

COMMENTARY**It takes two to tango: The ‘inter’ in intercultural competence****Mo Al-Haddad**^{1,2,3}  | **Peih-ying Lu**^{4,5,6} ¹University of Glasgow, Glasgow, UK²Queen Elizabeth University Hospital, Glasgow, UK³NHS Education for Scotland, Edinburgh, UK⁴College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan⁵College of Humanities and Social Sciences, Kaohsiung Medical University, Kaohsiung, Taiwan⁶Centre for Medical Education and Humanizing Health Professional Education, Kaohsiung Medical University, Kaohsiung, Taiwan**Correspondence**

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Email: mo.alhaddad@glasgow.ac.uk**Funding information**

No funding was received to write this article.

In this issue of *Medical Education*, Smith et al.¹ present a comprehensive integrative literature review of refugee IMGs' integration needs. After synthesising the literature, they developed a theory summarising these needs, which included the three pillars of *learning*, *connecting* and *being*. They highlighted the central role of *cultural competence* in relation to two of the pillars: *learning* and *being*. Fruhstorfer et al.,² on the other hand, present in this issue of *Medical Education* a meta-narrative review of international short-term placements in health professions education. In this review, they describe the way in which these placements have been studied using different paradigmatic approaches, by different healthcare professions, over time. In an increasingly globalised world, international short-term placements, as Fruhstorfer et al. point out, are seen as one approach to equip healthcare professions students with global health competencies. It is no surprise that within this international context, *cultural competency* was also one of the main topics of investigation. Whereas Smith et al. used the term *cultural competence*, and Fruhstorfer et al. used the term *cultural competency*, we prefer to use the term *intercultural competence*. We prefer this terminology as the prefix ‘inter’ signifies the juxtaposition of at least two different cultures and implies a bi-directionality to the competence; a point we will discuss shortly. So, what is intercultural competence?

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Intercultural competence is not easy to define, but scholars agree that it is the ‘ability to communicate effectively and appropriately in intercultural situations based on one’s knowledge, skills, and attitudes’.^{3,4} Developing intercultural competence, therefore, depends on the personal attitudes of individuals, which allow them to develop the knowledge and skills, which when internalised lead to a new way of thinking and behaving, the collective of which is intercultural competence.^{3,5}

As migrants arrive in the host country, they enter a ‘third’ space or zone of ‘in-betweenness’⁶ where differences in the migrant’s own heritage culture and that of the dominant host culture are observed.

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In this space, the meanings of the two cultures are reinterpreted. Developing intercultural competence in this space requires migrants to undergo processes that involve the reidentification of the *self* and *others*, where migrants see differences through 'othering' the host cultures and reconstruct the *self* to become part of the *others*. By doing this, migrants develop an intercultural identity which is vital for developing a sense of belonging to the host country.^{5,7} For migrants, intercultural competence is a pre-requisite for both 'integration' or 'assimilation', and without it, migrants can become 'separated' or 'marginalised'.^{5,8}

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Migrants, such as migrant IMGs (of whom refugee IMGs are a subset), develop intercultural competence by two means: The first is by exposure to mass media of the dominant host country culture, and the second is by interacting with natives of the dominant host country culture.^{5,9} This is in line with the findings of Smith et al.,¹ who had 'connecting' as one of the three pillars vital for integration. In this context, it is the bridging connections that facilitate the development of intercultural competence, which—in a virtuous cycle—improve the ability of migrants to form further bridging connections.⁹ Intercultural competence is therefore an integral part of the third pillar of *connecting* as well.

The movements of refugee IMGs¹ and students on short-term international placements² are different with the former being forced migration and the latter being voluntary and temporary—also known as sojourning. Nevertheless, individuals who move in both these ways are less likely to socially integrate compared to those who undergo voluntary long-term migration.^{10,11}

Despite the challenges, as forced migrants, refugee IMGs tend to stay for a long period of time if not permanently in the host country and are required to rebuild their lives, social networks and careers. Cultural differences were seen as barriers to adapting in the host country by these doctors¹ but—we argue—not appreciated universally by members of the dominant host country culture. However, members of the dominant host country culture should also develop intercultural competence and enter that third space to identify manners in which representation, power structures and value systems of the host country could facilitate migrants' integration.

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This argument takes us back to the centrality of bridging connections that are formed in this third space. The extent to which migrants can successfully build bridging connections therefore also depends on host receptivity^{5,9} and requires commitment from members of both cultures as well as time and capital resources.

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Fruhstorfer et al. reported a positive impact on students' intercultural competence. However, due to the brief nature of the experience, the impact is unlikely to be a large one.¹² Interestingly though, Fruhstorfer et al.² pointed out that for students, building bridging connections with the host community and faculty helped the students overcome some of the challenges they faced. There is no doubt that these bridging connections gave the students seeking them an advantage in acquiring intercultural competence, which enabled them to overcome some of the challenges. Incorporating the building of these bridging connections in short-term international placements might therefore maximise the acquisition of intercultural competence in the short time available. Spending both learning and leisure time together, for example, enhanced the acquisition of intercultural competence in both visiting and host nursing students.¹³

Developing intercultural competence in relation to patients' cultures is generally required as a core competence for health professionals.¹⁴ We support Fruhstorfer et al.'s view that short-term international placements are effective in enabling healthcare students to develop intercultural competence and advocate the further exploration of ways to maximise the acquisition of this competence for both visiting and host students. Even if students have no intention of practicing abroad, intercultural competence is necessary for caring for their multicultural patients and connecting with fellow international students, visiting international students and

future migrant colleagues such as refugee IMGs. Rather than expecting only migrants to develop intercultural competence, we call on all healthcare students and professionals to strive to develop intercultural competence. We also call on healthcare students and professionals to step into that third space to facilitate the development of bridging connections with visitors and migrants, as ultimately, it takes two to Tango.

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AUTHOR CONTRIBUTIONS

Mo Al-Haddad: Conceptualization; project administration; visualization; writing—original draft; writing—review and editing. **Peih-ying Lu:** Conceptualization; visualization; writing—original draft; writing—review and editing.

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How to cite this article: Al-Haddad M, Lu P. It takes two to tango: The 'inter' in intercultural competence. *Med Educ*. 2024;1-3. doi:10.1111/medu.15319