



# Teaching and Assessing Cultural Competence

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# Objectives

- Describe the importance and role of cultural competence education in preventing health care disparities and improving physician patient communication and safety
- Recognize the LCME standards regarding cultural competence education
- List potential barriers to implementing a cultural curriculum
- Discuss evaluation methods for cultural competence

# What is culture?

- “A set of **behaviors** and **guidelines** individuals use to understand the world and how to live in it.”
  - If individuals interpret the world through different guidelines
    - Likely interpret the “same” disease in a different way
  - Physician and patient are operating under a different set of assumptions
    - Potential for miscommunication and frustration

# What is cultural competence?

- A set of practice skills, knowledge and attitudes:
  - awareness and acceptance of difference
  - awareness of one's own cultural values
  - understanding of the dynamics of difference
  - development of cultural knowledge
  - **ability to adapt practice skills to fit the cultural context of the client**



Why should we teach it?

# Why should we teach it?

- Changing demographics
- Shortage of underrepresented minority providers
- Impacts patient care hard outcomes
  - Satisfaction
  - Adherence
  - Morbidity and mortality
  - Cost

Brach C, Fraser I. Med Care Res Rev 2000.  
Carrillo JE, Green AR, Betancourt JR. Ann Intern Med 1999.  
Flores G. N Engl J Med 2006.  
Nunez AE. Acad Med 2000.

# Why should we teach it?

- Addressing the Sociocultural Barriers to US Healthcare
  - Language and nonverbal communication
  - Health practices and beliefs
  - Role of family members in health care decision-making
  - Patient knowledge and expectations of the health care system

# Why should we teach it?

- **2003 IOM report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care***
  - Identified cultural competence training of health professionals as a potential strategy to improve quality of care and reduce health disparities.
- **LCME standards in ED-21 and ED-22**
  - Require teaching students to appreciate patients' understanding of health related to their cultural background and to acknowledge and address biases in health care.
- **ACGME – Professionalism core competency**



What should we teach?

<b><u>TACCT- Domains</u></b>	<b><u>Cultural Competence Content Area for Clerkships</u></b>
<b>Domain I- Rationale, Context and Definition</b>	A. Definition of cultural competence
	B. Definition of race, ethnicity, and culture
	C. Clinicians' self assessment and reflection
<b>Domain II- Key Aspects of Cultural Competence</b>	A. Epidemiology of population health
	B. Patients' healing traditions and systems
	C. Institutional cultural issues
	D. History of the patient
<b>Domain III- Understanding the Impact of Stereotyping on Medical Decision- Making</b>	A. History of stereotyping
	B. Bias, discrimination, and racism
	C. Effects of stereotyping
<b>Domain IV- Health Disparities and Factors Influencing Health</b>	A. History of health-care discrimination
	B. Epidemiology of health-care disparities
	C. Factors underlying health-care disparities
	D. Demographic patterns of disparities
	E. Collaborating with communities
<b>Domain V- Cross-Cultural Clinical Skills Cultural Attitudes</b>	A. Differing values, cultures, and beliefs
	B. Dealing with hostility/discomfort
	C. Eliciting a social and medical history
	D. Communication skills
	E. Working with interpreters
	F. Negotiating and problem-solving skills
	G. Diagnosis and patient-adherence skills

A photograph showing a globe of the Earth being held by several hands of different skin tones. The hands are positioned around the globe, with fingers spread, suggesting a collective effort or care. The background is a soft, warm, golden-yellow gradient. The text "Are we teaching it?" is overlaid in the upper right quadrant.

Are we teaching it?

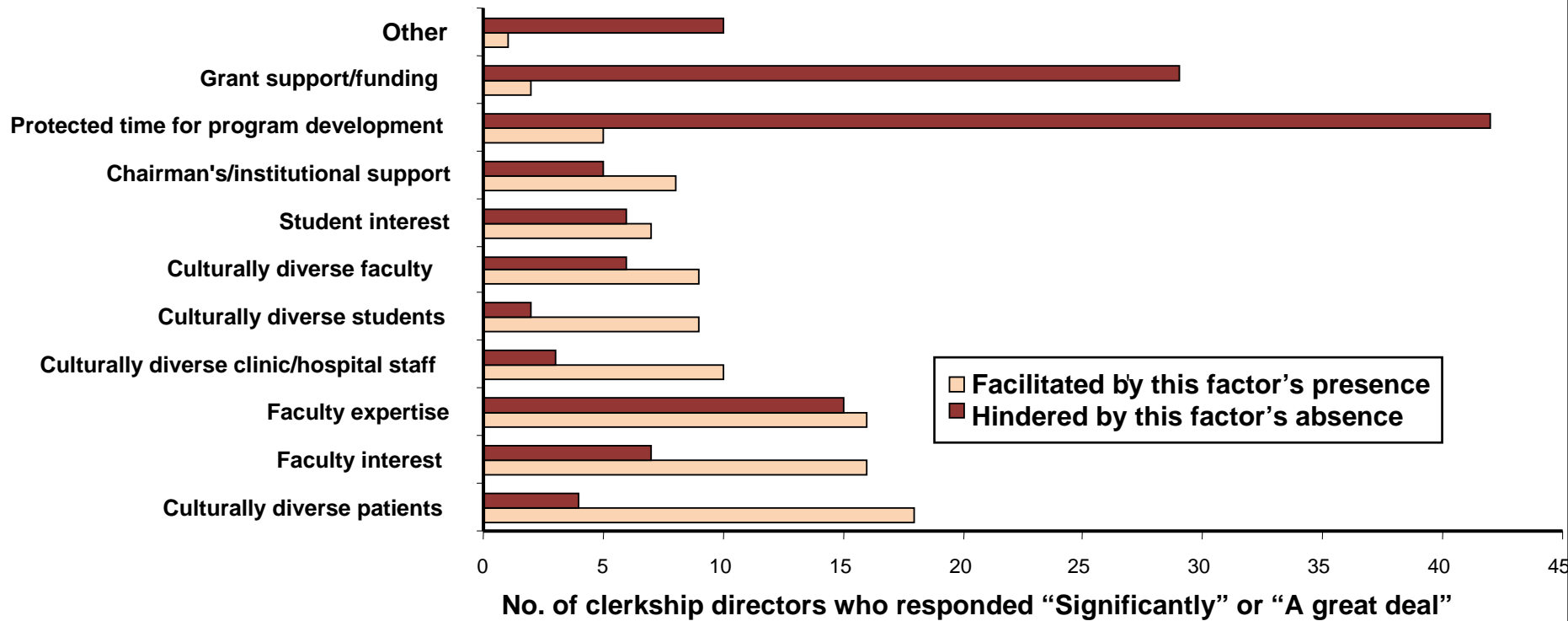
# Are we teaching it?

- 2006 survey of 125 US Pediatric Clerkship directors concerning the teaching of culturally competent/culturally effective pediatric care within their clerkships and medical school curriculum
- 24 respondents (25%) offered cultural teaching, 74 (75%) did not

# What are the barriers or challenges?



# What are the barriers?



# What are the challenges?

- Overcoming learner resistance
  - Soft science
  - Irrelevance to daily patient care activities
  - “I treat all my patients the same”
- Stereotyping
- Culture of Others
  - “I am normal, everyone else has a culture”
    - “Culture of No Culture”
  - Incorporating own culture

# Culture of US Medical Schools

- Differs across schools, but, in general:
  - Exclusive clubs (white coat, doctor talk)
  - Admission guarantees an MD
  - Hierarchical versus egalitarian
  - Machismo versus compassion / sensitivity
  - Tribal society
  - Competition versus collaboration
  - Individualism valued over team work
  - Focus on disease vs. illness

# Overcoming Challenges

- Altering the student's world view
  - Teaching cultural humility
  - Self- reflection and critical reflection on one's patterns of behavior
    - Appreciate processes framing their own attitudes about health and illness
  - Fosters self awareness
- Role Modeling\*
  - “Informal” curriculum



How are we teaching it?

# How are we teaching it?


- Most common teaching methods of cultural competence in Pediatric Clerkships
  - Didactic lectures (63%)
  - Experiential learning through community activities (58%)
  - Small group discussions (54%)
  - Web based learning (29%)
  - Standardized patients (21%)
  - Videos (21%)
  - Specially designed clinical experiences (21%)

# How are others?

- Systematic review of 64 studies evaluating cultural competence training of health professionals (Price EG et al. *Acad Med.* 2005.)
  - Most common methods included group discussion, lectures, case scenarios, clinical experiences, cultural immersion, and presentations by an ethnic minority.

# Does it matter how?

- Systematic review of health care provider educational interventions (Beach et al. *Med Care* 2005.)
  - Most common methods included lectures, discussion, case scenarios, clinical experience, small group, cultural immersion, audio/visual, interviewing other cultures, role play.
  - Results- both shorter and longer interventions appeared effective as did both methods using experiential learning and those not using experiential learning



Will teaching Cultural  
Competence make a  
difference?

# Evaluation Methods

- 2006 survey of 125 US Pediatric Clerkship directors
- Only 14 of the 24 programs (58%) teaching cultural competence curricula reported any evaluation methods
- Most common methods
  - Student surveys
  - Clinical case presentations
  - Standardized patient experiences

# Evaluating Students in Cross-cultural Education

- Focusing on **knowledge**
  - Pretest-posttests
  - Unknown clinical cases
  - Presentation of clinical cases
  - OSCE
- Focusing on **skills**
  - Presentation of clinical cases
  - OSCE
  - Videotaped/audio taped clinical encounter
- Focusing on **attitudes**
  - Standard surveying
  - Structured interviewing
  - Self-awareness assessment
  - Presentation of clinical cases
  - Videotaped/audiotaped clinical encounter

# Beach et al. 2005 systematic review of educational interventions found

- Excellent evidence that it improves **knowledge** (17/19 studies)
- Good evidence that it improves **attitudes** and **skills** (21/25 studies on attitudes, 14/14 studies on skills)
- Good evidence that it improves **patient satisfaction** (3/3 studies)
- Poor evidence that it impacts **patient adherence**
- No studies have evaluated **patient health outcomes**

# Conclusions

- Despite barriers and challenges, teaching cultural competence is important
- Further studies are required to determine if teaching methods in medical school and residency translate to future cross cultural interactions and if they impact quality of care provided

# Thank you!



"What clan do you belong to?"