University of Colorado
SCHOOL OF MEDICINE
Advancing Science
Improving Care.

Cultural Competence Curriculum University of Colorado School of Medicine

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National Hispanic Medical Association Annual Meeting

San Antonio, Texas - March 23, 2007

Cultural Competence Committee

- Gwyn Barley
- Lilia Cervantes
- Imran K. Choudhry
- Mark Earnest
- Sonya Erickson
- Genaro Fernandez
- Stacy Fischer
- Candace Fleming
- David Gaspar
- Oswaldo A. Grenardo
- Jackie Glover
- Robin Harvan
- Gwendolyn Hill
- Carol Hodgson
- Mary Anne Johnston
- Steven Lowenstein
- Angela Sauaia
- Virginia Sarapura
- Lisa Schilling
- Deb Seymour

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CU School of Medicine
Cultural Competence Curriculum

- Woven through entire medical program
- Vigorously fight stereotyping of ethnic groups
- Emphasizes that each individual is unique
- Main goal is HEALTH EQUALITY
- Not segregated: integrated to courses, rotations
- Based on ACGME and AAMC recommendations
- Funding: TheColorado Trust (5- years), SOM Dean's Office

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CU-SOM Cultural Competence Training Components

- Medical Curriculum
- Faculty Development
- Outreach to Providers outside CU
- Evaluation
- Documentation

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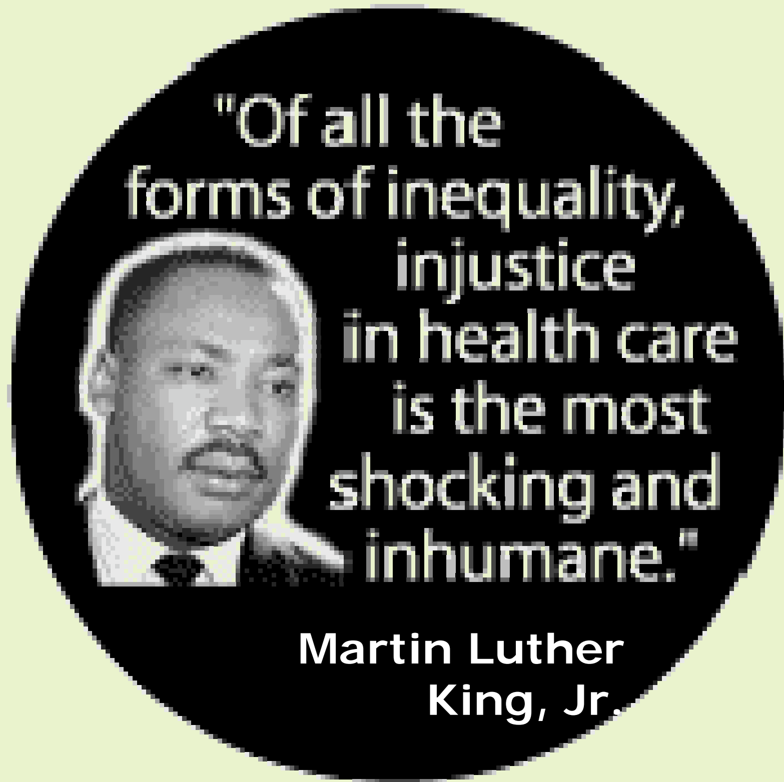

Medical Curriculum

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Cultural competence training at the CU-SOM

- Addresses all mechanisms causing health disparities:

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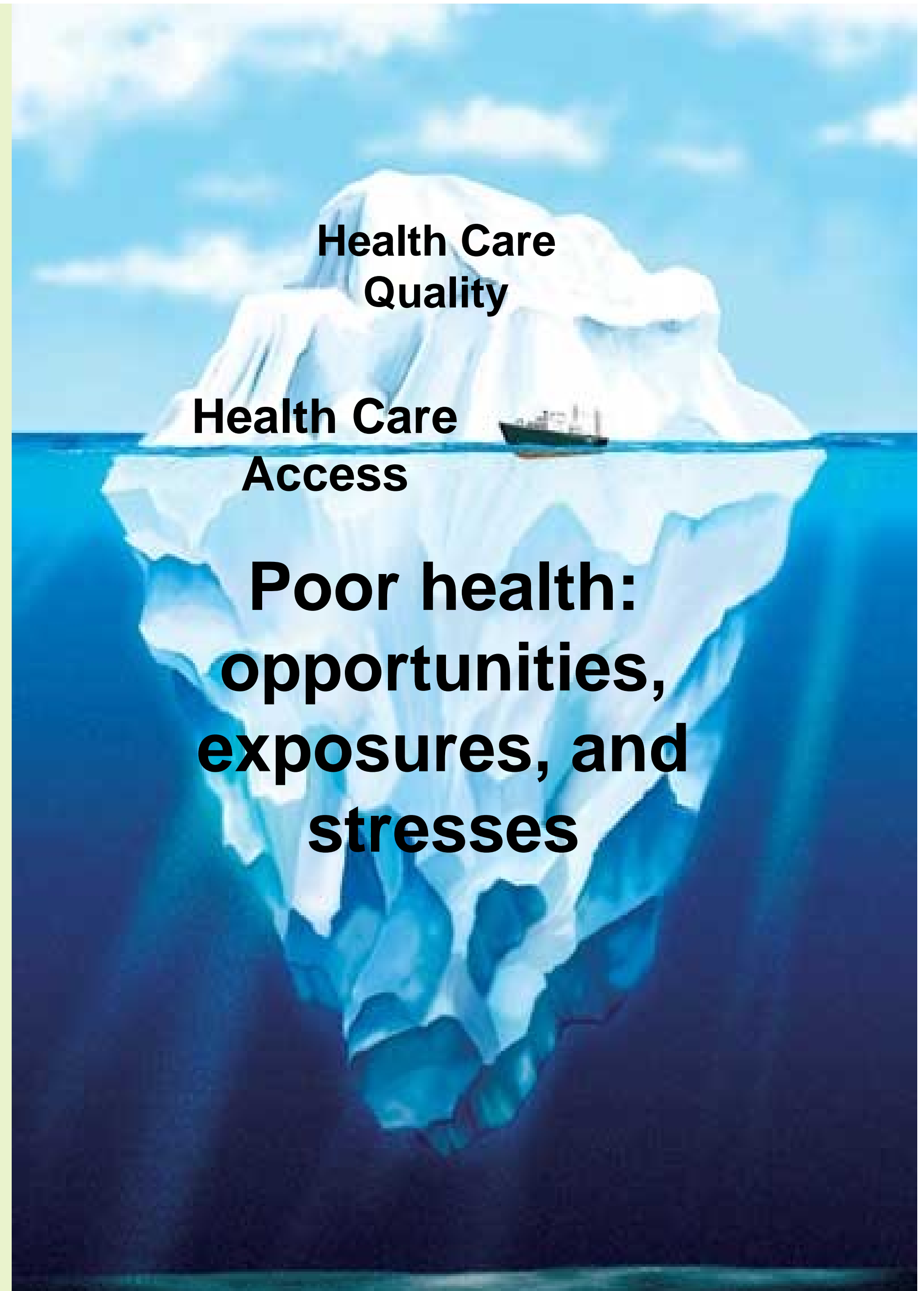
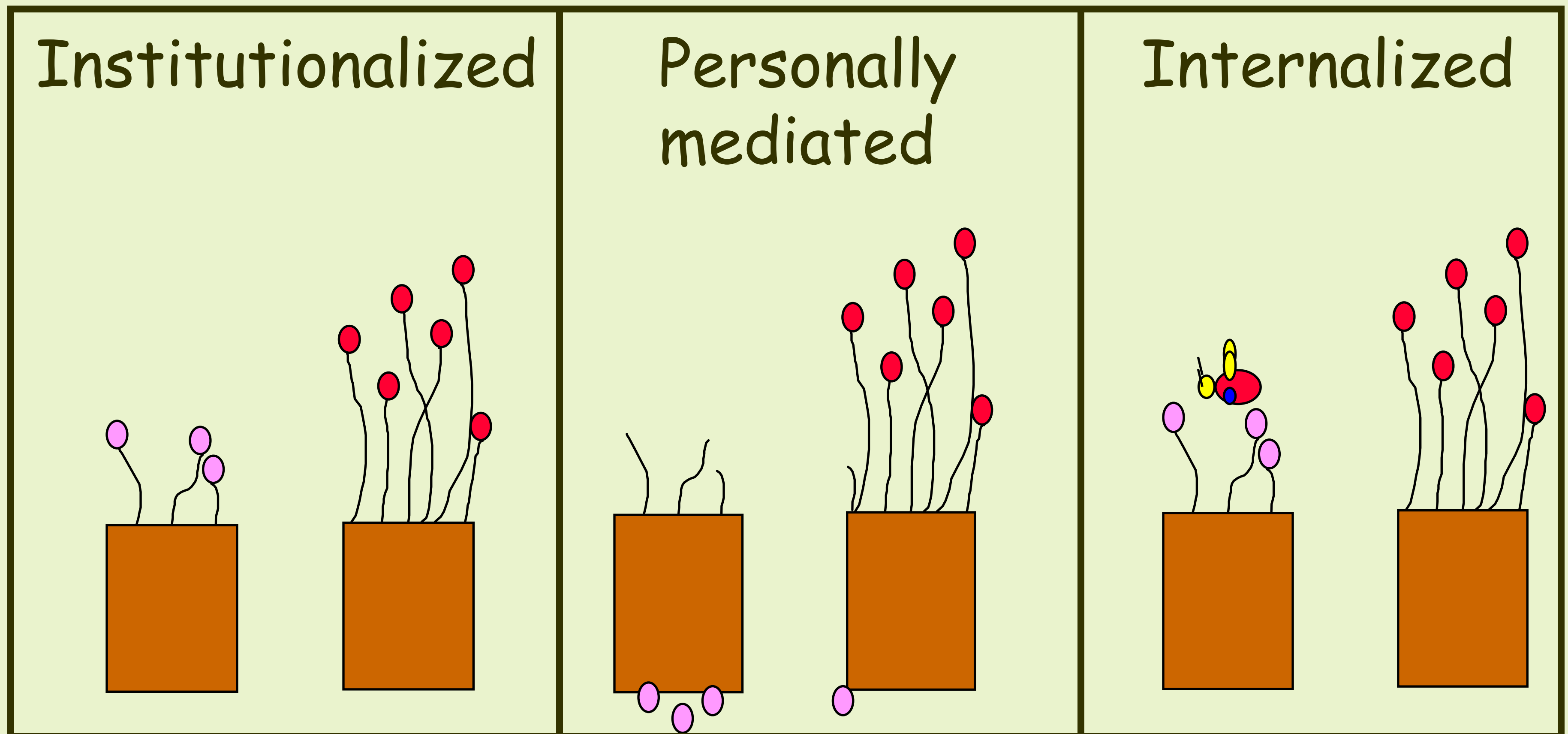


Cultural competence at the CU-SOM

- Addresses all levels of prejudice and racism
  Based on Jones, AJPH, 2000



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CU-SOM Cultural competence training

Cultural competence training
is NOT
touchy feely stuff

THE COLORADO TRUST
A GRANTMAKING FOUNDATION

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Cultural Competence Curriculum

- Phase I: Self-discovery and self-acceptance of our own culture, values, prejudices and biases
- Phase II: Knowledge of the culture, values and biases of our community and institutions
- Phase III: Cross-cultural skills and patient/community advocacy

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Cultural Competence Curriculum: Domains

- Domain I: Cultural Competence— Rationale, Context and Definition
- Domain II: Cultural Competence— Family and Community
- Domain III: The Impact of Discrimination and Stereotyping in Health Care
- Domain IV: Health Disparities
- Domain V: Cross-cultural Clinical Skills

Modified from the AAMC TACCT

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Phase I (August -June)

- **Orientation:**
  - "Medical Communication" interactive session triggered by provocative event, followed by discussion, reflective writing, overview of CCC (1hr)
  - "Labels" session, narrative on the impact of labels in the patient-physician relationship
- **Human Body:**
  - "Cadaver as the first patient" (with HEP): cultural issues in death/cadavers, pre-assigned readings, self-reflective writing and small group discussion (1 hr)
- **Ethics for the Health Professions** campus wide course:
  - Concepts of how race/ethnicity, culture, racism affect health and health care, cross-cultural communication models(3 hrs)

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Phase I (August -June)

- **Foundations of Doctoring**: “The Color of Fear” (Mun Wah) with self-reflective writing, exercises and discussion (3 hrs)

- **Molecules to Medicine: Genetics and Health Disparities module (**with M&S, HEP, EBMI).
  - Debate (students to defend opposite views of the association between genetics and health disparities);
  - Small group discussion on appraising evidence;
  - Panel of Experts with legislator/ policy maker, physician advocate, physician scientist, health journalist, consumer advocate/patient

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Phase I (August 2005-June 2006)

- **Blood and Lymph:**
  - racial and ethnic disparities (4 hours)
- **Disease and Defense:** racism in health statistics incorporated in Biometrics sessions (30min)
- **CVPR**:
  - "Effects of tobacco" lecture: CCC content integrated. CCC health disparities readings for small group discussions. (1 hour)
  - CCC committee inserted cultural issues into vignettes

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Phase II (Aug –March)

- **Life Cycle:**
  - Tuskegee Experiment and Ethnic/Racial Disparities in Clinical Research
- **Nervous System:**
  - Personality testing
  - Health disparities
  - Health disparities in GLBTI populations
- **Metabolism:**
  - Health disparities in endocrinology disorders
  - Prevention/care to uninsured: Panel of Experts on the Colorado Colon Cancer Screening Project for the Uninsured
  - Nutrition and Culture: cultural factors in diets

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PBL cases across blocks

- Cultural competence issues in most cases
- Cultural competence supplements for the tutor guides, specific cultural competence articles and readings
- CCC director attends faculty training
- Topics: sexual orientation issues, Tuskegee experiment, racial discrimination, ageism, obesity/diet/cultural factors, access to care disparities, end-of-life care, geographic segregation, environmental injustice.

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Phase III (May -May): Clinical Core

- **Hidden Curriculum**
- **Immersion experiences and discussion**
- **LEP patients, translators, literacy, numeracy**
- **Mentored Scholar project**
- **Narratives and Discussion of cases challenging their cultural views**
- **Cross-cultural communication models training**
- **Standardized patients**

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CU-SOM Cultural Competence Curriculum: No student left behind

- No CU-SOM student should leave without having heard about:
  - Tuskegee Experiment
  - Racism, prejudice and bias in health care
  - IOM Report Unequal Treatment
  - National and state health disparities Reports
  - “The spirit catches you and you fall down” by Anne Fadiman
  - Kleinman’s questions
  - “Infections and Inequalities” by Paul Farmer

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"...In a world riven by inequity, medicine could be viewed as social justice work."
Paul Farmer, MD

CU-SOM Faculty Development

Outreach to Providers

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CU-SOM Cultural competence training

- Outline of the 4-hour workshop
  - Health disparities (tailored to audience)
  - “Color of Fear”
  - Cross-cultural communication models, LEP patients

- Audiences:
  - CU Faculty training
  - Outreach to Affiliated Faculty and Providers outside CU-SOM, collaboration with other CU Programs
  - Colorado Colorectal Cancer Screening Program
  - Program for Private Primary Care Pediatricians
  - Pediatric Residents

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CU-SOM Faculty and Provider Outreach Training

- Incentives: 7.75 CME points and 2 COPIC ERS points (decreased premium for state largest malpractice insurance)
- Electronic Resource Manual
- 2006: 4 workshops across the state
- 2007: 3 workshops already set up until May 2007

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Evaluation

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Student evaluation: Color of Fear session

- Great acceptance, over 70% rated it good and excellent
- Feelings of discomfort (expected and desired)
- Blood, sweat and tears…

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BELIEF Attitudes Survey

- Validated 15-question survey to measure cultural competence in medical students (Dobbie, Medrano et al, 2003)
- Questions cluster into two factors:
  - Factor I: Whether doctors should elicit a patient's perspective
  - Factor II: Whether knowing the patient's perspective affects the quality of car doctors provide
- CU-SOM students surveyed before and after *"Color of Fear*" cultural competence session and yearly after.

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BELIEF Attitudes Survey:
Paired t-test for Pre and Post difference

- Medical Students-2005

	Mean	Std. Dev.	p-value
Factor 1	-0.0735085	1.0509584	0.4302
Factor 2	-0.3427734	0.8188908	<.0001

- CU-SOM Faculty 2006
  - Factor I: marginally significant improvement(p=.0.059)
  - Factor II non-significant change
- Providers at large: Colorado Colon Cancer Screening,2006
  - Factor 1 significant improvement (p=0.004)
  - Factor II non-significant change
- Providers at large: Telluride, CO (2006)
  - Factor 1 marginally significant improvement (p=0.08)
  - Factor II non-significant change

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Documentation

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CU-SOM CCC Integration Matrix

	Year(s) it will be taught				General thoughts	Specific Blocks	Teaching Methods
	Y1	Y2	Y3	Y4			
Domain I: Cultural Competence— Rationale, Context and Definition							
Define race, ethnicity, culture, sexual orientation, and disability and identify how they affect health and health care quality, cost and consequences (K)					Human Body? Ethics course?	Blood and Lymph: Session title Case: Iron deficiency/parasite infection/lead posioning/access to health care Hispanics in CO' small group session	. Small group discussion
Discuss the implications of race, ethnicity, and culture in the context of the medical encounter (PC, P)					. Coordinate with Foundations . Coordinate with blocks and clerkships (Yrs 3 & 4) to add these to case discussions	Foundations	. Small groups
Describe important examples of racism and prejudice in the history of health care(K)					. Coordinate with Ethics and Medicine & Society. . Human Body? Ethics course? Disease and Defense?	Life Cycles: discuss Tuskegee in the context of STDs (coordinate with Ethics), methods for teaching are in the next column	. Overview lecture (Judy McCree Carrington, Program Coordinator, CDPHE, Office of Health Disparities; COMIRB) followed by small group discussions or workshops; still no block found for this . PBL or Small group discussion on the Tuskegee experiment in t
Value diversity in health care professions and propose and/or collaborate with ways to improve recruitment and retention of minority health care professionals(P, IC)					.Optional .Honors? .Intersession?		. Faculty to develop a blackboard catalog of potential activities; e.g., coordinate with UC Diversity office or AHEC to visit high schools, participate in mini-med school, recruitment activity, Oyate (http://www.uchsc. edu/ diversity/ StudentOrganizations

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CU-SOM Cultural Competence Curriculum: Strengths

- Dean’s Office Full Support
- Local support from minority serving organizations
- Local support from minority legislators
- External 5-year Funding

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Challenges in Cultural Compence Training at CU-SOM

- Changing how faculty, students, public see it:
  - MUST have Health Equality as its goal
  - MUST address all causes of health disparities, including social injustice, racism, discrimination
  - It DOES include but is NOT limited to improved communication between physician and patient
  - Teaching it requires specific training
    - Faculty development is crucial
    - Outreach to outside providers is crucial

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It is not rocket science…it is so much harder…

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"If access to health care is considered a human right, who is considered human enough to have that right?

Paul Farmer, MD

Caminante, no hay camino;
se hace el camino al andar.

Traveler, there is no road;
the road is made as you travel.

Antonio Muchado y Ruiz, 1898

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Slides for Questions

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Domain I: Cultural Competence— Rationale, Context and Definition

- Definitions and impact of culture, race, ethnicity, sexual orientation, disability
- History of racism and prejudice in health care
- Diversity in health care professions
- Self-assessment of culture, values, bias, prejudices

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Domain II: Cultural Competence— Family and Community

- Influence of family, community and institutions on health and health care
- Roles of patient, family, community in medical situation
- Self-assessment of their own family, community and institutions

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Domain III: The Impact of Discrimination and Stereotyping in Health Care

- Impact of bias, stereotyping, racism in health and health care
- Potential for provider bias and impact on medical decision making
- Self-assessment of own biases, prejudices, stereotypes and strategies to manage them
- Legal procedures for reporting discrimination

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Domain IV: Health Disparities

- Epidemiology
- Major reports: IOM Unequal treatment; PHR: Human Rights The right to equal treatment, Healthy People 2010
- Genetics and health disparities
- Socio-economic & political determinants
- Health insurance: safety nets, uninsured, undocumented
- Advocacy
- Critical appraisal of literature
- Community-based participatory research
- Community-immersion experience

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Domain V: Cross-cultural Clinical Skills

- Common beliefs, values, traditions
- Adapt communication to literacy, disability, culture
- Respectful and culturally sensitive techniques for physical exam
- Use of Interpreters
- Cultural and social history
- Building trust
- Collaboration with patient, family, community, traditional healers
- Major life events and different cultures
- Collaborative decision-making and treatment plan
- Self-assessment of cultural competence continuum, plan for life-long learning, impact on the care they provide
- Models for effective cross cultural communication

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CU-SOM Cultural Competence Curriculum: External Feedback

- Blue Ribbon Commission
- Kaiser Permanente of Colorado Director of Diversity
- The Colorado Trust
- National Hispanic and Black Caucuses of State Legislators

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Learning objectives covered

Domain I: Cultural Competence— Rationale, Context and Definition
Define race, ethnicity, culture, sexual orientation, and disability and identify how they affect health and health care quality, cost and consequences
Implications of race, ethnicity, and culture in the medical encounter
Describe important examples of racism and prejudice in health care
Self-assess their own cultural background, cultural beliefs and how they affect themselves and the care they provide
Domain II: Cultural Competence— Family and Community
Recognize influence of family, community and institutions in health and health care

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Learning objectives covered

Domain III: Impact of Discrimination and Stereotyping in Health Care
Bias, stereotyping, discrimination, and racism on clinical decision-making
Health care disparities resulting from provider bias
Self-assess own biases and strategies to manage them
Domain IV: Health Disparities
Define areas of health disparities
Genetics, race, ethnicity and health disparities
Access to and quality of health care and the difference between cultural preferences and true disparities
Describe social determinants of health and healthcare disparities
Critically appraise the literature as it relates to health disparities

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Learning objectives to be covered

Domain I: Cultural Competence— Rationale, Context and Definition
Implications of race, ethnicity, and culture in the medical encounter
Diversity in health care professions
Describe their own cultural background and how they affect care
Domain II: Cultural Competence— Family and Community
Family-centered care: patient, family and community roles in medical situations, use the information in medical decision and care planning
Self-assess family, community and institution culture, values and biases and how they affect care
Domain III: The Impact of Discrimination and Stereotyping in Health Care
Self-assess own biases and strategies to manage them
Reporting racism, prejudice and discrimination in health care

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Learning objectives to be covered

Domain IV: Health Disparities
Define areas of health disparities
Public health programs, health insurance coverage, health care safety nets
Barriers and existing initiatives to eliminate health disparities
Critically appraise the literature as it relates to health disparities
Proposal for a community-based health intervention
Role of advocacy in health care, proposal of an advocacy initiative
Describe their community immersion experience
Domain V: Cross-cultural Clinical Skills
Describe health beliefs, values and traditions in the community they serve
Models of effective cross-cultural communication
Use and adapt communication skills (history taking, interview, consent form, decision making, patient education and care planning) to disability, culture, sexual orientation

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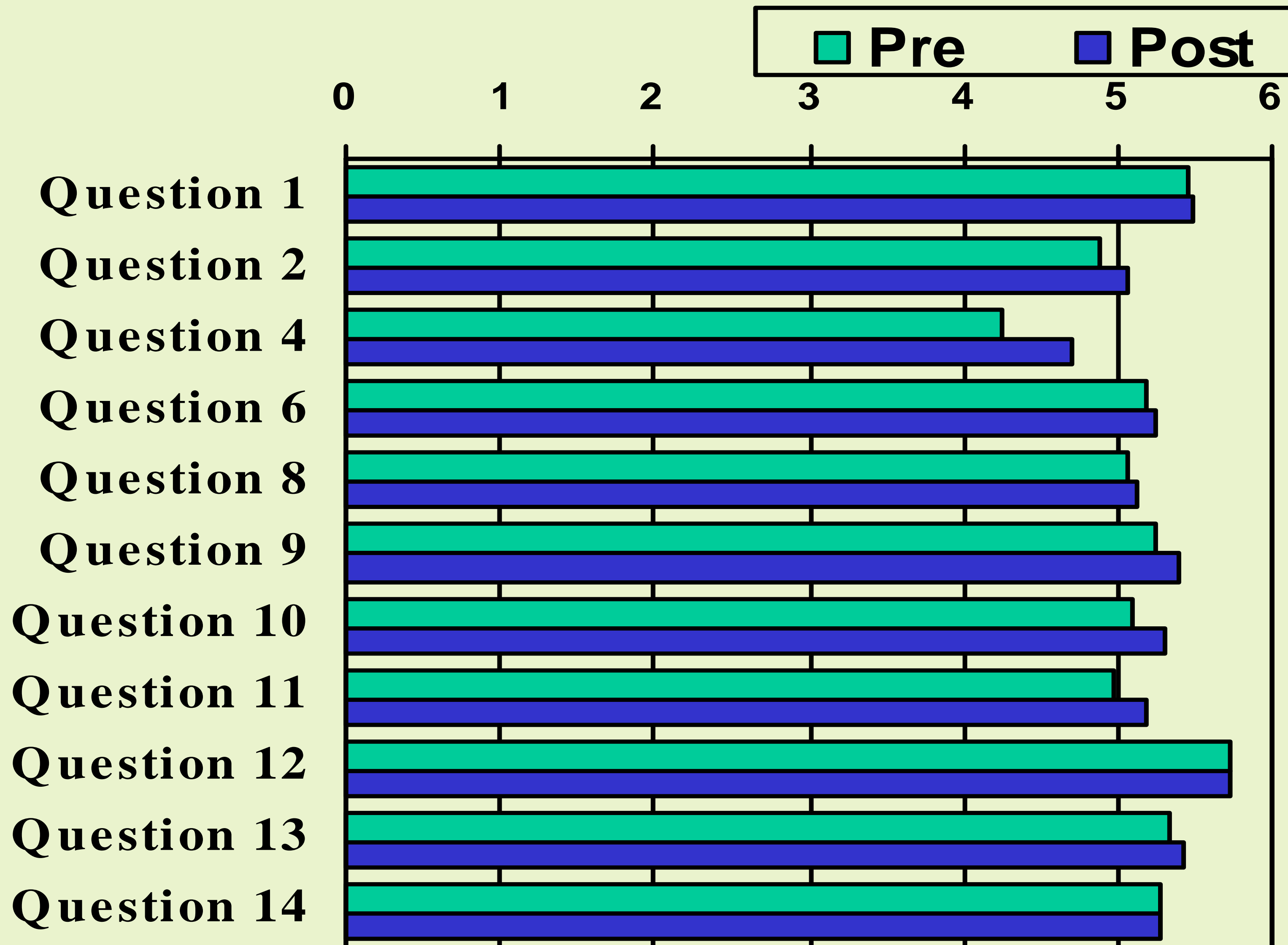
BELIEF Attitudes Survey Factor I: Whether doctors should elicit a patient's perspective



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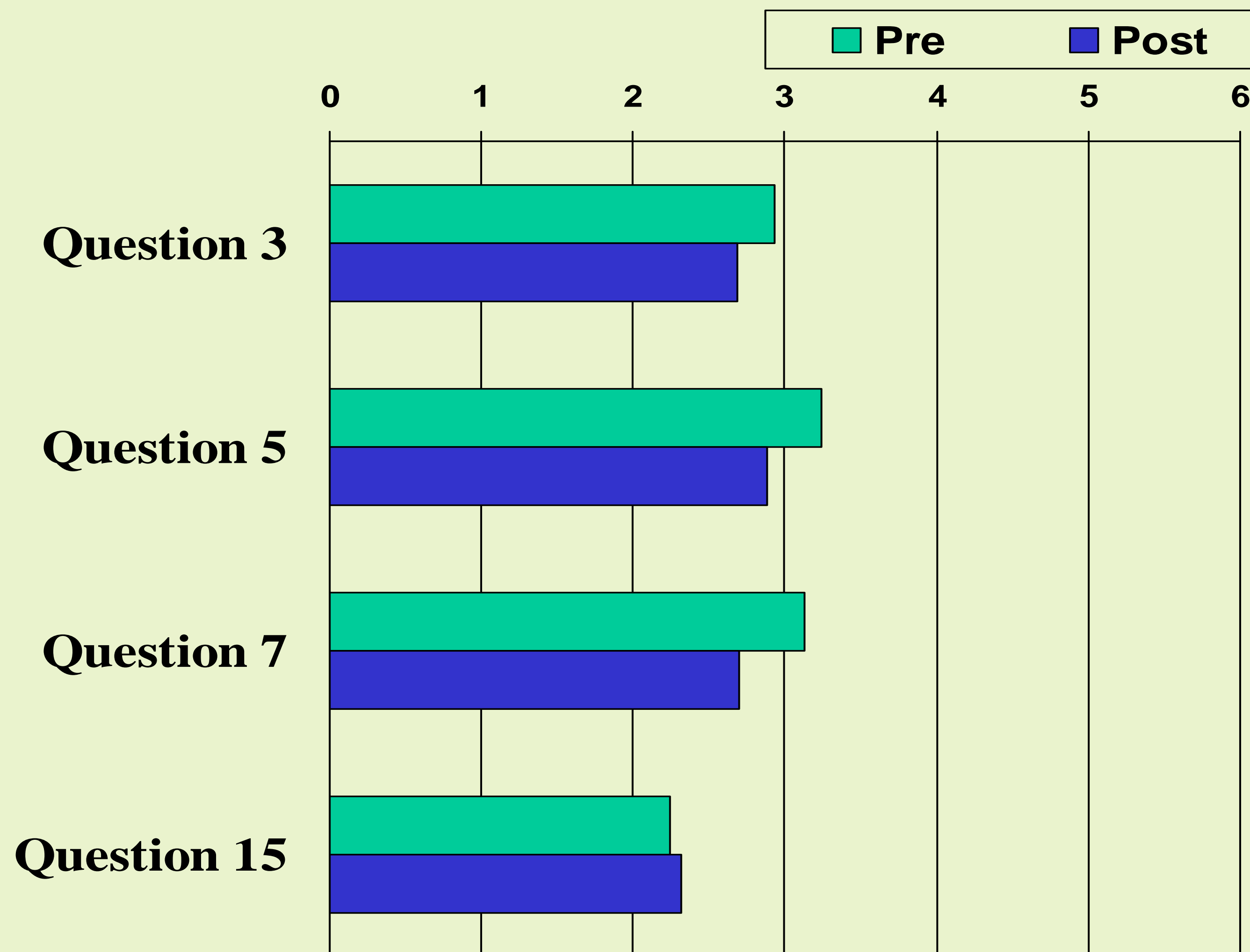
BELIEF Attitudes Survey Factor II: Whether knowing the patient's perspective affects the quality of care doctors provide



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