

## Cumulative Profile | College • Collège

## Cultural competence and the Besrour Centre

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Dear Colleagues,

As health care providers with the privilege of accompanying patients in their health and health care journeys, we sometimes have the opportunity to live lifetransforming experiences. As a fourth-year medical student, I had the chance to spend 3 months in Kenya doing pediatrics and internal medicine. I recall the multiple pathologies experienced by several patients I was looking after, the reliance on sound clinical judgment as opposed to technology (a teenager newly diagnosed with diabetes mellitus was also diagnosed with syphilis based on the clinical suspicion of Hutchinson teeth; a middle-aged man's diagnosis of myasthenia gravis was confirmed by the edrophonium test with the patient pumping a sphygmomanometer), and the long distances people traveled, with limited means, to seek medical attention. I had not contemplated a career in family medicine before this, but it was not long after that I did.

As Loignon et al suggest in an article published in *Canadian Family Physician* in November 2016, there is growing evidence that "international medical experience has the potential to promote cultural competence, knowledge of global health, and a commitment to caring for vulnerable patients." Culture is a complex concept fundamental to an understanding of health and health care, of disease and illness. It "shapes the milieu in which the patient/family/physician encounter occurs." *Cultural competence* has been defined as behaviour, attitudes, and policies that enable a system, agency, or group of professionals to work effectively in cross-cultural situations.<sup>1,3</sup>

In the August 2017 issue of Partners,<sup>4</sup> the newsletter of the Foundation for Advancing Family Medicine (FAFM), you were informed of the FAFM's fundraising focus on supporting activities of the Besrour Centre, through which we aim to build capacity in family medicine and primary care in nations less well resourced than we are. The CFPC and its FAFM are well positioned to have influence for several reasons, which include the following:

- Collaboration with Canada's 17 academic departments of family medicine and, by association, their international partners, has been a key element of the journey.
- Canada's medical education system is highly regarded around the world.
- The diversity of our country and its 2 official languages are strengths.
- Canada's universal health coverage as a system of health care influences much of our work. While a

- refresh might be necessary, Medicare has served the people of Canada reasonably well over the years.
- The CFPC, its academic community, and its members have played important roles in defining and updating family medicine as a discipline.

Although the CFPC's involvement in global health and the creation of a centre might appear relatively new, it has been in the making for a long time, with the creation of the Global Health Committee in 2004, the involvement of CFPC leaders in strategic consultations, and, finally, identification by my predecessor, Dr Cal Gutkin, of this as an area requiring dedicated energy.

We aim, through the work of the Besrour Centre, to build capacity in family medicine in less-well-resourced nations by doing work that is well aligned with our core mission: education, including standard setting, accreditation, certification, and continuing professional development; quality improvement and research in family medicine and primary care; and advocacy for the inclusion of robust family medicine and primary care as a core component of health systems. We are not a disaster relief agency; other organizations in Canada are doing this quite well. Given the importance of context in the provision of primary care and family practice, we aim to build capacity through cocreation with partners—we are not "giving fish" but, rather, sharing lessons learned and "teaching how to fish."

Because we know of the potentially transformative effects of international work, we will aim, through the work of the Besrour Centre, to better understand this and put those lessons learned to work to improve how we care for vulnerable populations within Canada. This work is all about how we become better physicians and better citizens, and how we better meet community needs.

Watch in the weeks and months to come for some exciting initiatives the Besrour Centre will be undertaking.

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## References

- Loignon C, Gottin T, Valois C, Couturier F, Williams R, Roy PM. Reflective practice and social responsibility in family medicine. Effect of performing an international rotation in a developing country. *Can Fam Physician* 2016;62:912-8 (Fr) e699-704 (Eng).
- Kagawa-Singer M, Kassim-Lakha S. A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. *Acad Med* 2003;78(6):577-87.
- Cross TL, Bazron BJ, Bennis KW, Isaacs MR. Towards a culturally competent system of care: a monograph on effective services for minority children who are severely emotionally disturbed. Volume 1. Washington DC: Georgetown University Center for Child and Human Development; 1989.
- 4. Foundation for Advancing Family Medicine. Summer 2017. Partners [news-letter]. *Can Fam Physician* 2017;63:647-8 (Eng), 649-50 (Fr).

Cet article se trouve aussi en français à la page 735.