

# Cross-Cultural Family Medicine Residency Training

Laura Kristal, MS, Patrick W. Pennock, MD,  
Sandra McLaren Foote, ScM, and Carl W. Trygstad, MD  
La Jolla, California

Over the past four years the University of California, San Diego (UCSD), Family Medicine Residency Program has developed a cross-cultural training program. The goal of the program is to prepare residents to function as effective health care providers in medically underserved areas with ethnically diverse patient populations. The required training activities include (1) a Spanish language course, (2) a clinical rotation in a community health clinic serving a Hispanic, medically underserved population, (3) a preceptorship in home-based health education and counseling for Spanish-speaking families, and (4) a set of cross-cultural sensitivity training activities that are part of the Residency Behavioral Science Program. The UCSD Cross-Cultural Family Medicine Training Program is described here as a prototype for consideration by other family medicine residency programs.

Culture can affect the health of any patient in ways that are not always easy to understand. Beliefs about causes for illness and ways to cure the illness, family dynamics and interactions, religious attitudes and beliefs about death and the afterlife, the use of non-Western methods for relief, and patient expectations of the provider and the health care system may influence the course of an illness

as well as the therapeutic alliance between the provider and the patient.<sup>1-4</sup>

Health care providers are often frustrated in their care of minority patients, feeling that language and cultural barriers make the care process awkward, time-consuming, and ineffectual. The faculty of the Division of Family Medicine has not been immune to these feelings of frustration.<sup>5</sup> Nearly 25 percent of patient visits to the UCSD Family Medicine Center are made by Hispanic or Southeast Asian people. Difficulties encountered by faculty and residents in caring for these patients led to a recognition of the compelling need for specialized cross-cultural medicine training.

The faculty initiated a Cross-Cultural Family Medicine Training Program in 1979 with funding

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From the Division of Family Medicine, University of California, San Diego School of Medicine, La Jolla, California. Requests for reprints should be addressed to Dr. Patrick W. Pennock, Division of Family Medicine, UCSD School of Medicine T-007, La Jolla, CA 92093.

from the California Health Manpower Commission. The program was originally conceived as a Spanish language and Hispanic cultural sensitivity training program. It now includes an additional focus on the Southeast Asian cultures with an ultimate goal of providing residents with interviewing and behavioral skills that can be applied across all population groups to facilitate culturally relevant care. The expanded program is funded by the California Health Manpower Commission; the Federal Bureau of Health Resources Development, Division of Family Medicine Training; and the Southeast San Diego Area Health Education Center.

### Cross-Cultural Learning Objectives

The cross-cultural learning objectives are presented in Table 1. These objectives embody the philosophy that culture must be understood and appreciated as an integral part of each individual, potentially affecting health and care in negative or positive ways. Health care providers have a responsibility to assess the cultural factors related to a patient's health problem and to incorporate cultural understanding into the design and explanation of each patient's care plan.

### Cross-Cultural Training

#### *Spanish Language Training*

All second-year family medicine residents are required to spend one hour per week in a Spanish language tutorial. Throughout the year, residents are expected to use their increasing knowledge of Spanish to communicate with their Spanish-speaking patients to the maximum extent possible. (Interpreters at the San Ysidro Health Center and the Family Medical Center are available to help the residents as needed.) By the end of the year, residents are able to conduct patient interviews and full physical examinations in Spanish.

The Spanish language class emphasizes correct use of grammar and vocabulary, instruction in medical Spanish, and an introduction to the history and cultural beliefs found in most Latin American countries. *Descubrir y Crear*, by Almeida and others, is used as the textbook because it is

oriented toward daily life experiences.<sup>6</sup> This orientation provides an important first step toward bringing the physician and patient closer. Patients often surround the explanation of their illness with a description of what is happening in their everyday lives. Having the physician understand this full explanation gives both patient and physician greater confidence in their mutual understanding of the patient's perceived problem.<sup>7</sup> Grammar exercises from *Descubrir y Crear* are adapted to medical interactions. The verbal drills use vocabulary needed to describe body systems,<sup>8</sup> physiological terms, names of common symptoms and illnesses, hospital and laboratory terms, and the names of different medical specialties. Throughout the year, a wide variety of supplemental readings are assigned that include highlights of the history of Mexico,<sup>9</sup> common myths, legends, and religious ceremonies,<sup>10-12</sup> the classification of foods,<sup>13,14</sup> and a variety of children's diseases in the traditional medicine of Mexico.<sup>15</sup>

#### *Clinical Rotation at San Ysidro Health Center*

The San Ysidro Health Center is a free-standing community clinic in a largely Mexican-American community located one mile north of the US-Mexican border. About 85 percent of the patients seen in the center are Hispanic. All center staff are bilingual, and most are Mexican-American. The center is a major source of primary care in the South Bay area, with approximately 25,000 patient visits annually. The services offered include medical, dental, mental health, community nursing, nutrition counseling, patient transportation, and social services.

All second-year residents rotate to the San Ysidro Health Center for a half-day per week for their entire second year. In this setting, residents provide comprehensive care for patients and families. Supervision is provided by a bilingual family physician from the full-time faculty of the UCSD Division of Family Medicine, who attends at San Ysidro Health Center three days per week. A bilingual, bicultural family nurse practitioner from the division also practices at San Ysidro 4<sup>1</sup>/<sub>2</sub> days per week. She and the faculty physician provide continuity of care for the residents' patients when the residents are not in clinic.

**Table 1. Objectives of the UCSD Cross-Cultural Family Medicine Training Program**

Learning Objectives: The cross-cultural training activities are designed to teach the following concepts, skills, and knowledge:

**Concepts**

Culture forms an important part of the identity of every patient  
 Communication of cultural understanding and respect is an essential tool in forming an alliance with a patient  
 Culture-related stresses are known to induce illness  
 Health beliefs affect patient understanding and acceptance of care  
 Culture-related behaviors (eg, diet, taboos) affect patient implementation of care plans  
 Nonverbal and verbal communications may differ in meaning by culture

**Skills**

Spanish language proficiency at least to the extent of being able to conduct a patient interview and physical examination in Spanish  
 Ability to communicate an understanding of a patient's culture as a means of strengthening the patient-physician relationship  
 Ability to elicit the patient's understanding of his/her illness or health problem  
 Ability to recognize culture-related health problems  
 Ability to negotiate a culturally relevant care plan with the patient as a therapeutic ally.  
 Ability to interpret patient verbal and nonverbal behaviors in a culturally relevant manner

**Knowledge**

Within the Mexican and Southeast Asian cultures  
 Common foods and their nutritional composition  
 Family structure and the roles of family members  
 Traditional health beliefs and practices  
 Effect of religion on health beliefs  
 Predominant cultural values (eg, harmony, dignity, acceptance of suffering)  
 Attitudes and customs surrounding death  
 The significance of common verbal and nonverbal communications by culture  
 Common cross-cultural tensions experienced by Mexicans and Southeast Asians living in American culture  
 Symptoms of "culture shock syndrome"

This clinical rotation gives residents a longitudinal, family-oriented experience in a medically underserved Hispanic community setting. The attending physician, who is also director of the Residency Behavioral Science Program, emphasizes cultural considerations and issues in helping the residents improve their patient care skills.

*Home-Based Health Education and Counseling for Spanish-Speaking Families*

A recent addition to the cross-cultural curriculum is a preceptorship in health education and counseling for Spanish-speaking families. Each second-year resident selects a Spanish-speaking

family that has been experiencing significant stress associated with the health problem(s) of a family member. In collaboration with a Spanish-speaking family therapist in the Division of Family Medicine, the resident plans and schedules four successive home visits with the chosen family. The goals of the first visit are mutual acquaintance, family members' explanation of their individual problems, and a presentation by the resident about stress, both in general and during different phases in the life cycle of a family. During the second visit, the resident explains to the family the scientific basis for the family members' health problem(s) (eg, symptoms, causes, treatment rationale, course of illness) and discusses the explanation with the family to ensure that they understand. The third visit provides an opportunity for exploring the stresses and frustrations felt by each family member because of the health problem(s) they confront. During the fourth session, the resident and the family develop a family plan for better coping. The resident is encouraged to use Spanish to the maximum extent possible during these health education and counseling sessions, and is given assigned readings related to the counseling process.

The preceptorship protocol was tested in the spring of 1982. The first experience was a dramatic one. The family chosen by the resident was large and poor and had recently experienced the birth of a child with medical problems that required intensive care initially and a prolonged hospital stay. The resident scheduled the counseling sequence to assist the family in adjusting to the introduction of this new child into the household. The resident and preceptor found that the family was highly receptive to the health education and counseling process. In addition, through family discussions, the resident and preceptor identified several major, untreated health problems of other family members (ie, adult-onset diabetes mellitus in the father, mental retardation in a daughter, and attention-deficit disorder in a son). The resident and preceptor encouraged the family to come to the Family Medical Center for care of these problems as well as for care of the infant. The resident found the experience to be highly stimulating and rewarding. The preceptor found that the sequence represented a fine opportunity for teaching about family dynamics, family support systems, family stress related to illness, methods of guiding fami-

lies to effective health care, and cross-cultural factors affecting health.

### *Cross-Cultural Sensitivity Training Activities*

Throughout the three-year residency program, residents are exposed to cross-cultural medicine concepts and to information about the Mexican and Southeast Asian populations through didactic conferences, bimonthly circulation of cross-cultural articles, and participation in care and in case conferences relating to Hispanic and Southeast Asian patients in the Family Medical Center. Several of the behavioral science attending faculty in the Family Medical Center are themselves from minority cultures or have cross-cultural expertise.

Two half-days of cross-cultural "immersion" are scheduled as part of a two-week behavioral science rotation for each first-year resident. These residents spend one half-day learning about Southeast Asian culture and refugee experiences by interviewing a Southeast Asian family at home. This experience is supervised by the coordinator of psychosocial services from the Linda Vista Health Center, a community clinic serving primarily Southeast Asian families. The other half-day is spent learning about Mexican culture through any of a variety of experiences, such as visiting a family physician in Tijuana or visiting a Mexican muralist. The experience is supervised by the Spanish-speaking marriage and family counselor from the division. Residents in this rotation are also taught how to communicate with patients effectively through interpreters.

The Department of Community and Family Medicine also sponsors two elective cross-cultural experiences for residents, nurse practitioner students, and medical students. A month-long geriatric rotation exposes participants to three community clinics that provide care for Mexican-Americans, Southeast Asians, and Filipinos. Faculty assigned to the geriatric clinics at these sites are experienced in working with minority groups and teaching cross-cultural skills. In addition, the department offers twice yearly a seminar course entitled "Mexican-American Culture and Primary Health Care." Topics include the history of medicine in Mexico, the Mexican family, health care beliefs and practices, attitudes toward death and religion,

utilization of Western medical services by Mexican-Americans, and the acculturation process.

## Discussion

The UCSD Cross-Cultural Family Medicine Training Program is relatively new and still evolving. The program appears to be successful, at least to the extent that residents generally recognize the need to learn cross-cultural medicine skills and feel that the existing training activities contribute positively to that end.

The faculty has found that residents are most responsive to cross-cultural learning in situations that relate to their own patients. The San Ysidro rotation and home-based health education and counseling preceptorship are therefore highly effective teaching contexts.

The Spanish language training met with some resistance initially from a few residents, but the reasons for this requirement are now made clear to all residency program applicants. Both faculty and residents are committed to the Spanish language training because of its obvious utility, even at beginning competency levels, in building rapport with Hispanic patients. Given the prominence of Hispanics among the medically underserved populations of San Diego and California generally, the importance of some fluency in Spanish cannot be overestimated. Most graduates of the UCSD Family Medicine Residency Program remain in California. Twelve of the 32 graduates to date are currently practicing in medically underserved areas of San Diego County where there are large Hispanic populations.

The UCSD Cross-Cultural Family Medicine Training Program also includes a focus on Southeast Asian cultures because there are now more than 20,000 Southeast Asian refugees (Vietnamese, Laotian, Cambodian, Hmong, and Vietnamese-Chinese) in San Diego County, and more are arriving monthly. Future program plans include the development of a home-based health education and counseling program for Southeast Asian families and a seminar course on the Southeast Asian cultures.

In San Diego, an emphasis on Hispanic and Southeast Asian cultures reflects local demography and primary health care needs. The concepts and skills taught in the UCSD program, however,

are generally applicable across all ethnic groups. The teaching modalities described can likewise be adapted to any ethnic group and locale.

Cross-cultural family medicine training seems appropriate and important wherever the patient populations of concern are ethnically diverse. More important perhaps than the exact mix of cross-cultural training activities developed is an explicit curricular focus on developing resident sensitivity to cultural issues in medical care.

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