Overview

• Curricular Content
  ◦ Educational outcomes
  ◦ Content domains
  ◦ Curricular and teaching resources

• Considerations for implementation
  ◦ Integration and sequencing of content
  ◦ Learning environment
  ◦ Assessment
What should cultural competence in the PharmD curriculum look like?
Curriculum Standards

- ACPE-mandated aspect of pharmacy education

- No published evidenced-based standards or guidelines currently available specific to pharmacy
Curriculum Standards (cont)

- Sample resources
  - AAMC and ASPH. Cultural competence education for students in medicine and public health. Draft set of core cultural competencies for students. 2010.
  - AAMC. Cultural competence education for medical students. Washington DC, 2005
  - HRSA USDHHS. Transforming the face of health professions through cultural and linguistic competence education: The role of the HRSA Centers of Excellence. Rockville MD, 2005
Educational Outcomes

- Should be integrated into PharmD educational outcomes which are subsequently mapped to
  - Relevant ACPE Accreditation Standards and Guidelines
    - Includes Appendices B and C
  - Other authoritative sources for cultural competence education for health professionals
    - e.g., AAMC’s TACCT
Content Domain Areas

- Cultural competence – definition, rationale, context
- Key aspects of culture and cultural competence
- Understanding the impact of bias/stereotyping on decision-making and patient interactions
- Health disparities and factors influencing health
- Cross-cultural clinical and communication skills

Content – Cultural Competence

- Definition and understanding of
  - Its importance
  - How cultural issues affect health, health quality, health outcomes, and cost
  - Consequences of cultural issues

- Definitions of race, ethnicity and culture
  - Including the culture of biomedicine

- Provider self-assessment, reflection, and self-awareness of own cultural identities, assumptions, biases and stereotypes

Based upon AAMC 2005.
Content -
Key Aspects of Cultural Competence

- Epidemiology of population health
- Patient/family-centered care
  - Emphasis on health and healing beliefs and traditions
- Institutional cultural issues
- Information on the history of the patient and his/her community of people

Based upon AAMC 2005.
Content – Understanding Impact of Stereotyping

- Biases, stereotyping, discrimination, and racism

- Historical impact of stereotyping
  - Including limited access to education and health care

- Effects of stereotyping on decision making and patient interactions

Based upon AAMC 2005.
Content - HD and Factors Influencing Health

- History of health care design and discrimination
- Epidemiology of specific health and health care disparities
- Underlying factors – racial/ethnic, socioeconomic, environment, institutional, access
- Demographic patterns of HD
- Collaborating with communities to eliminate HD

Based upon AAMC 2005.
Content – Cross-cultural Clinical and Communication Skills

- Awareness, knowledge, respect and validation of diversity
- Eliciting a culturally valid history
- Interaction and communication skills
- Problem-solving and negotiating skills
- Dealing with hostility/discomfort as a result of cultural discord
- Working effectively with interpreters

Based upon AAMC 2005.
Framework for Content Development

- Develop/Identify educational outcomes
- Conduct needs assessment
  - Curricular mapping for content/gaps, including teaching strategies and learning environments
- Embed “core” content into early core didactic curriculum
  - Identify/capitalize on interprofessional learning opportunities
Framework (cont)

- Build upon knowledge and apply skills in advanced core didactic and experiential curriculum
  - Case-based discussions in pharmacotherapy/therapeutics
  - Learning about demographics of patient population served on an IPPE
  - Doing an assessment of organizational cultural competence at an experiential site

- Identify and foster co-curricular opportunities
  - Student organizations and community service projects

- Identify and assess enhancements and/or barriers related to the hidden curriculum
  - e.g., Do experiential sites and preceptors practice and model what we preach?
Content-related Resources

- Health disparities competencies and content areas

- CAM competencies and content areas

- Linguistic competency-related content areas
A Model for Developing and Implementing Content:

CP 111, 112, 113:
The Pharmacy Practice series in the first professional year at UCSF
Prior to 2005, cultural competence training provided via

- First year orientation to diversity
- 2 hour lecture in a 3rd year pathway required course
- 8-hour all-day elective course (CP 160.11) open to P1-P3 students

Elective course provided the demand and framework for implementing cultural competence into the core
Elective Course Outline

- Awareness of cultural identity
- Role of culture in health, illness and healing
- Awareness of difference
- Defining and bridging the gaps in health care
- Communication in health care
- Eliciting patients’ health and healing beliefs and practices
- Working with interpreters
- Cultural competence models
Pharmacy Practice

- First year course taught sequentially over first 3 quarters

- Objectives include laying the foundations for
  - Health promotion and public health
  - Self-care and non-prescription therapeutics
  - Cultural competence
  - Communication-related skills
  - Critical thinking and problem-solving skills
Series Overview

- CP 111 (Fall quarter)
  - Introduction to cultural competence
  - Cultural awareness
  - Introduction to CAM

- CP 112 (Winter quarter)
  - Culture and communication

- CP 113 (Spring quarter)
  - Cross-cultural communication techniques
CP 111

- Introduction to cultural competence
  - 2 hour interactive presentation and discussion
    - Definitions, rationale, context
    - Role of culture in health, illness, and healing

- Cultural self-awareness
  - 1.5 hour small group workshop (n=30)
    - Perspectives of difference
    - Stereotypes and generalizations

- Introduction to CAM
  - 3 hour presentation and discussion
CP 112

- Culture and Communication
  - 2 hour interactive presentation and discussion
    - Communication in healthcare
    - Communication strategies to help bridge differences
  - 2 hour conference section (n=20)
    - Application of explanatory framework models via role-playing exercises
CP 113

- Cross-cultural communication techniques
  - 2 hour interactive presentation and discussion
    - Health literacy
    - Limited English proficiency
    - Working with interpreters
Teaching Resources

- Interactive small and large group exercises
  - CD Rom ($75) from [http://futurehealth.ucsf.edu/TheNetwork/](http://futurehealth.ucsf.edu/TheNetwork/)
Teaching Resources

- Video training tools
  - Exploration of cultural perspectives and the influence of culture on communication
    - *Worlds Apart* patient vignettes and facilitator’s guide by Fanlight productions
    - DVD $398 at [www.fanlight.com](http://www.fanlight.com)
Teaching Resources

- Video training tools (cont)
  - Working with interpreters
    - *Communicating Effectively Through an Interpreter* vignettes by Cross Cultural Health Care Program at PacMed Clinics in Seattle
    - DVD $150 at [www.xculture.org](http://www.xculture.org)
Assessment

- Objective acquisition of knowledge
  - Case-based multiple choice exam questions

- Confidence with content
  - Student pre/post-survey
    - *Annals of Pharmacother 2004 and 2006*

- Assessment of behaviors and application of knowledge and skills
  - Incorporated measurements into mini-OSCEs for CP 111-113 course sequence
The Road Ahead

- Map new educational outcomes
- Use TACCT to map curricular theme of cultural competence within the curriculum
- Identify gaps and opportunities
- Develop, implement and assess resource-effective solutions to gaps
Sample Core Content Module:

The Role of Culture in Health, Illness and Healing
Learning Objectives

- Distinguish between the concepts of culture, ethnicity and race
- List and describe 8 dimensions of culture
- Explain the difference between the concepts of disease and illness
- Appreciate that patients may have differing health and healing beliefs and practices from pharmacists and other providers
- Describe how cultural dimensions, such as health beliefs and healing traditions, may influence patient adherence
Lecture Outline

- Define culture, ethnicity and race
  - Highlight examples of culture versus ethnicity by modeling self and from student volunteers

- Describe and discuss select dimensions of culture [Toolbox p.31 (Overhead IIB.1)]
  - Introduce topic through a video vignette
WORLDS APART

“Alicia Mercado”

Maren Grainger-Monsen, MD and Julia Haslet
Stanford University Center for Biomedical Ethics
Discussion Question

What were some of the reasons, from Mrs. Mercado’s perspective, for her lack of ideal adherence to self-care, medications and follow-up?
Lecture Outline (cont)

- Identify and discuss select dimensions of culture 
  [Toolbox p.56]

- Discuss one dimension of culture highlighted in the video vignette – health beliefs
  - Compare contrast concepts of disease and illness with a supportive example from the scientific literature

- Identify select resources available to learn more about different cultures
  - Discussion about using “lists” with caution

- Self-reflective, “pair-share” exercise and discussion
  - Family Health and Healing Traditions [Toolbox p.13-14]
Family Health and Healing
Exercise
Discussion Questions

- Does your healing practice help your symptom(s) or problem?

- Is your practice evidence-based from a biomedical (“Western medicine”) perspective?

- Would you voluntarily and proactively share your practice with your health care provider? Why or why not?
Lecture Outline (cont)

- “The road traveled”
  - Lecture recap

- Application exercise
  - Individual students’ plan for utilizing awareness and knowledge gained
  - Most effective when tied into a therapeutic topic they’ve been learning about
    - “Formulate an open-ended question you could use to ask a patient about their health belief(s) regarding immunization against influenza”
    - “Formulate an open-ended question you could use to ask a patient about their practices related to influenza prevention”
Considerations for Curricular Implementation
Ensuring Success

- Support and commitment from leadership, faculty and students
- Committed resources
- Community involvement
- Needs assessment
- Integrated content tailored to learners
- Clearly defined monitoring and evaluation process
  - Accountability (faculty and students)
  - Quality assurance
  - Quality improvement

Adapted from AAMC 2005.
Integration

- Content should not be an “add-on” to existing curriculum
- Content must be embedded throughout the curriculum
- Students must be able to apply knowledge and skills to real-life practice

AAMC 2005.
The CA Endowment 2002.
Sequencing Content

- Step-wise approach
  - Awareness/Attitudes – Knowledge – Skills (AKS)
  - Inform – Experience – Identify – Reflect – Apply
  - Content and training methods tailored to level and needs of learners
  - Increase in complexity as students advance through the curriculum
Learning Environment

- Presence of diverse faculty
  - Interdisciplinary
  - Experts
  - Role models for embodiment of attitudes and values and application of knowledge and skills in pharmacy practice

- Establishment of a safe learning environment
  - Participant defined “group norms”
  - Adequate time for debriefing

- Combination of settings
  - e.g., classroom, conference, lab, experiential

The CA Endowment 2002.
Faculty Qualifications

- Committed to attitudes and values related to culturally competent care
  - A role model for their application to pharmacy practice

- Thorough knowledge and experience in content area

- Strong teaching skills

- Skilled in facilitation and management of diverse opinions

The CA Endowment 2002.
Teaching Methodologies

• Diverse training strategies
  ◦ Facilitate self-directed learning through assignments and/or self-study modules
  ◦ Include combination of self-reflective, small and large group learning environments
  ◦ Utilize mix of
    • Interactive presentations
    • Case-based discussions
    • Interactive activities and exercises
    • Hands-on experience in simulated and real practice settings
      • Include opportunities for interprofessional learning

Adapted from The CA Endowment 2002.
Some Special Considerations

- Use of identifiers in case presentations
  - How best to teach learners what information is pertinent enough to a case to warrant inclusion in identifying information or HPI versus social history versus not at all?

- Learning involving emotions

References here.
Student Assessment: Attitudes

- Reflection assignments
- Self-awareness assessment
- Surveys
- Case presentations
- Objective structured clinical exams (OSCEs)
- Observed or videotaped encounters

AAMC 2005.
Student Assessment: Knowledge

- Pre- and post-tests
  - True/false, multiple choice
  - Unknown clinical case assessment and evaluation
- Case presentations
- Objective structured clinical exams (OSCEs)
Student Assessment: Skills

- Case presentations
- Objective structured clinical exams (OSCEs)
- Observed or videotaped encounters
Assessment Resources

- Health professions educators have described various student self-administered survey instruments
    - 12-item instrument (validated in 2006)
    - Can be administered as both a pre- and post- or post-only training assessment

- Health professions education literature on OSCE development/experiences
Curricular Assessment

- No standards, guidelines, or tools specific to our curriculum

- Resources
  - AAMC’s Tool for Assessing Cultural Competence Training (TACCT)
    - Monitor curricular content (where teaching is occurring)
    - Monitor what learning objectives are being met
    - Available free at: www.aamc.org/meded/tacct/start.htm
  - Framework/tools for exploring impact of hidden curriculum
The Road Traveled...

- Curricular content
  - Educational outcomes
  - Content domains

- Case-based example
  - UCSF 1st year pharmacy practice series

- Additional considerations for implementation
  - Content integration and sequencing
  - Learning environment
  - Faculty qualifications
  - Teaching methodologies
  - Assessment
Application
Directions

• Identify a course which you coordinate or teach in, where you could develop and implement cultural-competence-related content

• List one content domain related to cultural competence that you would like to incorporate into this course

• Identify one teaching resource you could use to help you develop content

• Identify one teaching methodology you would utilize to deliver content (e.g. self-reflective exercise, paired exercise, group exercise, reading assignment, interactive discussion, video vignette)
Thank You!