

Summary

This presentation will provide an appropriate humanities-based theoretical framework; then use poetry and readers' theater to demonstrate how literature can be integrated into medical education to promote dynamic collaborative ways of understanding how cultural constructs operate in the doctor-patient encounter; and stimulating more horizontal approaches to working with cultural differences.

ABSTRACT (1000 words max)

Background. Cultural competency instruction in medical education is now widespread. Evidence is growing that improving cross-cultural communication skills in healthcare providers is associated with better patient outcomes [1,2], reduced health disparities [3], and improved access to care [1]. However, while some research indicates that medical students' knowledge, attitudes, and skills can be positively changed as a result of participation in a cultural competency curriculum [4,5], other studies conclude that exposure to a cross-cultural curriculum has little or no effect on student skill acquisition [6,7]. Still other research [8,9] reports learner attitudes of patient blaming when providing explanations for difficulties encountered in cross-cultural medical interactions. Research has also questioned whether standard cultural competence curricula can penetrate beyond superficial levels of student attitudes, producing external conformity to perceived norms rather than genuine respect and understanding of difference [10].

Part of the problem may lie in the educational approaches used in teaching cultural competence, which have relied excessively on a biomedically-influenced pedagogical model: i.e., lecture-based knowledge transmitted to produce observable, measurable behaviors. This form of education, while successful in certain respects, has the (perhaps unintended) consequence of defining the patient and family who are culturally different from the learner as "othered" objects, rather than living subjects. This effect is captured in the dominant language of cultural competence, with its attendant implications of mastery and control, which make true collaboration among participants in healthcare interactions all but impossible.

But how exactly is ongoing and dynamic cultural understanding, as opposed to passive acquisition of static knowledge, cultivated? One possibility is through exploring educational methodologies, such as the humanities, that can facilitate a shift in the values, attitudes, and assumptions about relationship, power, expertise, and certainty in order to informing the revisioning of a "new kind of collaborative healthcare." For example, the antifoundational emphasis in the humanities that rejects absolute truth and prioritizes social, cultural, and familial contexts necessarily fosters more provisional conclusions, greater tolerance of ambiguity, and increased respect for others that partially rebalances the power dynamic within the doctor-patient relationship [11].

Content of presentation. In this presentation, the following will occur: 1) Using cultural difference as an example, I will present a theoretical argument showing why it is important to move away from assertions of cultural competence and toward a position of cultural humility [12] if we are serious about promoting collaborative healthcare; and why a humanities-based approach can counteract some of the problems with existing

educational approaches. This argument will consist of 3 parts: a) how the humanities encourage positions of not-knowing, indeterminacy, and vulnerability b) how the humanities provides narrative skills of close reading, critical analysis, and interpretation c) how the humanities engage the emotions, and therefore promote the capacity to draw the learner nearer to the patient rather than transforming the patient into a threatening and alien other.

2) Through reading, analyzing, and interpreting poetry examples and participating in a readers' theater exercise, participants will actually experience how this educational methodology advances the collaborative attitudes and skills it claims to do. Discussion of poetry by physicians Rafael Campo and Peter Pereira will illustrate a range of complex responses of healthcare professionals to patients from different cultural backgrounds. A readers' theater exercise based on the popular book by Anne Fadiman *The Spirit Catches You and You Fall Down* will help participants explore how physicians, other healthcare providers, a Hmong family and members of the Hmong community can become entangled in their own cultural assumptions with devastating results; but also how they might work across these culturally-entrenched frameworks to establish collaboration and cooperation.

3) Finally, participants will have brainstorm strategies for integrating the humanities in their own educational settings in ways that enhance attitudes of respect, caring curiosity, and humility; develop skills of presence, deep listening, and creativity to generate third alternatives; and result in collaborative processes working across cultures.

What participants will learn. Participants will learn a humanities-based teaching method that promotes collaboration in healthcare in both its process and its content. They will also become familiar with the theoretical framework that supports this approach. Finally, they will have the opportunity to develop applications of this approach that are appropriate and practical in their own educational settings.

Plan for session and audience participation.¹

I. Introduction and theoretical overview – Worlds Colliding: Teaching Culture in Medicine (30 min)

How literature and the arts enhance collaborative approaches to patient care by teaching provisional truths, multiplicity of perspectives, and divergent interpretations

II. Poetry reading and discussion – (15 min)

Audience participation followed by mini group discussions

Main points: a) Identification of bias in healthcare professionals
b) Probing the roots of bias and why it arises c) Identifying and examining more collaborative attitudes d) Reflecting on how these attitudes are cultivated and sustained

III. Roleplay – When the Spirit Catches You (30 minutes)

Audience participation followed by facilitated group discussion

¹ Note: This proposal is based on a 90 minute session. Depending on the needs of the overall program, it can easily be reduced to a 45 minute time slot

Main points: a) Emotional connection – embodying others’ perspectives b) Identification of culturally-based impasses c) Group brainstorming to consider alternative approaches and how these might be conveyed to learners

IV. Translational applications – Bringing It Home (15 minutes)

Audience discussion of how to extract key elements of this approach and formulate them into practical usage for their own educational settings

Relevance of presentation to conference. The purpose of CFHA is foster collaborative approaches in healthcare, this year specifically in terms of families and culture. To do so in a meaningful way, we need both conceptual models that emphasize and explain collaboration among physicians, allied healthcare personnel, patients, and family members; and pedagogical tools that embody basic premises of these models, such as the value and dignity of all viewpoints; the importance of dynamic interpretation; and the necessity of engaging and working with emotional responses as well as intellectual analysis. The readers’ theater performance at the center of this presentation provides both appropriate content and process that addresses these points. Participants will also be able to reflect on relevant theoretical issues; and to interact to generate variations of this pedagogy applicable to their own particular educational circumstances.

References

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LEARNING OBJECTIVES

1. **At the end of the session, participants will be able to describe a theoretical framework that explains how literature and the arts promote more horizontal, collaborative attitudes and approaches to working across culture in medical encounters.**
2. **At the end of the session, participants will be able to identify specific elements of a humanities-and-arts-based teaching method that will result in a collaborative approach to cross-cultural patient and family care.**
3. **At the end of the session, participants will be able to list specific resources for developing a humanities-based approach to teaching about cross-cultural encounters.**
4. **At the end of the session, participants will be able to design a humanities-based module that is appropriate and feasible in their particular educational situation.**