

Reviewer's report

Title: Development and Evaluation of a Cultural Competency Training Curriculum

Version: 1 **Date:** 9 May 2006

Reviewer: Cindy Brach

Reviewer's report:

General

This is a well-written article on a cutting edge study of the impact of cultural competence training. It is the first study that looks at patient outcomes, a missing piece of evidence for cultural competence training.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Is the PRPCC really a measure of cultural competence? The article that describes the development and testing of measure is in press and therefore unavailable. The measures first 5 questions are within the established framework of cultural competence. Many of the other questions are more within the realm of health literacy (e.g., #6, 8, 9, 10, and 12). And one question (#13) is about shared decision-making, which may not be a value held by all cultures. Furthermore, there are no questions on linguistic competence, traditionally included as part of cultural competence. My sense is that the measure assesses patient-centered care more than cultural competence per se.
2. The PRPCC appears to measure only the second training module. Why wasn't the impact of modules 1 and 3 measured?
3. Were Spanish and Chinese translations of the PRPCC cognitively tested?
4. Response rate of 26.2% is disappointingly low, and that does not count patients in the sample frame that could not be contacted. Did the analysis of non-response bias include those who could not be contacted? If not, such an analysis should be conducted.
5. The authors do not discuss the implications of the response bias they discovered "that Asian and LEP patients were less likely to participate.
6. Why is it reasonable to expect changes in the patient outcome measures (e.g., weight, blood pressure, glycosylated hemoglobin)? Patients may have had only a single physician visit in the 6-month period. Could an analysis be conducted of a sub-group of patients who had multiple visits during the study period? In any case, the authors should report on the average number of visits (in the paper and the abstract), and discuss the lack of treatment intensity as a possible cause of the lack of impact in the limitations section.
7. The authors did not discuss the implications of differences in sites (e.g., 3 of the 4 sites were teaching facilities, 1 was rural and 1 was urban) and patients (e.g., having fewer LEP, Latino, and Asian patients in the experimental group).
8. The authors suggest that perhaps the physicians in the study were too culturally competent at the outset by virtue of serving a diverse population. Is the implication that cultural competence training should only be given to physicians relatively inexperienced in serving diverse populations? Is there also an implication that physicians can learn to be culturally competent by serving diverse patients rather than being trained?
9. The abstract should include some of the implications of their findings in the Conclusions section. Currently, the authors have merely repeated the results narratively rather than drawing any conclusions about their findings.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. No justification is given for the choice of measures. For example, why was the Patient Satisfaction Questionnaire used instead of the CAHPS questions that reported in the National Healthcare Quality Report?

Discretionary Revisions (which the author can choose to ignore)

1. How does the training compare to other cultural competence training (i.e., is it typical in length and content?)
2. Are the training materials publicly available, and if so, could a link to them or ordering information be provided in the article?

3. The authors cite the lack of institutional-based support as a possible reason for the training's failure. Are there instances of cultural competence training that had institutional support that were successful? Should readers conclude that cultural competence training should only be undertaken in conjunction with other organizational efforts to promote cultural competence? What is the implication of this for Web-based and CME cultural competence training?
4. Why do the authors still believe that, "training is essential to building cultural competence" when their study failed to provide evidence to support that belief? This statement, without a rationale, makes them sound like advocates rather than objective researchers.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.