America is a multi-cultural society. Yet, there are cultural dimensions to the clinician-patient relationship that have not been systematically addressed in medical education or in clinical practice. Lack of diversity and lack of cross-cultural skills in the medical profession may contribute to health disparities in America. Cultural competence for the medical profession represents a core set of skills that can be learned to respectfully and effectively communicate healthcare information with diverse patient populations. The authors blended their extensive literature review with the knowledge and experience of a culturally diverse medical team to develop the CRASH-Course in Cultural Competency program for medical professionals. CRASH is a mnemonic for the following essential components of culturally competent health care—consider Culture, show Respect, Assess/Affirm differences, show Sensitivity and Self-awareness, and do it all with Humility. The goal of the CRASH-Course in Cultural Competency is to build confidence and competence in the clinician’s ability to communicate effectively with diverse patient populations.

**Key Words:** Access to Care, African American, Asian, Attitudes and Health, Cross-Cultural Communications, Cultural Competence, Cultural Diversity, Effective Communication, Latino, Medical Education, Multi-Cultural, Physician-Patient Relationship, Racial and Ethnic Disparities, United States

**INTRODUCTION**

Family physicians in America serve an increasingly diverse patient population. Over 30% of the US population is now African American, Hispanic or Latino, Asian, or from other non-European origins, a proportion which will increase to nearly 50% by 2050. Many clinical practices serve patients from dozens of different language groups. However, the diversity of the health professional workforce in this country is not reflective of the diversity of the American people. While we work to increase diversity, we can also work to increase our cultural competence skills to be more effective in communicating with patients, building trust, negotiating treatment plans, and increasing adherence.

There is good evidence that health professionals do not automatically have the attitudes or skills necessary to be culturally diverse healthcare providers. Anne Fadiman, in her award winning book, *The Spirit Catches You and You Fall Down,* provides a poignant reminder that patients suffer despite all the resources of our medical system and the dogged dedication of well-intentioned Western trained providers. Her documentation of the barriers faced by an immigrant Hmong family as they deal with the seizure disorder of their young daughter is but one tragic story that undoubtedly recurs every day in America’s healthcare system.

Several authors promote acronyms or mnemonics to help students and others to incorporate elements of cultural competence into their practice. For example, Berlin and Fowlkes have promoted the acronym LEARN (Listen, Explain, Acknowledge, Recommend, and Negotiate) as a framework for teaching cultural skills to medical students and residents (Table 1). In a recent Home-Study monograph on “Challenging Physician-Patient Encounters,” Steele and Harrison put forward the PEARLS mnemonic (Partnership, Empathy, Apology, Respect, Legitimization, and Support) (Table 2). Kleinman has promoted the model of asking nine essential questions to elicit the patient’s own health beliefs and understanding of their own condition in a multi-cultural encounter (Table 3).

The present authors have found a need for an acronym or model to emphasize core values or principles of cultural competence that underlie the more specific interview techniques presented by the LEARN model or by Kleinman’s questions. These core cultural values are summarized in the acronym CRASH, a mnemonic for the following essential components of culturally competent health care—consider Culture, show Respect, Assess/Affirm differences, show Sensitivity and Self-awareness, and do it all with Humility (Table 4). Learning and practicing these cultural principles will not instantly confer cultural competence on anyone, but they can provide specific measurable skill sets, behaviors, and strategies for increasing one’s effectiveness in providing health care for diverse populations while minimizing culturally dysfunctional behaviors. Cultural competency includes an eagerness for life-long learning about other cultures.