

## WPA template for undergraduate and graduate psychiatric education

### **VI. The centrality of cultural competencies in the teaching of medical students and residents**

The cultural approach in psychiatry must be understood as an essential component of every aspect of psychiatric theory and practice. The following paragraphs briefly review the inclusion of cultural concepts, topics and specific competencies in psychiatric training of medical students and residents in psychiatry.

#### **A. Knowledge**

1. Diagnosis and differential diagnosis
  - 1) Medical Students
    - a) Cultural aspects of primary psychopathologies (i.e., impact on severity)
    - b) Cultural risk and protective factors
  - 2) Residents
    - a) “Culture-bound syndromes”
2. Comprehensive treatment plan
  - 1) Medical Students
    - a) Fostering of multidisciplinary care
  - 2) Residents
    - a) Cultural aspects of pharmacological (i.e., pharmacogenomics) and psychological treatments
    - b) Cultural psychotherapies
3. Maintaining, consolidating, sharing and conveying knowledge and clinical experience
  - 1) Medical Students
    - a) Clinical formulation, family dynamics and environmental factors
    - b) Multidisciplinary team approach

- 2) Residents
  - a) Socio-cultural implications and public health policies and procedures

## **B. Skills**

1. Conducting a well-organized clinical interview, aimed at obtaining thorough and adequate anamnestic information.
  - 1) Medical Students
    - a) Obtaining appropriate demographic information
    - b) Exploration of cultural variables and their meaning (gender, religion, language, ethnicity, tradition, health and illness beliefs, etc.)
  - 2) Residents
    - a) Use of items of a cultural formulation
    - b) Delineation of the patient's cultural identity
2. Clinical documentation and data filing
  - 1) Medical Students
    - a) Documentation of cultural variables
  - 2) Residents
    - a) Adequate use of interpreters, whenever available and needed
3. Appropriate implementation of follow-up procedures
  - a. Cultural
    - 1) Medical Students
      - a) Follow-up of known cultural variables
    - 2) Residents
      - a) Cultural issues in family care, relationships, attitudes, compliance, beliefs and ethical issues
4. Tests for diagnostic and therapeutic interventions
  - 1) Medical Students

- a) Cultural correlates of psychometric and personality tests
- 2) Residents
  - a) Cultural tests
  - b) Help-seeking patterns and approach to treatments

### **C. Attitudes**

1. Relating to the patient and his/her family with professionalism, empathy, and genuinely human understanding.
  - 1) Medical Students
    - a) Racial/ethnic, social and cultural differences
    - b) Refugees, migrants and minorities
  - 2) Residents
    - a) Information about family history, structural hierarchy, coping mechanisms, socio-centric vs. egocentric views, etc.
    - b) Mind-body unitary entity, holistic views

### **D. Didactic Tools**

An emphasis on cultural competencies as part of the training of future psychiatrists requires a continuous awareness of their impact on all facets of the clinical process.

Readings and lectures include at least:

1. Basic definitions (Culture, Race, Ethnicity, Cultural Psychiatry, cultural variables, etc.)
2. Clinical dimensions and applications of contemporary Cultural Psychiatry
3. Description and use of cultural formulation(s)
4. Basic clinico-cultural competencies
5. Cultural variations of psychiatric and non-psychiatric conditions
6. Cultural aspects of special populations

7. First-person narratives of patients with medical and/or psychiatric conditions
8. Culture and psychiatric diagnosis
9. Discussions of “classics” of psychiatric literature
10. Current and future research in Cultural psychiatry

Problem-based, case-based, patient- and trainee-centered activities should include:

1. Appropriate utilization of different settings (inpatient, outpatient, forensic, community-based and other facilities)
2. Participation in psychotherapy activities (specifically, in “cultural psychotherapy” settings)
3. Individual demonstration of work and interventions by different members of the clinical team, including interpreters
4. Journal Clubs, movie-based discussion, experiential groups, historiographic “therapy” activities, psycho-cinema, psychodrama

An adequately scheduled (at least bi-monthly) supervision of cultural cases by experienced clinicians or other mental health professionals should be provided, including:

1. Use of “journaling” by trainees, with further discussion of contents
2. Formal and informal supervision, experiential groups
3. Provision of adequate training opportunities to supervisors
4. Provision of bibliographic support (books, book chapters, cultural journals, essays, patient memoirs, etc.)