

Supplemental Digital Appendix 1

Search Strategy for a Scoping Review of the Literature on How Culture is Understood in Faculty Development, 2006-2018

PubMed

(((((("professional development" OR "Staff Development"[Majr] OR "Program Development"[Majr]) AND (faculty[tiab] OR "Faculty"[Majr]))) OR "faculty development")) AND (culture[tiab] OR culture[ot] OR "Cultural Competency"[Mesh] OR "Cross-Cultural Comparison"[Mesh] OR "Ethnology"[Mesh] OR "Cultural Diversity"[Mesh] OR "Culture"[Majr:NoExp] OR "ethnology" [Subheading] OR "Ethnic Groups"[Mesh] OR "International Educational Exchange"[Mesh] OR "Cultural Competence" OR "Cultural Competencies" OR "Cultural Competency" OR Transcultural OR Cross-Cultural OR "Cultural Diversities" OR "Cultural Diversity" OR Multiculturalism OR multi-culture OR multicultural OR "Cultural Backgrounds" OR "Cultural context" OR Customs OR Custom OR Beliefs OR Belief OR "ethnicity"[tiab] OR ethnic[tiab] OR countries[tiab])) Filters: Publication date from 2006/01/01; English; French

ERIC

S1 - DE "Cross Cultural Studies" OR DE "Cross Cultural Training" OR DE "Cultural Awareness" OR DE "Cultural Background" OR DE "Cultural Context" OR DE "Cultural Differences" OR DE "Cultural Pluralism" OR DE "Diversity (Faculty)" OR DE "Ethnic Diversity" OR DE "Student Diversity" OR DE "Cultural Influences" OR DE "Ethnic Groups" OR DE "Race" OR DE "Sociocultural Patterns"

S2 - DE "Culture" OR "culture"

S3 – S1 OR S2

S4 - DE "Faculty Development" OR "Faculty Development"

S5 - DE "Medicine" OR DE "Anesthesiology" OR DE "Audiology" OR DE "Biomedicine" OR DE "Dentistry" OR DE "Dietetics" OR DE "Epidemiology" OR DE "Family Practice (Medicine)" OR DE "Geriatrics" OR DE "Gynecology" OR DE "Internal Medicine" OR DE "Neurology" OR DE "Nursing" OR DE "Obstetrics" OR DE "Oncology" OR DE "Ophthalmology" OR DE "Pathology" OR DE "Pediatrics" OR DE "Pharmacology" OR DE "Pharmacy" OR DE "Podiatry" OR DE "Preventive Medicine" OR DE "Primary Health Care" OR DE "Psychiatry" OR DE "Sports Medicine" OR DE "Surgery" OR DE "Toxicology" OR DE "Veterinary Medicine" OR DE "Nursing" OR DE "Allied Health Occupations Education" OR DE "Health Occupations" OR DE "Allied Health Occupations"

S6 – S3 AND S4 AND S5

S7 – Limiters – Date Published: 20060101-20181231

Web of Science

TOPIC: ("faculty development") AND TOPIC: (medicine OR medical OR health OR clinical) AND TOPIC: (culture OR "Cultural Competence" OR "Cultural Competencies" OR "Cultural Competency" OR Transcultural OR Cross-Cultural OR "Cultural Diversities" OR "Cultural Diversity" OR Multiculturalism OR "Cultural Backgrounds" OR "Cultural context" OR Customs OR Custom OR Beliefs OR Belief OR "ethnicity" OR ethnic OR countries)

Refined by: LANGUAGES: (ENGLISH)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=2006-2018

CINAHL

S1 - (MH "Ethnic Groups+") OR (MH "Culture") OR (MH "Cultural Diversity") OR (MH "Acculturation")

S2 - TI "Culture" OR AB "Culture"

S3 – S1 OR S2

S4 - (MH "Faculty Development")

S5 - TI "Faculty Development" OR AB "Faculty Development"

S6 – S4 OR S5

S7 – S3 AND S6

S8 - Limiters – Date Published: 20060101-20181128

Supplemental Digital Appendix 2
Data Extracted from 70 Articles Included in a Scoping Review of the Literature on How Culture is Understood in Faculty Development (FD), 2006-2018

Author(s) and year	Country	FD topic	FD approach	Health profession	Evaluation methods	Authors' use of culture	Implications for culture	FD content area
Aagaard et al. 2018 ⁸⁵	Zimbabwe	Curriculum development	1-year program, with 3 weeks face-to-face	Multi-disciplinary	Used Guskey's model of evaluation ⁸⁸ Pre- and post-training Survey of participants' knowledge and interviews with colleagues	"Interviews [...] revealed important impacts of the program on the quality and <i>culture of medical education</i> at the college." (p. 176)	Following the intervention, program participants described "a shift in the culture within the college to a more student-centered approach." (p. 180)	Teaching and learning
Abdulghani et al. 2014 ⁵⁶	Saudi Arabia	Research methodology	5 workshops	Multi-disciplinary	Used Kirkpatrick's model ⁸⁶ Pre- and post-training Feedback questionnaires; learner development plans; behavioral surveys	"Encouraging <i>research culture</i> and work-based learning are probably the most powerful determinants for research promotion." (p. s24)	"...Research skills are expected to contribute to improving the research culture within the institution." (p. s28)	Research and scholarship
Ahmed et al. 2013 ⁷²	UK	Patient safety education	Half-day course	Senior doctors	Pre- and post-training Survey of participants' knowledge, attitudes and skills related to patient safety and small group facilitation	"Recent years have seen an evolution away from a ' <i>blame culture</i> ' to an 'open and learning' <i>safety culture</i> with a concurrent paradigm shift in error theory from the individual 'person' model to the 'systems-based' approach." (p. 618)	"There is considerable appetite for senior doctors to engage with training in patient safety as teachers and learners." (p. 618) This study showed that "training senior doctors in patient safety is feasible, acceptable and efficacious as a means of building capacity and capability for delivering training in this rapidly emerging field." (p. 624)	Teaching and learning
Al-Eraky et al. 2015 ⁵³	Saudi Arabia	Professionalism	1-day workshop	Multi-disciplinary	Used Kirkpatrick's model Assessment of self-reported gains in instructional design skills; quantitative assessment of student feedback on learning and	"Professionalism has to emerge from a context-specific foundation that fits the <i>Arabian culture</i> ." (p. s42)	"...Professionalism is sensitive to culture." (p. s41) A FD programme on professionalism "has to embody professionalism in [the] Arabian context and present the core values of professionalism as	Professionalism and ethics

					change in organizational practice		operationalized in behaviours of health practitioners in selected situations.” (p. s41)	
					Although cultural context was considered, no formal evaluation of cultural relevance was undertaken.		In the Arabian context, "professionalism can be taught and learned by vignettes that describe professionalism dilemmas in different specialties.” (p. s44)	
Alford et al. 2008 ²⁶	USA	Alcohol screening and intervention	Web-based training and 3-hour in-person FD	Physician educators	Comparison of intervention vs non-intervention group	The workshop focused on the “use of a web-based curriculum about alcohol screening and brief intervention and <i>cross-cultural efficacy</i> .” (p. 1)	“This study demonstrates that a free web-based alcohol clinical training curriculum will be used by physician educators and that in-person training on the use of the curriculum can further increase teaching confidence and practices.” (p. 7)	Teaching and learning
					Pre- and post-training			
					Survey questionnaire of teaching confidence and practices	The curriculum included a focus on the “effects of <i>physician culture</i> on doctor/patient communication...” (p. 2)		
Anshu et al. 2010 ²⁵	India	Leadership and Management	FAIMER 2-year fellowship (Online learning forum)	Multi-disciplinary	No formal evaluation of FD mentioned but an analysis of group dynamics in an online learning forum was included.	“The goal of a learning community is to foster a <i>culture of learning</i> where students share each other’s efforts to gain a deeper understanding of the subject by forming their own perspectives.” (p. 2)	"Social messages help moderators understand the needs of learners and then suitably alter the course content to meet their varying needs and interests...” (p.8)	Leadership
Assemi et al. 2007 ³⁹	USA	Cultural competence	2-day train-the-trainer program	Pharmacy educators	Pre- and post-training	The authors “adapted and implemented a 2-day train-the-trainer <i>cultural competence program</i> for pharmacy educators...” (p. 1)	This “train-the-trainer model, in combination with a shared national curriculum, is an effective and efficient approach for preparing pharmacy educators to teach cultural competence.” (p. 8)	Cultural competence
					Survey questionnaire of participant characteristics and teaching self-efficacy		For future improvement there must be “greater emphasis on [the] evaluation of cultural competence curricula.” (p. 5)	
Barchi et al. 2014 ⁵²	Botswana	Ethics	1 week, 32-hour workshop	Nursing	Pre- and post-training	“...Tools to help the nurse faculty in the developing world harmonize the ‘universal’ guidance contained in the Code [of Ethics] with the social norms, <i>traditional cultures</i> and regulatory requirements for nurses in	“The use of problem-based learning approaches in combination with locally relevant ethics cases was shown to enhance nurses’ abilities to identify ethical issues when tested in [this] pilot faculty workshop. Findings from that effort have	Professionalism and ethics
					Workshop assessment to evaluate participants’ ability to correctly identify			

					ethical issues in test cases	their own countries” are scarce. (p.497)	informed the creation of customized curricular materials that are heavily based on local cases...” (p. 496)	
					Although cultural context was considered, no formal evaluation of cultural relevance was undertaken.		The authors suggest that this program can be replicated "in other countries in Sub-Saharan Africa which, while differing in many aspects of culture and beliefs, draw on concepts of shared humanity (Botho/Ubuntu) similar to those which underlie nursing practice in Botswana and which are reflected in its new ethics curriculum." (p. 497)	
Barnsteiner et al. 2013 ⁷³	USA	Quality and Safety in Nursing Education (QSEN)	2.5-day FD Institute	Nursing	Post-training Survey to assess faculty self-report of integration of QSEN competencies	“Faculty reported that the traditional ‘shame and blame’ approach continues to permeate <i>school cultures</i> and that there is little attention paid to analyzing errors for potential system issues.” (p. 74)	“Schools need assistance in developing policies that outline the school process for investigating student errors and near-misses.” (p. 74)	Teaching and learning
Beckman et al. 2009 ⁵⁷	USA	Medical education research	Monthly group meetings and awards for protected research time	General internists	CV analysis	“Keys to success were supportive leadership, a <i>culture of collaboration</i> , creating a useful framework for critiquing research, and involving medical learners as co-investigators.” (p. 518)	This project’s “greatest achievement was developing a community of general internists whose relationships thrive on the healthy interplay between teachers and researchers. Major reasons for success were a universal framework for discussing scholarly educational projects and adequate resources to support our mission.” (p. 521)	Research and scholarship
Behar-Horenstein et al. 2010 ⁷⁴	USA	Teaching critical thinking skills	2, 6-week teaching seminars	Dentistry and Human Health Performance	Pre- and post-training Classroom observations of instructional practice; self-assessment of post-training performance; participant interviews	"While participants have reported personal value and a more positive <i>teaching culture</i> following their immersion in FD programs, there is a paucity of data about the sustainability of knowledge, skills, and practice in the health sciences professional development literature." (p. 1245)	"Overall, the findings showed that participants demonstrated the integration of those strategies that were taught during the seminars, which were consistent with teaching critical thinking skills and showed that the learning acquired during professional development initiatives was sustained. "(p. 1245)	Teaching and learning

Behar-Horenstein et al. 2015 ⁷⁵	USA	Case-based Learning (CBL)	4-day intensive training course	Dentistry	Comparison of pre- and post-training experiences Focus groups to explore participants' use of CBL	"CBL is used to further develop students' ability to think critically and treat a patient comprehensively, while taking into account the patient's medical, dental, psychosocial, economic, and <i>cultural conditions</i> ..." (p. 1050) "Anchoring this new approach into the <i>college culture</i> will depend on the availability of sufficient human resources to permit faculty to participate in facilitating case-based learning sessions." (p. 1060)	"The use of CBL requires students to work cooperatively to develop treatment plans while remaining attentive to the aspects of cultural diversity and working collaboratively." (p. 1059)	Teaching and learning
Blatt et al. 2009 ⁷	China	Doctor-patient communication and small group teaching skills	5-day training program	Health professionals	Post-training Informal content analysis of faculty trainers' reports Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.	The authors "explore <i>cross-cultural issues</i> that arose in presenting [their] program's two principal training domains: small group teaching and patient-centered doctor-patient communication." (p. 1) The authors tried to "incorporate Chinese <i>culture-bridging</i> components into [their] program." (p. 2)	"In this age of increasing globalization, cross-cultural sharing of medical education represents a growing trend." (p. 1) "East-West cultural differences presented challenges in three major domains: language, teaching methods and doctor-patient communication." (p. 5) "As others have found, a bilingual, bicultural, well-connected intermediary is crucial to the success of a cross-cultural program." (p. 6) "Cultural traditions, even those that seem to contradict our own, should be explored for common ground." (p. 6) "Cross-cultural teachers should seek opportunities for bi-directional learning." (p. 6)	Teaching and learning
Burdick et al. 2010 ²¹	International	Health professions education,	FAIMER 2-year fellowship	Multi-disciplinary	Retrospective pre- and post-training	"Concepts of leadership and management can be successfully adapted and applied in varied	"...Nearly all Fellows mentioned using at least one leadership skill or tool, suggesting that these tools can	Leadership

		leadership and management			Surveys and interviews related to the enhancement of knowledge, skills and practice	<i>cultural settings</i> when focus is on authentic local application of skills.” (p. 414)	be successfully adapted to non-Western and resource-limited cultural, institutional and national contexts.” (p. 418)	
Bylund et al. 2017 ⁶⁸	Qatar	Communication skills	2-day training course	Physicians	Course evaluation Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.	“Health-care communication skills training may be particularly needed in the Arabian Gulf countries because of the variety of <i>cultures</i> within the physician and patient populations.” (p. 122) “Health-care communication is often influenced by both <i>culture</i> and religion.” (p. 123)	“Although others have questioned whether ‘Western’ approaches to education such as role-play work in non-Western countries, [these] results [...] indicate that experiential role-play could have cross-cultural effectiveness.” (p. 125) “Educators in non-Western countries may find that initially using Western-developed communication skills training programs with some cultural modifications may be feasible and acceptable. Role-play, in particular, seems to be an acceptable valuable teaching strategy.” (p. 126)	Teaching and learning
Byszewski et al. 2018 ⁶¹	China	Reflective practice	Face-to face training, online modules and shadow coaching	Multi-disciplinary	Narrative description of preliminary outcomes only. Although cultural factors were acknowledged, no formal evaluation of cultural relevance was undertaken.	“Shadow coaches provided mentoring and resources while maintaining awareness of <i>cross-cultural issues</i> .” (p. 412)	“Shadow coaching is an example of a novel peer-teaching initiative to provide distance FD in a cross-cultural collaboration.” (p. 415) “Reflection itself can enhance motivation for cross-cultural partners to remain engaged and to demonstrate an understanding of the cultural context.” (p. 415)	Teaching and learning
Carnevale et al. 2015 ³⁸	Canada	Cultural competence	4-hour workshop and two 90-minute sessions 3 and 6 months after the workshop	Multi-disciplinary	Pre- and post-training Used the Multicultural Assessment Questionnaire ⁸⁹ End-of-workshop evaluation to rate how well the activities fulfilled the stated objectives	The authors describe “an interdisciplinary FD workshop on <i>cultural competency</i> .” (p. 18)	“Participants reported that the FD workshop helped them to better understand the impact of ethnocentric assumptions and to listen more openly. They had a greater appreciation of how culture affects the way that people view things and the impact of clinicians’ use of language, terms, or labels. Participants described how some simple symbols (e.g., white coat)	Cultural competence

							can perpetuate complex power dynamics. They questioned how and when to accommodate cultural differences.” (p. 30)	
							Participants “discussed concerns about whether formal training might be perpetuating stereotyping as well as difficulties in using ‘teachable moments’ in practice to impart culturally important messages to students.” (p. 33)	
Carney et al. 2015 ⁵¹	USA	Leadership and change management	2.5-day training program	Physician educators and residents	Post-training Evaluation surveys collecting quantitative data; content analysis of field notes; observations documented by program evaluators	“Key faculty observations noted that leadership skills are key drivers of change but that participants face challenges in changing <i>culture</i> and engaging other stakeholders.” (p. 1057)	The authors noted that a “shared-vision /institutional mission are important—there is a need to change and build the culture of care so it is about and for patients.... Self-reflection is needed to really engage patients as partners in their care. This represents an important culture shift in both patient and physician behavior.” (p. 1059)	Leadership
Castelblanco 2013 ⁴⁰	USA	Cultural bias	2-hour seminar	Nursing	Pre- and post-training Used Campinha-Bacote’s Inventory for Assessing the Process of Cultural Competency Among Healthcare Professionals, Revised (IAPCC-R) ^a	The authors examine “the effect of a <i>cultural bias</i> education seminar on the <i>cultural competence level</i> of nursing faculty in a nursing program.” (p. 5)	"Cultural competence is a skill that may be measured, as the IAPCC-R demonstrated, but one that is complex and is not terminal. It will never be possible to teach about every culture in order to provide culturally competent care but nurses should always strive to learn and practice this to the full extent of their abilities.” (p. 48)	Cultural competence
							The results of this project supported “the concept of increasing cultural competence through a seminar-type model. However, further research / projects are recommended with more participants in order to be able to better assess and measure interventions and outcomes.” (p. 47).	
Chiapponi et al. 2016 ²²	International (Africa,	Ethical issues in medical education	4-hour course	Physicians	Pre- and post-training	This study “explored four basic orientations of participants’ ethical	“Participants’ feeling of understanding their own culturally	Professionalism and ethics

	Europe, and Asia)				Self-assessment questionnaires and feedback discussion to generate qualitative data regarding the teaching of ethics and professionalism	thinking (relativism, intentionalism, consequentialism, and absolutism) to examine whether these showed <i>cultural differences</i> .” (p. 2)	learned patterns of determining what is right and wrong increased after taking part in the course.” (p. 1) This study “might suggest that the ethics of medical professionals is influenced more by their profession than by their nationality, gender, or age.” (p.4)	
Chung et al. 2012 ⁷⁰	South Korea	Simulation-based healthcare education	3-day course	Multi-disciplinary	Used Kirkpatrick's Model Pre- and post-training Survey instrument to assess training experiences and expertise Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.	The authors describe their “experiences and some of the challenges faced in adapting a <i>cross-cultural</i> FD program.” (p.320)	“A systematic approach in transporting a well-operated Western SBHE [simulation based health-care education] FD model in simulation can be adapted for use in a non-English speaking Asian culture.” (p. 326) “Although the project is an adaptation from a well operated model, it was still challenging to overcome the differences in culture, language, and educational systems.” (p. 324) "When importing a course to a non-English speaking culture, it would help to designate time for simultaneous interpretation." (p. 325)	Teaching and learning
Daley et al. 2006 ²⁸	USA	Career development for underrepresented faculty	12 half-day FD workshops	Multi-disciplinary	Tracking of minority faculty retention rates	“Junior faculty received counseling in career and research objectives; assistance with academic file preparation, introduction to the <i>institutional culture</i> ; workshops on pedagogy and grant writing; and instrumental, proactive mentoring by senior faculty.” (p. 1435)	“By describing in detail the informal and formal mechanisms for promotion and tenure, junior faculty can make informed decisions about university service and learn how to clearly describe their contributions in the areas of teaching, research and community service.” (p. 1439)	Career development
Daley et al. 2011 ⁹	USA	Career development for underrepresented faculty	½ day FD, structured 7-month one-on-one mentoring program, 2-hour academic	Multi-disciplinary	Tracking of academic output of minority faculty (including peer-reviewed articles, publications, extramural funding); survey	This program emphasized “the importance of navigating and understanding <i>institutional culture</i> through workshops designed to describe the values, <i>culture</i> , and	Participants “cited the presence of role models and mentors, peer networking and support, knowledge of institutional culture, and professional skill development as factors that contributed to their	Career development

			performance counselling session		collecting self-reported data on factors affecting career success	administrative procedures in the University...” (p. 817-818)	success in academic medicine.” (p. 819)	
Dalrymple et al. 2007 ⁷⁶	USA	Problem-based learning (Assessment and feedback)	Half-day workshop	Dental faculty	Post-training Workshop evaluation to assess perceptions of content and process	“... <i>Sociocultural variables</i> in the rating process were considered in designing these workshops...” (p. 1562)	“...The sociocultural variables that surround the assessment process itself should be addressed in a more meaningful way if we want to improve the standing of performance-based assessment.” (p. 1572)	Teaching and learning
Evans et al. 2014 ⁴¹	USA	Health literacy and ethnogeriatrics (HLE)	1-week train-the-trainer program	Multi-disciplinary	Post-training Used the Health Beliefs and Attitude Survey	This intervention focused on ethnogeriatrics, “defined as <i>culturally competent health care</i> for older adults.” (p. 1640)	This “HLE curriculum provided a mechanism to increase the self-assessed knowledge, skills, and attitudes of participants. It also fostered local curricular change...” (p. 1640)	Cultural competence
Fassiotto et al. 2018 ²⁹	USA	Faculty wellness	Career coaching and a time-banking system	Multi-disciplinary	Pre- and post- training Survey of wellness, institutional culture, and professional development opportunities as well as research productivity	The authors “present results from a pilot program designed to [...] and promote a <i>culture of flexibility</i> and professional fulfillment within an academic medical center.” (p. 881)	This program “increased perceptions of a culture of flexibility, wellness, understanding of professional development opportunities, and institutional satisfaction among participants.” (p. 881)	Career development
Frantz et al. 2015 ²⁰	Sub-Saharan Africa (11 countries)	Leadership, management and health professions education	FAIMER 2-year fellowship	Multi-disciplinary, health professions educators	Used Kirkpatrick's Model Documents related to participant self-assessment of expectations, reflections and achievements	One of the central themes, as observed in this program, was “learning through a process of <i>acculturation</i> into a community, gradually assuming additional roles and responsibilities with the <i>socio-cultural practices</i> of this particular community.” (p. 7)	“... The diversity of experiences, nationality, culture and professions [...] contributed to the strong sense of personal development and group identity that developed during the residential sessions.” (p.7) Participants “spoke of the poorly developed culture of scholarship in teaching and learning, and HPE-related research in their home institutions, and described how their experiences in [this] programme enabled them to return home and begin (or reinforce) a culture to assist others in developing in these areas.” (p. 7)	Leadership

Gadbury-Amyot et al. 2015 ⁷⁷	USA	Educational methods and techniques	2-year program	Dental faculty	Used Kirkpatrick's and Chen's program evaluation models ⁸⁷ Online survey instrument and focus group evaluating the FD program	The program evaluation included questions about “establishing a <i>culture of lifelong learning</i> .” (p. 1184)	Participants reported that the FD program “had a positive effect on establishing a culture of lifelong learning.” (p. 1184)	Teaching and learning
Hannah & Carpenter-Song 2013 ⁴²	USA	Cultural competence	One semester with 12 two-hour sessions	Multi-disciplinary	No formal evaluation of FD mentioned	“The course was part of a broader effort to integrate social and <i>cultural issues</i> into the medical curriculum and to reduce racial and ethnic disparities in health care ... “(p. 315) Unlike many <i>cultural competence</i> courses [...], this course focused on the <i>culture of health care providers</i> and, specifically, sought to bring to conscious awareness providers’ own biases.” (p. 315)	“The interactive nature of the exercises and the ‘safe-space’ of the small groups we observed in this FD course combined to effectively accomplish many of the instructors’ pedagogical goals. Class members began to think in a more nuanced way about culture, seeing it as more than a list of traits associated with large groups of people identified by nation, ethnicity, religion, or race. They learned to see their own personal backgrounds in ‘cultural’ terms, which helped them think about ‘blind spots’ they might have which can negatively impact patient care.” (p. 331)	Cultural competence
Hinderer et al. 2016 ⁷⁸	USA	Teaching	3-year program	Adjunct clinical nursing faculty	Post-training Survey questionnaire evaluating the quality and effectiveness of the FD program	“The authors highlight that “key elements to a comprehensive approach for success are formal teaching preparation, help with navigating the <i>academic culture</i> , and structured mentoring.” (p. 194)	“The combination of face-to-face, online, and simulation activities was rated by participants as highly effective in providing a foundation for success as an educator.” (p. 197)	Teaching and learning
Johansson et al. 2009 ⁷¹	Sweden	Teaching	5 FD seminars over a 7-week period (Stanford Model)	Medical teachers	Post-training using questionnaires with quantitative and open-ended questions Retrospective pre- and post-training - using self-reported ratings on use of target teaching behaviours	The authors sought to understand “if <i>cultural factors</i> might influence the applicability and impact of [their] course when delivered to non-American participants by a facilitator from that <i>culture</i> .” (p. e377)	This program’s results “demonstrate that this FD model is highly transportable to medical teachers in Sweden, and capable of producing positive results, consistent with those found in the United States.” (p. e381) “Further studies are needed to examine these effects and to further elucidate cross-cultural considerations germane to the	Teaching and learning

					Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.		development and implementation of FD programmes.” (p. e38 –e382)	
Karkabi et al. 2014 ²³	International	Reflection using art and narrative	Arts-based narrative workshop at an international conference	Family physicians	Workshop evaluation to assess perceptions of content and process	“While teaching methods in the context of educator–learner relationships in family medicine/general practice may differ, it was not surprising that the narratives were similar given that most countries represented in the workshop have Western <i>cultural</i> and medical education <i>orientations</i> .” (p. 46)	“Writing reflective narratives promoted examination of educational challenges and compassion for self and other[s]...” (p. 46)	Teaching and learning
Kim et al. 2015 ⁴	South Korea (5 Asian countries)	Teaching and learning, curriculum development and health professions education	6-week FD program	Educational leaders such as Deans, Vice-Deans and Vice-Rectors	Used Kirkpatrick's model Questionnaires, progress reports and portfolios Although cultural differences between Asian and Western cultures and language were acknowledged, no formal evaluation of cultural relevance was undertaken.	“... <i>Medical education culture</i> in Asia is fairly different from that of Western countries, and even in Asia, the <i>cultural and community needs</i> differ among sub-regions.” (p. 2)	“According to the evaluation results, fellows were highly satisfied with the program, and their learning significantly improved after every module... Future research needs to examine the underlying factors of transfer in various contextual aspects, such as organizational structure, culture, and leadership. These could contribute to further improving the effectiveness of FD programs for developing countries.” (p. 11)	Teaching and learning
Kogan et al. 2015 ⁷⁹	USA	Work-place based assessment	3-hour rater training session, plus 3 additional training sessions over 10 weeks	Physicians	Post-training Interviews and focus groups to assess learning and change in skills	“...Shifting to entrustment as a standard for assessment necessitates an <i>institutional culture</i> shift in how assessors and learners understand rating scales and ratings.” (p. 704)	The “findings highlight the importance of institutional and cultural context and its influence on participants’ willingness and ability to change.” (p. 704) “Changing approaches to assessment not only requires faculty willingness and ability; it requires a culture or environment that supports change.” (p. 704)	Teaching and learning

Krautscheid et al. 2008 ⁸⁰	USA	Simulation for clinical teaching	3-hour clinical FD program	Nursing faculty	No formal evaluation of FD mentioned. However, faculty were asked to reflect on the value of clinical simulation, how simulation contributed to their ability to teach clinically, and the value of clinical simulation.	“The two pre-recorded clinical teaching scenarios focused on medication administration and providing spiritual and <i>cultural care</i> .” (p. 432)	“Faculty emerged as more reflective teachers and practitioners after the simulation.” (p. 433) “The clinical faculty reflections described simulation as a powerful and safe strategy to enhance their ability to effectively facilitate learning in a clinical setting.” (p. 433)	Teaching and learning
Kumagai et al. 2007 ⁴³	USA	Cultural competence	Two 3.5-hour FD workshops	Multi-disciplinary	Post-training evaluation Workshop evaluation to assess perception of content and process Survey of attitudes towards small group teaching	“The workshop emphasizes the importance of FD in acquiring necessary skills to facilitate small-group discussions in <i>multicultural education</i> .” (p. 339)	“The instructors agreed that the workshop had raised their awareness of the classroom experiences of minorities and women and had offered strategies for addressing destructive classroom dynamics.” (p. 335) Participants reported that “the workshop made them ‘more sensitive to the cultural aspects of our discussions’ and made them aware that they should ‘pay more attention to nonverbal cue’ in their groups.” (p. 338) “This approach emphasizes and models the need to foster critical consciousness in medical education.” (p. 335)	Cultural competence
Lacey-Haun & Whitehead 2009 ⁵⁰	South Africa	Leadership	2-year train-the-trainer workshop	Nursing	Used the Tailored Evaluation Model ⁹⁰ Data collected through multiple methods (e.g. semi-structured interviews, outcome data and follow-up surveys) This training workshop was evaluated for	The authors aimed to evaluate the “ <i>cross-cultural relevance</i> of leadership training.” (p. 928)	“The successful development of a self-sustaining leadership programme in which values of multiple cultures must be appropriately addressed has a significant impact for nursing administration.” (p. 917) “In cross-cultural leadership training, the central principle is to reconcile the training materials to reflect any deep differences in academic leadership needs and realities between cultures.” (p. 921)	Leadership

					cultural relevance by participants.		<p>The results of this leadership program “have already strongly impacted the way leadership development is perceived...” (p. 929)</p> <p>The authors evaluated for cultural relevance of their leadership program and found the following:</p> <ul style="list-style-type: none">- “the training was quite relevant to [their] dynamics;- ...the curriculum was American, but issues were South African;- examples were too American by case study names, but the concepts were global.” (p. 928)	
Lazaro & Umphred 2007 ⁴⁴	USA	Cultural diversity awareness	1-day workshop	Physical therapy (PT) educators	<p>Pre- and post-training</p> <p>Developed and used the Cultural Diversity Awareness Questionnaire (CDAQ)</p>	<p>“...PT educators must prepare students and future clinicians to work competently in <i>culturally diverse environments</i>.” (p.121)</p>	<p>“The Cultural Diversity Awareness Questionnaire (CDAQ) was developed, validated for content, analyzed for reliability, and field and pilot tested.” (p. 121)</p> <p>The authors stated that “being able to present a complete cultural competence program to academic and clinical faculty would bring about far more reaching outcomes than merely improving cultural diversity knowledge and awareness.” (p. 125)</p>	Cultural competence
Lewis et al. 2016 ⁸³	Vietnam	Teaching practices	3-year online program	Nursing	<p>Program evaluation via email survey</p> <p>Although cultural differences related mainly to language were acknowledged, no formal evaluation of cultural relevance was undertaken.</p>	<p>“It might be considered that the early change in online discussion forum posts to allow participants to post in their first language, while flexible, was also <i>culturally sensitive</i>.”</p>	<p>The authors acknowledged “the development of culturally sensitive and appropriate education as contributing to programme effectiveness.” (p. 64)</p>	Teaching and learning
Mojtahedzadeh & Mohammadi 2016 ⁶⁴	Iran	Teaching, leadership and evaluation	Varying length of medical education	Medical faculty	Pre-and post-training	<p>“To explore the factors concordant with and appropriate for the <i>socio-cultural structure</i> of the sample</p>	<p>"In general, it seems that long-term longitudinal educational courses are more effective than intensive and</p>	Teaching and learning

			training courses (six days, one month, six months)		Used a teacher self-efficacy scale	group, factor analysis with different solutions was performed for several times, and it was finally concluded that a 5-factor solution was more appropriate." (p. 4)	concise ones. Therefore, to make effective changes, the necessary training should be offered in a longitudinal fashion during long-term courses." (p.7)	
Moline et al. 2018 ⁶⁰	Canada	Teaching skills	2 1-hour workshops	Radiation therapists	Pre- and post-training Self-report questionnaires assessing skills and confidence	"The curriculum incorporated the skills of communication, feedback, competency assessment, and <i>cultural competence</i> ." (p. 181)	"Directly after the intervention, self-reported understanding of cultural competency significantly increased as indicated by radiation therapist self-report." (p. 185)	Teaching and learning
Perlman et al. 2014 ⁸¹	USA	Assessment (using e-portfolios)	Suite of 3 FD workshops	Faculty mentors who were interested in socio-cultural perspectives in medicine	No formal evaluation of FD described	The authors developed a " <i>Sociocultural ePortfolio Assessment Tool</i> in the undergraduate medical curriculum [and] three FD workshops were held to expand faculty skills in using this technology." (p. 257)	"The development of the SePAT [Sociocultural e-Portfolio] as a platform for mentored reflection and as an assessment tool was central to updating our institution's sociocultural curriculum." (p.261) "Given the longitudinal design of the sociocultural curriculum, ongoing assessment of student reflections over time is critical. Continued FD is necessary [...] and desired by faculty to ensure that they maintain sufficient skills to provide meaningful student feedback." (p. 262)	Teaching and learning
Pololi & Evans 2015 ³¹	USA	Mentoring underrepresented faculty (writing and leadership)	5-year program	Medical educators	Tracking of academic faculty output; evaluation questionnaires collecting qualitative and quantitative data completed at the end of the program	The authors postulated "that through participation in a group peer mentoring program, faculty would experience a desired <i>culture in academic medicine</i> , and that this would support and enhance their career planning and skill development." (p. 193)	"Completing the program gave the participants the experience of working and learning in an unfamiliar and improved culture, and the faculty were able to describe and discuss the culture changes that they were experiencing." (p. 198) "Mentoring programs employing methods such as those described in this report have the power to change the culture of academic medicine." (p. 199)	Career development
Pololi et al. 2013 ³⁰	USA	Mentoring underrepresented faculty	2 ½-day meetings biannually	Diverse faculty leaders and deans from medical schools	Post-training Questionnaire to collect qualitative and	"Research suggests an ongoing need for change in the <i>culture of academic medicine</i> ." (p. 244)	"A purposefully diverse group of faculty and leaders can build a community of trust to support culture change activities." (p. 255)	Career development

			over four years		quantitative data; telephone exit interviews; single question email to determine personal impact of program			“We achieved the goal of creating a more reflective culture by integrating well-received structured dialogue approaches, such as Appreciative Inquiry and Knowledge Cafe, which involved the familiar approach of review and discussion of articles related to mindfulness, bias, and culture change, and then generalizing to experience.” (p. 254)	
Pron et al. 2008 ⁸⁴	Vietnam	Teaching	1-month workshop	Nurses and physicians	No formal evaluation of FD mentioned but the authors provided a narrative description of lessons learned.	“The role of the nurse reflects the religious and <i>cultural beliefs</i> of Vietnamese society.” (p. 215)		“Some of the lessons learned which might help others included having a sense of humour, maintaining flexibility in teaching styles and content, being prepared for the cultural and religious influences on health care, and utilizing all of one’s nursing skills to find creative solutions when teaching nursing in another country.” (p. 212)	Teaching and learning
								The authors suggest that visiting faculty should: - “First and foremost, become as familiar as possible with the religious and cultural beliefs before [they] leave for the country. This will minimize the inevitable surprises.” - “Second, study in depth the healthcare practices where [they] will be working or teaching to help focus the content being taught or knowledge needed while in the country. “ - “Third, collaborate closely with [their] destination colleagues well in advance to assess their perceived needs in order to be well prepared and discover any hidden agendas.” (p. 217)	

Robboy & McLendon 2017 ³²	USA	Professional development and promotion	Structured mentoring program, including an annual faculty review	Multi-disciplinary	CV analysis	“What we cannot assess is to what degree our desirable geographic region, climate, culinary, and <i>cultural attributes</i> influence decisions.” (p. 14)	“The reviews generally helped candidates focus much earlier, identified impediments they individually felt, and provided new avenues to gain a national reputation for academic excellence.” (p. 1)	Career development
Ross et al. 2011 ⁴⁵	USA	Health disparities	2-hour workshop	Medical faculty	Post-training Workshop evaluation to assess content and process and data from reflective writing component of the program	“The authors designed a FD workshop using film to “enhance awareness of issues related to teaching in a <i>multicultural classroom</i> ; stimulate discussion on teaching and learning about potentially contentious issues linked to race, ethnicity, religion, gender, geographical origin, and class; and expose faculty to the use of multimedia to facilitate discussion on topics of diversity and social justice. (p. 188)	Bias “should be considered as part of an ongoing effort in FD in multicultural education that emphasizes the development of a critical awareness of disparities and a commitment to address social injustice.” (p. 192) “The feedback [...] received suggests that the professional development workshop is a useful tool for helping faculty to stimulate discussions on controversial issues in multicultural education that may otherwise be avoided due to lack of expertise or experience.” (p. 192) “A single FD workshop cannot be expected to respond adequately to years of hidden bias, nor can it provide all of the necessary training for faculty to facilitate discussions on contentious issues involving diversity, disparities, and social justice.” (p. 192)	Cultural competence
Rust et al. 2006 ³³	USA	Mentoring underrepresented faculty	1-year longitudinal program, 4-6 week stand-alone modules, and an executive FD program	Medical school faculty	Pre- and post-training Self-reported academic competencies; participant enrollment and completion rates; participant feedback Cultural relevance was noted under suggestions for improvement, which	“An increasingly diverse US population needs <i>culturally competent physicians</i> and a proportionately diverse physician workforce.” (p. 43) The authors wove in “ <i>culture-affirming messages</i> , either explicitly [...] or subliminally...” (p. 45)	“Our program alone cannot solve the lack of diversity in our nation’s academic health centers. Similar programs, with more rigorous outcome evaluations and controlled or quasi-experimental study designs, could be implemented...” (p. 48)	Career development

					included "more discussion on cross-cultural issues" (p.46). However, no formal evaluation of cultural relevance was undertaken.			
Sanderson et al. 2012 ⁵⁸	USA	Academic writing for publication	8-month program, including writing coaching, monthly informal large group sessions and small group writing sessions	Nursing faculty	Tracking of the number of publications submitted and published (during and the year following the initiative) Survey at the end of 8 months to obtain faculty feedback	"To strengthen a school of nursing's <i>culture of scholarship</i> , a FD writing initiative, based on Social Learning Theory, was implemented." (p. 206)	One year later, "although formal group sessions no longer occurred, faculty members continue their efforts on collaborative writing projects." (p. 209) "Creating educational environments that enhance the culture of scholarship is necessary in preparing nurse educators to meet their expectations of their multifaceted roles." (p. 207)	Research and scholarship
Schreurs et al. 2016 ⁶⁷	Netherlands	Teaching	1 year, 185 hours of study	Biomedical and social sciences faculty	Post-training Focus groups related to how coaching, networking and work-related activities influenced teaching practices	Mentors can "help teachers understand the <i>organizational culture</i> in which they work and introduce them to invaluable professional networks." (p. 809)	The authors recommended that "departments hold faculty accountable for education, in line with procedures that are already in place for research. This can also mark an important agent for cultural change in departments where traditional practices still hold sway." (p. 812) Following the intervention, "participants experienced an improved educational culture within the faculty in favour of educational careers." (p. 812)	Teaching and learning
Shields et al. 2009 ⁴⁶	USA	Cross-cultural care	1-hour FD session with longitudinal reinforcement of concepts	Internal medicine tutors in a gastrointestinal pathophysiology course	Student evaluations of teachers and tutors teaching the courses	This study "focused on showing the relevance of racial, ethnic, <i>cultural</i> , and socioeconomic <i>factors</i> to gastrointestinal diseases..." (p. 279)	The "data suggest, but do not prove, that it was the FD program rather than the case changes that led to the significant increase in discussion of cross- cultural care." (p. 283) The authors found "no impact of the tutor's sex, age, prior experience as a gastrointestinal tutor, rank, or	Cultural competence

							specialty in determining whether a tutor actively taught CCC frequently. [Their] data imply that all tutors, even first time tutors who are interested and enthusiastic, can learn to interweave cross-cultural factors into tutorials with focused training.” (p. 283)	
Shields et al. 2015 ⁴⁷	USA	Cross-cultural care in GI physiology	FD integrated into a university undergraduate course over a 6-year period	Internal medicine tutors in a gastrointestinal pathophysiology course	Anonymous student evaluations of tutors Course evaluation, which included items related to cross-cultural care	The authors designed “a specific FD program for tutors to teach <i>cross-cultural care</i> in a preclinical gastrointestinal pathophysiology course with weekly longitudinal follow-up sessions...” (p. 81)	“Tutors were recognized as better tutors when they taught both cross-cultural care and pathophysiology.” (p. 89) The authors also hoped that their “positive results over a 6-year period will encourage other medical schools to create and sustain cross-cultural care FD programs promoting the discussion of cultural and socioeconomic issues among faculty members and students in parallel with teaching patho-physiological concepts.” (p. 89)	Cultural competence
Sinkford et al. 2009 ³⁴	USA	Mentoring underrepresented faculty	3-year institutional support including mentoring and academic partnerships for under-represented minorities	Dentistry	Post-training Program evaluation; site visit document reviews; meetings with directors, mentees and the external evaluator; web-based baseline survey and web-based survey of leadership, mentors and mentees	“... Deans and department chairs encourage faculty members to develop guidelines regarding mutual responsibilities concerning an organizational environment supportive of diversity and <i>cultural competence</i> .” (p. 761)	“Some of the changes include emphasis on cultural competence, clearly communicating the importance of diversity, and creating flexibility in programs that encourage the return of practitioners as part-time faculty.” (p. 762)	Career development
Slimmer 2012 ⁸²	USA	Teaching	1-year individualized experience facilitated by a teaching mentor	Nursing	Post-training Survey questionnaire to evaluate perceptions of this initiative to support teaching skills and scholarship	This mentoring program “is supported by an <i>institutional culture</i> that values mentoring and provides it with an organizational home.” (p. 182) “...Faculty specifically identified the desire to develop increased skills in meeting the learning needs of	“...To build a stronger learning organization with a robust culture of mentoring, the program is supported by an institutional culture that values mentoring.” (p. 184) The primary mentors “facilitated the implementation of a learning	Teaching and learning

						students from <i>diverse cultures</i> .” (p. 184)	enhancement experience for students from diverse cultures.” (p. 184)	
							“...The entire teaching mentorship program can be implemented in phases rather than all at once.” (p. 185)	
Spence et al. 2018 ³⁵	USA	Basic science and clinical research	One-on-one mentoring, targeted feedback and grant-writing support	Multi-disciplinary	Pre- and post-training Survey questionnaire assessing mentorship relationships and scholarship and research productivity	“...Mentees indicated [that] common ‘perceive deficits’ including navigating the <i>organizational and institutional culture</i> , clear direction in achieving promotion and tenure, among others.” (p. 1)	The “mentee self-assessment survey identified key categories associated with ‘perceived growth’ [including] ‘understanding promotion and tenure criteria’, ‘clear direction in achieving promotion and tenure’, {...} and ‘navigating the organizational culture.’” (p. 5)	Career development
Srivastava et al. 2016 ⁵⁵	India	Education research	One-year course	Medical teachers	Used Kirkpatrick's Model Pre- and post-training Survey questionnaire to assess change in behaviour	The authors evaluated “the efficacy of a FD Fellowship Program in Medical Education to foster <i>educational research culture</i> amongst medical teachers.” (p. 9)	“FD programs can be a promising approach to foster education research culture by generating leaders in the field. Institutional support can persuade these leaders to establish a trend of evidence-based teaching, learning and assessment practices in medical education” (p. 11) “A strong leadership should be emphasized to foster ER [educational research] culture amongst medical teachers.” (p. 11)	Research and scholarship
Suplee & Gardner 2009 ³⁶	USA	Faculty orientation	6-week FD program	Nursing	Post-orientation surveys to collect qualitative and quantitative data for program evaluation	“Orientation assists [nurses] in making the transition from clinician to educator, helps them become familiar with the system in which they will be working, and provides opportunities for building skills, integrating into the <i>academic culture</i> , networking, and mentorship.” (p. 514)	“Providing an extensive orientation has become part of the culture at this nursing institution.” (p. 518) “Mentoring, partnering, and continuing professional development targeted to both faculty needs and the development of teaching competencies all play a role in supporting faculty growth and maintaining a culture of excellence and productivity.” (p. 520)	Career development
Taneja et al. 2018 ⁴⁸	USA	Cultural identity of trainees	90-minute workshop	Psychiatrists	No formal evaluation of FD mentioned but the	“Although there is a clear need to integrate discussion of provider	“Comments from participants during and after the workshop highlighted	Cultural competence

					authors provided a narrative description of the workshop experience.	<i>cultural identity</i> into training, very little has been written about concrete strategies to support trainees in reflecting on their own <i>cultural backgrounds</i> , how this interfaces with clinical care, and how one might manage prejudice or micro-aggression.” (p. N/A)	several themes: deep appreciation for hearing the perspectives of racial/ethnic minority trainees, gratitude for the structured setting to discuss a difficult topic, and feeling inspired to deepen conversations on culture with their trainees.” (p. N/A) “Our patient and provider populations are increasingly diverse, and medical care and medical education must thoughtfully respond to these changes. Trainees’ identified cultural backgrounds impact their interactions with patients, colleagues, and supervisors and must be discussed and supported.” (p. N/A)	
Taylor & Fry 2010 ²⁷	Sweden	Faculty exchange	1-month faculty exchange	Nursing	No formal evaluation of FD mentioned	“Engaging in the ERASMUS exchange programme enables lecturers within both countries to compare <i>culture</i> and philosophy underpinning education and maternity care.” (p. 455)	“The combination of both professional and social encounters has not only promoted the exchange of ideas and knowledge in respect of midwifery practice and education, it has enabled the university [...] to create a greater international and cultural understanding within the European context.” (p. 455)	Career development
ten Cate et al. 2014 ²⁴	International	Faculty exchange	1-week FD site visits	Medical educators	Post-training Oral and written program evaluations at the end of each week; a more global evaluation and reflective electronic survey at the end of all site visits	“The type of experiences that widen perspectives in the field should ideally involve acquaintance with different settings, <i>cultures</i> and schools.” (p. 591)	Participants reported that this program “broadens your scope, makes you realize differences and similarities between (educational) cultures, realize that your own (local, national) problems and frustrations are sometimes more general and [teaches] you a lot about other solutions and approaches.” (p. 593) The authors believe that this FD program “contributed to the quality of the educational culture” in the participating institutions. (p. 594)	Career development

Tulinius et al. 2012 ⁵⁴	Denmark	Research design	20-day program	General practitioner trainers	Post-training Process evaluation collected through think tanks, interviews, observations and written evaluation forms	“To obtain good quality evidence- based clinical work there needs to be a <i>culture of critical appraisal</i> , and strong bridges between the clinical and the academic worlds in general practice.” (p. 57)	“It is possible to support the development of general academic capacity in general practice using participatory design in collaboration with GP academics and clinicians, building bridges between academia and clinical work, as well as within academia between research publication and teaching. There is, however, a generic barrier in the regulation of academia itself.” (p. 57)	Research and scholarship
Tuxbury & Wall McCauley 2015 ⁶³	Haiti	Teaching	5 weekly 8- hour class sessions	Nursing	Post-training Online and pencil and paper surveys on teaching strategies Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.	“Using posters as teaching tools was also discussed [...] Completing these posters enabled Haitian nurse faculty to identify researchable problems, discuss political and <i>cultural</i> <i>contexts</i> related to teaching, and address diverse students’ diverse learning styles. (p. 176)	“...Faculty members who taught the course developed new skills in cross- cultural education.” (p. 178) “...The availability of a trilingual, Haitian–American nurse as interpreter was important to the success of the course. That person’s ability to understand cultural differences and her commitment to the course goals often enabled each group to learn from the other.” (p. 178)	Teaching and learning
Viets et al. 2009 ³⁷	USA	Mentoring underrepresented faculty	4-year mentorship program	Medical researchers	Post-training Focus group interviews; tracking of grant submissions, publications, and professional presentations	The authors designed a <i>culturally- centered</i> mentorship program for minority faculty” to help reduce health disparities. (p. 1118)	A culturally centered mentorship program “can help counter institutional challenges by valuing culture, community service, and community-based participatory research to support the recruitment and advancement of ethnic minority faculty members in academia.” (p. 1118) Participants reported that the program “created a safe cultural space for minority faculty by emphasizing the value of cultural issues and community commitment.” (p. 1122) The authors noted that “to counter the academic culture of competition,	Career development

							criticism, and little emotional involvement traditionally found in universities, these feelings of safety and support may be particularly important to junior academicians who are ethnic minorities, given their cultural values of contextualization, personal relationships, community, and respect.” (p. 1122)	
Weber-Main et al. 2013 ⁵⁹	USA	Research	Multi-year program (10-year report)	Faculty members in family medicine and community health	Tracking of academic faculty output including grant proposals, peer-reviewed articles and tenured/tenure track faculty	“The authors offer their perspectives on three apparent drivers of success with broad applicability—namely, effective leadership, systemic <i>culture change</i> , and the self-awareness to adapt to changes in the local, institutional, and national research environment.” (p. 929) “Clearly, efforts to strengthen our research mission would require unprecedented changes in our <i>culture</i> and resource allocation.” (p. 931)	“Overarching drivers of success were effective leadership, systemic culture change, and the self-awareness to adapt to changes in the local, institutional, and national research environment.” (p. 937) “These features enabled us to successfully transition from needing a faculty-development supported model of research growth to having a critical mass of faculty-led research teams, each with increasing success in attracting external funding and engaging the next generation of primary care trainees in research.” (p. 937)	Research and scholarship
White-Davis et al. 2018 ⁴⁹	USA	Racial and ethnic disparities	1.5-hour workshop	Multi-disciplinary	Pre- and post-training Field notes and survey of participant knowledge and attitudes regarding issues of racism	“Teaching clinicians about health care inequities has primarily focused on disparity statistics, power analyses, and <i>cultural competence training</i> .” (p. 364)	“Results revealed that participants improved their knowledge of the impact of racism on health inequities and of strategies to address racism in home institutions.” (p. 366) “This relationship-based workshop and toolkit [...] demonstrate how providing information and relational context for difficult conversations can engage faculty to consider addressing racism in their educational institutions.” (p. 367)	Cultural competence
Wong & Agisheva 2007 ⁶⁹	Russia	Teaching	5 seminars (Stanford model)	Medical educators	Retrospective pre- and post-training	“The effectiveness of presenting medical educational FD projects	The authors “found that the educational challenges that exist for medical teachers transcended both	Teaching and learning

					Self-reported ratings of teaching ability and fulfilment of commitment to change statements written by workshop participants	across <i>educational cultures</i> is not well documented.” (p. 319)	institutional and cultural boundaries and that the concepts and teaching methods presented in [their] pilot FD model could possibly be adapted for use in Russia with successful results.” (p. 319)	
					Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.		The authors also noted that “given the distinct differences in academic structure and culture between the USA and Russia, it is not unreasonable to believe that similar adaptations of [this FD model] could be successful in other countries. The challenges faced by medical teachers, regardless of their host cultures, likely transcend institutional boundaries and may be more fundamental in nature.” (p. 323)	
Wong & Fang 2012 ⁶²	China	Teaching	3 seminars of 150 minutes over two weeks	Mid-level faculty teachers	Retrospective pre- and post-training Program evaluation and survey questionnaire assessing participants’ teaching abilities	“...The difficulties that medical teachers encounter, regardless of subject matter or venue, are similar in each <i>culture</i> .” (p. 356)	“The educational challenges that exist for medical teachers in clinical medicine transcend institutional and cultural boundaries. We have found some evidence that a well-studied Western-style FD model can be successfully adapted for use in China.” (p. 359) “Although this project was an adaptation from a well-studied and successful model, it remains a great challenge to successfully overcome differences in culture, language, and educational systems.” (p. 357)	Teaching and learning
Wong et al. 2017 ⁶⁵	Japan	Clinical teaching	7 workshops (Stanford model)	Nurse and physician educators	Retrospective pre- post-training Survey questionnaire assessing teaching abilities and specific teaching behaviors; completion of	“FD for improving clinical teaching can be performed across the <i>cultures of medicine and nursing</i> , as well as across the <i>cultures of the United States and Japan</i> .” (p. 597) “In previous experiences with <i>cross-cultural FD</i> , there are established norms and expectations for the roles	The evaluation data “suggest that FD for improving clinical teaching can be performed across cultures and across medical disciplines.” (p. 601)	Teaching and learning

					commitment to change statements	of teachers and learners within the <i>cultural system</i> .” (p. 600)		
					Although cultural differences were acknowledged, no formal evaluation of cultural relevance was undertaken.			
Yoon et al. 2016 ⁶⁶	Mongolia	Health professions education	17-day program	Health professionals	Used Kirkpatrick's Model Post-training Focus group and survey to assess participants' satisfaction and attitudes towards educational competencies	“...The joint expert team developed educational programs on seven core topics: clinical teaching, curriculum development, e-learning, item writing, medical research, <i>organizational culture</i> , and resident selection.” (p. 381)	“The FD programs that were developed and implemented as part of this transnational collaboration between Mongolia and Korea are expected to contribute to the further improvement of health professions education in Mongolia.” (p. 381) “Language barrier was found to be the main obstacle of the program.” (p. 388)	Teaching and learning
Zaidi et al. 2016 ¹⁵	International	Health professions education and cross-cultural discussions in online component of courses	FAIMER (one-month course within a two-year fellowship)	Multi-disciplinary	Evaluation of online course discussion using discourse analysis	“ <i>Cross-cultural education</i> is thought to develop critical consciousness of how unequal distributions of power and privilege affect people’s health.” (p. 287)	The authors suggested that “cross-cultural discussions need to be facilitated actively to transform learners’ frames of reference, create critical consciousness, and develop cultural competence.” (p. 287) “Openness to sharing cultural perspectives may be an important way to foster cultural competence...” (p. 298) “Letting go of the need to keep contributions ‘culture-free’ may empower participants to talk (or write).” (p. 299)	Cultural competence

^aCampinha-Bacote J. The Process of Cultural Competence in the Delivery of Healthcare Services: The Journey Continues, 5th ed. Cincinnati, OH: Transcultural C.A.R.E. Associates; 2007.