

# Educating Health Professions Students Using a Cultural Competence Framework

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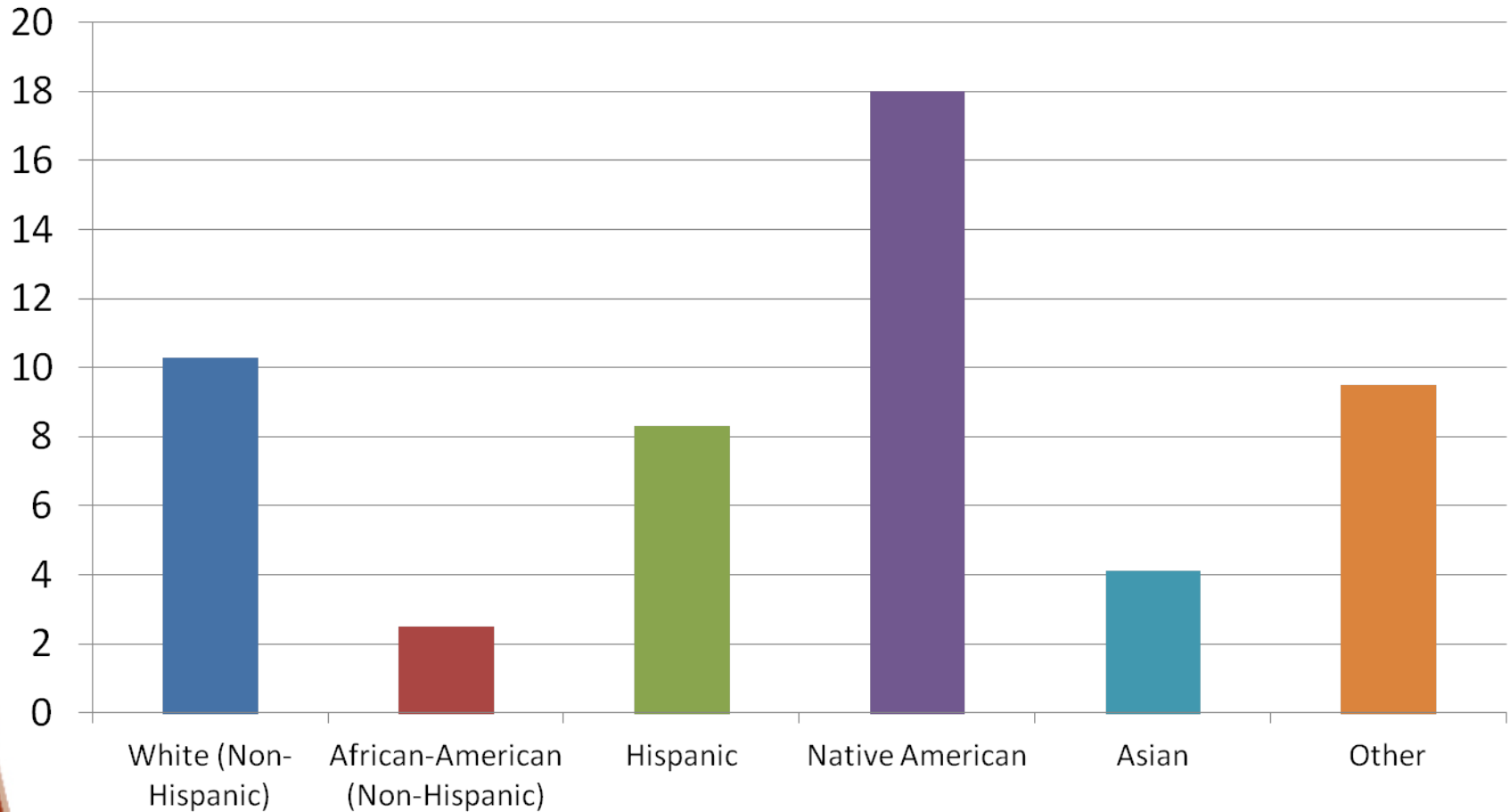
# Alliance for Disability in Health Care Education

## 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.

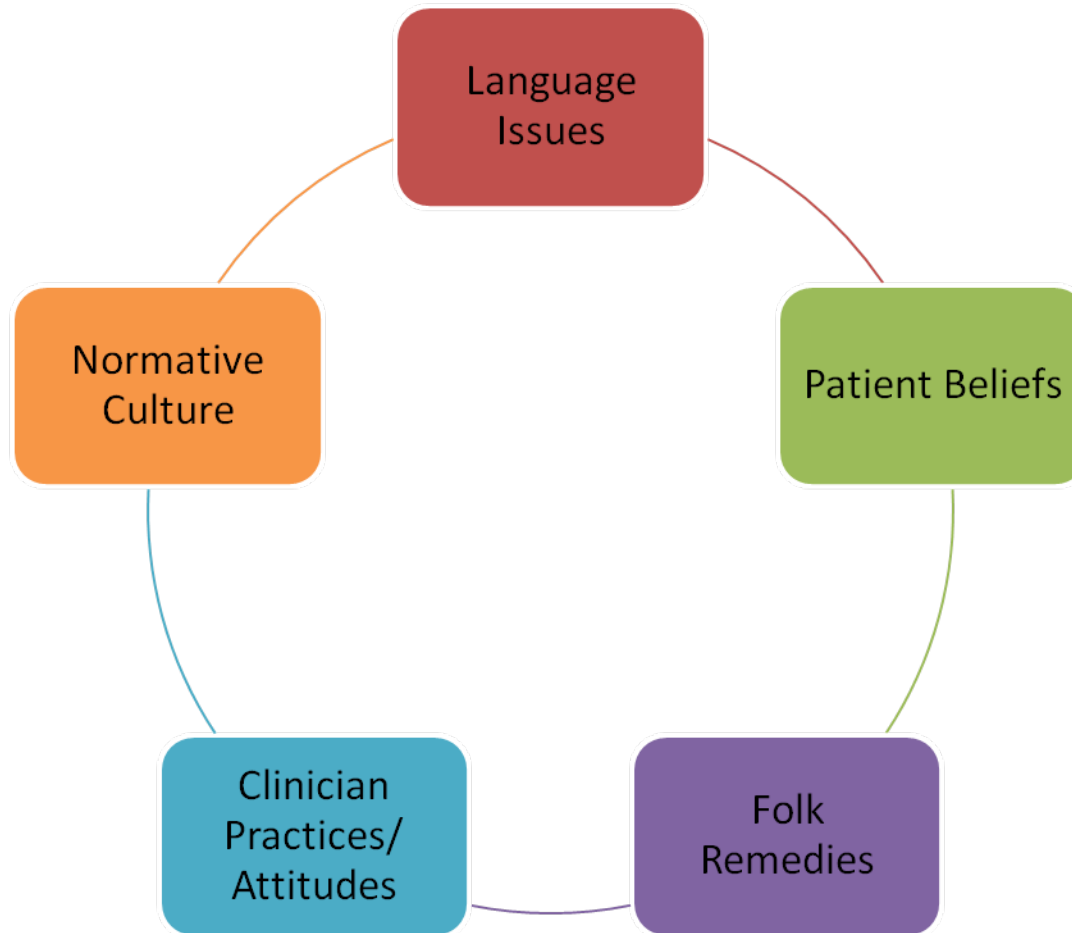
# Multiple Identities

Percent with Disabilities within Racial /Ethnic Group, 2010



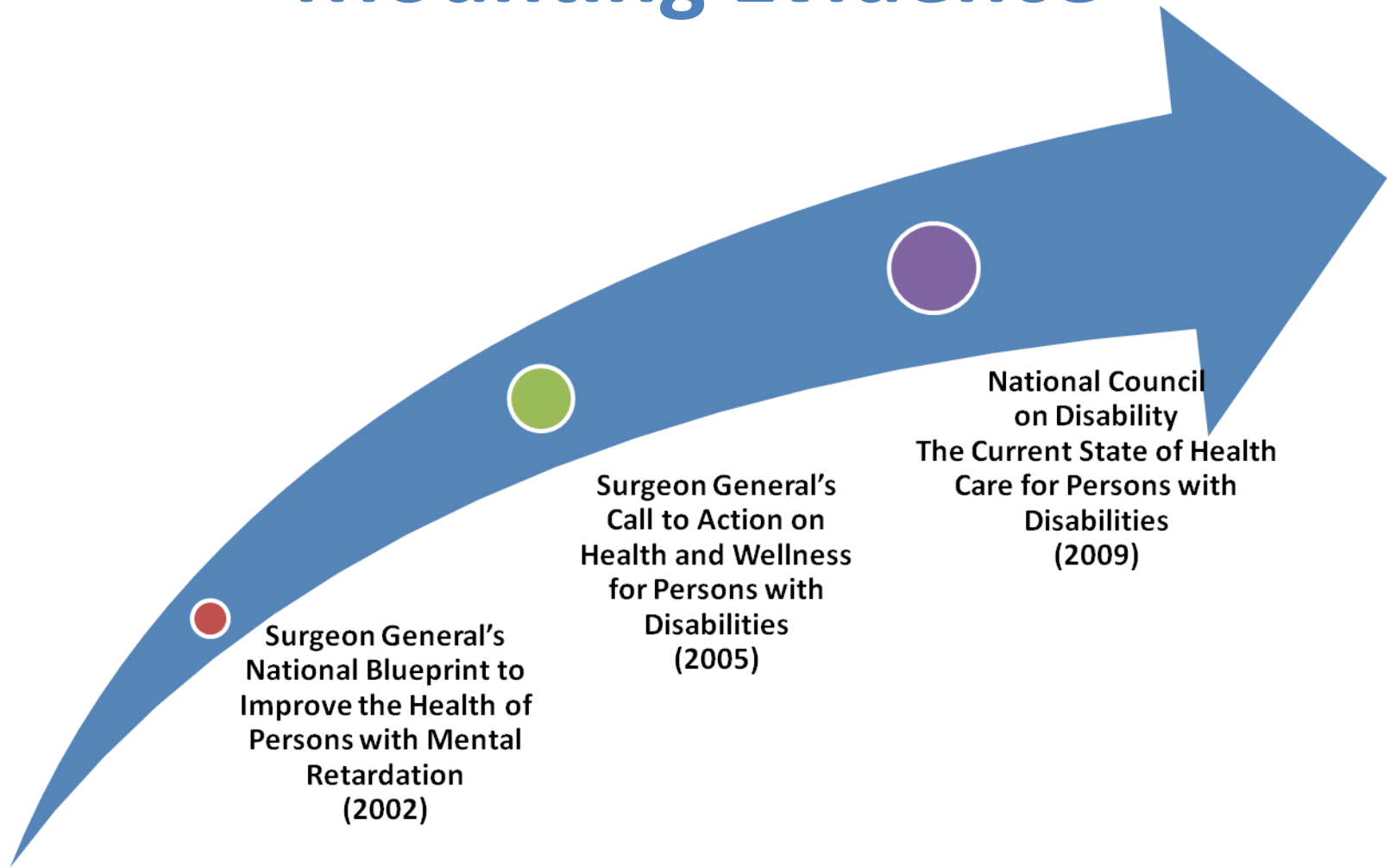
Source: Brault, Matthew W., "Americans With Disabilities: 2010," *Current Population Reports, P70-131*, U.S. Census Bureau, Washington, DC, 2012.

# Flores Model of Cultural Competence



Source: Eddey GE, Robey KL. Considering the culture of disability in cultural competence education. *Acad Med.* 2005; 80(7):706-712 citing Flores G. Culture and the patient-physician relationship: Achieving cultural competency in health care. *J Pediatr.* 2000;136(1):14-23.

# 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

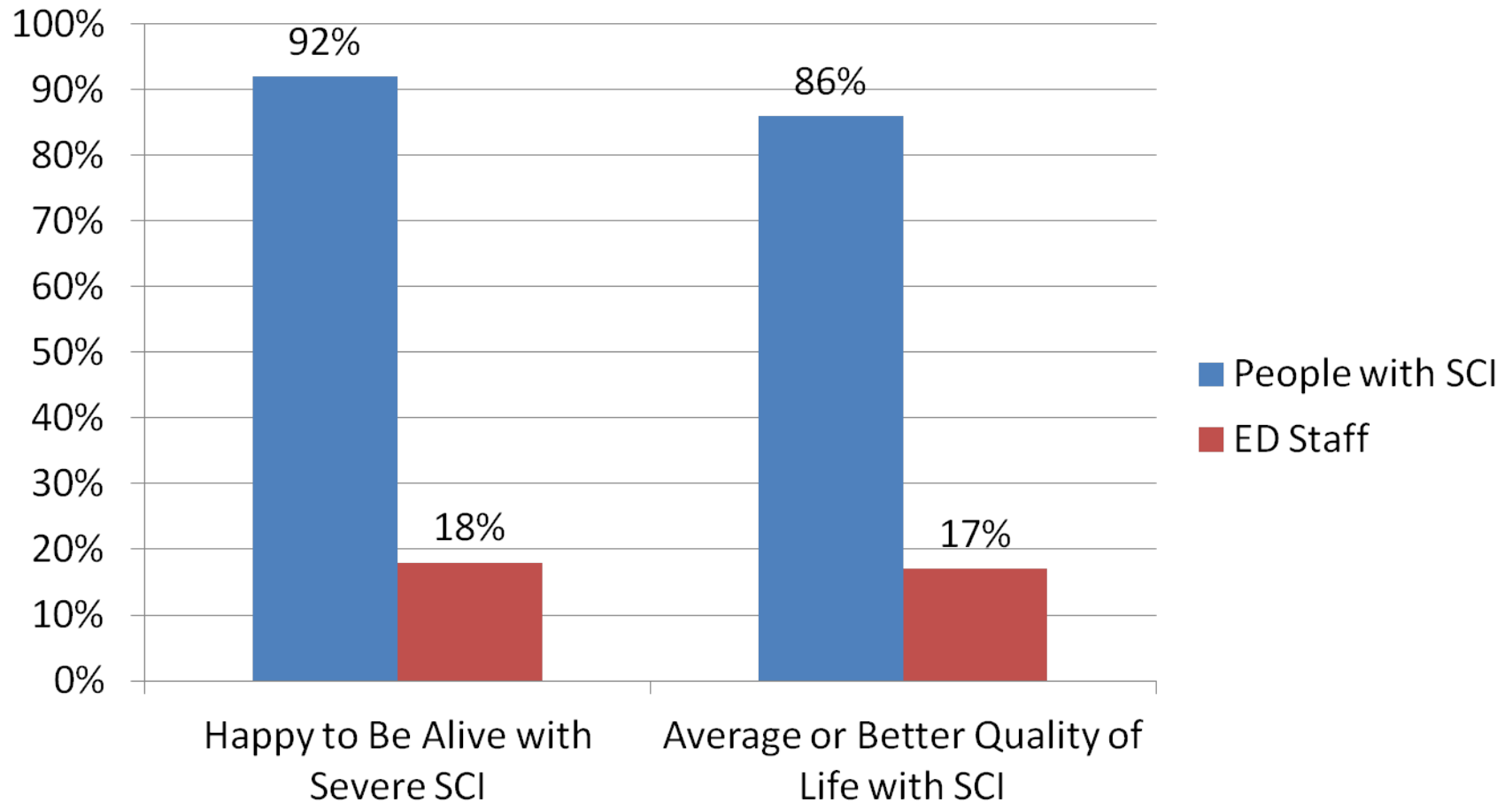
Source: Gill, C. Divided understandings: The social experience of disability. In: Albrecht G, Seelman KD, Bury M, editors. Handbook of Disability Studies. Thousand Oaks, California: Sage Publications; 2001. p351-372.

# 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



Source: Gerhart KA, Koziol-McLain J, Lowenstein SR, Whiteneck GG. Quality of life following spinal cord injury: knowledge and attitudes of emergency care providers. *Ann Emerg Med.* 1994;23(4):807-812.



# 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.

Basnett I. Healthcare professionals and their attitudes towards, and decisions affecting disabled people. In: Albrecht G, Seelman KD, Bury M, Eds. Handbook of disability studies. Thousand Oaks, California: Sage Publications; 2001. p. 450-467.

# “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

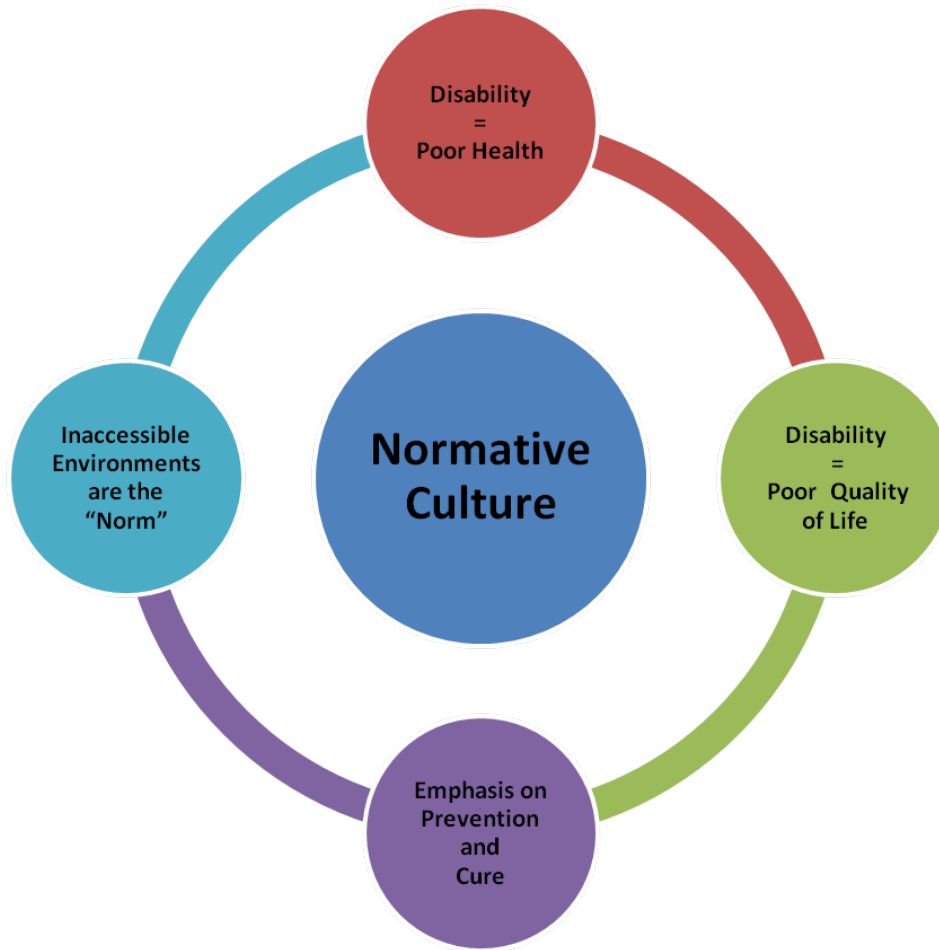
Source: Kirschner K, Curry RH. Educating health care professionals to care for patients with disabilities. *JAMA-J AM MED ASSOC.* 2009;302(12):1334-1335.

# The “Possible Me”



Source: Siller J. Intrapsychic aspects of attitudes. In: Yuker HE, Ed. *Attitudes toward persons with disabilities*. New York: Springer Publishing Company; 1988. p58-67.

# Normative Culture



# 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