

# CULTURE AS A CONTINUUM

HOW TO EVOKE CULTURAL AWARENESS IN HEALTH SCIENCES EDUCATION





Trainees in health-related professional programs at McMaster University (ex: medical students, OTs)



Newly developed casebook that presents transferable tools & practices that are designed to prompt critical thinking on culture in health



Impact of casebook in instilling constant reflection & reflexivity on equity, diversity and inclusion (EDI) in everyday healthcare interactions?

- · Cultural awareness is important in all health professions, especially in dismantling disparities and providing equitable care (Curtis et al., 2019).
- We are testing a new tool that addresses culturerelated competencies often overlooked in training (Kwong, 2015).
- Regardless of tool efficacy, analysis will build on and test existing theoretical and empirical research on evoking culture in health.

## INTRODUCTION

In our increasingly globalized world, healthcare providers are frequently exposed to patients and caregivers who hold different cultural values, beliefs, and histories than themselves. In response, health profession programs are introducing measures to better equip them with tools necessary to provide the most effective care possible.

The aim of this exploratory qualitative study is to explore how a casebook that encourages critical reflection and reflexivity, and that frames cultural awareness as a consideration to continuously build upon, can affect the training and practice of students in health-related programs.

# METHODOLOGY

**GIVE** TOOL Recruit 16 students from a variety of health-related professional

programs and divide them into groups of 4, Students will each with students from different disciplines.

receive the developed casebook tool 1 week before a scheduled training session.

CONDUCT **INTERVIEW** 

2-4 weeks after

the training

session, each

participant wil

have a 1-hour,

1-on-1,

semi-structured

interview.

EX:

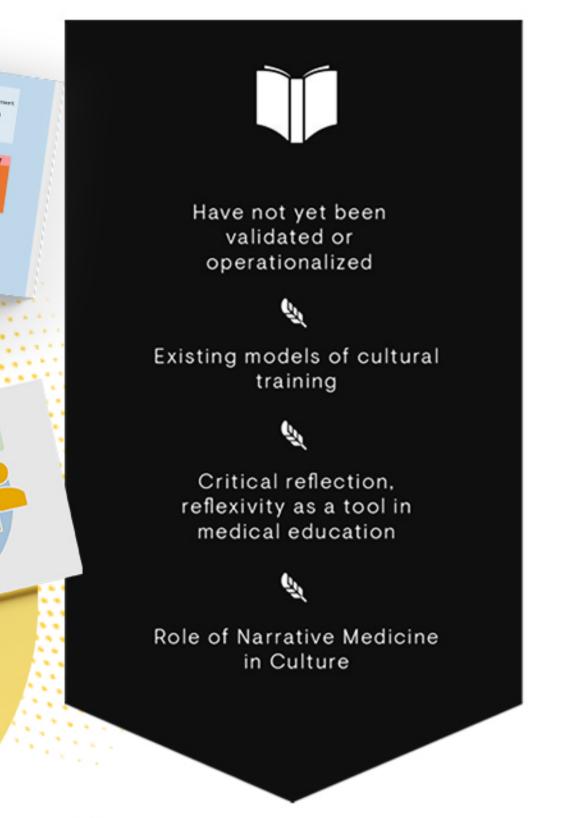
NON-HUMAN

ELEMENTS -

Each group will engage in a 2-hour virtual session with a facilitator guiding them through the casebook.

CONDUCT **TRAINING** 

# PILOTED TOOLS





#### TRAINING SESSION

PROMPT Personal & Institutional Factors **QUESTIONS &** 

CULTURAL MODELS

DISCUSSIONS

Cultural safety

CRITICAL Flow chart describing differences **REFLECTION &** REFLEXIVITY

PATIENT **CENTERED CARE** 

NARRATIVE MEDICINE

Altered demographics and diversity in healthcare Biomedical worldview flaws

Sociopolitical Factors

Biomedical Paradigm

Cultural awareness

Cultural humility Cultural competency

Tool in cultural education

7 domains of PCC implementation

Relation to cultural education

Each narrative as a new learning experience Recognize the power imbalance

#### **CASEBOOK CONTENT**

0 × × 0

2 months after the interview, participants will be sent a follow-up **survey** to evaluate longer-term reticence and impacts.

**FOLLOW-UP SURVEY** 

textbooks, curricula,

informal resources

hospitals, institutions

## ANTICIPATED CHALLENGES

Participants may not always be completely true to usual behaviour, especially during the group session.

Discriminatory or upsetting personal disclosures may be made during the training session.

In this pilot, we are only sampling from one campus community. Self-selection bias might also occur.

Participants may be lost between enrolment, the training session, the interview, and the follow-up survey.



Attempted to account for this possibility in **DESIRABILITY** standardized facilitation materials

Attempted to account for this possibility in SPACE FEELS standardized

facilitation materials

Future research **SELECTION** will be able to better BIASES verify external validity

POTENTIAL OF ATTRITION

Incentivization after interview may help with limiting this

### REVISED TIMELINE

December 2020 Ethics Approval

Amendment to Research Protocol Approved by HiREB

**March 2021** 

Recruitment and Training Sessions

**April-June 2021** 

**July-Onwards 2021** Interviews, Surveys, Data Analysis

McMaster **HEALTH SCIENCES** University ....

DATA ANALYSIS

This method provides the opportunity to examine a situation from multiple perspectives and to see how of all the situation's elements interact (Clarke, 2005).

Situational analysis will guide our data analysis.

From the audio-recorded sessions, interviews, and survey responses, we will thus analyze the qualitative data thematically according to specific categories such as human, non-human, discursive, symbolic, and material.

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Please note: the program had no role in designing this study and will not have any role during its execution, analyses, or data interpretation.





Clarke, A. (2005). Situational Analysis: Grounded Theory After the Postmodern Turn. Thousand Oaks, California: Sage Publications.

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Kwong, M. H. (2009). Applying cultural competency in clinical practice: Findings from multicultural experts' experience. Journal of Ethnic and Cultural Diversity in Social Work. https://doi.org/10.1080/15313200902875000