

Empirically Evaluated Cultural Humility and Medical Language Curriculums: A Scoping Review

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Background

- Language-concordant and culturally sensitive care improve patient outcomes.
- Trainings that enhance medical language proficiency and cultural humility are needed.
- Reviewing the evidence base can help guide training recommendations.

Scoping Review Screening

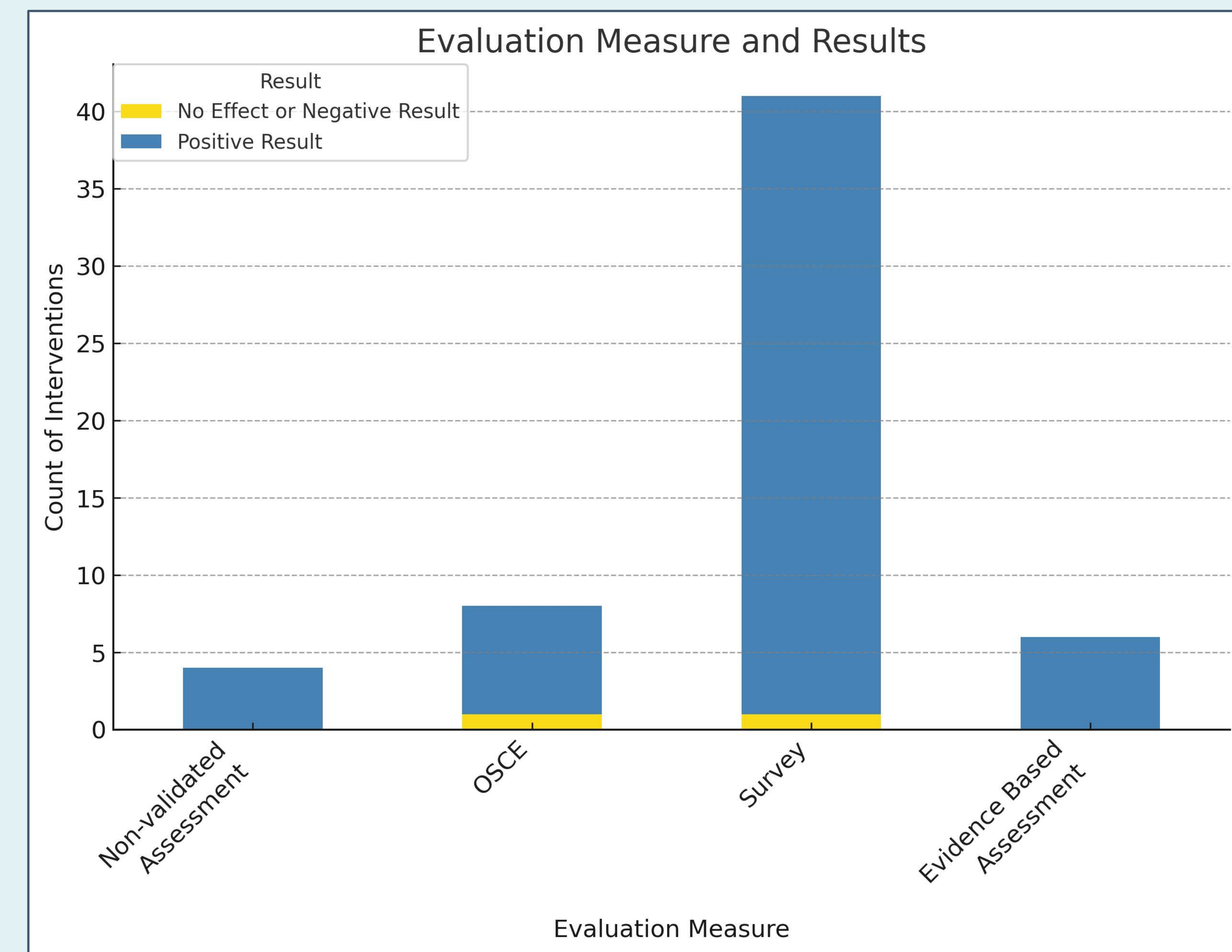
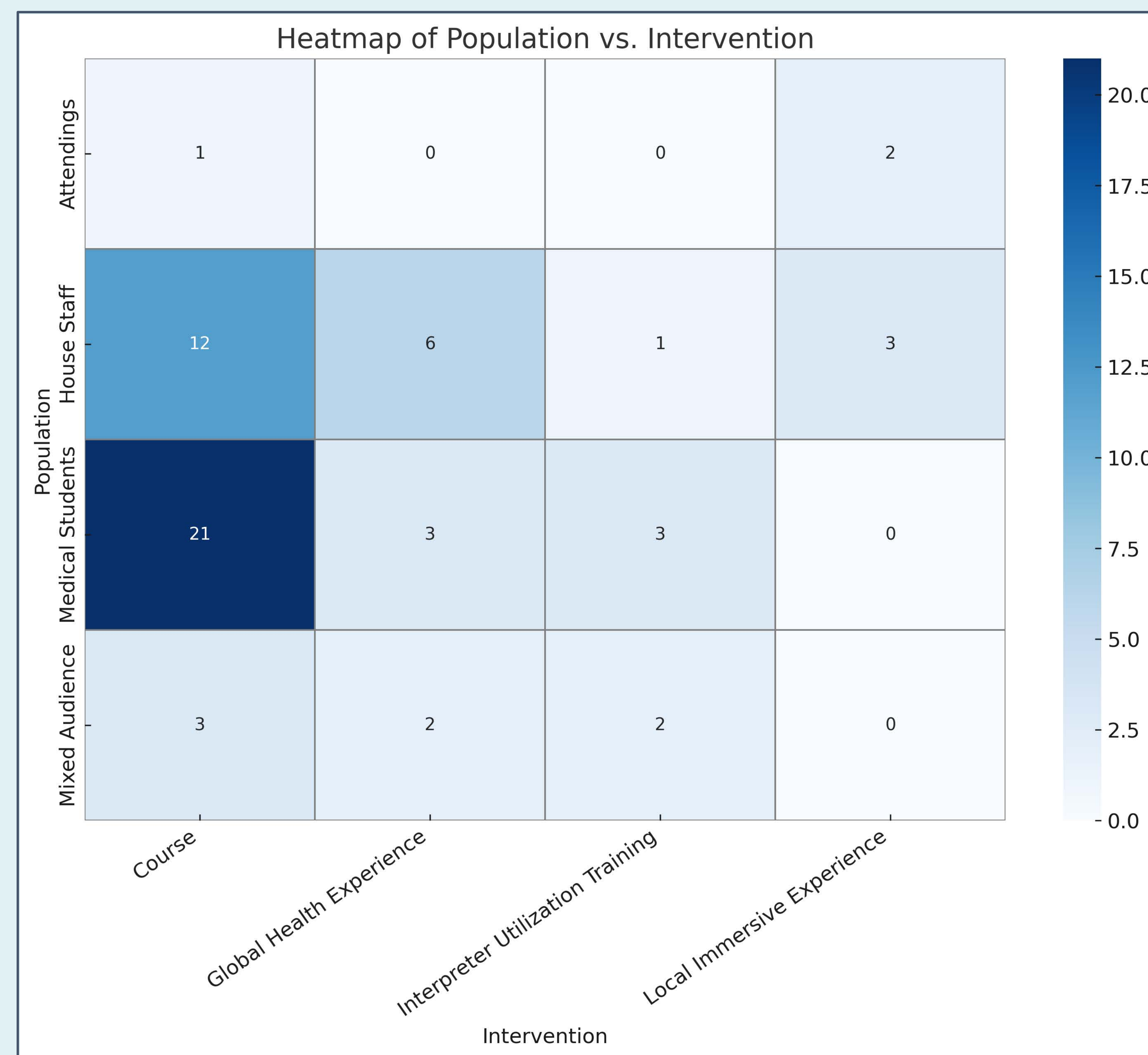


Other Findings and Considerations

Study Finding	Curriculum Design Suggestion
Medical students' use of interpreters worsens during the clerkship year, despite increased perceived efficacy (Lie et al., 2010).	Standardized and validated measures should be used to assess language and cultural sensitivity ability, as objective skills may lag behind those self-reported.
Training on interpreter use improves patient satisfaction (Wu et al., 2006).	Interpreter utilization training may be an effective way to improve patient outcomes and be more accessible than medical language programs.
Medical students' language and cultural humility skills significantly atrophy after a year following a brief intervention (Ho et al., 2010).	Longitudinal, immersive curriculums may improve long-term medical language skill retention.



Studies examining medical language and cultural humility training need to be of better quality.



Most studies reported outcomes on non-immersive classroom-based courses with medical students.

Results were overwhelmingly positive, but most measures used are highly vulnerable to bias.

