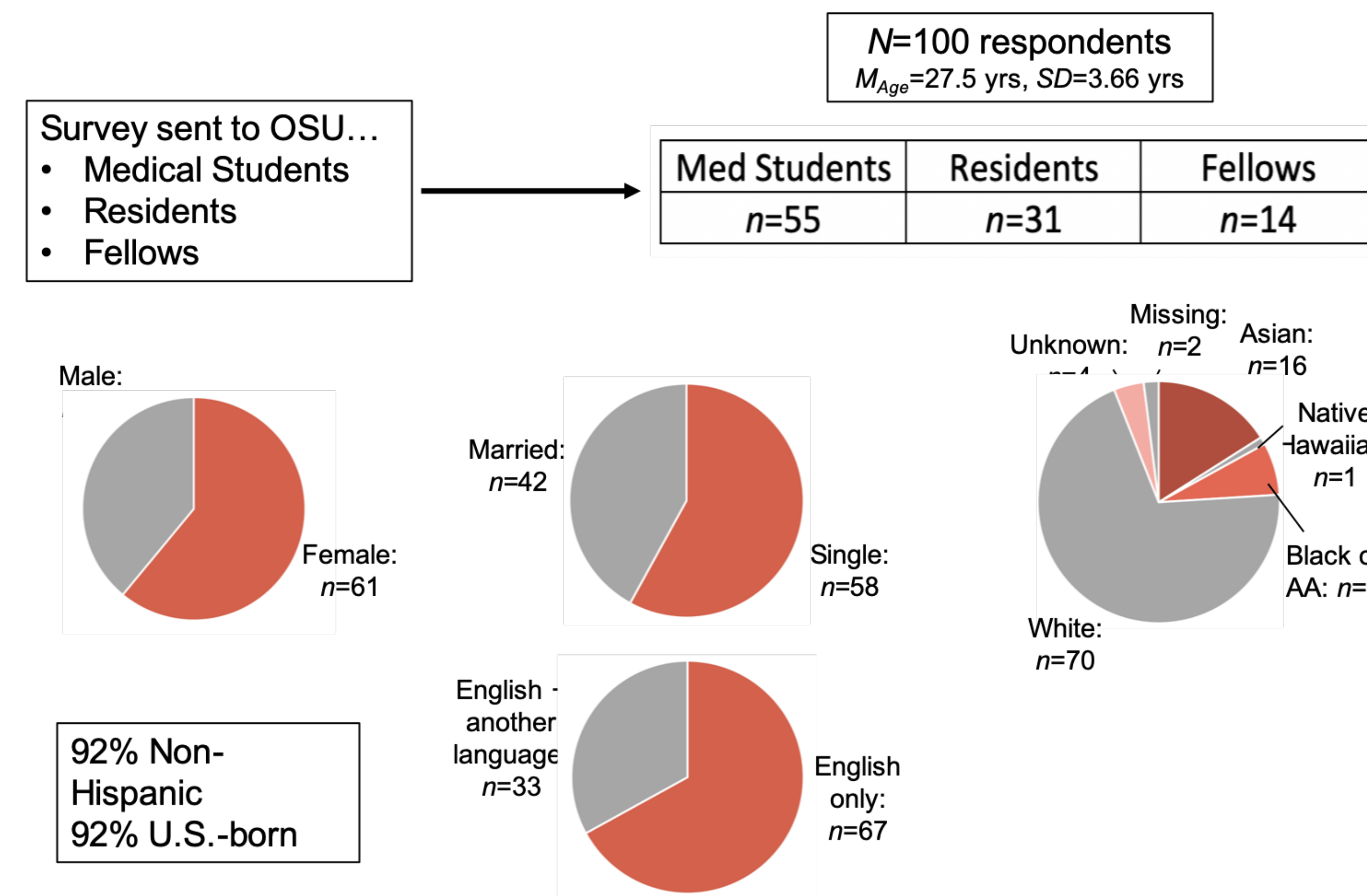


Figure 1. Demographic information for sample population.

Although attitude was high, perceived preparedness and knowledge was low

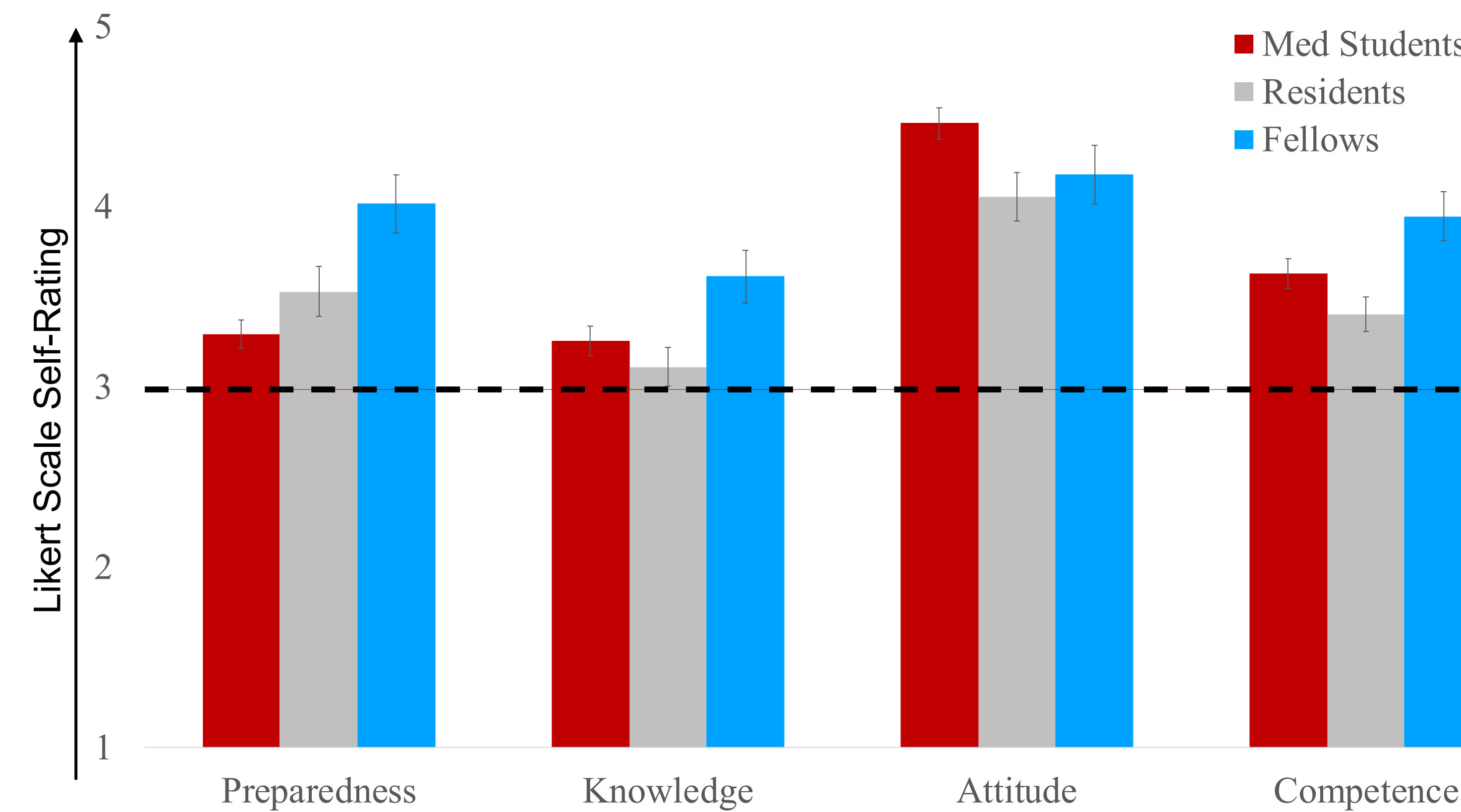


Figure 2. Perceive preparedness ($F(2, 97)=7.1, p=.001$) increased with rank, while perceived knowledge ($F(2, 93)=3.4, p=.037$) and a competence ($F(2, 88)=4.5, p=.014$) was highest for fellows. Attitude was highest for the newest trainees (medical students ($F(2, 91)=3.8, p=.026$), although generally higher than perceptions of competency.

Although trainees perceived the need for CC training, little is provided formally or informally

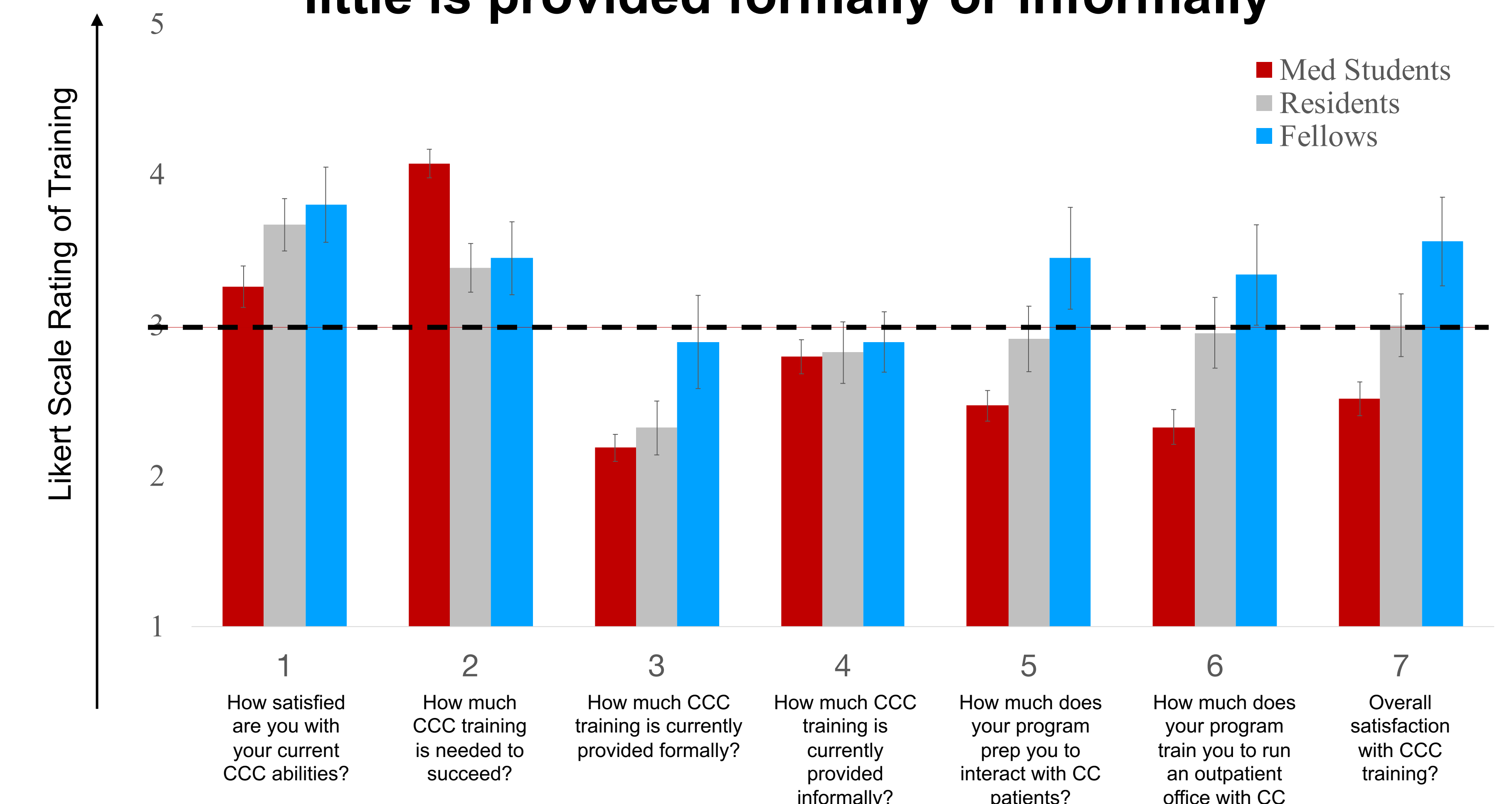
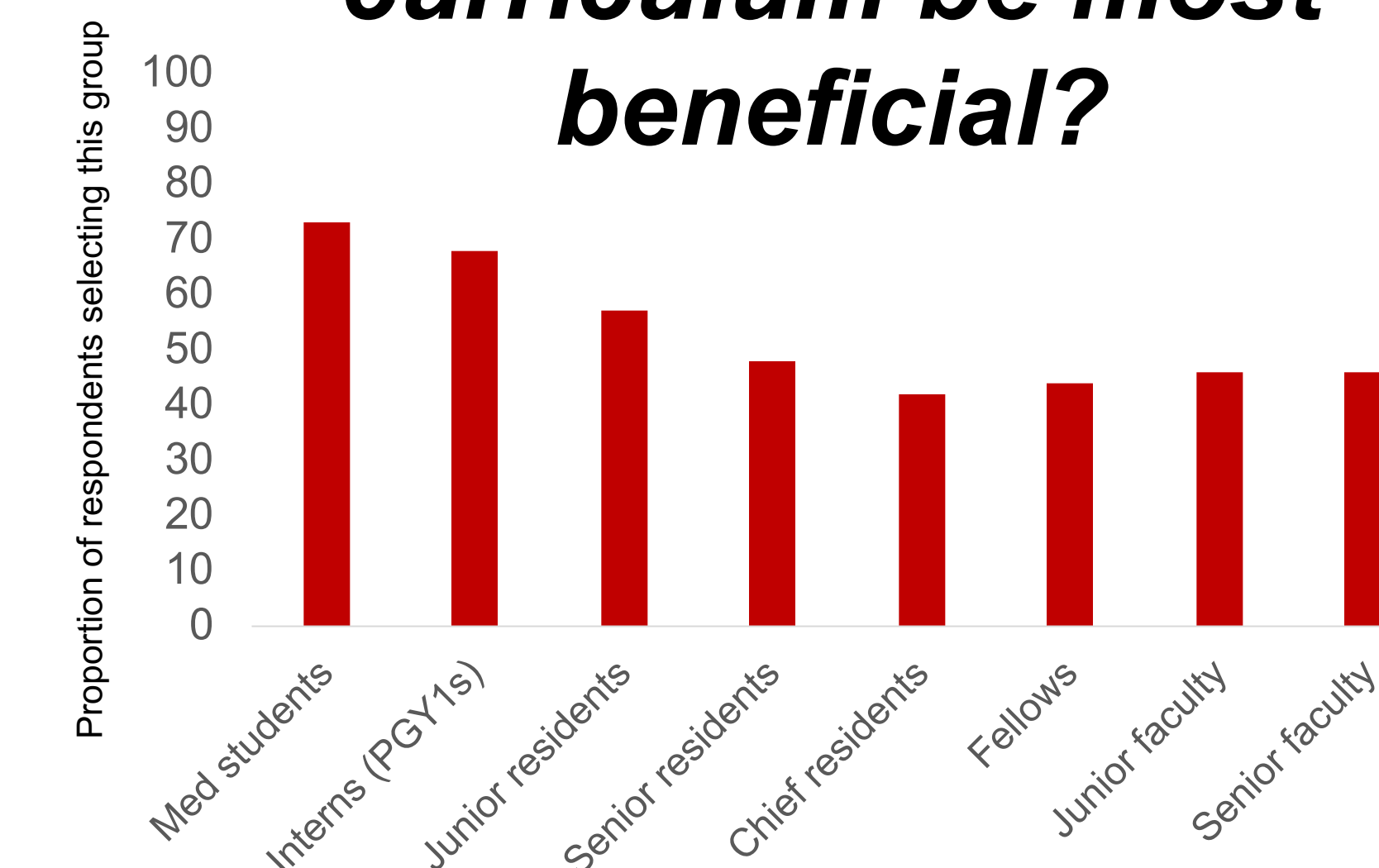


Figure 3. Trainees reported that they felt somewhat prepared to care for culturally diverse patients ($M=3.29/5; p=.033$) and ranked themselves slightly above-average when communicating with patients from other cultures ($M=3.58/5; p<.001$). Trainees were generally not satisfied with how much cross-cultural training was currently provided either formally or informally ($ps<.01$), despite the fact that they felt a significant amount of cross-cultural training was needed in order to succeed in their future career ($ps<.02$).

For whom would a cross-cultural training curriculum be most beneficial?



References & Acknowledgements

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Conclusions

- Physicians increasingly face the challenge of managing clinical encounters with patients from a range of cultural backgrounds
- Although trainees perceive their need for CC training to be high, in actuality, they feel their training and education on this topic to be inadequate
- Improvements can be made across the board, but particularly for junior trainees (medical students, residents)

Training should address:
Fund of knowledge
Specific skills
Multiple examples
Exposure (Simulation + Real Life)