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Including Cultural Diversity and Cultural Sensitivity in the Surgical Curriculum

Margaret Tarpley, John Tarpley,
Jeffrey Dattilo
Vanderbilt University
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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.

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Nurturing a Culture of Respect

For patients

For families

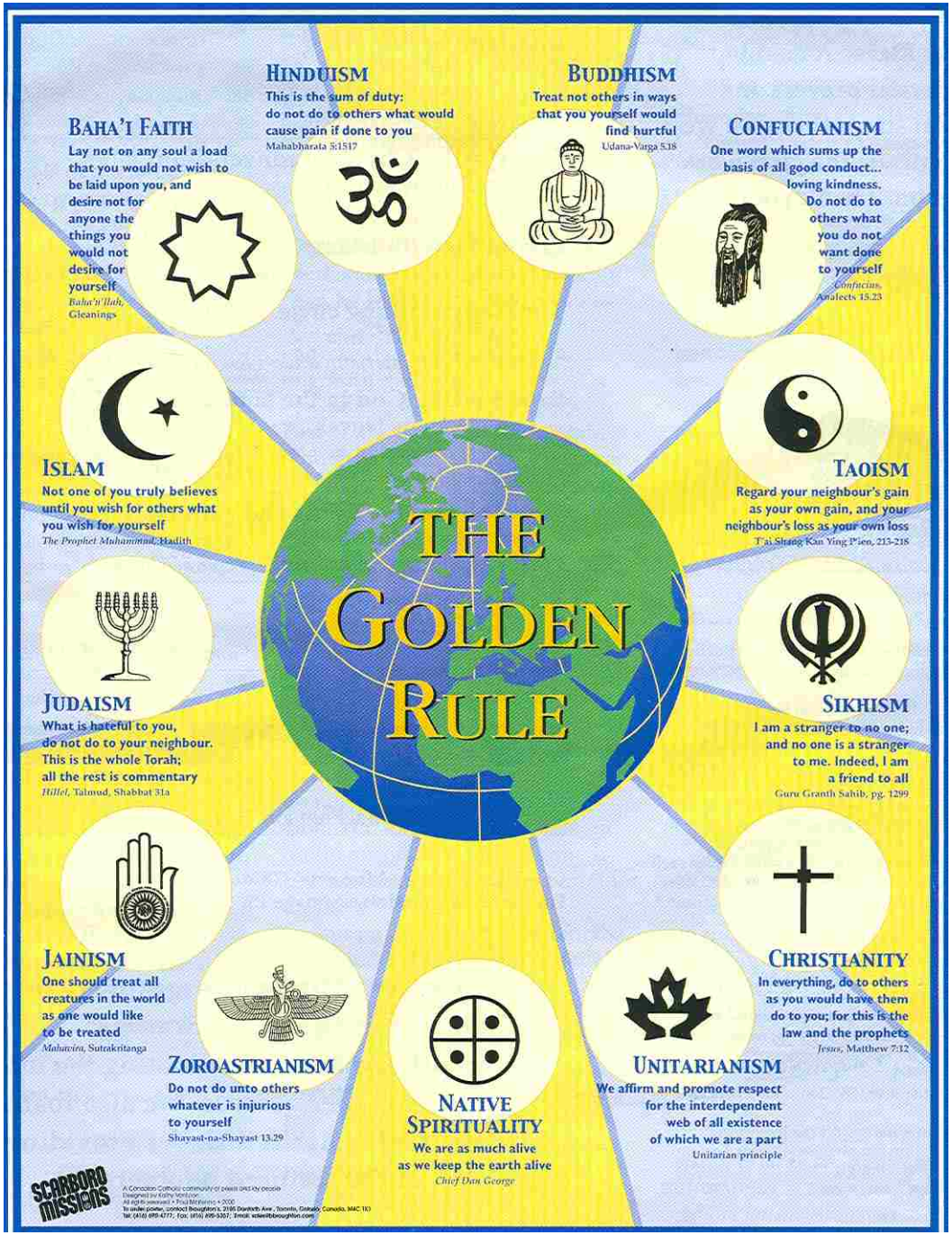
For colleagues

For staff

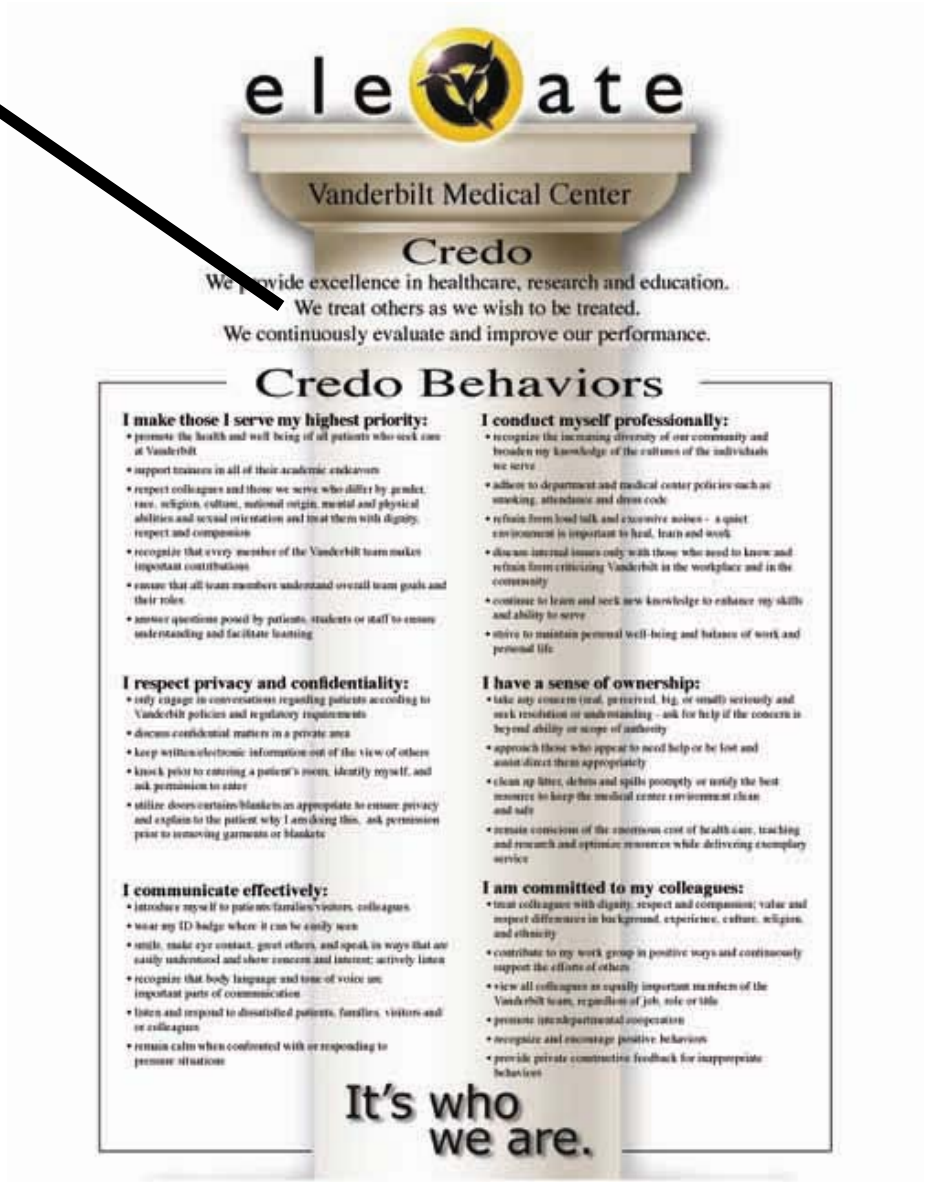
Universality of the Golden Rule*

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

*http://www.pflaum.com/goldrule/newgrpost.pdf
(25 May 2005)--used by permission



We treat others as we wish to be treated.



elevate

Vanderbilt Medical Center

Credo

We provide excellence in healthcare, research and education.
We treat others as we wish to be treated.
We continuously evaluate and improve our performance.

Credo Behaviors

I make those I serve my highest priority:
- promote the health and well being of all patients who seek care at Vanderbilt
- support trainees in all of their academic endeavors
- respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation and treat them with dignity, respect and compassion
- recognize that every member of the Vanderbilt team makes important contributions
- ensure that all team members understand overall team goals and their roles
- answer questions posed by patients, students or staff to ensure understanding and facilitate learning

I respect privacy and confidentiality:
- only engage in conversations regarding patients according to Vanderbilt policies and regulatory requirements
- discuss confidential matters in a private area
- keep written/electronic information out of the view of others
- knock prior to entering a patient's room, identify myself, and ask permission to enter
- utilize doors curtains/blankets as appropriate to ensure privacy and explain to the patient why I am doing this, ask permission prior to removing garments or blankets

I communicate effectively:
- introduce myself to patients/families/visitors, colleagues
- wear my ID badge where it can be easily seen
- smile, make eye contact, greet others, and speak in ways that are easily understood and show concern and interest; actively listen
- recognize that body language and tone of voice are important parts of communication
- listen and respond to dissatisfied patients, families, visitors and or colleagues
- remain calm when confronted with or responding to pressure situations

I conduct myself professionally:
- recognize the increasing diversity of our community and broaden my knowledge of the cultures of the individuals we serve
- adhere to department and medical center policies such as smoking, attendance and dress code
- refrain from loud talk and excessive noises - a quiet environment is important to heal, learn and work
- discuss internal issues only with those who need to know and refrain from criticizing Vanderbilt in the workplace and in the community
- continue to learn and seek new knowledge to enhance my skills and ability to serve
- strive to maintain personal well-being and balance of work and personal life

I have a sense of ownership:
- take any concern (real, perceived, big, or small) seriously and seek resolution or understanding - ask for help if the concern is beyond ability or scope of authority
- approach those who appear to need help or be lost and assist/direct them appropriately
- clean up litter, debris and spills promptly or notify the best resource to keep the medical center environment clean and safe
- remain conscious of the enormous cost of health care, teaching and research and optimize resources while delivering exemplary service

I am committed to my colleagues:
- treat colleagues with dignity, respect and compassion; value and respect differences in background, experience, culture, religion, and ethnicity
- contribute to my work group in positive ways and continuously support the efforts of others
- view all colleagues as equally important members of the Vanderbilt team, regardless of job, role or title
- promote interdepartmental cooperation
- recognize and encourage positive behaviors
- provide private constructive feedback for inappropriate behaviors

It's who we are.

Used with permission of S. Lyons, Vanderbilt, Sept 2005

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Cultural diversity and cultural sensitivity relate to the **competencies** of:

- Patient Care
- Interpersonal and Communication Skills
- Professionalism

Cultural Competence — Marginal or Mainstream Movement?

Joseph R. Betancourt, M.D., M.P.H., *NEJM*, 2 Sept 2004.

- "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.

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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.

In a policy statement from American Academy of Pediatrics, Dec 2004. Anderson et al in *Pediatrics*.

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"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

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"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

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"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

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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

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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

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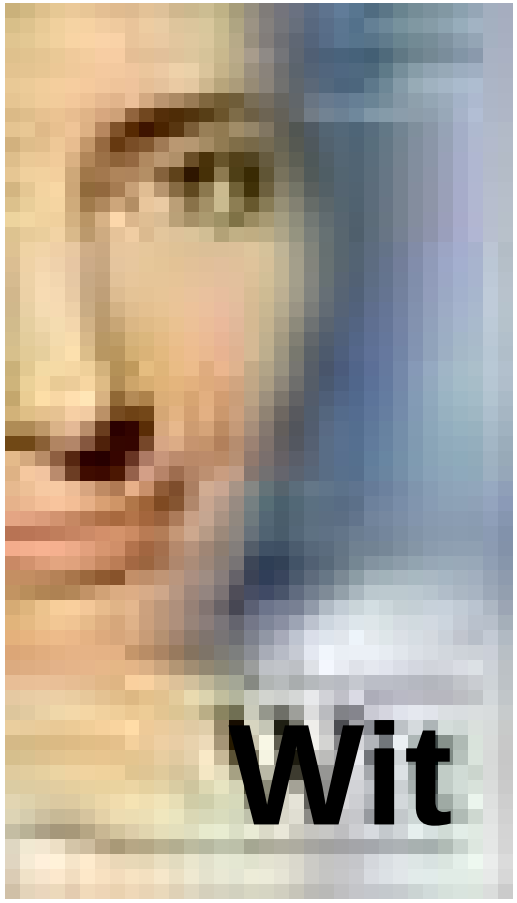
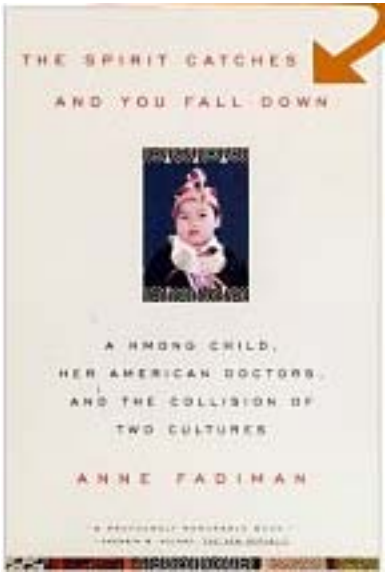


Wit: a Play by Margaret Edson.
Made into a film starring Emma Thompson

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"



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

Patient Illiteracy

- Lack of understanding of medical vocabulary
- Limited English proficiency (Leyva M, Sharif I, Ozuah PO. "Health literacy among Spanish-speaking Latino parents with limited English proficiency." Ambul Pediatr. 2005 Jan-Feb;5(1):56-9.)
- Lack of actual reading skills at a grade level needed to read prescription labels (Below 9th grade)
- Ask fewer questions related to their health issues (Katz MG, Jacobson TA, Veledar E, Kripalani S. "Patient Literacy and Question-asking Behavior During the Medical Encounter: A Mixed-methods Analysis". *J Gen Intern Med*. 2007 Jun; 22(6):782-6. Epub 2007 Apr 1[illegible])

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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

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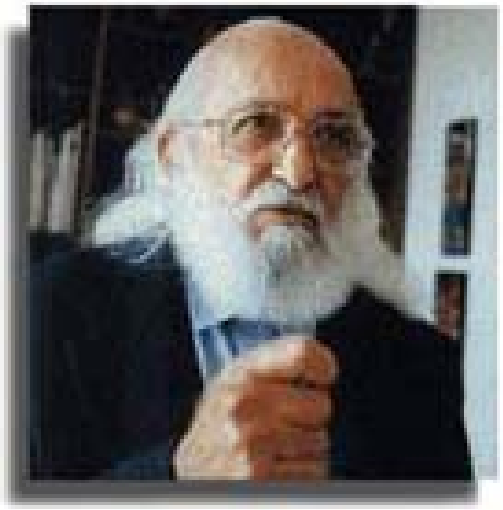
Goals as We Look at Ourselves

- Committing to diversity within our own residency program
- Committing to diversity within our faculty and staff
- Patient populations—4 hospitals serving diverse communities

Matthew Walker

Meharry Medical College

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.



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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

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Translation:

Student (the Oppressed) and Teacher

Become

Patient and Physician

Pedagogy of the Oppressed. (Translated from the original 1968 Portuguese MS). New York: Continuum, 1970.

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.

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Dialogue

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