Breakout Session

Diversity, Cultural Competence, and Patient Trust

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Abstract

Background The patient population served by orthopaedic surgeons is becoming increasingly more diverse, but this is not yet reflected in our workforce. As the cultural diversity of our patient population grows, we must be adept at communicating with patients of all backgrounds.

Where Are We Now? Efforts to improve the diversity of our workforce have been successful in increasing the number of female residents, but there has been no improvement in the number of African American and Hispanic residents. There is currently no centralized effort to recruit minority and female students to the specialty of orthopaedic surgery. The American Academy of Orthopaedic Surgeons has been leading workshops to train residents and practicing surgeons in communication skills and cultural competency.

Where Do We Need to Go? We must train the current generation of orthopaedic surgeons to become adept at interacting with patients of all backgrounds. While initiatives for crosscultural communication in orthopaedic surgery have been established, they have not yet been universally incorporated into residency training and Continuing Medical Education programs.

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How Do We Get There? We must continue to recruit the brightest students of all backgrounds, with a concerted effort to provide equal opportunities for early guidance to all trainees. Opportunities to improve diversity among orthopaedic surgeons exist at many stages in a future physician's career path, including "shadowing" in high school and college and continuing with mentorship in medical school. Additional resources should be dedicated to teaching residents about the immediate relevancy of cultural competency, and faculty should model these proficiencies during their patient interactions.

Introduction

The role of diversity and cultural competence in the practice of orthopaedic surgery will continue to grow as the ethnic composition of our patients continues to change. Minorities accounted for nearly one-third of the population in the 2000 US Census, with projections for minorities to compose more than half of the US population by 2070 [24]. As the role of diversity is amplified in society, it will be increasingly important for orthopaedic surgeons to be adept at interacting with patients from all backgrounds. Efforts to improve the diversity of the workforce of orthopaedic surgeons have shown promise in the past [15, 22], but much progress must be made before the demographic makeup of our workforce comes close to reflecting our surrounding society. Utilization of culturally competent care is critical to gaining the trust of any patient, and the physician must practice effective communication skills to connect with and engage patients of all backgrounds. Most simply explained, cultural competence has been described as "the ability of health care providers to interact with patients who are different than themselves" [18].

Diversifying the workforce of orthopaedic surgeons is an important first step toward improving patient communication and addressing disparities in musculoskeletal health. Efforts are being made to increase the number of minority and female applicants to orthopaedic residencies. However, with fewer underrepresentative minorities in college and medical school, efforts to dramatically increase diversity in the short term are not realistic. Therefore, improved training of the current and future generations of orthopaedic surgeons in culturally competent care is critical for present-day efforts to reduce healthcare disparities and improve the care of patients.

While efforts from the American Academy of Orthopaedic Surgeons (AAOS) have provided greater visibility for diversity and culturally competent care, these concepts have not been universally embraced, as witnessed in current disparities in the representation of female and ethnic minorities in residency programs and academic faculty [7]. Attitudes toward diversity exist on a continuum from discouragement to effective management [14], and the leadership of orthopaedic surgery departments plays a critical role in establishing a culture that understands the value of diversity and crosscultural communication both in day-to-day interactions and further-reaching administrative actions [14, 15]. Attending surgeons must be aware their interactions with patients, colleagues, and ancillary staff are constantly being observed by students and trainees, and the importance of these observations cannot be underestimated. To reach the goal of a workforce of orthopaedic surgeons who are adept at interacting with patients of all backgrounds, greater emphasis will need to be placed upon improving patient communication skills, cultural competence, and diversity.

Where Are We Now?

Before the introduction of communication skills training, orthopaedic surgeons were regarded by both patients and their colleagues as poor communicators [23]. Crosscultural communication creates a barrier to relationship building between patients and orthopaedic surgeons [11], which strains the already diminished trust between minority patients and healthcare providers [6]. As the nation's minority population continues to grow, it will be increasingly important for the orthopaedic surgery workforce to (1) diversify its demographics and (2) improve its ability to effectively communicate with patients of all backgrounds.

Workforce Demographics

The workforce of orthopaedic surgeons in the United States does not reflect the community it serves. Nearly 90% of the

AAOS membership is Caucasian, and only 4.3% of the AAOS membership is female [2]. The current group of orthopaedic surgery residents is nearly three-fourths Caucasian and nearly nine-tenths male (unpublished data; R.J. Haynes. "Oral Presentation: Musculoskeletal Workforce Diversity." 2010 AAOS/ORS/ABJS Musculoskeletal Healthcare Disparities Research Symposium, Alexandria, VA, May 6, 2010). While physicians are certainly capable of providing high-quality care to patients of all backgrounds, racial concordance between patient and physician plays a role in patient satisfaction and utilization of healthcare resources among minority patients [19]. After a period of stagnancy [4, 21], the AAOS Diversity Advisory Board now reports a 181% increase in the number of female orthopaedic surgery residents but an unchanged number of African American and Hispanic orthopaedic surgery residents (unpublished data; R. J. Haynes. "Oral Presentation: Musculoskeletal Workforce Diversity." 2010 AAOS/ORS/ABJS Musculoskeletal Healthcare Disparities Research Symposium, Alexandria, VA, May 6, 2010). While larger initiatives are in place to increase the number of minority entrants to medical school [20] and individual efforts to increase recruitment of minorities to orthopaedic surgery have been encouraged [8], there is no nationally coordinated effort to recruit minority and female medical students to the specialty of orthopaedic surgery.

Crosscultural Communication

Effective crosscultural communication becomes even more important when culturally concordant relationships between patient and physician cannot occur. The Association of American Medical Colleges has succeeded in incorporating culturally competent care into the formal undergraduate medical education curriculum based on the recommendations of the Liaison Committee on Medical Education [12]. Additionally, the Accreditation Council for Graduate Medical Education (ACGME) has included cultural competency in its guidelines for the core competency of professionalism [1]. However, many surgical residency programs lack a formal curriculum to teach cultural competency to their residents [25]. The reasons for this may be numerous, including lack of time and lack of role models [25]. There are a number of required competencies that must be taught to orthopaedic surgery trainees in an increasingly constrained work hour schedule, and cultural competency may not be viewed as a priority in surgical training [5]. Additionally, orthopaedic faculty themselves may not have received the appropriate training in cultural competence and patient communication needed to formally teach these skills to residents [26]. While virtually all residents understand the value of addressing cultural issues

when caring for patients, 83% of surgical residents report they receive little or no evaluation in crosscultural care during their residencies [25]. Because training in cross-cultural communication is often not included in formal curricula, the communication methods exhibited by attending surgeons during their interactions with patients, colleagues, and ancillary staff become more valuable as they are observed by trainees on a regular basis. These interactions provide opportunities for attending surgeons to “teach by example” during their exchanges with individuals who are from backgrounds different from their own.

Current efforts to address the importance of crosscultural communication include the AAOS’ Communication Skills Mentor Program, in which trained mentors conduct workshops for residents, fellows, and AAOS members on basic patient communication skills. These valuable skills provide a basis for more advanced communication, such as interactions with patients with limited English proficiency and poor health literacy. There is currently no advanced communication skills course through the AAOS, but the AAOS has created a self-directed Culturally Competent Care Guidebook with an online learning module and accompanying test. These programs represent important initial efforts to provide orthopaedic surgeons both in training and in practice with opportunities to improve basic and advanced patient communication skills.

Where Do We Need to Go?

Recruitment of female and minority applicants to careers in orthopaedic surgery is an important step toward reducing increasing diversity and cultural competence of all trainees and decreasing musculoskeletal healthcare disparities [21]. We need to increase the gender and ethnic diversity of orthopaedic surgeons in training programs, both as trainees and faculty [7], to adapt to the ever-changing composition of our patient population. Workforce diversity and cross-cultural communication need to be valued by all orthopaedic surgeons and should be championed by the leaders of academic departments [14, 15]. Strategies to improve trainee and faculty diversity should be implemented, as well as a structured curriculum to teach trainees and faculty about the importance of basic and advanced patient communication skills with emphasis on culturally competent communication [26].

How Do We Get There?

Diversification of the orthopaedic profession requires a multifaceted approach. Active recruitment of women and underrepresented minorities into orthopaedic surgery is a

strategy with a fast return on investment. Recruitment involves not only piquing the interest of women and minorities for a career in orthopaedic surgery but also increasing the number of training programs where women and minorities will feel comfortable and not out of place. It is relatively easier to recruit women, as they compose more than 50% of medical students, but the recruitment of minority students is more difficult because they are often underrepresented in both college and medical school. Therefore, to successfully increase diversity among underrepresented minorities, programs need to work on “increasing the pipeline” with mentoring and educational programs from as early as middle or elementary school [20]. This will subsequently increase the number of minority students who enroll in college and medical school.

Efforts to “increase the pipeline” begin with mentoring programs for children as early as preschool. Some programs have focused on middle school as a time where children are sufficiently mature but also sufficiently malleable as an ideal time period to instill the confidence, humility, and values required for success. The Sullivan Alliance to Transform America’s Healthcare Professions, established by former US Secretary of Health and Human Services, The Honorable Louis Sullivan, MD, is dedicated to stimulating diversity initiatives across medical professions and to disseminating “best practices” that have been successful in enhancing diversity [9]. Enlightened orthopaedic leaders committed to increasing diversity should look for opportunities to learn from or collaborate with programs such as the Sullivan Alliance in an effort to increase the number of applicants to healthcare professions and to promote orthopaedic surgery as a career choice for all aspiring physicians.

Efforts to improve workforce diversity among orthopaedic surgeons can begin at various stages in a future physician’s career path. Individual initiatives as seemingly small as allowing high school students to “shadow” an orthopaedic surgeon can have a lasting effect in shaping a young adult’s career ambitions. Additionally, more formalized programs that provide young students with exposure to the technical appeal of orthopaedic surgery, such as operating room experiences and bioskills laboratories, can be coordinated on a local level. Support for these types of programs, such as small project grants or logistical support, can be provided by academic departments or orthopaedic societies or organizations. For example, medical student attendees at the Student National Medical Association’s (SNMA) 2008 Annual Medical Education Conference participated in a bioskills workshop organized by the AAOS and funded by the New York University Hospital for Joint Diseases [17]. This recruitment event, targeted at the predominantly minority student constituency of the SNMA, raised awareness about the

field of orthopaedic surgery among medical students and yielded 27 AAOS and Ruth Jackson Orthopaedic Society (RJOS) mentorship applications from the 70 attendees who visited the AAOS booth. The AAOS has also sponsored similar events at subsequent SNMA meetings and at the 2010 Latino Medical Student Association National Conference [16].

The final opportunity to recruit interested students to the field of orthopaedic surgery is during medical school. Leaders at academic training programs, such as chairpersons and residency program directors, should focus efforts on recruiting and encouraging medical students of both genders and all cultural backgrounds. Many students do not receive guidance from an orthopaedic surgeon during their career planning and may subsequently be discouraged from applying to such a competitive specialty. As a result, female, African American, and Hispanic/Latino medical student applicants to orthopaedic surgery residencies are substantially lower than those to general surgery and other surgical and nonsurgical training programs [7]. Initiatives to recruit and encourage all medical students, but especially females and underrepresented minorities, to orthopaedic surgery should be implemented by departmental leadership at each medical school. One potential way to advance the mentorship of physicians-in-training at all stages would be to organize a group of female and minority orthopaedic surgeon role models through the AAOS, RJOS, J. Robert Gladden Orthopaedic Society, and American Association of Latino Orthopaedic Surgeons. This group could help establish formal programs to engage and recruit students of all backgrounds and could potentially serve as a networking tool for interested trainees.

The leadership of each academic department must capitalize on early opportunities to emphasize the importance of diversity and cultural competency to young trainees. The faculty, and especially the residency director and chairperson, must model behavior to residents and fellows that demonstrates an appreciation for the importance of diversity and cultural competency. Attending surgeons must realize their interactions with patients, colleagues, and ancillary staff are constantly observed by trainees, who are often impressionable about ways in which to interact with these same groups. Additionally, department leaders should document the type and amount of training that both faculty and residents receive in both basic and advanced patient communication skills. Furthermore, female, African American, and Hispanic/Latino orthopaedic surgeons are substantially underrepresented on academic faculty in comparison to their representation in residency training [7]. Leaders of academic departments should be cognizant of this when recruiting orthopaedic surgeons to join their faculty and in managing department personnel, with a goal

of cultivating an appreciation for diversity among personnel of all backgrounds [14].

Efforts should be made to incorporate patient communication and cultural competency into the curriculum of each training program. Aspects of cultural competency can be improved in surgical residents even after a brief educational intervention [10]. Program directors should take advantage of currently available resources, such as the AAOS Communication Skills Mentor Program and Culturally Competent Care Guidebook, while also including material that is particularly relevant to their surrounding patient population. An additional step to formalize the role of cultural competency and patient communication in residency training curricula would be to include these topics on in-training and board certification examinations. The involvement and support of the ACGME's Orthopaedic Surgery Residency Review Committee and the American Board of Orthopaedic Surgery would be helpful toward incorporating cultural competency and patient communication into residency program assessment and board certification examination. Finally, resources should be dedicated toward evaluating the effectiveness of culturally competent care initiatives on improving outcomes and reducing healthcare disparities [3]. Establishing an evidence base for these interventions is critical to advancing their implementation within the field of orthopaedic surgery and throughout medicine.

Increased funding is necessary for research evaluating the importance of diversity and cultural competence in addressing musculoskeletal healthcare disparities. Prospective clinical studies are needed to establish the link between diversity and cultural competence in medicine, as has been demonstrated in other disciplines [3, 13]. Moreover, prospective evaluation needs to be conducted to determine whether improvements in cultural competence and patient communication lead to enhancements in patient trust, medical literacy, patient voluntary and involuntary compliance, physician recommendations, and patient outcomes [3, 13]. In short, do diversity and improved cultural competence lead to fewer health disparities and improved care for our patients? Persuasive research linking diversity, cultural competence, patient communication, patient compliance, health literacy, and reduced healthcare disparities should increase appreciation and acceptance of the importance of having a diverse and culturally competent workforce.

The patient population we serve as orthopaedic surgeons is becoming increasingly more diverse. We must make efforts to increase the gender and ethnic diversity of the orthopaedic surgery workforce and must also work toward improving our ability to communicate with patients of all backgrounds. The former can be achieved through programs that recruit females and underrepresented ethnicities

to a career in orthopaedic surgery, while the latter can be accomplished through initiatives that emphasize basic and advanced communication skills in both didactic training and informal teachings.

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