

TEACHING, LEARNING CULTURAL COMPETENCY

Respecting patient values, preferences vital to patient-centered care

By Kysha Harriell PhD, LAT, ATC, NATA Ethnic Diversity Advisory Committee Chair

The term cultural competence is often debated, and other terms such as diversity competence, cultural proficiency and cultural intelligence have been suggested. However, regardless of the name used, research shows culture shapes patients' views of illness and well-being, affects their perception of health care, can influence patient compliance and, ultimately, patient outcomes. Thus, cultural competence has been described as a baseline requirement for providing patient-centered care and respecting patient values.^{1,2}

Cultural competency involves a set of attitudes, skills, behaviors and policies that enable health care providers to provide cross-cultural care that is respectful of and responsive to individual patient preferences, needs and values.¹ The integration of patient values is not only an integral component of evidence-based practice, but fosters a strong patient-clinician relationship, which may help to optimize patient outcomes.

CULTURAL COMPETENCY IN ATHLETIC TRAINING

Research shows athletic trainers and athletic training students demonstrate good cultural awareness and sensitivity; however, they are less likely to practice culturally competent care.³⁻⁴ Since teaching drives practice, athletic training programs must seek to better educate students about providing culturally competent care.⁵ Also, athletic trainers need similar training and continuing education.

CULTURAL COMPETENCY IS AN ONGOING JOURNEY

Cultural competence is an ongoing process and can't be achieved by attending a single

training, reading a book or taking one course. Educators, students and practitioners become more culturally competent over time, and there is always more to learn. The teaching and learning of cultural competency should take a similar path as the teaching of evidence-based practice (EBP) content with the same goal to have cultural competency material infused into our curriculums, continuing education requirements and, ultimately, a part of our everyday clinical practice. When EBP became a specific requirement for continuing education, foundational knowledge was delivered separately from other content areas. However, slowly but surely, EBP is more infused into every presentation and program, and the need for foundational knowledge has lessened. Cultural competency should be delivered similarly. Teaching cultural competence should start with foundational knowledge, followed by more cross-cultural skills and behaviors embedded in and throughout every possible aspect of the athletic training education and continuing education, ultimately becoming a standard practice.

FOCUS ON CROSS-CULTURAL SKILL

Research shows classroom techniques and classroom activities may be useful for improving cultural competence.⁶ Also, didactic and clinical study abroad and international experiences have been recommended as possible opportunities for athletic training students to increase cultural awareness.⁷

Research has shown, though, that many health care educators don't feel confident or prepared enough to teach cultural

competency concepts. Anyone preparing to teach cultural competency concepts must be culturally aware and prepared. They must study the latest methods and strategies, know and have access to relevant pedagogy and stay knowledgeable and up to date with the literature.

However, to expect anyone to be aware and familiar with all types of cultural traditions and practices is impractical and could even lead to inappropriate assumptions about a patient's beliefs and behaviors. A newer approach to providing culturally competent care includes teaching and learning foundational communication skills, awareness of cross-cultural and social issues and awareness that there are different health beliefs present in all cultures. This approach focuses on teaching athletic trainers how to ask questions and what to do with the answers.

CULTURAL COMPETENCY CONTENT

Cultural competency instruction should start with the development of cultural competency learning objectives, and then incorporate these objectives in a variety of classes, clinical education activities and continuing education activities. Through the use of Bloom's Taxonomy verbs, objectives could be recycled and elevated based on the student's level and experience.

Sample Cultural Competency Content

Foundational Knowledge

1. Perform self-assessments of student's beliefs, norms and values to understand how their culture shaped their behavior and thinking.

2. Describe key concepts and terms including race, ethnicity, culture and health disparities.
3. Discuss stereotypes, biases and historical perspectives.
4. Use appropriate language and terminology.
5. Discuss how cross-cultural and sociocultural factors can affect health and behaviors.
6. Discuss different cultural and sociocultural factors that may influence health, such as race, ethnicity, nationality, religion, spirituality, sexual orientation, gender identity, disability, language, socioeconomics, disability, impairment, activity limitation and participation restrictions.

Behaviors and Skills

1. Elicit a culturally competent medical history and physical exam.
2. Recognize and respond to situations where cultural factors may influence care.
3. Demonstrate how to respond to a hostility and discomfort as a result of cultural discord.
4. Demonstrate the ability to work effectively with interpreters when needed.
5. Assess forms, policies and procedures for inclusiveness, including the use of appropriate terminology and visual representations of diversity and inclusiveness.
6. Design a culturally competent and inclusive physical environment.

CONTENT DELIVERY

There are several ways to deliver cultural competency content, depending on the setting. However, it is important to make the content relevant by using athletic training-specific case studies and cross-cultural examples. Cultural competency content can be incorporated into interprofessional education activities and infused through the curriculum. The most important is to set aside time to reflect and debrief.

Delivery of Cultural Competency Concepts

- In-class discussions

- Student reflections
- Service learning
- Study abroad/away
- Clinical experiences
- Workshops and training
- Guest lectures
- Patient simulation
- Continuing education
- Interprofessional education activities

OVERCOMING BARRIERS TO IMPLEMENTATION

There are many barriers to incorporating cultural competency concepts into both educational programs and patient care settings. They can include:

1. Time
2. Lack of administrative support
3. Preparedness/confidence
4. Lack of resources
5. Lack of specific athletic training resources
6. Devolving learning outcomes
7. Integration into clinical education
8. Lack of diversity (students, staff or patients)

These barriers can be eliminated through organizational support. Institutional and organizational support is vital to successfully implementing cultural competency into didactic and clinical education and patient care settings. Support for faculty, staff and preceptors is needed to eliminate the common barriers to teaching cultural competency and achieving culturally competent behaviors in patient care environments. Support may include a commitment to provide resources, such as access to culturally appropriate textbooks and the development of culturally relevant pedagogy. Also, funding and allotting time for training as well as for curriculum development is needed.

Organizations should also employ strategies to incentivize, motivate and engage all stakeholders to increase cultural competency and implement diversity best practices. These could include recognition and credit for promotion and merit, and include cultural competency items in teaching evaluations and performance reviews. Even more critical, where applicable, institutions should commit

to employing diverse faculty and staff and recruiting diverse students.

Lastly, organizations should implement broader policies that prioritize positive diversity messages, such as inclusive anti-discrimination statements and require diversity training or diversity experience in job descriptions or hiring contracts. All of these strategies demonstrate a supportive organization and a culture primed for modeling.

Learn more about cultural competency and the NATA Ethnic Diversity Advisory Committee www.nata.org/practice-patient-care/health-issues/cultural-competence and www.nata.org/professional-interests/diversity.

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