

Cultural Competency

Resource Guide

University of Hawaii

John A. Burns School of Medicine

May 2009

Introduction

Cultural competency efforts have shifted status from being a recommended area of focus in medical student and postgraduate education to becoming an integral part of the curriculum. Citing a definition from the National Center for Cultural Competence, the Association of American Medical Colleges (AAMC) defines the term cultural competence as follows:

Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.

The John A. Burns School of Medicine's (JABSOM) mission, ". . . to teach and train high quality physicians, biomedical students, and allied health professionals for Hawai'i and the Pacific, and to conduct both clinical and basic research in areas of specific interest to our community and region," positions the school to be at the forefront of cultural competency initiatives. There is no lack of cultural competency efforts throughout the school; however, preliminary inquiries revealed that documentation of cultural competency efforts were not readily available or easily obtainable at a centralized location. Moreover, there was a sense that "someone" was working on "something," but specifics could not often be provided. In an attempt to increase communication and collaboration among the various JABSOM departments and programs, we initiated this project to summarize JABSOM's cultural "competency" initiatives/programs into a resource guide for everyone's use.

An additional purpose of this project was to assist JABSOM with its preparation for the Liaison Committee on Medical Education (LCME) accreditation. Our medical school is required to provide a summary of our collective efforts in cultural competency as part of our national accreditation process. The results of our data collection served as the basis for some of the responses to LCME questions related to cultural competency.

An e-mail was sent to 20 department chairs/program directors requesting their participation. A list of questions regarding perceptions and concerns regarding cultural competency efforts and a summary grid were attached to the e-mail. Those who opted to participate could either complete the attachments, responding via e-mail or through a face-to-face or phone interview. We received 12 responses, including a collective response from course directors responsible for centralized Office of Medical Education courses.

This guide should be viewed as a work in progress. As cultural competency efforts are refined, and new initiatives added, the guide can be updated on an annual or more frequent basis as needed to reflect these changes.

We would like to thank those departments and individuals who took the time to respond to our survey. They not only provided us with wonderful insight into their cultural competency initiatives, but also provided us with helpful tools, such as evaluations, that may be of interest and use to others.

We have done our best to reflect the information in as accurate a manner as possible. Any questions, concerns, or suggestions regarding this guide should be directed to: Maria B.J. Chun at mariachu@hawaii.edu or (808) 586-2925.

Maria B.J. Chun, Ph.D.
Associate Chair, Administration and Finance
Department of Surgery

Martina Kamaka, M.D.
Cultural Competency Curriculum Development Committee
Department of Native Hawaiian Health

Richard Kasuya, M.D.
Director
Office of Medical Education

Danny M. Takanishi, Jr., M.D., FACS
Associate Professor and Chair
Department of Surgery

Keane G.M. Young, B.S.
Research Assistant
Department of Surgery

Overview/Summary

In general, each department that provided a response had at least one type of cultural competency initiative or effort. The initiatives or efforts included guest lecturers and/or presentations, educational sessions, formal courses, internships/externships, teaching strategies, research endeavors, and collaborations within JABSOM as well as with departments outside of JABSOM and community groups. Collaboration and communication would contribute to a more cohesive and integrated effort. Since some respondents commented on the need for more funding and staffing, pooling and sharing of resources may be highly beneficial.

Cultural competency efforts were found at both the medical student level (Department of Native Hawaiian Health, Office of Medical Education) and the resident or postgraduate level (Departments of Psychiatry, Family Medicine and Community Health, Geriatric Medicine). Faculty development in the area of cultural competency appeared to be rather limited.

Another area in need of enhancement is evaluation. Beyond course evaluations, few programs conducted formal evaluations of their cultural competency efforts, using a standardized tool. The Department of Family Medicine and Community Health provided us with the most formal evaluation tool (see Appendix C).

Some departments like Native Hawaiian Health, Psychiatry, Complementary and Alternative Medicine, and Family Medicine and Community Health have heavily integrated cultural competency into their departments' missions. Their educational, training, and research programs start with the understanding of the importance of cultural competence, or as some prefer, "cultural humility." Several departments found the term cultural "competence" to be a little misleading because they feel no individual to be truly "competent" in any culture. However, we opted to use this term since it is the "official" term of reference for the accrediting bodies, such as the LCME

The Department of Geriatric Medicine also has quite a number of teaching and research initiatives in the area of cultural competence. The Department of Public Health Studies has a course on cultural competence and interacts with various community groups to address the topic. The most formalized and advanced research program in the area of cultural competency is in the Department of Psychiatry.

Other departments also appreciate the importance of culture and have begun to develop various initiatives. For example, the Department of Surgery has recently begun efforts to study cultural competency in surgical residency.

Following are a list of departments and/or programs that participated in the survey and shared their cultural competency efforts with us. We include contact persons and information. When available, we have also included table summaries and sample evaluation tools.

Department/Program:

Office of Medical Education

Contact Person(s) and Information:

Dr. Richard T. Kasuya, M.D.

Director

651 Ilalo Street

MEB 307

Honolulu, HI 96813

Phone: (808) 692-0940

E-mail: kasuya@hawaii.edu

Website link: <http://ome.hawaii.edu>

Cultural Competence Initiative(s):

The Office of Medical Education is tasked with supporting the implementation and evaluation of the medical student educational experience, primarily in the first and second years of study known as the pre-clinical years. The office oversees a number of centralized courses that focus on exposing medical students to dealing with diverse populations. The office also collaborates with the Department of Native Hawaiian Health on a number of its cultural competency initiatives.

Below are a list of courses and related contact information.

Course(s):

BIOM 581 Unit I Community Health, BIOM 582 Unit II Community Health,

BIOM 583 Unit III Community Health

Contact Person(s) and Information:

Kenton Kramer

Phone: (808) 692-0934

E-mail: kramer@hawaii.edu

Website link: www.hawaii.edu/cm/

These community health courses provide field experiences for students by placing them in community settings to work with health-care professionals as they provide services to patients, and comprise the Community Health Program. The program consists of a number of community organizations, each of which has a site coordinator who is responsible for developing the curriculum. Therefore, students have a variety of exposure to cultural sensitivity issues. The Area Health Education Centers (AHEC at the Kalihi Palama Center and Waianae Coast Comprehensive Health Center), for example, have activities that incorporate cultural components into their curriculum.

To provide exposure to cultural issues affecting health to the entire class a *Cultural Sensitivity Colloquium* was implemented. This colloquium was organized by Dr. Martina Kamaka, M.D. and the Department of Native Hawaiian Health. The objectives of this event were: 1) understanding the importance of culturally competent care in medicine and medical education, 2) exploring our own values and biases, 3) understanding the

culture of Western Medicine and its impact on medical care, and 4) addressing the health disparities of Native Hawaiians.

Course(s):

Clinical Skills Series: BIOM 571-575

Contact Person(s) and Information:

John Melish, M.D.

Phone: (808) 587-7405

E-mail: melish@hawaii.edu

The Clinical Skills Series instructs medical students on history taking and physical exam skills pertinent to the basic physical exam. Cultural sensitivity is part and parcel to the interpersonal, communication, and physical examination skills taught in the Clinical Skills Courses in the first two years at JABSOM. Students are taught that illness is the manifestation of disease process in a unique individual. Cultural sensitivity comprises understanding the patient's response to his/her illness in terms of cultural identity, personal beliefs. Practice, diagnostic, and treatment plans are adapted accordingly.

In addition, students are instructed to understand the impact illness has on a patient in the setting of family, educational and religious background, economic circumstances, and insurance realities. Avoidance of stereotypes is emphasized. See Appendix A for details of how cultural sensitivity is integrated into the curriculum.

Course(s):

BIOM 566 Topics in Health and Illness

Contact Person(s) and Information:

Gwen Naguwa

Phone: (808) 692-0935

E-mail: gnaguwa@hawaii.edu

In the Third Year Colloquia Series there is no specific session on cultural competency. However, there are several scenarios from the Ethics Session, which include several cultural situations. Small group discussions are held; students then decide on a course of action. Pre and post votes of what they would do in each situation (using an audience response system) are completed. Finally, a panel of individuals (an ethicist/physician, nurse, pastor, and ED physician) discusses the approach from their perspective. Students' post-votes are then collected and recorded.

Course(s):

PBL MD1 (MDED 551)

Contact Person(s) and Information:

Richard Kasuya, M.D.

Director

651 Ilalo Street

MEB 307

Honolulu, HI 96813

Phone: (808) 692-0940

E-mail: kasuya@hawaii.edu

Website link: <http://ome.hawaii.edu>

The course consists of lectures, such as Native Hawaiian Health Issues and homelessness. With regard to PBL case content, issues related to Native Hawaiian Health, homelessness in Hawaii (especially Micronesian peoples), ageism and effective communication with the healthy elderly, and effective communication with adolescents are covered. The course also is comprised of standardized patient learning experiences: communicating with a troubled teenager, communicating with a geriatric patient, and talking to patients about the use of alternative/complementary treatment options.

Course(s):

PBL MD2 (MDED 552)

Contact Person(s) and Information:

Damon H. Sakai

Phone: (808) 692-1001

E-mail: damon@hawaii.edu

MDED 552 has tried to bring a “human touch” to all its PBL cases in an attempt to create characters/patients that students can care about. This involves providing information about their background, such as age, ethnicity, marital status, interests, hobbies, concerns, joys, etc. In addition, much of the cases contain dialogue so that students can get a sense of actual conversations that take place between health care workers and patients. These

evolutions supportive cultural competency efforts but were more driven by principles of PBL case design than by a “cultural competency initiative.” There is no specific evaluation data focusing on the cultural competence aspects of our curriculum.

See Appendix B for additional details.

Course(s):

PBL MD3 (MDED 553)

Contact Person(s) and Information:

Richard Kasuya, M.D.

Director

651 Ilalo Street

MEB 307

Honolulu, HI 96813

Phone: (808) 692-0940

E-mail: kasuya@hawaii.edu

Website link: <http://ome.hawaii.edu>

The course consists of lectures, such as living with HIV, which includes discussion about various lifestyles. With regard to PBL case content, communicating through an interpreter, living with HIV infections, and Vietnamese attitudes towards health are covered.

Department/Program: Office of Global Health/Medicine

Contact Person(s) and Information:

Satoru Izutsu, Ph.D.
Senior Associate Dean

651 Ilalo Street. MEB 223
Honolulu, Hawaii 96813

Phone: (808) 692-0890

E-mail: sizutsu@hawaii.edu

Culture Competence Initiative(s):

The Office of Global Health/Medicine (OGH/M) in the Dean's Office, in collaboration with the clinical departments, oversees reciprocal student exchanges between JABSOM's 4th year students and medical students from Asia in their 6th year of medical school. A goal of the program is to foster mutual understanding and competence in the cultures, primarily associated with health care, of the peoples of the Pacific and Asia. Each year, a total of approximately 50-60 students participate in the program.

OGH/M supports the efforts of departments with regard to student placement overseas, including aspects related to culture and health.

Walter Patrick, M.D., Ph.D. (808) 692-0893 (walterp@hawaii.edu) offers courses in global Health and Medicine and Disaster Management and Crisis Communication which have significant components and emphasis on culture and health. In addition to teaching courses, Dr. Patrick provides consultation to faculty and students planning overseas project or field studies.

Department/Program: Complementary and Alternative Medicine

Contact Person(s) and Information:

Roseanne Harrigan, Ed.D.

Chair

651 Ilalo Street, MEB 223

Honolulu, HI 96813

Phone: (808) 692-0909

E-mail: harrigan@hawaii.edu

Cultural Competence Initiative(s):

For the Department of Complementary and Alternative Medicine, cultural “competency” is an integral part of its mission. The department has a Wellness Center in the Auxiliary Services Building on the Kakaako Campus where they practice. Their services include: acupuncture, Oriental medicine, family practice, lifestyle medicine, holistic pediatrics, massage, music therapy, weight training, and endurance training. The department also has a radio talk show on KIPO where faculty, such as Dr. Terry Shintani, M.D., J.D., discuss various health issues with the public.

The department also has a number of research initiatives. Amy Brown is involved with studying the utilization of poi in the diet of end stage cancer patients. Dr. Shintani continues to research the “Hawaii Diet,” which is a “culturally appropriate, macrobiotic diet.” Additionally, the department is collaborating with the Department of Cell and Molecular Biology on a grant to study complementary and alternative medicine. The

proposal is comprised of four translational projects, which include research on how bamboo shoots, bitter melon, cruciferous vegetables impact diet and weight. The department also has collaborated with the Matsunaga Peace Center on skill-building.

In addition to the above, the department oversees the Master's and Ph.D. programs in translational research, which include two courses on cultural competence at the doctoral level: 1) BIOM 647 "Cultural Competence in Biomedical Research I," which is the introductory course in the application of cultural awareness to biomedical research in the Clinical Research curriculum; and 2) BIOM 650 "Cultural Competence in Biomedical Research II," which builds on the introductory course and assists students with planning and implementing an ethnically and culturally appropriate clinical research project.

The Department of Complementary and Alternative Medicine feels that the term "cultural humility" better captures what it is trying to teach and promote (i.e. it is impossible for anyone to become "competent" in another's culture). Cultural humility promotes sensitivity and use of different strategies when dealing with diverse groups.

Department/Program: Family Medicine and Community Health

Contact Person(s) and Information:

Gregory Maskarinec, Ph.D.

Director of Research and Co-Director, with Dr. Lee Buenconsejo-Lum, M.D. of the

Cross-Cultural Curriculum

95-390 Kuahelani Avenue

Mililani, HI 96789

Phone: (808) 627-7697

E-mail: gregorym@hawaii.edu

Cultural Sensitivity Initiative(s):

The Department of Family Medicine and Community Health has developed a formal, cross-cultural curriculum for residents. Once every three months, the residents participate in lectures/discussions/workshops regarding the following:

1. Introduction to cross-cultural issues during intern orientation, including a three day Native Hawaiian immersion experience;
2. Experiential exercises to enhance residents' self-awareness, insight and empathy;
3. Introduction to ethnographic research as a key means toward understanding culture;
4. Patient-centered cross-cultural sensitivity for eliciting patients' explanatory models of illness;

5. Ethnomedicines (e.g., Chinese, Japanese, Native Hawaiian, Micronesian, Filipino);
6. Cosmopolitan biomedicine as an ethnomedicine;
7. Moral and ethical considerations of cross-cultural health issues;
8. Complementary and alternative medicine;
9. Interactive case workshops (utilizing residents' patients);

The department also has developed evaluation methods to assess its cultural sensitivity initiatives.

1. Weekly half-day of precepting by the cross-cultural curriculum director and other cross-cultural faculty to ensure that the cross-cultural skills are being utilized effectively in the clinic (outpatient setting);
2. Observation of inpatient rounds each block by the cross-cultural curriculum director to ensure that cross-cultural skills are being utilized effectively in the hospital;
3. Resident attendance and participation of residents at didactics and workshops;
4. Self-awareness assessments with faculty feedback;
5. Pre- and post-workshop written assessments of knowledge gained, as appropriate to the particular topic and workshop format;
6. A series of "standardized patient" exercises including Micronesian, Samoan, and Native Hawaiian patients, videotaped with and observed by faculty advisors of each resident. These include working with interpreters, end-of-life

decision making, delivering bad news, and working with cultural beliefs and practices that may limit the patient's acceptance of medical advice.

A sample of the department's evaluation tools can be found in Appendix C.

The department also works closely with the Department of Native Hawaiian Health and Dr. Maskarinec is a member of its Cultural Competency Curriculum Development Committee. The department also participates in its Cultural Immersion Weekend for intern orientation and invites speakers from the Department of Native Hawaiian Health to conduct presentations to its residents and faculty.

Department/Program: Geriatric Medicine

Contact Person(s) and Information:

Patricia L. Blanchette, M.D., M.P.H.

Professor and Chair

E-mail: PBlanch944@aol.com

Marianne K. Tanabe, M.D.

Associate Professor

E-mail: maritanabe@yahoo.com

Misty S. Yee

Educational Specialist

E-mail: mistyy@hawaii.edu

347 N. Kuakini Street HPM-9

Honolulu, HI 96817

Phone: (808) 523-8461

Cultural Competence Initiative(s):

The Department of Geriatric Medicine's goal is to develop knowledge, attitudes, and skills that enable effective delivery of care in diverse cross-cultural settings with improved outcomes. Via funding from a Geriatric Academic Career Award grant (2004-2009), the department developed a comprehensive plan to infuse ethnogeriatric cultural

competency in all levels of curriculum at JABSOM through portions of curriculum that are under the department's purview. However, funding was zeroed out in 2006 and the grant was terminated. Focus was continued only on Geriatric Medicine Fellows, which includes a didactic presentation/discussion session and a revival of the ethnogeriatric journal club (it had been stopped when the funding was terminated).

The department has obtained a Geriatric Education Center (GEC) grant and intends to utilize it to include interdisciplinary cultural competency in geriatrics.

Additionally, the Department Chair was editor of the API section of an online course on cultural competence and co-authored several of the sections.

www.stanford.edu/group/ethnoger. Dr. Blanchette also co-edited, authored, and co-authored some of the chapters of *Cultural Issues in End-of-Life Decision-Making*, 1999, Sage Publications. She is also a member of the Diversity and Inclusion Work Group of the national board of the Alzheimer's Association.

For more details on the Department of Geriatric Medicine's cultural competence initiatives, both past and present, please see Table 1.

Table 1. Department of Geriatric Medicine – Past and Present Cultural Competence Initiatives

Initiative or Program	Description of Initiative or Program	Target Population/Group of Initiative or Program (Medical student? Resident? Faculty?)	Method(s) Used to Evaluate the Initiative or Program	Name of Contact Person(s) – phone number, e-mail address
Integrate ethnogeriatric cultural competency in the training of Geriatric Medicine Fellows 2006-current	Didactic Lecture session and Discussion Forum Journal Club session focused on ethnogeriatric cultural competency	Geriatric Medicine Fellows	Session Feedback	Marianne Tanabe maritanabe@yahoo.com 523-8461
Cultural Competence in Palliative Care 2005-2006	Didactic Lecture presentation on Cultural Competence in Palliative Care as part of a 10 week course in Palliative Care Issues for Health Care Professionals	Allied professionals in practice and physicians	General course feedback	Emese Somogyi-Zalud (overseeing course) 523-8461
Cultural Competence in Palliative Care 2005-2006	Formal lecture presentation on cultural competence for Pulama I Ke Ola (Life is Precious) Healthcare Conference in Hilo, Hawaii	Allied health professional in practice/in training/primarily nursing students		
Cross Cultural Caring and End of Life Care 2005-2006	Formal presentation o cultural competence in end of life care to third year medical students	Third year medical students		
Cultural Competence 2005-2007	Didactic lecture session on cultural competence	Fourth year medical students		

Table 1 Department of Geriatric Medicine – Past and Present Cultural Competence Initiatives (continued)

The following are planned via Geriatric Education Grant (GEC)		Interdisciplinary Allied health, physicians, students	Evaluation	PI: Dr. Blanchette
Cultural Competence	Interdisciplinary journal club/forum to review and stimulate discussion regarding culturally appropriate care for Asian and Pacific Islander Elders (API)			
Cultural Competence	Plan, collaborate and produce an interdisciplinary handbook-toolkit for healthcare professionals on culturally appropriate care for API elders			
Cultural Competence	Assemble and present information regarding cultural considerations for end-of-life and family decision-making issues in the API population			
Cultural Competence	API lectures			
Cultural Competence	Update online Ethno-geriatrics Curriculum at the www.stanford.edu/group/ethnoger			
Cultural Competence	Assess, link, and improve the repository of API materials in the GEC and medical school library			
Cultural Competence	Participate with the editorial board of the Hawaii Medical Journal to increase its publications in geriatrics with particular emphasis on issues related to API geriatric health care			
Cultural Competence	API lectures			

Completed by Marianne Tanabe and Misty Yee.

Department/Program: Medicine

Contact Person(s) and Information:

Dr. Glenn A. Rediger, M.D.

Phone: (808) 848-1438

E-mail: rediger@hawaii.edu

Dr. Bradley Chun, M.D.

Phone: (808) 791-9400

E-mail: bchun@me.com

Cultural Competence Initiative(s):

The Department of Medicine has a session on cultural competence for the Transitional Residents given by Glenn Rediger, M.D. Dr. Rediger utilizes a PowerPoint presentation called “The Keys to Cultural Competence.” He also uses a video of a medical encounter with a non-English speaking patient and an interpreter, which serves as the starting point for a discussion on the use of interpreters. In his session, Dr. Rediger also engages the residents in an exercise called “Cultural Pursuit,” in which each participant receives a 3X5 card with a vignette, and speculates what is happening in the encounter. The vignettes are based on true encounters in Hawaii, many of which come from Dr. Neal Palafox’s book, *Cross-Cultural Caring: A Handbook for Health Care Professionals in Hawaii* (1980), and from other physicians’ experiences.

An additional session is scheduled to be given to the Internal Medicine residents during their academic half-day session by Dr. Fritzie Igno on Cultural Competency based on experiences with Filipino populations.

Sessions tailored to the orientation of International Medical Graduates to Cultural Competency in the multi-ethnic population of Hawaii are also being developed.

Department/Program: Native Hawaiian Health

Contact Person(s) and Information:

Martina Kamaka, M.D.

677 Ala Moana Blvd., Suite 1016B

Honolulu, HI 96813

Phone: (808) 587-8570

E-mail: martinak@hawaii.edu

Cultural Competence Initiative(s):

The Department of Native Hawaiian Health is involved with a number of cultural competency initiatives for medical students. For first year medical students, it developed an “Introduction to Hawaiian Health” lecture, a four-hour “Workshop on Culture and Health” (Cultural Sensitivity Colloquium),” and a Cultural Immersion Weekend, which is a 2.5 day experience in Waianae. Other initiatives include fourth year elective rotations at community health centers, a first year research elective in Native Hawaiian Health (part of the Community Health Program), and a ten-week elective on Native Hawaiian Health and traditional healing.

In addition to the Office of Medical Education, the Department of Native Hawaiian Health has worked with the Departments of Family Medicine and Community Health and Geriatric Medicine. The department also established a Cultural Competency Curriculum Committee comprised of members from various JABSOM departments and disciplines.

See Table 2 for a detailed listing of the Department of Native Hawaiian Health’s cultural competence efforts.

Table 2 Department of Native Hawaiian Health Cultural Competence Initiatives.

Initiative or Program	Description of Initiative or Program	Target Population/Group of Initiative or Program (Medical student? Resident? Faculty?)	Method(s) Used to Evaluate the Initiative or Program	Name of Contact Person(s) – phone number, e-mail address	Comments
Introduction to Hawaiian Health	One hour lecture during orientation month to introduce students to basics of Hawaiian health, with a review of the historical record.	First year medical students	Post course evaluation	Martina Kamaka, MD 587-8574 martinak@hawaii.edu	
Workshop on Culture and Health	Four hour work shop focusing on health disparities, cultural trauma, dr-patient relationship and communication, self discovery exercises and traditional healing. Features lectures and small group discussions	First year medical students	Post course evaluation	Same as above	
Cultural Immersion Weekend	2.5 day experience in Waianae featuring visit to WCCHC, Kaala Farms, Makua Valley, Pokai Bay Navigational Heiau. Time is also spent in small group discussions and traditional food prep.	First year medical students	Pre and post test Post course evaluation	Same as above	

Table 2 Department of Native Hawaiian Health Cultural Competence Initiatives. (continued)

Initiative or Program	Description of Initiative or Program	Target Population/Group of Initiative or Program (Medical student? Resident? Faculty?)	Method(s) Used to Evaluate the Initiative or Program	Name of Contact Person(s) – phone number, e-mail address	Comments
Cultural Immersion Weekend	2.5 day experience in Waianae featuring visit to WCCHC, homeless shelter, Kaala Farms, Makua Valley, Pokai Bay Heiau and Ku Kane Loko. Time is spent in small group discussions and traditional food prep.	Family Practice Interns	Pre and post test Post course evaluation	Same as above	
Native Hawaiian Health	One hour lecture discussing basics of NH health care, health disparities and highlighting how to communicate effectively with NH patients	Geriatrics fellows	None	Dee-Ann Carpenter-Yoshino, MD 587-8612 deeannc@hawaii.edu	Invited to speak this current year during retreat. Not sure if will be a regular part of their retreat.
Native Hawaiian Health 4 th year elective	Elective rotation featuring clinical time in a community health center serving large NH population. Students also shadow a traditional healer	4 th year medical students (JABSOM, US and international)	Post course evaluation	Dee-AnnCarpenter-Yoshino 587-8612 deeannc@hawaii.edu	
Native Hawaiian Health research elective (community health rotation)	Although students are taught research methodology in this class, it is within the context of exposure to NH health. Students are also exposed to health disparities, traditional healing. Some CC training occurs within this course	First year medical students	Post course evaluation Successful research project focusing on NH health	S. Kalani Brady, MD 587-8599 skbrady@hawaii.edu	
Problem Based Learning Cases	Revision of two PBL cases to allow for introduction of cultural issues, topics	First year medical students	Post course evaluation	Martina Kamaka, MD(see above) and Richard Kasuya and OME	Collaborative effort across departments
Elective in NH health and traditional healing	10 week elective featuring in depth exposure to traditional healing/healers as well as lectures on cultural trauma, health disparities and traditional diet. Field trip to fish pond is included	First or second year medical students	Pre and post test Post course evaluation.	Martina Kamaka, MD 587-8574 martinak@hawaii.edu	Elective developed and funding obtained but not no students have taken the elective as yet.

Department/Program: Obstetrics, Gynecology, and Women's Health

Contact Person(s) and Information:

Mark Hiraoka, M.D.

Director of Medical Student Education

1319 Punahou Street, Room 824

Honolulu, HI 96826

Phone: (808) 203-6500

E-mail: hiraokam@hawaii.edu

Cultural Competence Initiative(s):

The Department of Obstetrics and Gynecology reports some structured training regarding cultural competence for medical students in the third year clerkship. Students are exposed to clinical situations involving interactions with different “cultures” on a daily basis while on the floors and clinics.

There are also several initiatives for residents. For example, each year the Koaia Kalihi Valley Comprehensive Family Services presents their “Working with Interpreters” workshop. Funded by the Office of Minority Health, the workshop provides information on effective communication and cultural/linguistic competency. Additionally, the resident education series on professionalism includes a lecture on “Health Literacy,” which is defined as, “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Resident evaluation tools such as the 360 evaluation and patient surveys are intended to reveal competency in the general area of Professionalism and in the specific area of cultural competency and sensitivity.

Department/Program: Pediatrics

Contact Person(s) and Information:

Raul Rudoy, M.D.

Chair

1319 Punahou Street, Room 742

Honolulu, HI 96826

Phone: (808) 956-6525

E-mail: rrudoy@hawaii.edu

Cultural Competence Initiative(s):

The Department of Pediatrics does not have a separate program or course in cultural competency, but it is integrated into the general teaching programs for students and residents.

Department/Program: Psychiatry

Contact Person(s) and Information:

Dr. Naleen Andrade, M.D.

Chair

University Tower

1356 Lusitana Street, 4th Floor

Honolulu, HI 96813

Phone: (808) 586-2900

E-mail: andraden@dop.hawaii.edu

Cultural Competence Initiative(s):

For the Department of Psychiatry, Dr. Andrade notes that culture is such an integral part of their department; it is an overarching theme for all they do. The department has several cultural competence initiatives:

Work to update and revise the book, *People and Cultures of Hawaii (1980)*, has begun. The editors of the book will be the Department Chair (Dr. Andrade) as the lead editor, and the Department Chair Emeritus (Dr. John McDermott, Jr.), who served as the senior editor of the first textbook when he was Department Chair. The revision would be a project of selected department faculty and would reflect what has changed since the first publication and discuss how ethnic aspects affect cultural identity, and present the research and advancements that the department's scholars and researchers have been involved in during the past 28 years.

A cultural seminar series for residents was developed by a faculty work group made up of Drs. Wen Shing Tseng, Tony Guerrero, Courtenay Matsu, 'Iwalani Else and Naleen Andrade. During the first year, there is an introduction to cultural issues. During the second and third years, a case conference format is utilized and the fundamentals of culture are presented. During the third and fourth years, Dr. Wen Shing Tseng presents the nuances of culture and how it impacts diagnoses. In addition to formal lectures, teaching occurs with “real” cases. Residents are taught to formulate cases culturally.

The Department of Psychiatry faculty have also done lectures for the Department of Pediatrics that involve culture. The Department’s work with culture and ethnicity also involve research and training in its Asian Pacific Islander Youth Violence Center and National Center on Indigenous Hawaiian Behavioral Health. Researchers and Clinician-Educators are involved in these two centers from the Department, as well as other JABSOM departments (e.g., Pediatrics), and the University of Hawaii’s Departments of Sociology, Social Work, Political Science, Women’s Studies, and Urban Planning.

Department/Program: Public Health Sciences

Contact Person(s) and Information:

Jay E. Maddock, Ph.D.

Director

Biomedical Sciences D-204

1960 East-West Road

Honolulu, HI 96822

Phone: (808) 956-8267

E-mail: jmaddock@hawaii.edu

Angela Sy, DrPH

Assistant Professor

Biomedical Sciences D-104D

Honolulu, HI 96822

(808) 956-8711

E-mail: sya@hawaii.edu

Cultural Competence Initiative(s):

The Department of Public Health Sciences (DPHS) cultural competency initiatives are implemented in the research, educational, and service components of the DPHS activities.

Research

Selected DPHS faculty are involved in research projects with a focus on culture and health, and health disparities. Current projects include:

1. `Imi Hale Native Hawaiian Cancer Network: Subcontract with Kathryn Braun, DrPH (PI: Clayton Chong, MD): Funding source: National Cancer Institute, Center to Reduce Cancer Health Disparities, Community Network Program.

2. CBPR Approaches to Reduce Smoking Among Filipna Girls, Asian American Network of Cancer Research, Awareness, and Training: Subcontract with Angela Sy, DrPH, Funding source: National Cancer Institute, Center to Reduce Cancer Health Disparities, Community Network Program

3. Hui Malama o ke Kai After School Wellness Program, Hui Malama i ke Kai Foundation: (PI: Jan Dill) Subcontract with Angela Sy, DrPH, Funding source: US Department of Education)

4. Projects Aimed at Reducing Health Care Disparities among Asian Americans: Principal Investigator: Ta, V.M. Funding Source: University of Hawai‘i at Mānoa, Faculty Fund for Research Project Development Award

5. Barriers and facilitators to use of mental health services among Asian and Pacific Islander women. Principal Investigator: Ta, V.M., Funding Source: NIH Loan Repayment Program, Health Disparities Program

Teaching

Current Courses:

The DPHS offers a cultural competence course (PH 630 – Cultural Competency in Health Care). The course, open to nonmajors, is a requirement for students in the doctoral program. The course “presents both analytical and practical approaches to cultural competency’s domains, concepts, models, frameworks, patterns, and communication that occur in cross-cultural health care situations.” The faculty instructor is Van M. Ta, Ph.D., and one of the past instructors was Valerie Yontz, Ph.D. Other courses address culture, community, and health disparities: PH 792S Community Based Participatory Research and PH 770c Research Methods in Health Disparities

Curriculum: Doctor of Public Health (DrPH) Program

The DrPH program of the DPHS specifically trains doctoral students on community based and health disparities research. Upon graduation, doctorally trained students will have developed competency in health disparities, cultural competency, and community based participatory research.

The DrPH program’s goals include:

1. Prepare students for independent inquiry in public health, with a focus on translational and community-based participatory research that addresses issues of concern to culturally diverse groups, especially those in Hawai`i and the Asia-Pacific region.

2. Prepare students for leadership roles in evidence-based public health and health-disparity reduction.
3. Increase the number of doctorally trained public health practitioners from under-represented groups

Service

Health Disparities Service Learning Collaborative, Kellogg Campus Community
Partnerships for Health, PI: Valerie Yontz, Ph.D.

In 2007, the DPHS was funded for a 3 year initiative to increase the active engagement of public health students, public health faculty, and community partners in sustained, longitudinal service-learning programs that address health disparities and to integrate these programs into the department's core curriculum. A goal of this service project is to Linking service-learning to the elimination of racial and ethnic health.

Department/Program: Surgery

Contact Person(s) and Information:

Danny M. Takanishi, Jr., M.D., FACS

Associate Professor and Chair

E-mail: dtakanis@hawaii.edu

Maria B. J. Chun, Ph.D.

Associate Specialist and Associate Chair, Administration

E-mail: mariachu@hawaii.edu

University Tower

1356 Lusitana Street, 6th Floor

Honolulu, HI 96813

Phone: (808) 586-2920

Cultural Competence Initiative(s):

The Department of Surgery is currently in the process of developing several initiatives.

Currently, the department's main project involves assessing cultural competence in surgical resident education. The purpose of this study is to measure (with a reliable and valid tool) preparedness of surgical residents to deliver high-quality care to diverse patient populations. The first phase of the study was to develop a baseline assessment of cultural competency to identify existing gaps. Utilizing the *Cross-Cultural Care (CCC) Preparedness* survey developed by Weissman and Betancourt, we collected and analyzed

data from our residents. For comparative purposes, we also collected and analyzed data from other residency programs (Family Medicine, Psychiatry, and Internal Medicine). We also conducted a qualitative needs assessment via interviews with our faculty to obtain their views on cultural competency and its potential role in our curriculum.

Based on this initial phase, we have moved to the next phase, which includes the development of innovative methods to educate our residents. Partnering with the Department of Family Medicine and Community Health, we are in the process of developing a “cultural Objective Structured Clinical Examination (OSCE)” involving a standardized patient exam addressing the issue of informed consent with an elderly Samoan male facing amputation of his leg. Prior to formal implementation in August 2009, we will be piloting the case with our faculty.

The subsequent (and ongoing) phase will be an outcomes assessment to test the impact of our curricular interventions. Specifically, has our training been able to prepare and to provide our residents with the requisite skills for effectively dealing with diverse patient populations.

In addition to taking the lead on development of the *Cultural Competency Resource Guide*, our department is a member of the Department of Native Hawaiian Health’s Cultural Competency Curriculum Committee (C3), and has also developed collaborative efforts with the UH Department of Psychology’s Cultural and Community Concentration (CCC). Other related initiatives include: formation of a *JABSOM Cross-Cultural Health*

Care Interest Group, with representation from the Departments of Surgery, Family Medicine and Community Health, Native Hawaiian Health, Public Health Studies, Geriatric Medicine, Internal Medicine, and Psychiatry, that meets bimonthly to discuss departmental and interdepartmental projects; development of a cultural competency in health care UH Honors course, and the planning of a conference in February 2010. The conference: *Cross-Cultural Health Care: Collaborative and Multidisciplinary Interventions* is sponsored by the American College of Surgeons – Hawaii Chapter; Society for Community Research and Action – Western Region; UH Departments of Surgery, Psychology, and Public Health Studies.

Finally, we are in the process of identifying ways to create a multidisciplinary research group to more formally and scientifically evaluate these and other cultural initiatives.

Department/Program: Tropical Medicine, Medical Microbiology and Pharmacology

Contact Person(s) and Information:

Duane J. Gubler, ScD

Chair

E-mail: dgubler@hawaii.edu

651 Ilalo Street BSB 320

Honolulu, HI 96813

Phone: (808) 692-1600

Cultural Competence Initiative(s):

The Department of Tropical Medicine, Medical Microbiology and Pharmacology finds cultural competence important because it is critical to the understanding of prevention and control of infectious diseases (as a means to control incidence). The department is involved with both high tech and social sciences. Because 90 percent of diseases do not have a drug or vaccine, prevention is key. Human behavioral change (as it relates to prevention) requires an intimate knowledge of the cultural aspects (e.g., eating habits, hygiene, and sexual practices) of disease.

The department does a lot of international work in Asia and Southeast Asia. Some of their programs include: Pathogen Discovery in Vietnam, Partnership with the World Health Organization – Prevention and Control of Dengue and Hemorrhagic Fever, Influence of Climate and Environmental Factors.

In Hawaii, Dr. Bruce Wilcox heads a group called, “Ecology and Health,” which has been working in Waimanalo for the past six years. This community-based program helped to organize community meetings and obtain community-strengthening grants. Dr. Wilcox’s group also has conducted studies that aid in community health improvement. More recently, his program focused on diet and nutrition with regard to cultural and socioeconomic changes. Dr. Wilcox is also the director of the University of Hawaii’s NSF IGERT (National Science Foundation for Integrative Graduate Education). As director, he creates cross-cultural training and experience projects for doctoral candidates. These projects take place in Hawaii, the South Pacific, and South East Asia.

Additionally, Dr. Wilcox occasionally speaks to medical students on the topic of ecology and health as part of a lecture series.

APPENDIX A
Cultural Sensitivity for BIOM 571-575, Clinical Skills Training
(Prepared by John Melish, M.D.)

In all first year courses involving clinical skills cultural sensitivity is taught by:

History taking:

- Respect for all patients no matter what their economic, social, or ethnic status.
- Use of open-ended non-judgmental questions.
- Attention to use of language understandable to patients of various educational and cultural backgrounds
- The non-judgmental inclusion of over-the-counter and alternative medications and treatments when medication histories are obtained.
- The use of competent translators when language barriers interfere with data gathering or treatment planning.
- Attention to the Patient Profile, an expansion of the “social history,” which focuses on
 - The typical day
 - Educational level
 - Work situation and demands
 - Family support
 - Insurance status
 - Location
 - Place of origin
 - Diet – related to ethnic background and personal preference
 - Exercise
 - Patient attitude and behavior in regard to current and previous health problems
 - Habits – alcohol, smoking, illicit drugs

Physical Examination:

- Attention of student to asking permission to perform aspects of the history and PE, after explaining the purpose of these activities
- Appropriate draping and chaperoning to preserve individual patient dignity and privacy.
- Reporting to patients in lay terms findings from physical examination

Diagnosis and Treatment:

- The importance of patient assent and participation in the development of diagnostic testing development of treatment plans – especially those requiring behavior changes: assessing willingness to change.
- Understanding the importance of the patient’s family and work environment in patient treatment and care planning
- Are treatment plans economically feasible for the patient?
- Teaching students that medical adherence problems reside in large part in areas requiring cultural sensitivity
- Teaching students to be aware of body language indicating understanding, emotions, assent.

These principles are taught in the context of

- Lectures on Patient Data Gathering
- Laboratories in Basic Physical Examination where students examine each other, learn appropriate draping, and give assent in participating in this activity
- Laboratories in Extended Physical Examination skills where students examine each other, learn appropriate draping, and give assent in participating in this activity
- Clinical Skills Preceptorships – where students are observed practicing Cultural Sensitivity Skills as they interview and exam real patients with clinical faculty

These lessons and experiences in “cultural sensitivity” in the clinical skills teaching program prepare students for their clinical clerkships, medical residencies, and future medical practice in our unique environment and also other environments to which they will have to adapt if they practice elsewhere.

APPENDIX B

PBL Case Content Related to Cultural Competency (Prepared by Damon Sakai)

The following content learning opportunities have been placed in our PBL cases that may have some relationship to cultural competency:

- Depression after myocardial infarction
- Anxiety, depression, and social isolation's effect mortality after a myocardial infarction
- Important health issues for Jehovah's Witnesses
- Discussing blood transfusions with a Jehovah's Witness
- Spirituality in medicine
- Prayer in medical care
- Feelings of depression in nursing homes
- Social stigma associated with TB
- How do patients with TB react to their diagnosis
- Adjusting to the death of a spouse
- Helping families deal with grief or bereavement
- Delivering bad news
- Discussing living wills or futile care with patients
- Responding to a patient who asks for physician-assisted suicide
- Patients reaction to news of a life-threatening or terminal illness
- Patient reactions to chronic disease
- The epidemiology of alcoholism
- A poor economy's affect the health of a population
- Trends in obesity and inactivity
- Ethnic differences in response to hypertensive therapy
- African-Americans and the risk of hypertension and the complications of hypertension
- Important health issues of Samoans
- Illnesses are prevalent in the nursing home population

APPENDIX C

**Resident Evaluation of Cultural Humility During Patient Encounter
(Prepared by Gregory Maskarinec, Ph.D.)**

Circle descriptions that best reflect the resident’s performance during your patient encounter, then give the doctor a final ‘score’ for each category below

Below Expectations (1-2)	Meets Expectations (3-4)	Exceed Expectations (5)	Numerical rating (1-5)
PATIENT CARE			
<ul style="list-style-type: none"> ▪ Interviews and examines patient poorly; fumbles or hesitates during the exam ▪ Misses key cues to examine patient problems more in-depth ▪ Disregards patient preference ▪ Cold/unfeeling/indifferent toward patient ▪ Ignores sensitive areas of history-taking or physical exam ▪ Doesn’t explain/give much warning before conducting PE 	<ul style="list-style-type: none"> ▪ Attempts to examine at least one patient problem in-depth ▪ USUALLY respectful of patient preferences ▪ Generally friendly and warm ▪ Maintains patient modesty and comfort ▪ Explains what s/he is going to do before/during exam 	<ul style="list-style-type: none"> ▪ Able to examine at least two patient problems in-depth, according to highest priority ▪ Is highly respectful of patient preference ▪ Is warm and friendly, creates as relaxed an atmosphere as possible ▪ ASKS PERMISSION first and explains what s/he is going to do before/during exam 	
MEDICAL KNOWLEDGE			
<ul style="list-style-type: none"> ▪ Appears to have poor understanding of complex problems 	<ul style="list-style-type: none"> ▪ Appears to adequately understand complex problems 	<ul style="list-style-type: none"> ▪ Appears to have a comprehensive understanding of complex problems 	
PRACTICE-BASED LEARNING AND IMPROVEMENT			
<ul style="list-style-type: none"> ▪ Ignores feedback 	<ul style="list-style-type: none"> ▪ Intermittently seeks feedback 	<ul style="list-style-type: none"> ▪ Eagerly accepts feedback 	
INTERPERSONAL AND COMMUNICATION SKILLS			
<ul style="list-style-type: none"> ▪ Has poor relationships with patient/family ▪ Negates or puts down patient concerns ▪ Misses MOST patient cues ▪ “Talks down to patient” ▪ Does not listen to patient, answer their questions or ask for patient understanding ▪ Interrupts patient often ▪ Avoids educating or counseling patient ▪ Speaks in medical jargon most of the time, with little attempt to ensure the patient understands ▪ Does NOT discuss options and plans for further management ▪ Does NOT <u>negotiate</u> final plan with patient/family (i.e. just tells the patient what they are supposed to do without checking to see if the patient agrees or has questions) ▪ Said a lot of “oops” or “sorry” or communicated in a way that did not promote themselves as a knowledgeable or trustworthy physician 	<ul style="list-style-type: none"> ▪ Acknowledges patient concerns sometimes, picks up a few “cues” ▪ Sometimes listens to patient, sometime interrupts ▪ Asks questions of the patient to help clarify the doctor’s understanding of the problem ▪ Intermittently educates, counsels patients ▪ Sometimes encourages the patient to ask questions ▪ Discusses options and plans for further management ▪ Uses non-medical jargon sometimes ▪ Communicated in a manner so that the patient feels <u>somewhat</u> comfortable/trusting of this physician 	<ul style="list-style-type: none"> ▪ Acknowledges patient’s concerns, picks up MOST non-verbal or verbal cues ▪ Interacts with patient at the same level, no “talking down” to patient ▪ Listens carefully to patients and answers their questions, asks patient if the doctor understands the problem correctly ▪ Hardly interrupts unless the patient is rambling ▪ Educates and counsels patients, using language they understand, encourages patient to ask questions ▪ Discusses options and plans for further management ▪ <u>Negotiates</u> final plan with patient/family ▪ Communicated in a manner such that the patient could open up and trust this physician’s knowledge and actions. 	
PROFESSIONALISM			
<ul style="list-style-type: none"> ▪ Not respectful ▪ Not compassionate ▪ Does not recognize limits of his/her knowledge or skills ▪ Not considerate of others 	<ul style="list-style-type: none"> ▪ Usually respectful ▪ Usually compassionate ▪ Tries to be considerate of others 	<ul style="list-style-type: none"> ▪ Consistently respectful ▪ Very compassionate ▪ Considers needs of others (patients, colleagues) 	
SYSTEM-BASED PRACTICE			
<ul style="list-style-type: none"> ▪ No attempt to look for resources, drug formularies ▪ No attempt to balance cost and resources with quality patient care 	<ul style="list-style-type: none"> ▪ Realizes need to look for resources, prescribe according to insurance formularies (or lowest cost medications) 	<ul style="list-style-type: none"> ▪ Identifies and proposes to give patient resources at the end of the first visit ▪ Prescribes medications according to insurance formularies 	

Would you return to this physician for your care? ___ Yes ___ No (If NO, you must explain below)

DID THE RESIDENT DO THE FOLLOWING? (CHECK OFF THE THINGS THAT THE RESIDENT DID)

Pre-session with the Interpreter (untrained)

- Introduce yourself to the interpreter and the client
- State that you need the interpreter to interpret everything that is said
 - o Avoid summarization
 - o Avoid making diagnoses/treatment recommendations
 - o Avoid judgments or opinions
- Encourage the interpreter to ask clarification questions

During the Interview

- Speak directly to the patient, using appropriate body language
- Speak slowly and in short sentences
- Ask One question at a time
- Avoid using slang, metaphors and medical terminology
- Maintain control of the interview
 - o If the interpreter volunteers an opinion or answers for the patient, remind him to interpret only what the patient says.
 - o If a side conversation occurs or you believe that information was omitted, guide the interpreter back to facilitating communication.
 - o Ask what was said in any side discussions/conversations.
- Check for understanding
 - o Allow the interpreter and patient time for questions and clarifications
- Ask the patient to repeat instructions
 - o Lack of linguistic or conceptual equivalence

COMMENTS (MUST BE COMPLETED IF ANY "BELOW EXPECTATIONS" OR RATINGS BELOW 3 ARE NOTED):

Standardized Patient or Interpreter Real Name and Signature
Date