



Perspectives of Cultural Competency from an International Service Learning Project

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WITH THE INCREASED cultural diversity of the population of the United States and the awareness of marked health care disparities, an understanding of cultural differences is imperative for health care providers. Accordingly, preparing dietetic students to become culturally competent practitioners becomes fundamental. One potential method of enhancing cultural awareness and competence is to incorporate international service learning (ISL) experiences into the

curriculum. A critical element of service learning is reflection. The purpose of this survey was to determine the impact of a short-duration ISL program on the cultural awareness and competence of dietetic interns. This survey applied qualitative and quantitative methods to analyze students' reflective, electronic journals and service-learning surveys to assess the impact of internal service learning on the development of cultural awareness and reflective thinking. The survey involved six dietetic interns enrolled in a combined Master's degree/dietetic internship program who completed a 1-week service-learning experience in Belize. Interns completed supervised practice experiences in clinical and community settings and blogged their experiences each night. In addition, students completed the Health Professions Schools in Service to the Nation (HPSISN) Student Survey to assess changes in cultural awareness and competence. The survey demonstrated that ISL experiences serve to inform dietetic interns' cultural awareness, competence, and practice. A short-duration ISL is an effective pedagogy that can be integrated in the dietetic education curriculum.

As such, dietetics education programs must seek innovative approaches to enhance students' cultural awareness. Yet it has been difficult to identify interventions that effectively improve cultural competence.⁵ Unlike clinical skills that are learned, demonstrated, and then performed, cultural competence is an ongoing developmental process requiring experiences and contexts in which to integrate cultural competence constructs.^{6,7} One potential method of enhancing cultural awareness and competence is to incorporate ISL experiences into the curriculum. Recent literature has provided rich discussion of international immersion experiences where students live and work in communities in other countries. International experiences involve socialization where shared meanings are communicated within and among diverse groups. Consensus supports that these experiences generally broaden the participants' world view and contribute to increased cultural awareness and understanding; however, most evidence is anecdotal.⁸⁻¹²

Service learning is a teaching methodology that combines explicit academic learning objectives with community services.¹ Service learning expanded to medical education in 1995 through the HPSISN program as part of the Pew Health Professions Commission.¹³ Service learning is defined as a guided, structured learning experience that engages students in service to a community for the mutual benefit of the student and the community.¹³ Inherent in the service-learning framework is the belief that students and the local community members are teachers as well as learners.⁸ Service learning integrates community experience with classroom theory; therefore, students increase their understanding of the communities they serve. With practical experiences and service, students make meaningful connections between what is covered in classroom lectures, readings, and discussions.

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A CASE FOR SERVICE LEARNING TO DEVELOP CULTURAL COMPETENCE

A key response to promote effective and appropriate health care is the initiative National Standards for Culturally and Linguistically Appropriate Services.¹ Supported by The Joint Commission, Culturally and Linguistically Appropriate Services has significantly enhanced expectations for culturally competent practice by allied health professionals.² Because health care organizations have increased the emphasis on cultural competence in response to evidence linking it to patient safety and outcomes, medical professionals are increasingly committed to delivering care that is competent, safe, and culturally aware.^{3,4}

With the globalization of the health care community and the dependency of health outcomes on health care providers' level of cultural competency, the number of ISL programs have increased due to their potential to build cultural competence.¹⁴ ISL course work is completed at a location outside the country of the enrolling program and is distinguishable from volunteerism by the intentional linking of course content and learning objectives with service project activities. Medical students who have participated in ISL courses have reported feeling more culturally competent and confident in clinical skills than those students who did not participate.¹³

ISL PROJECT DESCRIPTION

This particular project moved beyond anecdotal experiences and applied qualitative and quantitative methods to analyze students' reflective electronic journals and service learning to assess the impact ISL had on the development of cultural awareness and competence. Six dietetic interns enrolled in a combined Master's degree/dietetic internship program were the participants. All of the students were women, and ages ranged between 23 and 28 years. One student was Hispanic and the remaining students were white. Two faculty members accompanied the students. All procedures and measures were approved by the university's Institutional Review Board.

In preparation for the trip, the students were introduced and assigned to read selected materials about the country and culture of Belize. The health care needs of the community were explained, and the students planned activities to meet those needs. Specific learning objectives and developmental outcomes as well as instructional strategies and activities to be used to promote reflection and cultural awareness were identified. These guided activities were planned to assist students in making connections between their professional curriculum and real-world experiences. The activities were continuous and challenging in an unfamiliar environment. The goal was for the students to progress from superficial learners to critical reflective thinkers. They would explore the "what," "so what," and "now what" to form a comprehensive and integrated discovery learning cycle,¹⁵ and come to understand what it means to be culturally competent

and how it can impact the quality of health care outcomes.

The 1-week ISL project took place in San Ignacio, Belize. San Ignacio is located in the Cayo district of Belize—the far western part of the country near Guatemala. The population of San Ignacio is approximately 10,000 individuals. The population is made up of diverse ethnic groups including Mestizo, Kriol, Mopan, Chinese, and Mennonite. Students lived in cabins run by a Belizean family. All meals were prepared by the family and consisted of traditional Belizean fare. Students were exposed to cultural sites and events including the Mayan ruins, farmers' market, and an herb/medicinal tour. Students also completed supervised dietetic practice in community, clinical, and wellness settings including a community agency for elderly people, schools, hospital foodservice operation, renal dialysis center, and a health screening and fair for private industry.

Every evening during the ISL program, the students and faculty gathered for a "work session." The agenda included a brief discussion of the day's events, a group blog session, and planning for the next day's activities. Photographs from the day's events were downloaded. The students were instructed to create one group blog entry every evening. It had to be a collaborative effort with all students involved. The entry needed to include a title that represented the impromptu theme for the day and a "quote of the day" that summarized the group's feelings, thoughts, or a life lesson. All content, blog, title, quote for the day, and photos were unanimously approved by the group. Any differences were debated until consensus was reached. The faculty reviewed the student collaborative blog entry and then published it to the website every evening.

In addition, students completed the HPSISN Student Survey to assess changes in cultural awareness and competence. The HPSISN is a 33-item tool that uses a 5-point Likert scale to answer questions about students' views or attitudes on service, the impact of service learning, and the students' perspectives on working in a diverse community. Two of the questions specifically address cultural awareness. Students completed the HPSISN survey before traveling to Belize, and once again within a week of their return from Belize. Before-and-after surveys were

used to measure changes in cultural awareness and competence.

WHAT WAS LEARNED

Group Blog

The blog transcript taken from the website archive had six group blog entries. The reflection blogs were reviewed for evidence of cultural competence. Reviewers read each blog independently to identify themes and applied Campinha-Bacote's model of cultural competence.⁶ According to Campinha-Bacote,⁶ cultural competence is a process that is divided into five interdependent constructs: (1) cultural awareness is the ability of health care providers to appreciate and understand their clients' values, beliefs, lifeways, practices, and problem-solving strategies; (2) cultural knowledge is the ability for health care providers to have an educated knowledge base about various cultures to better understand their clients; (3) cultural skill is the ability for health care providers to conduct an accurate and culturally competent history and physical examination; (4) cultural encounter is the ability for health care providers to competently work directly with clients of culturally diverse backgrounds; and (5) cultural desire is the health care provider's drive to achieve cultural competence. A clear, common taxonomy emerged through reviewer consensus with the following themes identified:

We Are so Fortunate with What We Have. Students were struck by the degree of food insecurity in the area. In the day spent working with the community agency, interns delivered hot meals to elderly people. The "Belizean Meals on Wheels" consisted of a paper plate of beans and rice that the interns delivered from the back of a pick-up truck. The students later delivered raw chickens to people with acquired immunodeficiency syndrome (AIDS). The community programs provided nutritious food for many people who normally would not have access to such food. This theme reflected the construct of cultural knowledge or an understanding of the community programs available. It also reflected the construct of cultural desire or the drive of the interns to participate in the culture and achieve cultural competence.

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