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# An Innovative Interprofessional Course: Cultural Humility and Competence

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## An Innovative Interprofessional Course: Cultural Humility and Competence

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As we tackle the disproportionate burden of chronic illness and access to quality health care of an increasingly diverse population, it is critical to infuse cultural and linguistic competence in all sectors of health care training.<sup>1</sup> To reach the Healthy People 2020 goal of eliminating health disparities, health and human services education must provide the knowledge and experience to understand the root causes of health disparities, as well as strategies to advance ongoing cultural and linguistic competence.<sup>2</sup>

In 2007 an interprofessional team of four faculty at TJU came together to develop an inter-disciplinary course entitled “Cultural Humility and Competence in Health Professions and Population Health” to advance this critical need.\* Given the diversity of student schedules, we designed a course which would be accessible to students across disciplines and schools. The three credit “hybrid” course included both on-line and in-person classes to provide flexible scheduling.

### Course Description

The aims of this course were to 1) provide students with an in-depth and advanced understanding of cultural diversity, health disparities and cultural competence; and 2) facilitate students’ ongoing development and application of cultural competence in themselves and their work environments.

Overarching topics included 1) **Diversity of and Health Disparities** experienced by racial / ethnic minorities and other disadvantaged groups. 2) **Students’ self-reflection** on personal values, beliefs and behaviors; 3) **Application to Practice**, exploring standards of care, health communication, health literacy and patient-provider partnerships.

The online curriculum included discussion boards in which students interacted with their peers and faculty on class assignments, and a reflective blog that chronicled their personal journeys. Primary course assignments required students to 1) design a health program for vulnerable population/s which incorporated culturally and linguistically sensitive approaches; and 2) develop personal and organizational plans for ongoing professional growth in cultural and linguistic competency.

### Course Results

The course was piloted in Fall 2008 and offered again in Fall 2009. Ten graduate students, representing three disciplines (6 OT, 3 MPH and 1 PT) completed the Fall 2008 course; twelve

students completed the Fall 2009 course (4 OT, 6 MPH and 2 MD/MPH). Based on 2008 student evaluations, we increased opportunities for student-to-student and student-to-faculty interactions in the Fall 2009 course by replacing four asynchronous classes with three synchronous group sessions and one additional in-person class.

Students from both years reported that the course enhanced their knowledge of cultural diversity and health disparities and the importance of humility in provider/patient communication as well as the value of being exposed to the professional perspectives of colleagues from other disciplines. The hybrid on-line formats provided students opportunities to read widely, discuss issues, build trust with their peers and deeply explore personal values. The Professional and Organizational Competence Plan assignments in the later part of the course afforded opportunities to apply new awareness, knowledge and skills that will positively impact their future practice in health and human services. These perspectives are well illustrated in student blogs:

*“What I really got out of [course materials] was to listen . . . take time to reflect why people believe what they believe.” (Master’s OT, 2008)*

*“I have become more able to examine the cultures which I am a part of, particularly the medical culture, something I wish to always be cognizant of even when I become immersed in it in the future.” (MD/MPH, 2009)*

*“This perspective has broadened my focus...to looking at programming for cultural groups and possibilities for systems change.” (OTD, 2009)*

In conclusion, though considerable time was required of faculty over two years for on-line curriculum development and meeting the challenges of an interprofessional course, our experience supports the conviction that acquiring cultural competency is a process that requires ongoing engagement in self-reflection and development of sensitivity and acceptance of individual differences to enhance communication among patients, providers and community members.<sup>3</sup> Giving interprofessional students the opportunity to engage together to develop these attributes and reflective skills is critical to working in the community to improve health and the provision of empathetic, quality health care to all patients and may ultimately help to reach our goal to eliminate health disparities.

\* Course development was supported in part by “In Touch: Mind, Body & Spirit” (NIMH# R24 MH074779, LN Gitlin, PhD, principal investigator) Jefferson Center for Applied Research on Aging and Health.

### REFERENCES

1. National Center for Cultural Competence Curricular Enhancement Module Series. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. <http://www.ncccricula.info/>. Accessed June 12, 2009.
2. Healthy People 2020. Phase I Report Executive Summary: Recommendations for the Framework and Format for Health People 2020. <http://www.healthypeople.gov/HP2020/advisory/PhaseI/default.htm>. Published October 28, 2008. Accessed June 12, 2009.
3. Tervalon M, Murray-Garcia J. Cultural Humility versus Cultural Competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare to Poor and Underserved*. 1998;9:117-125.

### Additional Resources

Health Resources and Services Administration. US Department of Health and Human Services. Transforming the Face of Health Professions through Cultural and Linguistic Competence Education: The Role of the HRSA Centers of Excellence. <http://www.hrsa.gov/culturalcompetence/curriculumguide/>

### Curriculum in Ethnogeriatrics, 2<sup>nd</sup> Edition

Stanford Geriatric Education Center, 2001, <http://www.stanford.edu/group/ethnoger>

The core curriculum modules were developed to serve as a basic generic curriculum in ethnogeriatrics. The 2001 version includes comprehensive coverage for individual ethnic populations of elders in the United States to be used as companion for with the Core Curriculum.

**National Standards on Culturally and Linguistically Appropriate Services Final Report.** US Department of Health and Human Services, Office of Minority Health. <http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>. Published March 2001, Accessed June 12, 2009.

### Unnatural Causes, California Newsreel

This seven-part series was developed by the documentary film company, The California Newsreel. It was shown on public television in the spring of 2008. The seven segments highlight the social determinants of health of a range of populations in the U.S. including African Americans, Latino/as, Asian/Pacific Islanders, and Native Americans. The introductory segment is 55 minutes in length and the other six segments are 28 minutes in length. The series is an excellent learning resource for all those in the public health and health care professions. Thomas Jefferson University has purchased a license for the entire series so it can be viewed on one's personal computer and/or shown in classroom settings. It is available to all Jefferson faculty and students via their campus key at [http://jeffline.jefferson.edu/Collections/DVDs/unnatural\\_causes/](http://jeffline.jefferson.edu/Collections/DVDs/unnatural_causes/).