

C2ME Main findings

Jeanine Suurmond, AMC, dept of Public Health, Project leader C2ME



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Background

- Social and cultural diversity in Europe
- Poorer health outcomes of care, particularly among minority populations
- Medical student population diverse











'Framework 2009' (Raamplan)

National learning objectives for medical curricula



Examples of learning objectives relating to diversity (bachelor level):

- *Knowledge* of the meaning of socio-economic position, ethnicity, culture for the medical process (8.3.1.)
- *Skills* to provide information in a way that is relevant and understandable for the patient (8.3.2.)
- *Professional behaviour:* ability to obtain information from the perspective of the patient, characterized by an unbiased attitude, reflection on one's own behaviour, respect. (8.3.3.)





Patient centered Plus Clinical ethnic competencies Diversity and Healthcare transcultural care **Diversity Training**

multicultural sensitivity linguistically sensitive healthcare clinical ambiguity and uncertainty handling skill diversity management cultural humility clinical stereotypology awareness culturally sensitive healthcare

Cross

intercultural competencies cultural competence

Cross cultural competence









Cultural competence

Knowledge about social science concepts e.g. "culture" and "ethnicity"; **Knowledge** of how social/cultural factors can affect health(care);

Knowledge about key patient population groups

Awareness of own norms, values and biases;

Awareness of how culture shapes individual

behavior and thinking;

Ability to work effectively with an interpreter;



Figure 6. Canary Pete. Medisch Contact, January 27, 2012

Ability to identify and take into account socio-cultural factors that may influence patient care.





Background

Cultural diversity included in curricula of many medical schools, but

1. Lack of training of faculty members

2. Lack of organisational policy for structural implementation











Background

"... training and evaluation of (...) clinicians on cultural diversity issues is very important, since they serve as role models and their poor modelling may detract from work done in earlier years at medical schools" (Dogra et al., 2009, p. 992)





C2ME = Culturally Competent in Medical Education

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₩ Who?









Objectives C2ME

- 1. To develop, and implement <u>Teach-the-Teacher modules</u> on cultural diversity in the participating European countries
- To develop and implement a <u>policy for structural</u> <u>embedding</u> of cultural competence training in medical schools





C2ME activities

- 1. <u>Develop TtT modules</u>
- Framework teaching skills: **Delphi study**
- <u>Teacher assessment</u> (interest in training)
- 5 Pilot TtT courses & online modules

- 2. Develop policy for structural embedding cc in medical school
- Assessment of policies in medical schools
- Policy document (guidelines)



DELPHI STUDY: Core teaching competencies

KNOWLEDGE

Knowledge of determinants of health

ATTITUDES

- Awareness of own ethnic and cultural background
- Empathy for patients regardless of background
- Empathy for students of diverse background
- Awareness that teachers are role models

SKILLS

- Ability to communicate about individuals in a non-stereotyping way
- Ability to engage, motivate and let participate all students
- Ability to critically reflect on own values and beliefs



Teachers assessment

- Survey bout preparedness to teach and interests in training (Likert scale 0-5)
- 43 items
 - "How prepared do you feel to...."
 - "How interested are you to receive training on..."
- Among medical teachers at 12 participating universities N = 1103 (response rate: 20 %)



Results (1)

Preparedness to teach cultural competencies and teach diverse students:

- + Create a safe and open atmosphere when teaching
- + Engage, motivate and encourage participation of all students
- -Knowledge about disparities in health and care
- -How to address conflict in case of different cultural views patient and care provider
- -How to explore patient's cultural/religious beliefs



Results (2)

Interest in receiving training is high



- + How to prepare students to adapt their communication style to respond to patient's needs and capabilities
- + How to address conflict in case of different cultural views patient and care provider
- + How to explore students' own perspectives and values and reflect on how these may influence their future practice



Conclusion

- Focus on training communication, e.g. how to address conflict when there are different cultural views between the care provider and the patient
- Other studies among smaller samples found comparable results (e.g. Rollins et al. 2013; Parker & McMillan 2008)
- Medical educators are in need of training in cultural competence training (Berger and Conroy, 2014; Lu et al. 2014), but what should overall goals of such training be? (see also review De Graaf et al. (submitted))



Thank you!





More information

☐ C2ME website: www.amc.nl/C2ME

☐ LinkedIn group (send us an email)

J.Suurmond@amc.uva.nl









