Educating Health Professions Students Using a Cultural Competence Framework

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Mission

To advance the availability of effective, appropriate and high quality health care for persons with disabilities by promoting the inclusion of disability-related theory, research, and clinical learning experiences in health care training.
Multiple Identities

Percent with Disabilities within Racial /Ethnic Group, 2010

Flores Model of Cultural Competence

Mounting Evidence

Surgeon General’s National Blueprint to Improve the Health of Persons with Mental Retardation (2002)

Surgeon General’s Call to Action on Health and Wellness for Persons with Disabilities (2005)

National Council on Disability
The Current State of Health Care for Persons with Disabilities (2009)
Disability and Culture

The experience of having a disability “involves a significant transformation of values and an affirmative surrender of dominant cultural standards.”

Gill, 2001

Language Issues

• Health professionals and students often have the desire, but not the knowledge to avoid offensive language.

• They may not know how to modify their use of language to meet the needs of specific populations:
  – Unaware of need for ASL interpretation for Deaf individuals
  – Unaware of techniques for interviewing persons who are non-verbal
Patient Beliefs

![Bar chart showing patient beliefs]

- Happy to Be Alive with Severe SCI: 92% (People with SCI), 18% (ED Staff)
- Average or Better Quality of Life with SCI: 86% (People with SCI), 17% (ED Staff)

Patient Beliefs

“I always say, ‘Look you’re not going to cure us. So don’t try! Make us function.’”

(Quote from person with a disability)
Folk Illnesses/Folk Remedies

“[S]ome people told me I was wasting my time, or asked why I was bothering. I bothered, because I care deeply about my child’s quality of life. I will never be happy to sit back and watch her struggle through life, but intend to reach out and grab every opportunity presented to me to make the most of her potential.”

(Parent’s testimonial for a controversial nontraditional therapy)
Provider Practices/Attitudes

“How could he do anything fun or valuable? Life, as I understood it then, just couldn’t exist. . . . I didn’t know, nor could I have imagined, how he got out of bed at all, let alone how he did it daily and drove to work.”

Ian Basnett, M.D.

“Golden Rule Thinking”

• The practice of trying to imagine how one’s patient feels based on one’s own experiences and perceptions instead of actively seeking out the patient’s voice.

• Doomed to failure due to the existence of significant limits on our ability to accurately imagine unfamiliar situations

The “Possible Me”

Interaction with Person with Disability

Attempt to Imagine Life with Disability

Distressed Identification

“That could happen to me”

Normative Culture

Disability = Poor Health

Inaccessible Environments are the “Norm”

Disability = Poor Quality of Life

Emphasis on Prevention and Cure
Bridging the Gap

Teaching Methods

- Standardized Patient Curricula
- Model Patients
- Home Visits
- Immersion Experiences
- Film and the Arts
Conclusion

A cultural competence framework is useful as a teaching tool for enabling health professionals to get beyond “Golden Rule Thinking” and providing care in a way that shows a true appreciation for the values and perspective of the individual with a disability.