



CAME Voice/Voix

Review of “*Assessing Change: Evaluating Cultural Competence Education and Training*” Saleem Razack MD, McGill University

The AAMC’s recent (free) publication, *Assessing Change: Evaluating Cultural Competence Education and Training* aims to imbue habits of mind for tomorrow’s health professionals to address health care inequities experienced by culturally distinct and/or marginalized populations. Its authors make the case for cultural competency education by pointing to the demographic shifts and health disparities experienced by culturally distinct and marginalized populations. They explicitly link cultural competence to patient safety, citing *Crossing the Quality Chasm* (IOM, 2001) and *Unequal Treatment* (IOM, 2002) that reference “hard” outcomes such as survival, medication errors, and disease control. All relevant patient safety indicators are worse than the population average for those coming from marginalized minority cultural or racial groups. The links between cultural competence education and patient safety should be ample justification for Canadian health professional educators to ensure cultural competence education is an essential part of the curriculum.

One of the pitfalls of using the term *cultural competence* to refer only to the technical knowledge, skills, and attitudes we seek to inculcate in the next generation of health professionals is that “competences” may have a hidden curriculum of presenting cultural groups as fully knowable, thereby creating the potential for unwitting stereotyping of persons from socially different groups. *Assessing Change* sensibly recognizes that *cultural competence* is the term that we have, and avoids highly specialized jargon, while promoting training curricula that are responsive to the complexities of social diversity.

Assessing Change presents four key components of implementing cultural competence in the curriculum: 1) scientific rigour; 2) measurement of change through defined outcome measures; 3) seeking alignment of curriculum, evaluation, and assessment; and 4) application of methodological rigour to program evaluation. The document provides several toolkits in the appendices to help educators to achieve these goals.

Perhaps the only missing piece in the publication is the idea of developing critical consciousness in health professionals, where the deeper structural issues within our health care system and society, which give rise to health care inequities, can be examined from within the profession. This is the crucial, “why?” question in cultural competence education; the ultimate goal in implementing cultural competency in the curriculum is to realize greater social justice for and the empowerment of disenfranchised and marginalized communities within our society.

I for one hope that this and other relevant publications inform much needed dialogue among medical educators in our country, spurring us on to work at providing the next generation of health professionals with the skills to practice effectively throughout our increasingly diverse society.

Link to publication: <https://www.aamc.org/download/427350/data/assessingchange.pdf>