Enhancing Communication in Cross-Cultural Settings
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The need for cross-cultural communication skills has become increasingly relevant given the continued growth in language diversity within the United States. The National Center on Immigrant Integration Policy reveals US residents with Limited English Proficient (LEP) have increased substantially (1). Between 2000 and 2009, the use of languages other than English at home increased by 148%. In 2009, approximately 57 million people (20% of the population 5 years and older) spoke a language other than English at home (2). This rapid growth places new demands on the healthcare system. Language discordance between patient and provider and limited understanding of health beliefs and practices associated with culture are correlated with increased health care disparities. Studies reveal significant positive associations between doctors’ communication skills and patient satisfaction, shorter hospital stays and better overall outcomes (3). Subsequently, healthcare professionals need both cross-cultural communication skills and proficiency working with interpreters to meet the challenges of all patient communities.

To address these issues, the University of Connecticut’s Community Based Education (CBE) program collaborated with community partners to develop a curriculum for third year medical students, which focuses on improving communication skills with diverse patient populations.

The curriculum has three components:

1. Didactic Session - The lecture describes communication challenges (e.g. language barriers, dysarthria, low health literacy), the impact of deficient communication (e.g. poor health outcomes, patient dissatisfaction); cultural background influences (e.g. health beliefs and practices); and strategies to improve communication (e.g. avoid jargon, use “teach back” method).

2. Clinical Skills Practice Session - Each student is the primary interviewer of one and observer of three clinical encounters with a patient instructor (PI). The goal is to elicit a history while working with a professional interpreter, non-professional interpreter and using simulated telephone interpreting. Each encounter is filmed for review with peers and preceptors. PIs are all recruited from the community. For example, to recruit participants from the deaf community, we partnered with a local school for the deaf and subsequently have had high school students trained as PIs. This partnership gave the medical students a practice experience with youth (PIs are typically adults) and provided the high school students with the opportunity to act as teachers (PIs provide specific feedback to each student).

3. Small Group Debriefing Session - This three-hour session includes: (a) a review and critique based on interviewing guidelines of student selected portions of Clinical Skills films; (b) a discussion of students’ clinical encounters of patients where communication was challenging along with strategies for improving similar situations; (c) a review of the impact of low health literacy; and (d) review and discussion of a vignette from the World’s Apart documentary which explores communication and cross-cultural issues.

The practice cases with the PIs were instructive to my clinical skills.

The video “World Apart” vignette, Mr. Koch’s story raised awareness about the impact a patient’s cultural or health beliefs can have on the clinical encounter.

This curriculum has demonstrated success in increasing awareness and understanding in working with interpreters and incorporating cultural beliefs and practices into history taking. The data presented below represents the 2010-2012 academic years: 133 students completed the course during that time and 89% of them reported increasing their knowledge of and improving their skills for working LEP patients. The charts below reveal two specific measures evaluated.

While the course has demonstrated success we continue to make improvements. The following items are presently being addressed:

- The assessment currently is based primarily on student satisfaction and feedback from faculty. Our plans for improvement include evaluating specific skills in working with interpreters through an Objective Structured Clinical Exam (OSCE). In addition, we intend to train professional interpreters to evaluate student performance.

- This is a brief curriculum that should be followed up with further opportunities for practice. Workshops or patient panels would be useful additions.

- Faculty development in working with interpreters and cultural skills would also strengthen the educational experience.

Student knowledge and skills in cross cultural communication and working with interpreters will improve communication skills with all patients. These skills are a major component of meeting Liaison Committee on Medical Education (LCME) standards for cultural competency.

The lecture describes health beliefs can have on the clinical encounter.

References:
1. http://www.migrationpolicy.org