Best Practices for Incorporating Cultural Competence Training into the Curriculum Through Active Learning – Encore Presentation

Health Disparities and Cultural Competency (HDCC) SIG Webinar

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Presenters

Southern Illinois University Edwardsville
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Pacific University School of Pharmacy
  – David G. Fuentes, PharmD, BCPP, CGP
University of Cincinnati Winkle College of Pharmacy
  – Bethanne Brown, PharmD, BCACP
  – Andrea Wall, RPh
Webinar Outline

• Introduction/Background
• Discussion of active learning strategies at multiple institutions
• Wrap Up Discussion and Q/A
Learning Objectives

1. Describe strategies utilized by 3 pharmacy institutions to integrate cultural competency training into their curriculum.

2. Demonstrate and describe active learning tools used to encourage student discovery of self and their own personal biases and stereotypes.

3. Demonstrate and describe active learning strategies to enhance cultural awareness of students and improve their ability to provide culturally competent patient care.

4. Integrate active learning strategies to the newly-added affective domains of the revised CAPE Outcomes document.
Background
Why is Cultural Competency Important?

• IOM report Unequal Treatment: What Healthcare Providers Need to Know About Racial and Ethnic Disparities in Health Care

• 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS)

• Healthy People 2020
Accreditation Standards

Healthcare curriculum must prepare students for the current and future diverse patient population through cultural competency training.
Definitions

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Office of Minority Health:
Southern Illinois University Edwardsville (SIUE)

Lakesha M. Butler, PharmD, BCPS
Active Learning Strategies to Incorporate Cultural Competence Training into Curriculum

1. Taste of Cultures
2. Diversity Beads
3. Diversity In-class panel
4. Team Cultural Presentations
5. Reflective Portfolios
Activity Descriptions: SIUE

• **“Taste of Cultures”**
  - Purpose: provides students an intro to cultures through food and enhance their desire to learn
  - Evaluation: Pre/post knowledge test

• **“Global Bead Activity”**
  - Purpose: Provides students with an interactive awareness of bias and a goal of evoking the desire to diversify their life
  - Evaluation: Reflective writing
Taste of Culture Activity

- Students sampled 10 traditional items from ethnic stores or prepared by faculty (Samosas, Alfajor, Baklava, Greek salad and yogurt, Hummus, Bagna cauda, Black-eyed peas, Cornbread, Lo Mein)

- Facts and descriptions displayed about each food item

- Pre and post cultural knowledge survey administered (Related McNemar’s test used to compare pre and post results)
Results

- Students’ cultural knowledge improved significantly on posttest compared to pretest on 3 out of 5 questions.
- Identification with the Top 2 statements on the Intercultural Learning Path:
  - Pre-survey: 46%
  - Post-survey: 78%
- All students tasted at least 1 item for the first time during activity.
GLOBAL BEADS ACTIVITY
Global Bead Key

• Black= African American
• Yellow= Asian
• White= Caucasian
• Red= Hispanic
• Brown= Native American

How do you feel about your bag?
Diversity Live Guest Panel

- An Asian Woman
- A Blind Man
- An African American Man
- A Lesbian Woman

- All University Faculty/Staff
Team Summative Project: Cultural Encounter

• Example Socio-cultural groups:
  Hispanic  Bosnians  African Americans
  Jehovah’s witness  Homeless  Muslim
  Physical disabilities  HIV/AIDS  Mormons

• Project outcomes:
  • Identify differences in health beliefs, community strengths, barriers for healthcare access
  • Recommend appropriate pharmaceutical care
  • Identify knowledge and skills necessary to foster health promotion
University of Cincinnati (UC)

Bethanne Brown, PharmD, BCACP
Andrea Wall, RPh
Threaded throughout curriculum:
PY1 year: 2 hours lecture + 4 hours of hands on exercises and activities
PY1 year: 15 hour service learning requirement
PY2-PY3 year: IPPE requirements
  a. 30 hour service requirement
  b. CLAS standard discussions
Activity Description: UC

First Impression and Trading Places Exercises:
Overview: These 2 activities help students gain an understanding of their own biases and stereotypes.
Introduced to Student: Explanation that biases and stereotypes are part of human nature that must be explored and understood.
Curriculum Placement: PY1- orientation and cultural competence workshop
Evaluation: Reflective exercises
First Impressions

• Occurs in new student orientation
• Students are provided definitions of stereotype and biases
• Shown pictures- asked to write down the first “impression” they have from the picture
• Next slide details the real information about the person in the picture
First Impression: Image One
Linda Sarsour

- Outspoken and Independent
  - Born and raised in Brooklyn
  - Mother of 3
  - Advocacy and Civic Engagement Coordinator for the National Network of Arab American Communities
    - Social service agency service Arab Communities in NYC
    - Focused on community development, youth empowerment, civic engagement
First Impression: Image Four
Maurice Johnson

- 55 year old African American Male
- Doctorate in plasma physics from Dartmouth and Masters in Electrical Engineering from Purdue
- Spent all his savings to prevent foreclosure of parent’s home in Cleveland
- Became homeless due to job situation
First Impression: Reflection

Write a short paragraph focusing on your responses to each picture. What surprised you? What stereotypes or biases did you notice?
Trading Places

- Occurs during 2 hour cultural competence workshop in spring PY1 year.
- Students are placed in groups of 4 and asked to complete the following activity
  - Given a sheet of paper with 12 brief descriptions
  - Asked to rank each 1 to 12 of who they would trade places (Step 1).
  - Asked to re-rank at each step (Step 2 and 3)
Trading Places: Step 1

_____ 12 year old child piano prodigy

_____ Black female who is pregnant with her 4th child

_____ 61 year old Caucasian male aerospace engineer.

_____ 45 year old Latino male auto worker
Trading Places: Step 2

_____ A 12 year old child piano prodigy
    Played at Carnegie Hall at the age of 7

_____ Black female who is pregnant with her 4 child
    Husband recently died in Afghanistan as a Captain in US Army

_____ Sixty-one year old Caucasian male aerospace manager
    Recently divorced with 2 granddaughters

_____ A 45 year old Latino male auto worker
    Married with 2 children
Trading Places: Step 3

_____A 12 year old child piano prodigy
   Played at Carnegie Hall at the age of 7
   Contracted HIV at the age of 5 from a tainted blood transfusion

_____Black female who is pregnant with her 4 child
   Husband recently died in Afghanistan as a Captain in US Army
   Nuclear physicist and graduate of MIT

_____Sixty-one year old Caucasian male aerospace manager
   Recently divorced with 2 granddaughters
   Recently arrested for child molestation

_____A 45 year old Latino male auto worker
   Married with 2 children
   Recently won $25 million in Powerball lottery and is quitting work
Trading Places: Evaluation

In groups, students are asked to discuss the following after each step.

- Who did you rank as 1 and 12
- Why did you rank the way you did—explain
- What changed from step 1 to 2 and 2 to 3? What does this tell you about yourself?
Pacific University/ Manchester University (MU)

David Fuentes, PharmD, BCPP, CGP
Cultural Competence Training

• Combination of approaches from different institutions:
  – Early interactions with the community: exposure to research ethics/health literacy (University of the Pacific)
  – Interprofessional Case Conferences: experience with cultural diversity across patient populations and other professions (Pacific University Oregon)
  – Interprofessional Curriculum: emphasis on diversity (Pacific University Oregon)
Cultural Competence Training

• Combination of approaches from different institutions:
  – Early required course on cultural competency and bioethics (Roosevelt University & Manchester University)
    • Team debates
    • Reinforcement on cultural competency in care plans during lab experiences
  – Create your own patient case (University of the Pacific, Pacific University Oregon, Roosevelt University, & Manchester University)
Activity Description: MU

• Create your own patient case
  – Development of a patient from “scratch”
  – Working in teams
  – Given: 1) 5 different diseases states, 2) patient’s ethnicity and race, 3) patient’s highest level of education, 4) social stressors, 5) current occupation, and a list of strengths and weaknesses
  – Students had to create the story of the patient, and develop the full case
## Integration of Activities into Affective Domain of CAPE

<table>
<thead>
<tr>
<th>Sample Activity</th>
<th>Integration of CAPE 2013</th>
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<tbody>
<tr>
<td>Team debates</td>
<td>Working collaboratively (can include inter professional students), effective communication, problem-solving, leadership, innovation, etc.</td>
</tr>
<tr>
<td>Care plan emphasis (featuring health belief models)</td>
<td>Working collaboratively (with patients), educating others (patients and providers), problem-solving, effective communication, leadership, self-awareness, cultural sensitively, etc.</td>
</tr>
<tr>
<td>Create your own patient case</td>
<td>Problem-solving, effective communication, working collaboratively, cultural sensitivity, etc.</td>
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Connections: Evaluation Methods

Example of evaluating students on the elements of the Habits of Mind from the 2013 CAPE Outcomes:

- Student self-perceptions: (Likert scale items via D2L Course Management System)
- Instructor examination of student work (areas of empathic listening, working interdependently, etc.)
- Providing feedback to clarify student knowledge
Evaluation Methods

• Reflection
  – Prioritizing learning
  – Developing actionable plans
  – Imagining the steps of new behavior
  – Receiving feedback from mentors / faculty

• Practice
  – Trying out the new behaviors
  – Reflecting on how the new behaviors have worked and how they might be improved
Take Home Points

• Teaching cultural sensitivity can be incorporated into your existing curriculum through various active learning strategies
• Review your current teaching material to discover opportunities for the integration of cultural competency
• There is no need to create something completely new to expose students to these valuable concepts
Questions?

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