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Communication and cultural agility/competence skill training in medical education

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COMMUNICATION AND CULTURE EDUCATION IN MEDICAL SCHOOLS TODAY



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INTRODUCTION

- Our previous research of scholarly studies showed us the need for cultural competency/agility which led to our interest in interviewing future providers
- Cultural agility/competence definition: Cultural agility is a more accurate term than cultural competence, for the latter refers to an end point that may be reached. However, when discussing cultures and effectively communicating with those from a variety of cultures, we never reach an end point, as there are innumerable cultures in our worlds. However, we may learn the skills to be agile to adapt to cultural differences as we encounter them. (Kramer, 2023)

IMPORTANT LITERATURE-WHY WE CHOSE TO STUDY THIS TOPIC

- Cultural competency is critical to providing the best care possible to patients as reiterated when this research article states how, “it is vital that the system of health care can successfully interface with patients of all backgrounds and beliefs” (Goyal et al., 2020, p.1).
- Study in 2014 showed that 79% felt they had very little to moderate interaction with the Latinx community, and 76% of responses indicated avoidance in speaking to Latinx patients ‘almost all of the time’ or ‘over half of the time’ (Sherrill and Mayo, 2014, p.131)

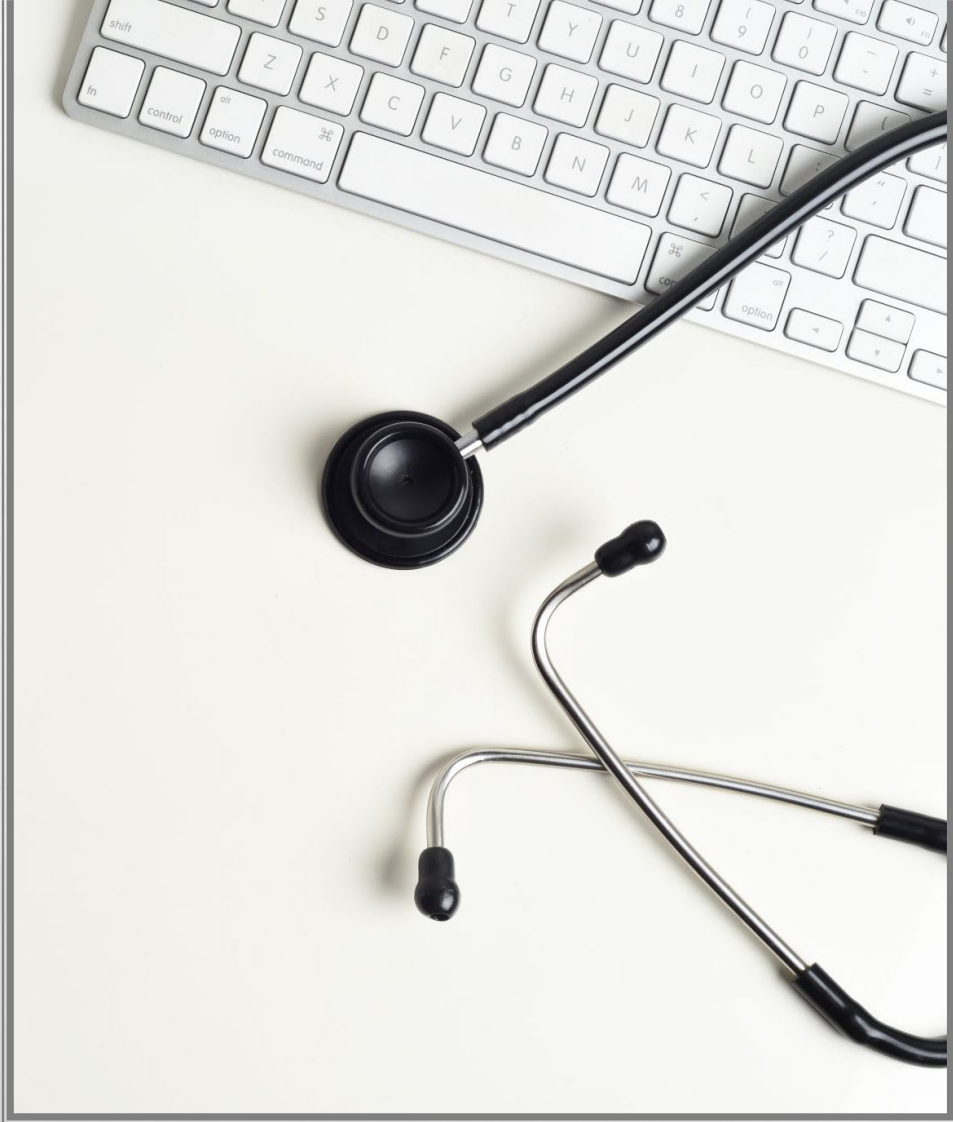
PURPOSE

- The purpose of this study is to learn about the medical education for communication and cultural agility/competence

RESEARCH QUESTIONS



- **RQ1:** What methods are used in graduate medical education to teach students communication skills?
- **RQ2:** What methods are used in graduate medical education to teach students about cultural health beliefs and practices and to become culturally agile/competent?
- **RQ3:** How do current or former graduate medical students feel about the methods used to teach them communication skills and cultural agility/competence?
- **RQ4:** What suggestions for improvement do current or former graduate medical students have for improving communication skills training and cultural agility/competence training?



METHODOLOGY

- 3 interviews with medical students and resident doctors conducted by Communication 353A students
- Transcriptions generated by Otterai and cleaned by students
- Thematic analysis
 - Individually
 - By groups

THEMES

Gaps in Medical Education



Culture-Centered Approach



Importance of Practice Interactions



Trust



GAPS IN MEDICAL EDUCATION



- Definition: identified areas where medical school training is not preparing future physicians for patient interactions and students must educate themselves to fill this gap

GAPS IN MEDICAL EDUCATION: CONTEXT

- Interviewees felt that the majority of their education was spent on treating and learning about illnesses, but lacked in teaching how to communicate with patients
- Education about various cultural groups and their experience with medicine were brief and surface-level
- Each participant sought out external information and experience to supplement the lacking education in school

GAPS IN MEDICAL EDUCATION: QUOTES

- "There's this big hole and frustration that comes from being instructed by someone who doesn't have the knowledge behind it."
- "I'd say there was probably two or three lectures that talked about delivering bad news. And then a very small introduction to having difficult conversations. So, I would say it was really minimal."

GAPS IN MEDICAL EDUCATION: QUOTES

- "But as far as like, learning about other cultures, I don't know if I've even had any formal education on that."
- "I think when you're in medical school and training, you're just trying to survive."

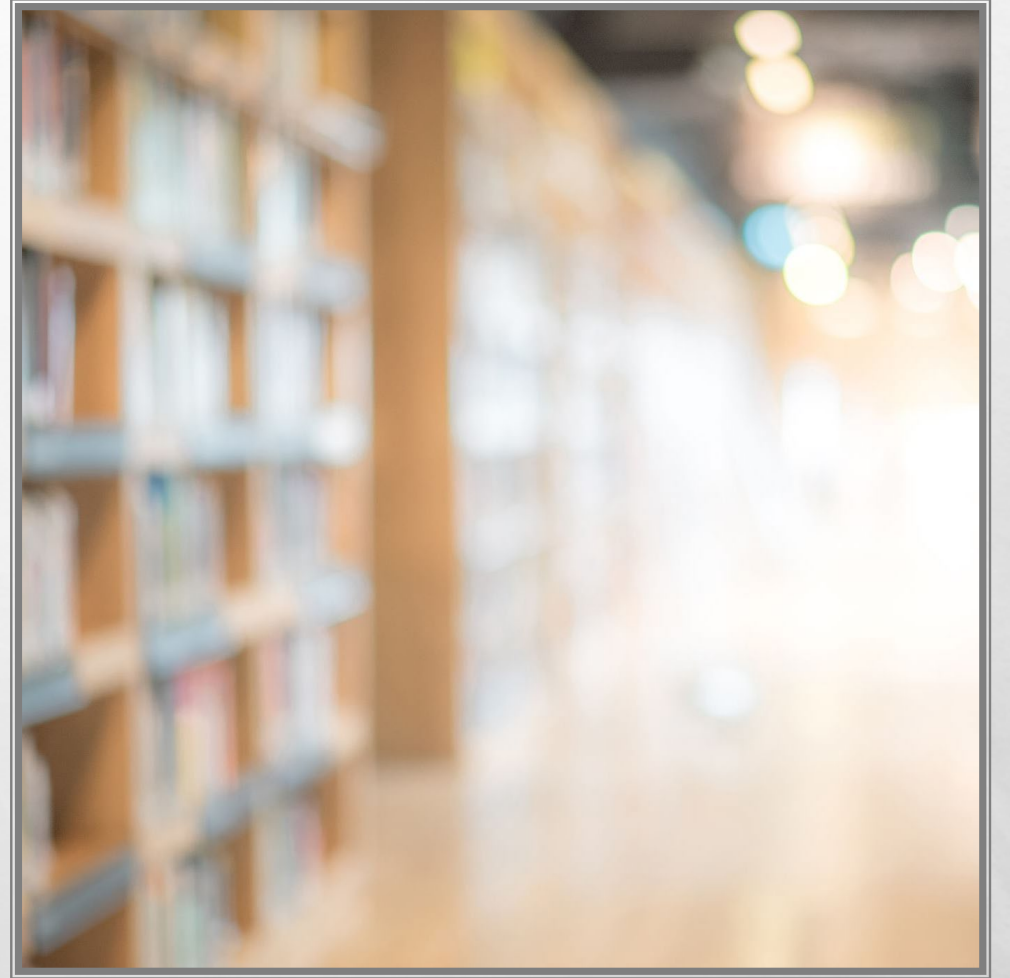
CULTURE-CENTERED APPROACH

- DEFINITION: Culture is embedded in learning process; emphasis on learning from members of the culture



CULTURE-CENTERED APPROACH: CONTEXT

- Participants felt that they learned the most when it was from people in a given community
- Often times comes from outside sources; instead of in the classroom
 - Special speakers
 - Social media followings
- Learning about culture affects care
 - Diverse populations
 - Gendered/sexuality lens



CULTURE-CENTERED APPROACH: QUOTES

"The other thing is, especially Minneapolis, there were a lot of East African, Somali people. The school actually made a huge effort to like recruit medical students who were Somali. So we had a lot of Somali women in particular in our class, and our class president was a Somali woman. So that was something that was really important to them. And we did have like talks about that"

"Okay, we the lecture on people, sexual health, and people with disability, mobility impairments, they would bring in people who were in a wheelchair and they talked about their sexual experiences"

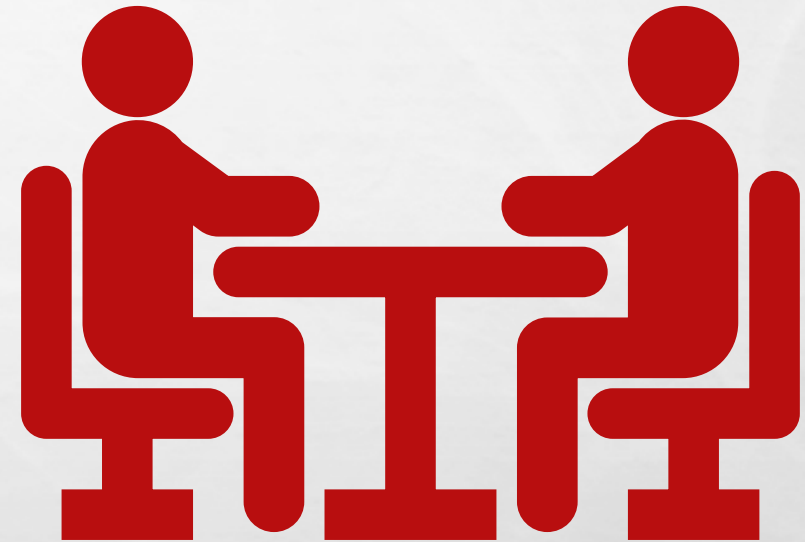
CULTURE-CENTERED APPROACH: QUOTES

"But I find that, especially when it comes to Native American, that's another one of our focuses at our school. When we have a Native American professor, you do expect to have their viewpoint, and that's appreciated from the class...We have a special class, Native American seminars, where it's mostly native students and sprinkled in with white folks. And, as a white person, we have nothing really to contribute, because I have no idea. So it's mostly just a listening experience for us to, kind of gain insight into the struggles and problems within that"

"Yeah, we do talk about burning sage and how that's part of care when you're critically ill, in a hospital setting is wanting to do that, and how the hospital here in Duluth, we just built a new assumption of trying to incorporate that into some room that's safe to do that"

IMPORTANCE OF PRACTICE INTERACTIONS

- DEFINITION: The need for performance and evaluation/feedback of communication skills within med school before interacting with real patients



IMPORTANCE OF PRACTICE INTERACTIONS: CONTEXT

- Across the interviews, there was a recurring issue about the lack of education and feelings of unpreparedness in communicating with varying populations of patients
- Interviewees felt that their science literacy (skills and abilities to understand and use science) and their communicative literacy were both important aspects of care for the patient
- There was a common theme of wanting feedback on communicative skills through role-play situations in which they could practice communicating properly with patients



IMPORTANCE OF PRACTICE INTERACTIONS: QUOTES

- “I would say like 99.5% of my education is about treatment and management of illnesses.”
- “The first two years of medical school are very science-based, and you kind of lose that; the reason you’re here. I’m not here to learn biochemistry for eight hours a day, I’m here to go care for patients.”

IMPORTANCE OF PRACTICE INTERACTIONS: QUOTES

- “This isn’t necessarily the fault of the physicians, it’s a lack of our training.”
- “Just like a surgeon has like certain steps and they do it in a certain order and they practice and they get feedback on how they “communicate”. That's how the world of hospice and palliative treats conversations. They take it very seriously in order to become skilled.”

TRUST



- DEFINITION: a feeling established by providers that is built over time by consistently demonstrating traits like honesty, competence, selflessness, and reliability



TRUST: CONTEXT

- Doctors must be able to develop trust with their patients in order to cultivate deeper bonds and give better care
- Emphasis on this in family practice program
- If the patient recognizes their physician/healthcare provider as someone they can trust; skin color, background, gender, etc. will not be as large a barrier to navigate care

TRUST: QUOTES

"But there is comfort in going to a rural area and knowing that you're going to personally know a lot of your patients."

"Learning about their family and their kids and what they do for their free time, like, those five minutes at the end of the visit, are going to make your patients feel like they're cared for holistically"

"We learn a lot from the frontline workers on how they get trust"

SUGGESTIONS AND IDEAS

- GAPS IN MEDICAL EDUCATION: Integration of communication and culture in classes
- CULTURE-CENTERED APPROACH: More representation across the board, including in textbooks, cadavers, students, and teachers
- IMPORTANCE OF PRACTICE INTERACTIONS: Seeing role-play within education is helpful to learn from mistakes to process and digest issues through real-time feedback
- TRUST: Hearing and learning from physicians/other frontline workers about how they navigate patient relationships to facilitate trust

SOURCES

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THANK YOU!

