CULTURES COLLIDING

I. Intro

A. My name; past 12 yrs director of Program in Medical Humanities & Arts

B. Have used literature and the arts to teach about various topics in medicine, including dr/pt encounters across cultures

II. Overview of session

A. Make some brief comments on the state of cultural competence in medical education today

B. Note some of the problems in the literature regarding cultural competence curricula

C. Explore some reasons for these problems

D. Examine what the humanities can offer

E. From a teaching perspective, compare and contrast two poems describing cross-cultural encounters

F. Participate in and analyze, again from a teaching perspective, a role-play based on *When the Spirit Catches You* by Anne Fadiman

III. State of cultural competence in medical education

A. CC education widespread at the undergraduate and graduate levels

B. Improved CC associated with better patient outcomes, reduced health disparities, and improved access to care

1. means drs who are judged to have greater "cultural competence" have pts who exhibit these positive benefits;

2. but doesn't really explain HOW they got to be like they are

C. Research is inconsistent re whether medical students' knowledge, attitudes, and skills can be positively changed through participation in a cc curriculum

IV. Defining the problem

A. Some research:

1. **Exposure to CCC has little/no effect on student skill acquisition – one study found that, while knowledge increased, students were no more likely to recognize the influence of culture, class, race, or gender on health issues or outcomes**
2. **Some of my own research indicates that, even after participation in a CCC, residents from various specialties including internal medicine, family medicine, and pediatrics, display evidence of pt blame when explaining difficulties in cross-cultural encounters**
3. **Concern in the literature that CCC promotes external conformity to perceived norms rather than deep reflection and increased respect for difference**

V. Understanding the problem – So what is going wrong in efforts to promote cultural competence?

A. Traditional pedagogy influenced by biomedical model for both philosophical and practical reasons: lecture-based knowledge transmitted to produce observable, measurable behaviors; runs the risk of encouraging students to

1. see cultural "knowledge" as static

2. conclude that cultural competence consists of very specific types of language and behavior

B. Risk of culturally different pts/families becoming "othered" objects rather than living subjects

1. Students learn to see "culture" as something "outside" themselves, something exotic rather than normal, pervasive, and essentially human – in the wonderfully turned phrase of Delese Wear, this type of curriculum is like going on cultural safari

C. Language of cultural competence emphasizes mastery and control

1. This conveys the idea that you can become "competent" in another's culture, that you can master and be in control of interactions across culture similar to how you might master placing a central line (work of Arno Kumagai)

VI. Approaches using the Humanities – So what can the humanities offer?

A. Facilitate a shift in values, attitudes, assumptions about complex concepts such as relationship, power, expertise, certainty

1. **Humanities encourage positions of not-knowing, indeterminacy, and vulnerability – these are in contrast to positivist medical education approaches that emphasize Truth with a capital T and certainty**
2. **Humanities provide narrative skills of close reading, critical analysis, and interpretation, which encourage appreciation of different stories, and cultivate an intellectual skepticism, even of one's own most cherished assumptions**
3. **Humanities engage the emotions, drawing the learner closer to the patient/family, humanizing them rather than turning them into alien, threatening "others"**
4. **Humanities help student-physicians appreciate that they too are immersed in a culture, the culture of medicine; and that this culture may often be at odds with the various cultural backgrounds of their patients**

B. In short, the humanities promote attitudes of cultural humility in learners (Melanie Tervalon)

VII. Humanities-based Pedagogy

A. Attitudes of

1. **Respect for others**
2. **Caring curiosity about difference**
3. **Humility about possibility of complete understanding**

B. Skills of

4. **Presence – being fully involved in the moment**
5. **Deep listening – paying careful attention to what is said and why**

6. Creativity to generate third alternatives

C. Overall goal:

7. Promoting collaborative processes in working across cultures

VIII. Discussion: "Maria," "What is Lost"

A. Maria –

1. **volunteer reader: read poem**
2. **volunteer teacher: what question would you start with to ask learners? (ask for 3 volunteers)**
3. **Summarize physician perspective; summarize pt perspective**
4. **What are the causes of the physician's frustration?**
5. **Why does the physician feel s/he has permission to act in this way?**

B. What is Lost –

1. **volunteer reader**
2. **volunteer teacher (3 volunteers total)**
3. **What is physician's attitude toward his pt?**
4. **How would you compare the two physicians?**
5. **What does the 2nd dr do that you would like to emulate that the 1st dr does not?**

IX. Discussion: Spirit

A. assignment of roles: Nao Kao (father), Foua (mother), Neil Ernst (dr), Effie (visiting nurse), Jeanine (social worker); observer/commentators (Arthur Kleinman and Bruce Bliatout)

B. Questions:

1. Perspectives: parents, dr, nurse, social worker

1. Neil wants to give best care possible; resentful of all resources expended on Lia; he is very afraid she will have a status epilepticus seizure and die

2. Effie is frustrated by her failures, and Foua's persistence in delivering medicine according to her own views

3. Parents love Lia greatly, see her as a kind of royalty, do everything to make her happy and comfortable; feel doctors are not taking good care of Lia; they feel they do not care about her; feel give her medicines that are too strong

2. Mistakes health professionals make

4. Effie expresses her frustration as contempt for family, says they're crazy; blames family as stubborn, backward

5. Effie and Neil pair against parents, rather than bonding with them

6. Neil threatens Child Protective Services; accuses Lees of lying

7. Neil not able to shift away from his own agenda of "providing good care"; isn't willing to acknowledge complexity of medical regimen

8. Neil defines problem as needed to send a message to Hmong community

9. Neil says Lia might die – violates taboo

3. What is the goal? (get medications taken; understand each other)

4. How might it be achieved? (Start with comments, then move to Kleinman, Bliatout)

X. Summary Points

A. Emotional engagement
B. Appreciation of multiple perspectives
C. Toleration of uncertainty, ambiguity
D. Reflection
E. Exploring possibilities