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Interdisciplinary: Cultural competency and culturally congruent education for millennials in health professions

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SUMMARY

The increasingly diverse multicultural and multigenerational student population in the United States requires that educators at all levels develop cultural knowledge, awareness, and sensitivity to help diverse learners fulfill their potential and to avoid cultural misunderstandings that can become obstacles or barriers to learning. The purpose of this study was to design and implement eclectic, creative, evidence-based interdisciplinary educational activities, along with culturally congruent teaching strategies, within a semester-long university course that promoted positive and culturally competent learning outcomes for culturally diverse, largely millennial students. The interdisciplinary course would prepare health professional students with the requisite knowledge and skills, through transformative learning that produces change agents, to provide culturally congruent and quality team-based care to diverse populations. This was a qualitative and quantitative study, which measured students' level of cultural awareness, competence, and proficiency pre and post the educational intervention. Instruments used for data collection included the Inventory for Assessing The Process of Cultural Competence-Student Version (IAPCC-SV) by Campinha-Bacote, course evaluations, students' feedback, and portfolio reflections. The study was conducted at a private academic institution located in the Mid-Atlantic region and the sample population included inter-professional students (N = 106) from various health professions including nursing, pharmacy, and allied health sciences. Results from the pre- and post-test IAPCC-SV survey revealed that mean scores increased significantly from pre-test (60.8) to post-test (70.6). Thus, students' levels of cultural competency (awareness, knowledge, skills, desire, encounter) improved post-educational intervention, indicating that the teaching methods used in the course might be applied on a larger scale across the university system to cater to the nation's increasingly multi-cultural population.

Introduction

The United States is a country of growing diversity, which demands that individuals and health care systems function in a culturally competent way. The Institute of Medicine (2002) cites that sources of current disparities in culturally competent care include failures in the healthcare system, cultural and linguistic barriers, and a subtle mixture of bias and prejudice during the clinical encounter. The later is compounded by a shortage of minority providers in all sectors of healthcare (nurses, pharmacists, physicians, allied health professions, etc.). A Sullivan Commission report *Missing Persons: Minorities in the Health Professions* (2004), addressed growing concerns over U.S. health care quality and access for a population that is becoming increasingly diverse in respect to socioeconomics, gender, race, age, ethnicity, culture, abilities, and language. The Commission confirmed the broader perspective of not only increasing minority representation in health professions and providing a multicultural and inter-professional education (IPE) built on the ideals of social justice and civic responsibility, but also delivering of culturally competent care.

Thus, culturally competent health professionals are a necessity in today's health care arena and will play a critical role in reducing health disparities and improving health outcomes. The key to cultural competency and culturally congruent care lies in the ability of health care providers to "craft respectful, reciprocal and responsive effective interactions across diverse cultural parameters" (Barrera et al., 2002, p.103). Teaching future health care professionals about specific cultures has been insufficient because it does not allow for the development of an understanding of cultural competence for application in practice. Therefore, educators should adopt eclectic culturally congruent teaching–learning strategies (Jeffreys, 2006) supported by concepts and theories rather than the traditional rigid approach of memorizing facts in order to understand specific cultures. Furthermore, it is imperative that educators link and bridge cultural self-awareness, knowledge,

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theory, and communication skills in teaching culturally congruent care for millennial health professionals.

According to Howe and Strauss (2007), the millennial generation is loosely defined as those born after 1982 (also referred to as Generation Y). In the Fall of 2000, the first millennials began to enter college, and it has become imperative to consider some of the defining traits and characteristics of this generation when designing coursework. Millennials, as future health care professionals, are more racially and ethnically diverse than preceding generations. Peter Leyden (in Howe and Nadler, 2010) stated that millennials are "not individualistic risk takers like Boomers, or cynical and disengaged like generation X, but they are civic minded, trust in leaders, and are team oriented" (p.15). Furthermore, Millennials are not follower of trends but starting own trend; not self-absorbed but team oriented and value community services; not rule breakers but rule followers; not aimless but highly directed and achievers (Howe and Nadler, 2010). These characteristics shaped our teaching–learning strategy for these active learners, leading us to design the course in a manner that avoided any assumptions, impositions, or judgments in the introduction and practice of culturally competent care and professionalism.

Accreditation standards across health care professions call for cultural competency education in order to prepare future health care providers to care for increasingly diverse populations effectively and efficiently. For example, for the profession of physical therapy, the Commission on Accreditation of Physical Therapist Education includes the importance of cultural competency throughout curriculum plan, evaluation and content (CAPTE, 2011). The PT Profession Practice Expectations are to "provide culturally competent physical care services to individuals, groups and communities" (p.30); "expressively and receptively communicates in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members" (p.31, 5.17); "identify, respect and act with consideration for patients' differences, values" (p.31, 5.18); and "effectively educate others using culturally appropriate teaching methods" (p.31, 5.26). Additionally, The Accreditation Counsel for Pharmacy Education (Guideline 9.1) states that "in developing knowledge, skills, attitudes and values in students, schools must ensure that curriculum addresses patient safety, cultural competence, health literacy, health care disparities, and competencies needed to work as a member of an inter-professional team" (ACPE, 2006, p.15). In general, cultural competence is now a mandate (Office of Minority Health, 2001), and must be measurable (American Association of Colleges of Nursing, 2001).

Literature Review

According to Omeri (2008), the last few decades exhibited "transcultural nursing knowledge development through theory, research, and practice", even though "there remains a lack of formal, integrated cultural education into nursing" (p.x). Health profession educators and researchers have questioned and evaluated the effectiveness of current educational interventions (workshops, free-standing courses, imaginative literature, cultural immersion programs) that were designed to improve cultural competence level of their students (Newcomb et al., 2006; Purden, 2005; Brathwaite, 2006; Fitzgerald et al., 2009; Campinha-Bacote, 2010). Brennan and Cotter (2008) report that such interventions are neither robust nor efficient.

Our personal experiences as university-level health care educators have shown the results of these studies to be extremely accurate and reflective of current education practices. The studies reflect the inefficiency of many current courses that aim to teach culturally competent health care. Such courses utilize a "textbook" method that places excessive emphasis on memorizing cultural characteristics and clues, without sufficient focus on developing the skills to apply this knowledge in practical settings. Students often have difficulty relating to topics of study as lessons are presented with little to no consideration of the cultural background of the students. This lack of interactive educational activities and of any comprehensive approach to students' cultural and educational backgrounds results in a fragmented approach to learning and applying cultural knowledge. Instead, a more holistic approach should be adapted that would more effectively suit the diverse student population (multiple education systems, multicultural population, varied gender identifications, racial and ethnic diversity, etc.) and that would address all phases of developing culturally conscious attitudes and care beyond basic fact-memorization, such as: acknowledgment and understanding of one's own cultural biases, of which students may not be conscious (such as conflicts between personal values and beliefs and those of a health profession); and interactive and inter-professional exercises that allow students to practice applying learned cultural knowledge and to develop effective communication skills. The importance of such inter-professional work is supported by Cooper et al. (2001) who suggested that the earlier students are exposed to inter-disciplinary practice within the curriculum the more likely they are to practice with in an interdisciplinary model following graduation.

Purpose

Based on our observations, we began to formulate an experimental course to investigate ways of addressing the elements we found lacking in current health care education. The aim of the study was to design and implement creative, evidence-based interdisciplinary educational activities that promote positive and culturally competent learning outcomes for millennial students. The semester-long elective course, "Culturally Congruent Care for Clinical Health Professions," would prepare future health professional students with the requisite knowledge and skills through "transformative learning that produces change agents" (Frenk et al., 2010, p.1924), to provide culturally congruent and quality team-based care to diverse populations as a means of reducing health disparities. The study aimed to promote team collaboration and effective communication between students of different health professions, resulting in mutual respect and appreciation of each profession's roles and responsibilities in patient-centered care.

Course Design

The "Culturally Congruent Care for Clinical Health Professions" course is an interdisciplinary elective educational activity that was specifically designed for a variety of inter-professional health science students. It is a three-credit course (three hours per week for 14 weeks) consisting of 2 hours of classroom instruction a week, supplemented by one hour of outside activities (reading materials, DVD segments, field trips/community immersion, interviews, e-learning and online discussion forums, etc.).

At the start of the educational intervention, the focus was to attract and engage students from the school of Pharmacy, Nursing and Allied Health Sciences. The Center for the Advancement of Interprofessional Education (CAIPE) report defined inter-professional education (IPE) as when "two or more professions learn together, learn from each other, and/or learn about each other's roles in order to improve collaboration and quality of care" (CAIPE, 2002). Edward Pecukonis et al. emphasize the importance of such an approach: "If we are to achieve effective and fully integrated interdisciplinary education, we must decrease profession-centrism by crafting curriculum that promotes interprofessional cultural competence." (Pecukonis et al., 2008).

Eclectic culturally congruent teaching–learning strategies (Jeffreys, 2006) for active/passive and process/product learners include: lectures of applied framework, models and theories of effective cross-cultural communication, assessments, and negotiation. Models such as the Purnell Model for Cultural Competence (2003), Leininger's Theory of Culture Care Diversity and Universality (1991), and the Transcultural Assessment Model (Giger and Davidhizar, 2008) were also used in the