Including Cultural Diversity and Cultural Sensitivity in the Surgical Curriculum

Margaret Tarpley, John Tarpley, Jeffrey Dattilo
Vanderbilt University
16 April 2008
Goals & Objectives

1. Cultural diversity and cultural sensitivity relate to the competencies of “Patient Care,” "Interpersonal and Communication Skills" and "Professionalism."

2. Through the use of didactic lectures, presentations, film, and literature, helping the residents understand that many cultural and faith issues are involved in patient-centered health care.

3. Raising the awareness that communication has not always occurred when someone nods and smiles.

4. Pointing out that cultural issues involve age, gender, education, and socio-economic status as well as ethnic, racial, and religious differences.

5. Reminding residents that medicine is a "language" that may require translation even for native-English speakers.

6. Teaching that medical decision-making may involve a family or community rather than just the individual patient.

7. Teaching about the value of involving the hospital chaplain or a local religious leader when belief systems may effect health-care decisions.

8. Teaching that respect is a core value in all cultures; therefore, respect must be shown to the patient and family members at all times.
Nurturing a Culture of Respect
For patients
For families
For colleagues
For staff
Universality of the Golden Rule*

“Do Not Do to Others What You Do Not Want Done to Yourself”

Confucius

(25 May 2005)--used by permission
We treat others as we wish to be treated.
Cultural diversity and cultural sensitivity relate to the competencies of:

• Patient Care
• Interpersonal and Communication Skills
• Professionalism
Cultural Competence — Marginal or Mainstream Movement?

• “Complete acceptance to outright derision”
• “Includes languages, styles of communication, practices, customs, & views on roles and relationships”
• The U.S. has become more diverse
• IOM report revealed problems of communication & disparities
• “Reeducation & negotiation needed between physicians and patients”
• “Effective communication”
Cultural Issues—

Academic Medicine, June 2006

Betancourt: Cultural competence and medical education: many names, many perspectives, one goal (Commentary on the following articles)

Gregg & Saha: Losing culture on the way to competence

Koehn & Swick: Medical education for a changing world

Lie, Baker & Cleveland: Using the Tool for Assessing Cultural Competence Training (TACCT) to measure faculty and medical student perceptions of cultural Competence Instruction in the first three years of the curriculum.
Joint Commission on Accreditation of Healthcare Organizations

RI.I.2: Patients’ psychosocial, spiritual, and cultural values affect how they respond to their care. The Hospital allows patients and their families to express their spiritual beliefs and cultural practices, as long as these do not harm others or interfere with treatment.

RI.I.2.7: End-of-life—Respond to spiritual concerns

RI.I.3.5: Pastoral counseling

PE.1.1: Initial Assessment – Dying patients

PE.7: Rx for alcoholism, drug dependencies—Address spiritual orientation
Issues of Cultural Sensitivity Include:

- Spirituality and religious issues
- Communication and interpersonal relationship styles including word choice, voice tone and volume, eye contact, and proper titles
- End-of-life situations
- Delivering bad news
- Clothing, hair styles, and body adornment
- Gender issues and consideration of appropriate male/female interaction
- Age, respect, and seniority
- Discipline, correction, and training methods
- Informal and social interactions
- Individualism and equality
Religious/Spiritual Beliefs as Integral to Culture

“The term “culture” is used to signify the full spectrum of values, behaviors, customs, language, race, ethnicity, gender, sexual orientation, religious beliefs, socioeconomic status, and other distinct attributes of population groups.” The AAP recommends curricular programs that address these issues.

“My work in comparative theology and religion has taught me that no word for ‘religion’ could be found in most of the world's religious traditions, at least until these traditions encountered the West.”

John J. Thatamanil, PhD
Vanderbilt Divinity School
“The Chinese have traditionally believed that Heaven may send a drought to punish poor behavior of the people or their leaders.”

Kathryn Edgerton, PhD
Dept. of History, SDSU
“People in Nigeria could understand that rabies was caused by a virus infecting dogs that in turn could pass it to humans through biting

..........but who sent the dog?”

Bill Gaventa, MD, Internist in Nigeria
Aspects of Culture Related to Health Care

• Ethnicity
• Country of Origin
• Religious Belief System
• Other Beliefs and Customs
• Social Status
• Gender and Sexual Orientation
• Location—Rural vs. Urban
• Economic Status
• Education Level
• Language Proficiency and Reading Comprehension
Helping residents understand that many cultural and faith issues are involved in patient-centered health care through the use of

• Didactic lectures
• Interactive presentations
• Film
• Literature
• Handouts
• Pre- and post-tests
Grand Rounds/Teaching Conferences

- Dean for Diversity is invited to speak at Grand Rounds
- Gave a pre-test/post-test of Cultural Awareness
- Presented a cultural sensitivity conference
- Show “Wit” every year or so
- Recommend articles and books such as *The Spirit Catches You and You Fall Down* and *Pedagogy of the Oppressed*
Handouts

• Survey Quiz
• Calendar of Holidays Across the Major Faith Communities
• Universal Golden Rule
• Elevate—Vanderbilt Program
• Culture/Faith Issues Affecting Medical/Surgical Practice
Wit: a Play by Margaret Edson.
Made into a film starring Emma Thompson
World View Shaped by Religion/Spirituality

The Spirit Catches You and You Fall Down by Ann Fadiman—A study of a Hmong child with epilepsy and the encounter with the Southern CA medical “culture”
Reminding residents that medicine is a "language" that may require translation even for native-English speakers.
Patient Illiteracy

- Lack of understanding of medical vocabulary
- Lack of actual reading skills at a grade level needed to read prescription labels (Below 9th grade)
Communication

• Translators--Need professionals, not family members

• Raising the awareness that communication has not always occurred when someone nods and smiles

• Teaching techniques of asking the patient to repeat what they’ve heard
Introduction:
Each culture is unique.

• Similar appearances (e.g., Chinese, Japanese, and Korean) do not mean cultural similarity
• Sharing a language (e.g., English-speaking East Asia Indians, British, Nigerians, Americans) does not mean cultural similarity
• Sharing a nationality (e.g., New Yorkers, Hawaiians, Texans) does not mean cultural similarity
• Sharing a religion does not mean cultural similarity
Cultural Humility

A One-Hour Talk Cannot Create Cultural Anthropologists
Cultural Competency

• Begins with Respect
• Incorporates the universal principles of the Golden Rule
• Avoids profiling and stereotypes by attaining data through respectful questioning and dialogue
• Practices effective communication techniques and monitors patient comprehension through dialogue
Cultural Competency: Some Conclusions

• Know the people
• Know "theirs" and "ours" worldviews
• Know the implicit assumptions you have of “others”
• Involve interdisciplinary care team
Goals as We Look at Ourselves

• Committing to diversity within our own residency program
• Committing to diversity within our faculty and staff
• Patient populations—4 hospitals serving diverse communities
Medical students and physicians need to be in touch with their own mortality if they are to assist patients and their families in dealing with end-of-life issues.

Matthew Walker
Meharry Medical College
Who is Paulo Freire and why should we discuss him in the context of cultural competence?

Paulo Freire (1921 – 1997) was an educator. Academic medicine has increased its focus on the discipline of education for insight into teaching and learning.

Paulo Freire was not a North American. He was Brazilian.

He taught that learning was partnership, nor just a one-way information transfer.

* http://www.unomaha.edu/~pto/paulo.htm
Translation:

Student (the Oppressed) and Teacher

Become

Patient and Physician

Pedagogy of the oppressed is

- “the pedagogy of men (persons) engaged in the fight for their own liberation (health)...” (p. 39)

- “…pedagogy that must be forged with, not for, the oppressed (persons/patients)” (p. 33)
Freire’s Educational Philosophy

Dialogic and problem-posing education

Literacy education (Medicine has a “language” that must be shared)
Problem-Posing Education

“Through **DIALOGUE**, the teacher-of-the-students and the students-of-the-teacher cease to exist and a new term emerges teacher-student with student-teacher. **The teacher is no longer merely the one-who-teaches, but one who is himself taught in dialogue with the students**...” (p.67)

Learning about and **respecting** cultural variance is the job of the physician.
Dialogue
Nurturing a Culture of Respect

For patients
For families
For colleagues
For staff