



In the Literature

MIXED MESSAGES: RESIDENTS' EXPERIENCES LEARNING CROSS-CULTURAL CARE

Elyse R. Park, Ph.D.
Joseph R. Betancourt, M.D., M.P.H.
Minah K. Kim, Ph.D.
et al.

Academic Medicine
September 2005
80 (9): 874–80

An abstract is available at:
[http://www.academicmedicine.org/
cgi/content/abstract/80/9/874](http://www.academicmedicine.org/cgi/content/abstract/80/9/874)

For more information about
this study, contact:

Elyse R. Park, Ph.D.
Massachusetts General
Hospital
TEL 617-724-6836
E-MAIL epark@partners.org

or

Mary Mahon
Public Information Officer
The Commonwealth Fund
TEL 212-606-3853
E-MAIL mm@cmwf.org

Commonwealth Fund Pub. #858
September 2005

In the Literature presents brief
summaries of Commonwealth Fund-
supported research recently pub-
lished in professional journals. To
read or learn more about new pub-
lications as soon as they become
available, visit www.cmwf.org and
[register to receive Commonwealth
Fund e-mail alerts.](#)

THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021-2692
TEL 212.606.3800
FAX 212.606.3500
E-MAIL cmwf@cmwf.org
<http://www.cmwf.org>

As the U.S. population grows increasingly diverse, physicians should be prepared to care for patients from a variety of ethnic and cultural backgrounds. According to the Institute of Medicine's *Unequal Treatment* report, cross-cultural medical training can help address racial and ethnic health disparities by improving patient-provider interactions. Yet, according to interviews and focus groups conducted with medical residents, new physicians are not trained in the communication and trust-building skills they need to deliver high-quality cross-cultural care.

In the Commonwealth Fund-supported study, "[Mixed Messages: Residents' Experiences Learning Cross-Cultural Care](#)" (*Academic Medicine*, September 2005), researchers conducted focus groups and interviews with 68 residents from across the country to explore preparedness to deliver cross-cultural care and to assess the educational climate and training experiences.

Generally, residents felt that cross-cultural care, although endorsed by their training institutions, was in fact a low priority in their curricula due to lack of time and resources. Attending doctors were not likely to evaluate them on such skills, and hospitals were short on medical interpreters.

In the absence of formal training, medical residents said they developed ad-hoc methods to treat patients of diverse backgrounds—described by the authors as “coping behaviors” rather than “skills based on best practices.” These methods included using visual cues to overcome

language barriers and eye contact and other signs of empathy to build trust with patients. While there was no clear consensus on the kinds of information needed for cross-cultural encounters, residents emphasized the importance of considering patients' decision-making processes, views on religion and alternative medicine, and past experiences with care.

Most residents expressed interest in training to provide “culturally competent” care, but warned against approaches that relied on stereotyping. They did not want to be held responsible for knowing about every patient culture or taught to be “culturally sensitive.” Instead, they were interested in practical techniques to overcome language and cultural barriers and negotiate treatment plans. Residents were particularly supportive of case-based learning and hands-on experiences working with patients from different cultures.

The authors conclude that today's medical residents are receiving mixed messages. While understanding the importance of cross-cultural care, residents receive little formal training and have inadequate time and resources to pursue it. To ensure tomorrow's doctors can provide high-quality care for all their patients, the authors argue that institutions should dedicate time to cohesive, evidence-based training in cross-cultural care. The training should provide information about how sociocultural factors affect health and health care and introduce residents to communication skills and other techniques to negotiate such factors during clinical encounters.