Cultural Complications Curricula: A Review of Surgical Residencies in Teaching Cultural Competency

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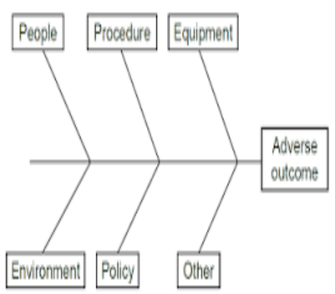
Introduction

Healthcare disparities exist in surgical medicine and several factors contribute to them, including the systemic effects of structural racism as well as implicit bias carried by providers. Complications arising from harmful institutional structures, Social Determinants of Health, and lack of cultural competency are appropriately named "Cultural Complications." In this paper, we review the literature for strategies surgical residency programs have utilized to combat both staff and patient exposure to Cultural Complications. In addition, we introduce the novel UC Davis Department of Surgery's Cultural Complications M&M series.



Methods and Materials

A literature search was conducted in PubMed, SCOPUS, and Google Scholar for studies and research concerning curricular interventions aimed at improving cultural competency in surgical residency programs. For the purposes of this review, studies mentioning OBGYN residency curricula were also included. No exclusions were made based on publication date. All non-US studies were excluded.

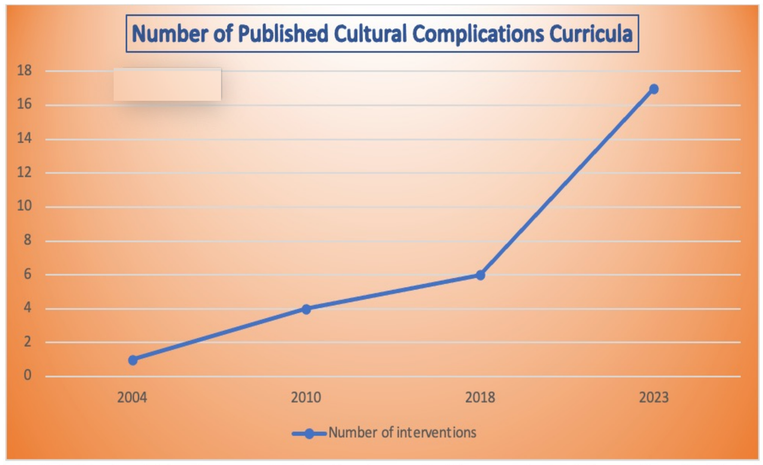


Chart 1. Chart outlining the growth of cultural complications curricular interventions instituted at US surgery departments since 2004. Data charted includes both cultural complications interventions and "professionalism" interventions outlined in Ly and Chun's 2013 review (2).

Program/Year	Didactics	Grand Rounds	M&M	Results
Stanford (2021)	●			Post-curricular survey, 65% saw improvement in CC skills
University of Connecticut (2008)	●			Pre- and post-tests on CC, observed 88% improvement
NYU (2010)	●			OSCE performance evaluation pre- and post-curriculum, <20% improvement
Brigham/MGH (2018)	●			Interviews of participants 1-year post-curriculum demonstrating subjective improvement in CC skills
Brigham/MGH (2020)	●			N/A
Tufts (?)		●		N/A
HMS OBGYN (?)		●		N/A
Wright State (?)			●	N/A
UMass Memorial OBGYN (?)			●	N/A
University of Maryland* (2021)			●	N/A
University of Michigan* (2021)			●	N/A
New York Presbyterian (2021)		●	●	Increase in DEI topics taught by 27%, increase in URM guest speakers
UC Davis (2022)			●	N/A

Table 1. Overview of all programs reviewed and how their classified educational interventions are classified. As opposed to Chart 1, this table includes only those interventions by surgical programs focused specifically on cultural competency. If programs published data on observed improvements in cultural competency, a summary off these results were included in the far-right column.

* = The Cultural Complications Curriculum developed by Harris et al. is a joint project between University of Maryland and University of Michigan.

** = The exact date of when these programs instituted their interventions is not known based on the paper by Reisinger-Kindle et al. (1)

Results

Studies were organized based on type of intervention, with three categories identified: Didactic, Grand Rounds, and M&M style curricula. The most common interventions were Didactics, with Grand Rounds being the least common. Less data exist on improvements made by Grand Rounds or M&M style interventions than for Didactics.

Discussion

The purpose of this review was to outline current efforts to address cultural complications in surgery departments via curricular interventions, as well as identify areas for improvement. The most and least popular styles of educating surgeons on cultural competency are clear, and certain published interventions show clear improvements in the mission to educate surgical trainees on Cultural Complications. The the lack of published data on the existence of Cultural Complications curricula in surgery residencies does not necessarily indicate their lack of existence, but does suggest additional research into these educational methods is needed.

Conclusions

Progress has been made in how surgical residencies educate their trainees on cultural issues affecting their patients and colleagues. More published studies are needed into curricular interventions, their efficacy, and how they may help to improve Cultural Complications for both patients and providers.

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References

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