

**Title:** Cultural Competency In The Workplace

**Short-term goal:** The short-term goal for this project was to introduce cultural competency into the workplace at my preceptor's office. Since teaching cultural competency is new to the medical field, the office staff, nurses, PA's, and even other physicians in Dr. Marcotte's practice have not been exposed to any formal or informal training in this area. I decided to facilitate an interactive session to discuss the issues of cultural competency with the medical and office staff. My goal was to introduce some of the various models used when practicing cultural competency, such as the LEARN and BATHE models. I also talked about effective communication skills, including the use of an interpreter, and how to effectively break bad news to a patient. All of these topics surrounded the central theme of cultural competency.

**Long-term goal:** The long-term goal for this project is to move towards universal cultural competency in healthcare. On a much smaller scale, I hope to improve the quality of care for patients in my preceptor's office by introducing the concepts of cultural competency to the medical and office staff. The need for increased availability of various medical services for patients with diverse cultures and languages is evident by the following cultural fact which I obtained from the CME website "A Family Physician's Practical Guide to Culturally Competent Care." It states that "within 50 years, nearly half of the nations population will be from cultures other than white, non-Hispanic"<sup>1</sup> which means that we need to start changing the way we treat patients. Although it is very important that physicians adapt to this change, culturally competent care needs to be practiced throughout the entire healthcare process. From the time that the patient calls the doctor's office to make an appointment, until the patient pays, or can't pay for, the bill. This may seem like a very idealistic goal, and I realize that cultural competency is not taught by simply attending a few sessions. Instead, my goal is to introduce these concepts and ideas to the medical and office staff so that they can begin their own lifelong journey to becoming culturally competent if they so wish.

**Rationale:** The goal of my project is an important health concern at the national level for some of the reasons that I stated above. Our country is quickly becoming a mixture of a variety of diverse cultures with diverse practices and beliefs. The only way to provide unbiased and fair healthcare is to continue to learn, to adapt, and to be open-minded. The goal of my CHP is very much in line with the 2<sup>nd</sup> major goal of Healthy People 2010, which is to eliminate health disparities<sup>2</sup>. The following data from the US Census Bureau confirms the increasing diversity in the American population, which in turn helps to prove the need for my project not just at my clinic, but on a much larger scale. According to the US Census Bureau, the US population grew by 2.8 million between July 1, 2004 and July 1, 2005<sup>3</sup>. Hispanics accounted for 1.3 million, or 49%, of this growth, 800,000 due to natural births and 500,000 due to immigration<sup>3</sup>. The black population grew by 496,000, or 1.3%, of these 407,000 were due to natural births and 89,000 due to immigration<sup>3</sup>. The Asian population rose by 421,000, or 3%, 182,000 because of natural

births and 239,000 because of immigration<sup>3</sup>. The American Indians and Alaska natives population increased by 43,000, or 1%, and the Native Hawaiians and other Pacific Islanders rose by 15,000, or 1.5%<sup>3</sup>. The non-Hispanic, single-race white population grew by 500,000, or 19%, 300,000 because of natural births and 200,000 due to immigration<sup>3</sup>. So it is pretty clear that since the non-Hispanic, single-race white population made up 67% of the American population in 2004 and only increased by 19%, less than a fifth of the nation's growth<sup>3</sup>, this is not the fastest growing race. I believe that we as healthcare providers need to prepare for this and realize the impact that this will have on the way that we care for our patients. This is my rationale for my strong emphasis on cultural competency on a global scale.

The reason that I chose to do this project at my clinic was because although the progression is slow, even a once predominantly white suburb like Orland Park is beginning to see the incorporation of a more culturally and ethnically diverse population. According to the American Community Survey of Congressional District 13, the district of Orland Park, the Hispanic and/or Latino population has increased from 5.5% to 9.2% from 2000 to 2004, the Asian community has risen from 6.6% to 8.7%, and the white population has decreased from 84.9% to 83.7%<sup>4</sup>. I wanted to prepare or at least introduce some of the concepts of cultural competency to the predominantly Caucasian staff at my preceptor's medical office, so that they can be prepared for this change. Since I began this rotation, I have encountered quite a variety of cultures ranging from different ethnicities such as Hispanic, Black, Asian, European, to various religions like Muslim, Jewish, Hindu, and Christian. I have also seen patients without health insurance or whose health insurance was so bad that they couldn't afford the cost of their medications. The obese population, the demented, the depressed, and the uneducated population are just some of the other cultures that I have come across. It is true that the majority of the patients are Caucasian, but I think that this just makes it more difficult when it comes time to interact with a patient from a different background or culture, with different traditions and beliefs. It makes it difficult to know which questions to ask and how to ask them, what is appropriate and what is considered rude. All of these things get factored in when discussing cultural competency, and all of these issues get addressed in my project.

**Method:** I chose to facilitate a group discussion along with including guidelines and methods used in culturally competent care because it seemed like a more personal and effective approach than simply handing out reading information. The interactive approach engages everyone in attendance and makes them feel as if they are contributing as well as taking something from the session. There are other methods of teaching cultural competency, such as the Continuing Medical Education assignment that we did in class, but that would not have allowed me to accomplish everything that I wanted to from this project. Some of my personal goals were to see how much interest there was in the subject, to hear what people's thoughts and ideas were on the issues, and to monitor for progress and change through these interactions. With the help of my preceptor, I arranged a conference room and snacks to be provided and then invited the entire medical and office staff. I began the session by having everyone introduce themselves and give a little background about themselves. Then I introduced the LEARN and BATHE models and explained how they can be used when interacting with patients. I then facilitated role playing to three case scenarios with the goal being to use the cultural competency

models. I included scenarios that covered all types of interactions with patients. After the role playing, I led a round table discussion where each participant told a personal experience about a difficult situation that they found themselves in during a patient interaction and how they handled it. Before the end of the session, which lasted about 1 hour, I handed out a short survey to get some feedback about the effectiveness and the quality of the session.

The University of Nebraska Medical Center (UNMC) is just one of many places that are now hosting Cultural Competency Workshops offered to everyone involved in the care of patients<sup>5</sup>. I too, offered my workshop to everyone in the office. However, the workshops led by UNMC can last anywhere from 2 days to 1 week and are organized and led by qualified professors and physicians<sup>5</sup>, so I don't think that my 1 hour session had the same effect, but at least it began to address the issues. Some of the workshops that just took place at UNMC are "Eliminating Health Disparities: The Role of Cultural Competency" and "Latino Health Issues for Primary Care Providers: Achieving Better Health Outcomes"<sup>5</sup>. Based on what students had to say about the workshops, they seemed very effective<sup>6</sup>. One of the students said, "People of different cultures are living in the same communities. I'm going to use what I've learned at this workshop, that's for sure<sup>6</sup>." I think that if the participants are willing and interested in learning about other cultures, that these workshops can be extremely effective. As long as it is not forgotten, that no matter how long a workshop lasts, cultural competency is not achievable, it is a lifelong journey.

**Community Resources:** This issue has not yet been addressed at this clinic, and as far as I can tell, it has not been addressed in the community either. Although I was unable to use resources from the community, I instead used the personal experiences of the medical and office staff in the clinic. The discussion we had turned out to be very informative and educational because we discussed alternative ways to handling many different types of situations.

**Culture:** Seeing as how my project is about bringing cultural competency into the workplace, a major focus was placed on being culturally sensitive in our discussions and keeping our minds open to new ideas and perspectives.

**Results:** To measure the impact of my project on the community would be difficult to do directly because the impact comes only from a change in the behaviors of the medical and office staff. I did, however, measure the impact that my presentation and interactive discussion had on the office and medical staff directly by administering a survey after the session. The survey included the following 5 statements: 1. The session was facilitated and organized in a timely fashion 2a. I was able to share a personal experience with the group 2b. I was able to relate to an experience shared by someone else 3. The handouts were helpful 4. The case scenarios were applicable to what I see on a daily basis 5. This session has impacted the way that I will interact with patients in the future. The appropriate responses were strongly agree, agree, neutral, disagree, strongly disagree. Of the 10 individuals that attended the session, 9 answered strongly agree to all the statements and one answered strongly agree to the first 4 and agree to the 5<sup>th</sup> statement.

Overall, I feel that the session was successful based on the survey responses and the individual comments I received as people approached me after the session.

**Discussion:** The biggest challenge in completing this project was setting up a time for the session. I wanted to have as many people attend the session as possible, but finding a time that was convenient for the majority was more difficult than I had predicted. One factor that I had to take into consideration was whether to have it during work hours or after work hours. I felt that I would have a larger turn out if I had the session during work hours so I received approval for that. After setting up the time and place, my preceptor helped me arrange to have breakfast provided by a drug representative, since the session was going to be in the morning, and we felt that this would also encourage attendance. I must say that I was really pleased to have a turn out of 10 people at this session. Attendance was voluntary and so this showed me that these individuals were interested in the topic and learning a little but more about cultural competency and communicating effectively with patients. One suggestion for improvement would be to make the session longer than one hour. This is difficult to do on the one hand because it was hard enough to find a one hour window to have the session, but if possible, it would be really beneficial to make it longer. Once the discussion began, it went very well and could have easily lasted more than an hour, but I had to facilitate and keep things moving so that we stayed on schedule. I learned a lot from this session. The first thing I said when I began the session was that I was there to learn from everyone else and from their clinical experiences. I learned that the office staff plays a very important role in the care of patients in family medicine. That often times the office staff knows the patient's and the family members of the patient's very well, and so it is not uncommon for communication to become casual. The practice of cultural competency is something that can be done more effectively in a setting such as this. Where the medical and office staff care for the patients just as much as their physicians do. A way that would perhaps evaluate the effectiveness of this session would be to create a survey for the patients with questions focusing on the staff's ability to communicate effectively with patients and questions dealing with different aspects of cultural competency. The most effective way to administer this survey would be to have the same patients fill out the survey at some point prior to the session and then again once the session has been completed to see if there was any change in the responses. Of course, this method of evaluation is very subjective, but unfortunately, I do not see a better way of accomplishing this goal.

#### References:

<sup>1</sup>Continuing Medical Education (CME): Culturally Competent Care, [www.thinkculturalhealth.org/](http://www.thinkculturalhealth.org/), August 2006

<sup>2</sup>Healthy People 2010, [www.healthypeople.org](http://www.healthypeople.org) , August 2006

<sup>3</sup>US Census Bureau, [www.census.gov](http://www.census.gov), May 10, 2006

<sup>4</sup>Fast Facts For Congress, Congressional District 13, [www.fastfacts.census.gov](http://www.fastfacts.census.gov) , 2004 American Community Survey

<sup>5</sup>The Rural Health Education Network and Area Health Education Centers: Working Together to Shape Healthy Communities. Volume 14 Issue 1, May 2006, <http://webmedia.unmc.edu/rhen/focusmay2006.pdf>

<sup>6</sup>What past students had to say about the UNMC Cultural Competency Workshop, [www.unmc.edu/dept/rhen](http://www.unmc.edu/dept/rhen)