



CULTURE AS A CONTINUUM

HOW TO EVOKE CULTURAL AWARENESS IN HEALTH SCIENCES EDUCATION

OVERVIEW



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 culture-related 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



DATA ANALYSIS

Situational analysis will guide our 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).

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.

EX:

NON-HUMAN ELEMENTS

textbooks, curricula, informal resources
 hospitals, institutions
 etc.

PILOTED TOOLS

Have not yet been validated or operationalized

Existing models of cultural training

Critical reflection, reflexivity as a tool in medical education

Role of Narrative Medicine in Culture

Knowledge translation casebook developed May - August 2020 based on a lit review

Existing paradigms and educational constructs of cultural dimensions in healthcare

Domains of Patient Centred Care

TRAINING SESSION

- INTRODUCTION**
 - Altered demographics and diversity in healthcare
 - Biomedical worldview flaws
- PROMPT QUESTIONS & DISCUSSIONS**
 - Personal & Institutional Factors
 - Sociopolitical Factors
 - Biomedical Paradigm
- CULTURAL MODELS**
 - Cultural awareness
 - Cultural safety
 - Cultural humility
 - Cultural competency
- CRITICAL REFLECTION & REFLEXIVITY**
 - Flow chart describing differences
 - Tool in cultural education
- PATIENT CENTERED CARE**
 - Relation to cultural education
 - 7 domains of PCC implementation
- NARRATIVE MEDICINE**
 - Each narrative as a new learning experience
 - Recognize the power imbalance



CASEBOOK CONTENT

ANTICIPATED CHALLENGES

1. **SOCIAL DESIRABILITY BIAS**: Participants may not always be completely true to usual behaviour, especially during the group session. Attempted to account for this possibility in standardized facilitation materials.
2. **SESSION SPACE FEELS UNSAFE**: Discriminatory or upsetting personal disclosures may be made during the training session. Attempted to account for this possibility in standardized facilitation materials.
3. **SELECTION BIASES**: In this pilot, we are only sampling from one campus community. Self-selection bias might also occur. Future research will be able to better verify external validity.
4. **POTENTIAL OF ATTRITION BIAS**: Participants may be lost between enrolment, the training session, the interview, and the follow-up survey. Incentivization after interview may help with limiting this.

REVISED TIMELINE

- December 2020**: Ethics Approval
- March 2021**: Amendment to Research Protocol Approved by HiREB
- April-June 2021**: Recruitment and Training Sessions
- July-Onwards 2021**: Interviews, Surveys, Data Analysis