

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 322  
(A-22)

Introduced by: Michigan

Subject: Standards in Cultural Humility Training within Medical Education

Referred to: Reference Committee C

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1 Whereas, Cultural humility within medicine is defined as “the lifelong commitment to self-  
2 evaluation and self-critique to redressing the power imbalances in patient-physician dynamic;”  
3 and  
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5 Whereas, Cultural humility is a skill that is beneficial for students and physicians to understand  
6 how their culture and identity influences patient encounters to become more culturally sensitive  
7 doctors, minimizing the risk of subconscious bias of personal beliefs onto a patient; and  
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9 Whereas, Cultural humility is distinct from cultural competence, as competency implies  
10 achievement of proficiency, while humility includes constant self-reflection and learning, focuses  
11 on the clinicians ability to connect on multiple levels to patients, and fosters cultural respect; and  
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13 Whereas, The Liaison Committee on Medical Education (LCME) introduced standards for  
14 cultural competency for all medical students upon graduation, yet medical schools are not  
15 explicitly required to have standards for cultural humility education within their curriculum; and  
16

17 Whereas, There is existing literature outlining techniques to implement tools and coaching of  
18 cultural humility in the healthcare field, such as simulated teaching interventions, the 5R’s  
19 approach of developing humility (reflection, respect, regard, relevance, and resiliency), and self-  
20 reflective courses; and  
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22 Whereas, Several cultural minority groups experience barriers in receiving quality health care  
23 and have worse mortality and morbidity outcomes across various chronic diseases; and  
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25 Whereas, Training health care professionals in cultural humility is associated with higher scores  
26 on accountability, improved health care experiences, and increased empathy towards patients;  
27 therefore be it  
28

29 RESOLVED, That our AMA amend policy H-295.897, “Enhancing the Cultural Competence of  
30 Physicians,” by addition to read as follows:  
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32 Enhancing the Cultural Competence of Physicians H-295.897

33 1. Our AMA continues to inform medical schools and residency program directors  
34 about activities and resources related to assisting physicians in providing culturally  
35 competent care to patients throughout their life span and encourage them to include  
36 the topic of culturally effective health care in their curricula.

37 2. Our AMA continues to support research into the need for and effectiveness of  
38 training in cultural competence and cultural humility, using existing mechanisms such  
39 as the annual medical education surveys.

- 1 3. Our AMA will assist physicians in obtaining information about and/or training in
- 2 culturally effective health care through dissemination of currently available resources
- 3 from the AMA and other relevant organizations.
- 4 4. Our AMA encourages training opportunities for students and residents, as members
- 5 of the physician-led team, to learn cultural competency from community health
- 6 workers, when this exposure can be integrated into existing rotation and service
- 7 assignments.
- 8 5. Our AMA supports initiatives for medical schools to incorporate diversity in their
- 9 Standardized Patient programs as a means of combining knowledge of health
- 10 disparities and practice of cultural competence with clinical skills.
- 11 6. Our AMA will encourage the inclusion of peer-facilitated intergroup dialogue in
- 12 medical education programs nationwide.
- 13 7. Our AMA supports the development of national standards for cultural humility
- 14 training in the medical school curricula. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

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**Sources:**

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## RELEVANT AMA POLICY

### **Enhancing the Cultural Competence of Physicians H-295.897**

1. Our AMA continues to inform medical schools and residency program directors about activities and resources related to assisting physicians in providing culturally competent care to patients throughout their life span and encourage them to include the topic of culturally effective health care in their curricula.
2. Our AMA continues to support research into the need for and effectiveness of training in cultural competence, using existing mechanisms such as the annual medical education surveys.
3. Our AMA will assist physicians in obtaining information about and/or training in culturally effective health care through dissemination of currently available resources from the AMA and other relevant organizations.
4. Our AMA encourages training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.
5. Our AMA supports initiatives for medical schools to incorporate diversity in their Standardized Patient programs as a means of combining knowledge of health disparities and practice of cultural competence with clinical skills.
6. Our AMA will encourage the inclusion of peer-facilitated intergroup dialogue in medical education programs nationwide.

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