

The Importance of Evidence-based Cultural Competency Interventions for Healthcare Practitioners

8 October 2019, Dr. Pepi Burgos



Outline

- Is the healthcare culturally sensitive?
- Our proposal for evidence-based cultural competency interventions for health practitioners

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Is the healthcare culturally sensitive?

Barriers to intercultural medical communication

■ Language barriers

- Migrant patients have difficulties in
 - Understanding what the doctor has said
 - Expressing themselves

Is the healthcare culturally sensitive?

Barriers to intercultural medical communication

- Different ideas about health and illness
 - Migrant patients
 - Describe their illness in terms other than those the health practitioner is used to
 - May have a different view about how the signs of illness should be interpreted
 - May come up with treatment options that are unusual or unknown to Western medicine

Is the healthcare culturally sensitive?

Barriers to intercultural medical communication

■ Bias and prejudices

- Health practitioners
 - May have a lower reward for migrant patients
 - May have a tendency to ignore relevant information and initiate sub-optimal treatment

Is the healthcare culturally sensitive?

Barriers to intercultural medical communication

- Language barriers
- Different ideas about health and illness
- Bias and prejudices

Migrant patients'
and
healthcare practitioners'
OWN CULTURE
affects their
behaviour, reactions, assumptions and expectations
during
medical encounters



We don't
see things
as they are,
we see them
as we are.

-Anais Nin

meibawebapps.com

We need to bridge these barriers!





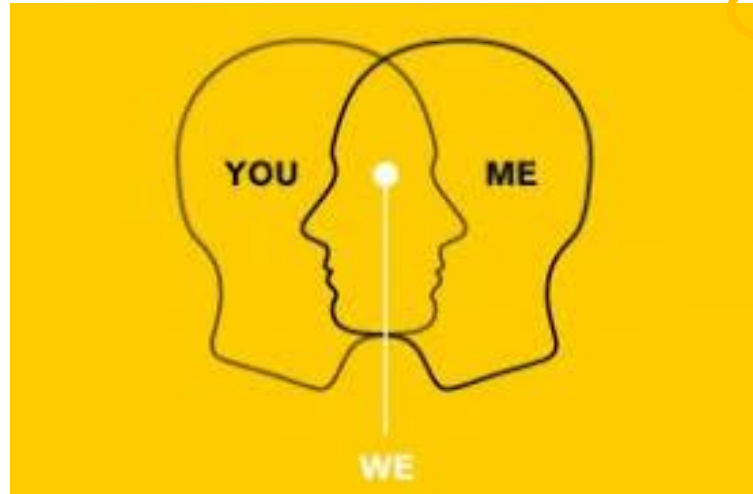


***“Not only is he the Other for me,
I am the Other to him as well”***

Ryszard Kapuscinski

How can these differences be bridged?

Cultural awareness



- Leads to:
- Better quality
 - Better experiences
 - Lower costs

(Cultural) empathy

Patient-centered healthcare

"Understanding and acceptable communication is essential for a good healthcare and for inclusive research and improves patients' health"

Outline

- Is the healthcare culturally sensitive?
- Our proposal for evidence-based cultural competency interventions for health practitioners

Our proposal for evidence-based cultural competency interventions for health practitioners

- We need to gain insights
- We need to measure whether health practitioners have successfully acquired these cultural competencies



What if....?

■ Medical school:

- Before: med students selection process (background in humanities and social sciences)
- During: cultural competency courses in the curriculum
- After: training for health practitioners

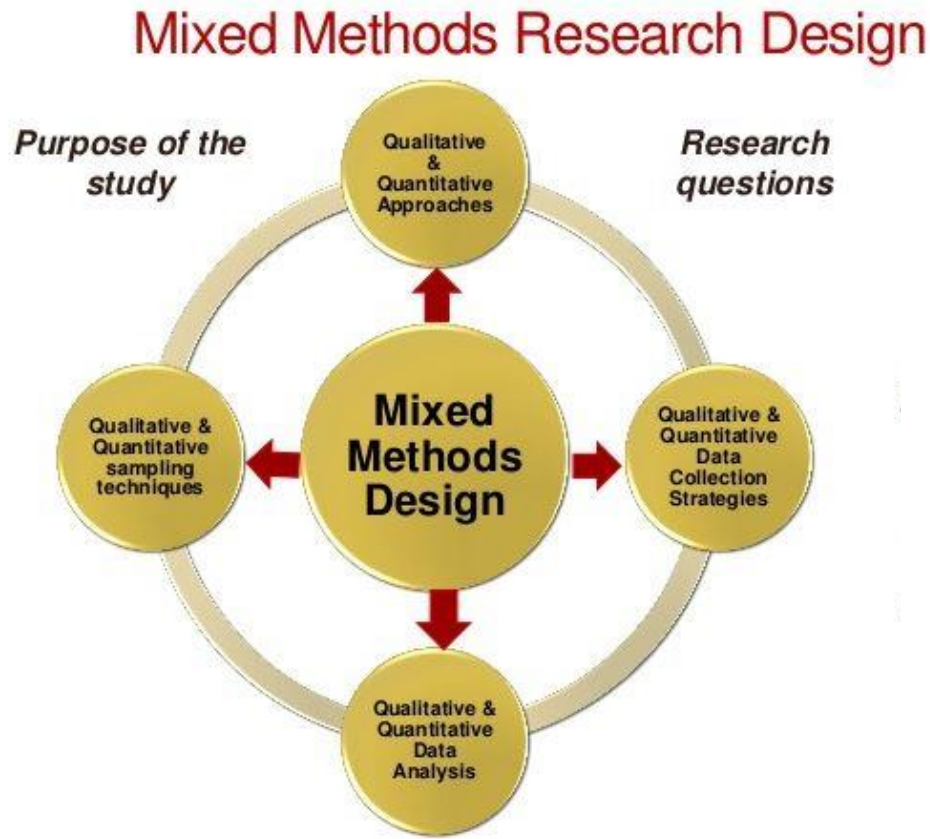


Pathways Curriculum Map
HARVARD MEDICAL SCHOOL

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Year I	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology	Foundations Biochemistry, Cell Biology, Genetics, Developmental Biology, and Foundations to Nursing, Histology, Pharmacology, Pathology, Immunology, Microbiology
Year II	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development	Transition to the PCE Clinical Skills, Clinical Reasoning, Imaging, Clinical Epidemiology and Medical Ethics, Culture of the Work, History, Human Development
Year III	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1	Advanced Clinical and Science Experiences Essentials I USMLE Step 1
Year IV	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K	Advanced Clinical and Science Experiences Essentials II USMLE Steps 2C & 2K



Our proposal for evidence-based cultural competency interventions for health practitioners



Our proposal for evidence-based cultural competency interventions for health practitioners

- And more importantly... ○○○

'What inspired you to work in a culturally sensitive way?'



(Cultural) empathy!

- Leads to better results and faster recovery
- Affective remarks
 - ✓ Reduce anxiety and uncertainty
 - ✓ Mitigate emotional response
 - ✓ Lead to better memory of medical information



Take-home message

Take-home
message

- Acknowledge other cultures' values, beliefs and norms
- Gain insights by conducting evidence-based cultural competency interventions for health practitioners
- Enhance your active listening and cultural empathy!



More information:

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- Suurmond, J. & Seeleman, C. (2006). Shared decision-making in an intercultural context. Barriers in the interaction between physicians and immigrant patients. *Patient Education and Counseling*, 60, pp. 253–259.

Thank you for your attention!

Embrace
cultural diversity!

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