

September 2008

*Report on Cultural Competency Training
in Health Profession Higher Education
Programs*



State Council of Higher Education for Virginia

Advancing Virginia through Higher Education

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Report on Cultural Competency Training in Health Profession Higher Education Programs

State Council of Higher Education for Virginia

Background

In April 2008, the State Council of Higher Education for Virginia (SCHEV) was requested by the Joint Commission on Health Care (JCHC) of the General Assembly to examine the issue of requiring cultural competency training as part of higher education health profession curricula. As noted by the JCHC, the provision of culturally competent care is an important component in reducing health care disparities. Since the federal government's promulgation of the National Standards for Cultural and Linguistically Appropriate Services in Health Care (CLAS) in 2000, many states have enacted or are considering legislative initiatives to address health disparities in their unique populations. The CLAS Act defines "cultural competence" as:

a set of congruent practice skills, behaviors, attitudes and policies that come together in a system, agency or among providers and professionals that enables that system, agency, or professionals to work effectively in cross-cultural situations.

A comprehensive list of the CLAS standards is attached in Appendix 1. Two of the fourteen standards are most relevant to the current inquiry:

- **Standard 1:** Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- **Standard 3:** Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Process

In preparing this response, SCHEV began by researching the historical context of the federal CLAS legislation, as well as best practices in cultural competency training nationwide. To examine the environment in Virginia, SCHEV surveyed Virginia public and private institutions of higher education offering health professions programs, and then convened an ad hoc group of institutional representatives in health profession education programs to discuss the results.

The provost of each institution was provided a table listing the institution's programs and asked to respond to the following questions regarding each program¹:

- 1) *Is cultural competency training a required part of the curriculum?*
- 2) *If so, for each program, give a brief description of the requirement (e.g., a discrete course, infusion, clinical/internship experience?).*
- 3) *In addition to providing information for each program, please also describe relevant disciplinary or institutional approaches to cultural competency in health professional education, including (but not limited to) the degree to which disciplinary accreditation suffices to ensure cultural competency needs are met.*

Responses were analyzed and sorted into categories according to whether cultural competency subject matter is required by the program, and if so, how it is incorporated into the curriculum. The categories are:

- 1) Programs with **no** cultural competency requirement or content;
- 2) Programs with a **required** course or courses focused primarily on cultural competency/diversity training; and
- 3) Programs with cultural competency/diversity material **imbedded** into required courses or the program in general (includes didactic and clinical requirements).

Each program is listed only in the category that describes the most concentrated type of instruction in cultural competence required by that program; i.e., if there is a required course focused solely on cultural competence, the program is placed in that category, even if the program also has cultural competence concepts imbedded or infused into other courses. The focus of the results analysis is on *degree programs*. However, certificate programs were also analyzed and categorized into the same categories.

The following assumptions were applied to the analysis of responses:

- Any discrete course described in the response was assumed to be a required course for the program unless otherwise noted.
- It was assumed that cultural competency content is imbedded in a course (as opposed to the course being primarily about diversity/cultural competency) unless it was clear from the course title or description that diversity/cultural competency is the primary subject matter taught.
- Responses, however brief, such as those with little substantive information or a simple "yes" response to Question #1 were categorized in the second or third category. However, some "yes" responses were nonetheless placed in the first category when the

¹ After completion of the survey, it was noted that veterinary science programs are classified in the same CIP code category as other health care professions. These programs were subsequently excluded from the analysis.

additional information included indicated otherwise (e.g., that cultural competency training was done only through a 100-level sociology course or through voluntary non-credit activities).

- Institution course catalogs and websites were independently consulted for supplementary information in some cases, with the assumption that the information was accurate and up-to-date.

After compilation of the results, SCHEV convened an ad hoc group, consisting of one or two knowledgeable representatives from each of ten institutions (including the Virginia Community College System, representing the community colleges that were surveyed). A list of the attendees is provided in Appendix 2. The survey results were distributed to the members prior to meeting to enable them to evaluate the collective findings and make necessary corrections.

Summary of Current Environment as Reflected by Survey Responses

Responses to the survey were received outlining the cultural competency content in the curricula of 183 health profession degree programs at 44 institutions. The breakdown of respondents is shown in Table 1.

Table 1: Response Rates

| | Surveyed | Responded | Response Rate |
|-------------------|-----------------|-----------|---------------|
| Four-year public | 11 ² | 11 | 100% |
| Two-year public | 23 | 22 | 95.6% |
| Four-year private | 20 | 11 | 55% |

The vast majority (169 out of 183) of the programs reported positively that cultural competency training is a requirement. The fourteen programs that reported no cultural competency requirement in their curriculum are distributed in the following health care areas:

- respiratory care therapy (1 program)
- general health professions and clinical sciences (1 program)

² Though initially surveyed, Virginia Tech is excluded here because its health-related programs are limited to veterinary medicine and clinical and industrial drug development.

- emergency medical technology (1 program)
- athletic training (1 program)
- clinical/medical laboratory technology (5 programs)
- opticianry/ophthalmic dispensing optician (1 program)
- dental clinical science/dental laboratory technology ³ (2 programs)
- pharmaceutical science and administration (2 programs)

The majority of the above mentioned programs are in fields such as laboratory technology and pharmaceutical science and administration. As graduates of programs in these fields do not interact directly with patients frequently, or in some cases at all, it appears reasonable that cultural competency is not an area of focus.

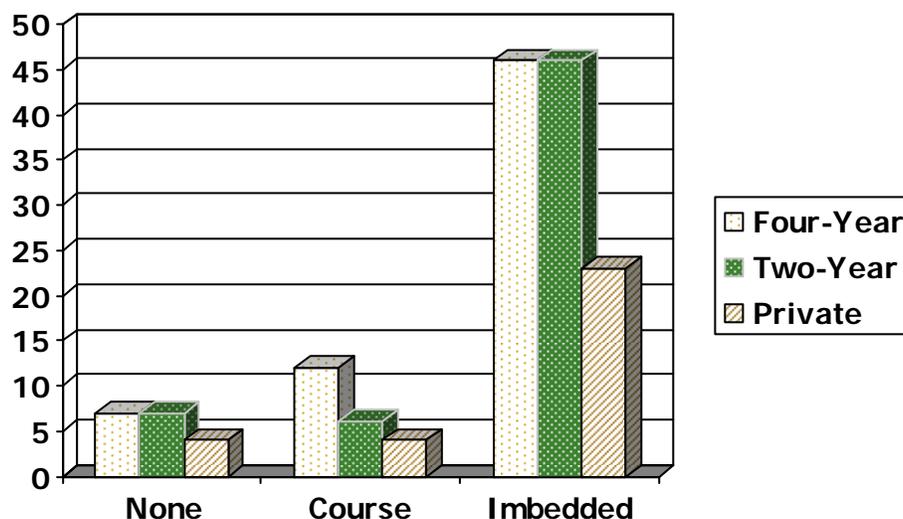
The 169 programs that reported having cultural competency requirements include all programs in medicine, nursing, pharmacy, public health, physician assisting, occupational therapy, and physical therapy. As these professions are characterized by a high level of patient interaction, it is significant that 100% of the programs reported requiring cultural competency training.

The specificity of the survey responses varied significantly. Some institutions described in great detail the material in each program and how it was integrated into the curriculum. Some simply responded “yes” or “no” regarding cultural competency requirements, and briefly indicated whether the material is taught in a discrete course or infused into the curriculum. For the most part, institutions with a discrete course requirement provided a course description; for those that were not provided, SCHEV obtained further information through the institution’s contact person and the online catalogs. A list of course descriptions is provided in Appendix 3.

The survey revealed that many of Virginia’s larger public institutions have created unique classes and seminars for their health profession students that specifically focus on cultural competency. However, the predominant approach to cultural competency education is through infusion into one or more parts of the curriculum. The bar graph in Table 2 compares the number of programs teaching cultural competency through a discrete course as opposed to the number of programs infusing/imbedding the material into other courses or clinical work. Many of the institutions that have a discrete course in the subject matter also noted infusion of the concept into other areas of the program, most commonly in clinical experiences. (Per the methodology of the survey, programs were placed into only one category, with a discrete course taking priority.)

³ VCU’s dental clinical science program does not currently include cultural competency, but the institution plans to evaluate the program to see where material can and should be included.

Table 2: Methods of Teaching Cultural Competency Material



Common examples of imbedding or infusing cultural competency are:

- 1) in terms of didactic learning, a course or course sequence will include a unit or units on multicultural issues; or
- 2) in terms of clinical practicals, activities are designed so that students encounter patients from diverse backgrounds.

A sampling of survey responses illustrates more vividly what is meant by infusion of the material.

- In regard to its physical therapy program, Virginia Commonwealth University (VCU) explained, “[s]pecific teaching and assessment methods include, but are not limited to: video analysis, role play, hypothetical and actual case scenarios, group discussions, self-reflection exercises, written assignments, written tests, practical exams and assessment working with live patients during clinical rotations.”
- The University of Virginia (UVA) described the clinical requirements in its Audiology and Speech-Language Pathology program, in which students are assigned to internships and externships in several different service delivery settings. In order to foster a diverse clientele for these settings, the clinics offer a sliding fee scale, in which lower income patients pay less.
- George Mason University (GMU) provided the following information regarding its nursing courses: “Physical assessment courses, preventative health strategies courses, problem-based and inquiry-based learning courses and seminars, foundational pathophysiology coursework, clinical coursework, and skills labs all integrate the teaching of cultural assessment, impact on health, preventative health strategies,

acceptance of/participation in “western” technology-based care, spirituality as a portion of cultural identity, response and acceptance of medications, belief systems in significant life events, and multiple other facets of cultural identity that a beginning RN graduate will need to provide safe and effective patient care.”

- In James Madison University’s (JMU) physician assistant program, cultural competency content is distributed throughout courses in pediatric and adult medicine diseases and disorders. In addition, specific courses on patient expectations instruct students how to solicit medical history and perform physical examination with cultural competence and sensitivity.
- At Old Dominion University (ODU) nursing students practice on a patient simulator and standardized patients that present multicultural situations.

Feedback gained from the ad hoc group discussion revealed several important reasons for the predominance of infusion as the method of incorporating cultural competency into health care curricula. First, infusion provides opportunities for interdisciplinary training, since a single program course would be closed to students in other health care programs. Second, because of the nature of the material, clinical experiences are more valuable in this area. It is more likely that the student will gain the competency through personal interactions with patients and collaborations with fellow students than through a traditional lecture format. To paraphrase the sentiment of several participants, cultural competency is a horizontal process in which health care providers learn from each others’ cultural perspectives as much as they learn in the classroom. Finally, there has for some time been a general trend toward greater integration of all subjects throughout health care curricula. In this regard, cultural competency is being treated appropriately and in a manner parallel to other central health care subjects.

Accreditation and Licensing Standards

A number of institutions noted that cultural competency content is required by the health care accrediting bodies. Indeed, SCHEV found that the majority of health profession programs are governed by accreditation standards that include at least one cultural competency goal in the curricular expectations. The extent of the requirement varies by discipline. Particularly in core patient-focused disciplines such as medicine and nursing, accreditation standards incorporate cultural competency expectations into multiple aspects of the program. A chart detailing such requirements with regard to a sampling of health professions with a high level of patient interaction is contained in Appendix 4.

Medical school curricula are highly regulated in the forms of cultural competency training. In 2000, the Liaison Committee on Medical Education (LCME) introduced two

standards for cultural competency training. Subsequently, the Tool for Assessing Cultural Competence Training (TACCT) for medicine was created to help medical schools assess and revise curricula to meet the new expectations. The TACCT is in use in Virginia, as exemplified by UVA, which described how its medicine program followed the model by incorporating its competencies within coursework and establishing a yearly cultural competency session for all third-year medical students. The LCME has just revised one standard and introduced yet another standard for recruitment and retention of diverse students, faculty, and staff. These new standards go into effect July 1, 2009.

The Virginia Board of Nursing approves all nursing programs that prepare nurses for licensure in the Commonwealth of Virginia. Therefore, with regard to curriculum, an accredited Virginia nursing program must not only comply with accreditation standards, but also with Board regulations. The Board of Nursing regulations provide that, “[p]rograms shall include concepts of client-centered care, including respect for cultural differences, values, preferences and expressed needs” (18 VAC 90-20-120).

Licensing standards also influence the curricular content of health profession education programs. Most of the health profession programs are required by their accreditation bodies to use exam pass rates to assess the program effectiveness and must publicize this information in program information materials. Thus, institutions have an incentive to maintain a curriculum that provides instruction in current exam topic areas. In Virginia, the licensing examinations of several professions, including nursing, occupational therapy, and speech-language pathology, test cultural competency under such headings as patient care, human communication, and professional skills.

Institution Based Efforts in Cultural Competency Training

In many cases, the educational philosophies of Virginia’s institutions of higher education independently embrace the value of diversity and provide further impetus for programs that go beyond the mandates of accreditation. For instance, within its statement of mission and philosophy, the Department of Undergraduate Nursing Education at Hampton University provides such objectives as, “[a]cquire informed ethical decision making skills in order to serve as an effective client advocate within contemporary multicultural health care environment”, and “utilize nursing knowledge in a variety of settings to assist culturally and developmentally diverse populations to promote health and prevent illness” (www.hamptonu.edu/academics/schools/nursing).

The University of Virginia's nursing school also emphasizes cultural diversity of students and the community. UVA is dedicated to serving minority and underserved populations, and has a large community outreach program in which nursing students participate in the Remote Area Medical Clinic in Wise and Grundy. This program not only provides needed services to rural communities, but develops the cultural competency of the students through treating patients in clinical settings.

The Department of Family Medicine at VCU has an Inner-city/Rural Preceptorship program which trains physicians to provide care to underserved patients in Virginia. In the first and second years, students receive instruction in community-based primary care, and in the third and fourth years, they are placed in the rural or urban community of their choice for research and clinical rotations.

Some health care education leaders are reaching out beyond the walls of their own institutions to collaborate with others on best practices in cultural competency. The deans of Virginia's nursing schools are planning a conference to exchange ideas and to learn from innovative programs, such as ODU's nursing program which was recently awarded a grant of \$765,000 from the Health Resources and Services Administration (HRSA) to continue its development of cultural competency training.

Summary

Achieving cultural competency in health care is an important objective and Virginia's higher education institutions should contribute to its achievement. This study reveals that the state's institutions of higher education are actively engaged in the pursuit of this goal.

Cultural competency is being taught in virtually all of Virginia's health care profession education programs in various ways. On the basis of all available information, there is nothing to suggest that cultural competency is being insufficiently addressed. On the contrary, it is a central concern of the major disciplines and the health care education leaders at Virginia institutions. Institutions are motivated by accreditation standards, as well as by values articulated in their missions and educational philosophies. The current method of infusing this material into multiple parts of health care curricula is consistent with accreditation requirements and with the state of the art in health care education.

Thus, at this point a formal mandate regarding cultural competency in health profession curricula does not appear to be needed. However, this does not mean that Virginia institutions do not face serious challenges in producing a health care workforce that is fully capable of reducing health disparities among the population of the Commonwealth. The members of the

ad hoc group unanimously agreed that improving the pipeline of minority students for their programs is an essential element for ensuring cultural competence and reducing health disparities. As noted in the seminal 2002 report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” by the Institute of Medicine (IOM), studies have shown that racial concordance between patients and providers is associated with greater patient satisfaction and adherence to treatment.⁴ Virginia educators have expressed particular dismay that in the current environment, qualified minority candidates are regularly being lured away by more enticing opportunities in other states. The following measures were discussed:

- The Commonwealth’s health care education system needs tools to deepen the applicant pool. A greater number of qualified minority applicants will help institutions of higher education meet goals for increasing the diversity of its student body. More scholarship and grant programs would attract more health profession students to Virginia institutions.
- A statewide infrastructure geared toward enriching the pipeline should be established. An example can be found in the programs administered by some of the Commonwealth’s Area Health Education Centers (AHEC’s). These organizations offer middle school and high school students summer programs, mentorships, health career clubs, etc. as an introduction to the health care field. Through increased funding, these or similar programs could be utilized to attract these younger students to the health professions.
- In 2006, Governor Kaine established the Commission on Health Reform. The Commission’s Workforce Workgroup was charged with analyzing the critical shortage of health care workers in Virginia and making recommendations on how to meet future needs. The Commission adopted several critical recommendations of this workgroup, which provided strategies to increase retention of physicians, increase physician and nursing educational capacity, and improve retention and development of nursing faculty. These strategies could be expanded by incorporating efforts to increase the numbers of minority physicians and nursing faculty.
- Existing programs that foster cultural competency and diversity should receive greater state support. For instance, the collaboration of the nursing school deans, which was mentioned earlier in this report, could easily be expanded to include other health professions and would benefit from legislative sponsorship. The state might also explore ways to aid institutions in their applications for federal aid such as HRSA grants.

⁴ The IOM report identified several reasons why increasing minority representation in the health professions helps to reduce health care disparities: 1) racial and ethnic minority individuals are more likely to receive medical care from non-White physicians; 2) racial and ethnic minority physicians are more likely to practice in minority and underserved communities; 3) when recruiting racial and ethnic minorities to participate in clinical research, health professionals who are from racial and ethnic minorities themselves were generally more successful in these efforts; 4) having faculty and fellow students who are racially and ethnically diverse helps students develop the necessary cultural competencies to treat patients from racial and ethnic groups different from their own; and 5) health professionals from minority and underserved groups may be better able to gear health services to minority populations.

In summary, the information presented in this report indicates that Virginia higher education institutions are engaged seriously and comprehensively in cultural competency education in their health care programs. The approaches taken vary – appropriately – by discipline, institutional context, and region. Nevertheless, health disparities remain a serious challenge and concern among health care educators. A further, comprehensive study of health disparities and health care education programs may prove useful in identifying areas of endeavor that lend themselves to legislative action.

Appendix 1: National Standards for Culturally and Linguistically Appropriate Services in Health Care

Standard 1: Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2: Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3: Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5: Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6: Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7: Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based valuations.

Standard 10: Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11: Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12: Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14: Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

From National Standards for Culturally and Linguistically Appropriate Services in Health Care; U.S. Department of Health and Human Services Office of Minority Health, March 2001.

Appendix 2: Ad Hoc Meeting List of Attendees

- Dr. Jeff Johnson, Executive Director for Operations and Compliance
Eastern Virginia Medical School
- Dr. Pamela Hammond, Dean, School of Nursing
Hampton University
- Dr. Sharon Lovell, Int. Dean, College of Integrated Science and Technology
James Madison University
- Dr. Glenda Taylor, Professor, School of Health, Recreation and Kinesiology
Longwood University
- Dr. Richardean Benjamin, Dean, School of Nursing
Old Dominion University
- Dr. Kathleen LaSala, Director, Waldron College of Health and Human Services
Radford University
- Dr. Bryon Grigsby, Vice President for Academic Affairs
Shenandoah University
- Dr. Fern Hauck, Associate Professor, Department of Family Medicine
University of Virginia
- Dr. Emily Drake, Assistant Professor, School of Nursing
University of Virginia
- Dr. John Gazewood, Associate Professor, Department of Family Medicine
University of Virginia
- Dr. Cheryl Al-Mateen, Associate Professor, Department of Psychiatry
Virginia Commonwealth University
- Dr. Dave Sarrett, Associate Vice President for Health Sciences
Virginia Commonwealth University
- Mr. Bill Hightower, Director of Educational Programs
Virginia Community College System

Appendix 3: Descriptions of Required Courses in Cultural Competency

FOUR-YEAR PUBLIC INSTITUTIONS

A. James Madison University

1) Building Multicultural Competency Workshop (BMCW) focuses on issues of power and privilege within our personal organizing frameworks. Those frameworks may include patient/professional, professional/professional, SES, gender, race, religion, mannerisms, body type or any other framework to which we attach meaning and significance. The course assists students to recognize the richness of another person's life experience which is different from our own. The 3-hour workshop is scheduled multiple times throughout the academic year.

2) Poverty Simulation, "Life in the State of Poverty" is a welfare simulation experience designed to help JMU's health and human service students begin to understand what it might be like to be a part of a typical low income family. The objective is to increase awareness of the realities of life faced by low income people and to review community resources that are available to them and all families. This half-day simulation is scheduled multiple times throughout the academic year.

3) HHS 415. Ethical Decision-Making in Health Care: A Cross-Disciplinary Approach is a team-taught course designed to emphasize the legal, moral, spiritual, cultural, and ethical issues that form the contexts for practice and communication in inter-professional health care teams. It is available each semester.

4) Lecture series covering the following topics is scheduled each academic year:

- "Ethical Decision-Making in Healthcare – Cultural issues"
- "Barriers to Access of Health and Human Services for Immigrant Populations"
- "Providing Culturally Sensitive Care For Immigrant Populations"

B. Longwood University

1) SOWK 325: Human Diversity: Populations at Risk is a course in which conceptual frameworks for understanding human diversity, with a special emphasis on understanding self, will undergird the identification and study of populations-at-risk in society. The course explores the dynamics of social injustices and the impact on diverse groups in society. Through the course, students develop competent skills to provide services to diverse clientele at multilevel systems.

2) SOCL 233: Race, Class, and Gender focuses on the causes, consequences and justifications of the inequalities associated with race, ethnicity, socioeconomic status, and gender in the United States and in other societies. Current social policies are critically examined and alternative routes to social change are explored. Race, class and gender are significant variables by which human societies make distinctions among their members. Such distinctions often lead to an inequitable distribution of political power, social well-being, and the

resources available to individual members of the society. The course seeks to increase students' awareness and understanding of the inequities in society and the consequences of those inequities for different communities and individuals within society.

3) PSYC 384: Cross-Cultural Psychology provides an in-depth investigation of the relationships between cultural and human development, and the thoughts, emotions and behaviors of individuals in different cultures. The course focuses on human traits, development, and interactions from a multicultural and multiethnic perspective.

4) HLTH 210: World Health Issues is an examination of the physical, psychological, social, and environmental dimensions of health as encountered in a variety of cultures with a particular emphasis on those in the non-Western world.

5) CSDS 565: Public School Methods in a Multicultural Society is a study of service delivery and administrative requirements for public school speech-language pathology programs. The course includes a history of special education; review and application of federal and state requirements associated with special education; language and communication expectations of the classroom; collaborative service delivery approaches; and cultural competency needed to work with diverse students.

C. Norfolk State University

1) HRP 290: African-American Health examines health problems and healthcare issues specific to African-Americans, including sickle cell, diabetes, hypertension, cancer, end stage renal disease and HIV/AIDS. The course studies the delivery of health care to the African-American community as influenced by health-related historical events and the current economic influences.

2) NUR 321: Multiculturalism and Biomedical Ethics is designed to sensitize students to the differences and similarities of culturally different people with regard to health and illness.

D. University of Virginia (Nursing Program)

1) GNUR 898: Culture and Health explores common health care problems related to ethnic and minority populations, such as issues related to access to care and social justice. It examines the theories and assessment instruments related to cultural diversity and cultural competency and the role of the health care provider as a change agent to ensure equality in the delivery of health care services. For students completing the doctoral program, lectures cover the historical challenges of conducting research in minority populations. Discussions explore the recruitment and retention of minority participants and writing a compelling recruitment plan for minority participants.

Course objectives include: 1) evaluate concepts, theories, and constructs related to culture; 2) evaluate the influence of culture on health; 3) synthesize influencers and barriers to engaging minority populations; and 4) articulate a successful plan for the recruitment of minority participants.

2) NUIP 446: Exploring Culture and Healthcare Access Issues through Remote Area Medicine (Elective) provides undergraduate nursing students the opportunity to explore issues related to culture and barriers to healthcare access. The culminating experience is a hands-on clinical outreach experience in southwest Virginia. Course enrollment is limited, and students must be second or third year nursing students. Participants are selected based upon a two-page essay defining health and culture, and an interview.

E. Virginia Commonwealth University

1) RHAB 654: Multicultural Counseling in Rehabilitation provides an overview of multicultural counseling theories and techniques and an understanding of how human development, family, gender, race and ethnicity impact upon the process of adjustment to disability.

2) In Public Health, VCU offers two courses, Public Health Issues and Interventions in Communities of Color, and Health Literacy. A doctoral level course, Health Disparities and Social Justice, will be offered by a new PhD program in Social and Behavioral Health (anticipated Fall 2009).

3) The Center on Health Disparities (CHD) has sponsored a host of lectures in the VCU Medical Center, including The Latino Health Summit. The CHD has an education committee that is working with the various schools to develop curricula in each school.

TWO-YEAR PUBLIC INSTITUTIONS

A. Northern Virginia Community College

1) SPD 229: Intercultural Communication develops interpersonal, group, and presentational communication skills that are applicable in personal and professional cross-cultural relationships. It also focuses on differences in values, message systems, and communication rules.

2) NUR 150: Community Based Nursing/Multicultural Environment incorporates culture, family and the community as a broad focus of health promotion and disease prevention. It includes interventions directed at the total population or at individuals, families and groups in a multicultural society.

PRIVATE INSTITUTIONS

A. Eastern Virginia Medical School

1) AT636: Cultural Competency addresses the competencies essential for a culturally responsive therapist. Through self-assessment and exploration of culture, students gain the awareness, skill, and the respect necessary to think

critically, to establish rapport, and to work effectively with diverse individuals and groups.

B. Hampton University

1) Nursing 435: Managing Alterations in Health Across the Life Span covers concepts of health risk appraisal for target populations; social, cultural and environmental influences that impact health promotion practices; cultural assessment life-style choices that promote wellness; and, communication and health promotion.

2) In the clinical courses (NUR 618, 619, 621), the faculty address the topics of Social and Cultural Basis for Health and Illness Behavior and Cultural Assessment.

C. Shenandoah University

1) AT504: Psychological Intervention/Referral in Athletic Training addresses cultural competence as it relates to working with athletes of various cultures, explores the role of rapport, trust, and empathy as well as the communication strategies and behavior necessary for good communication. Assignments are imbedded into clinical field experiences.

Appendix 4: Health Profession Education Accreditation Requirements

| Profession and Corresponding Accrediting Organization | Selected Relevant Examples of Cultural Competence Standards | VA Programs Accredited |
|---|---|--|
| <p><i>Audiology and Speech-Language Pathology</i></p> <p>Council on Academic Accreditation in Audiology and Speech-Language Pathology/American Speech-Language-Hearing Association</p> | <p>1.6 Students, faculty, staff and persons served in the program's clinic are treated in a nondiscriminatory manner; that is, without regard to race, color, religion, sex, national origin, or status as a parent.</p> <p>3.1A Instruction in foundations of audiology practice must include client/patient characteristics (e.g. age, demographics, cultural and linguistic diversity, etc.) and how they relate to clinical services; use of interpreters; ramifications of cultural diversity on professional practice.</p> <p>3.1A Instruction in prevention and identification of disorders must teach students to screen individuals using clinically appropriate and culturally sensitive screening measures.</p> <p>3.1A Instruction in the evaluation of individuals must teach to administer clinically appropriate and culturally sensitive assessment measures.</p> <p>3.1A Instruction in treatment of individuals must include opportunities to develop culturally sensitive and age-appropriate management strategies.</p> <p>3.2A Sensitivity to issues of diversity should be infused throughout the curriculum.</p> <p>3.7A The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds.</p> <p>Available at www.asha.org/about/credentialing/accreditation/accredmanual</p> | <p>JMU (AuD)</p> <p>Hampton Univ. (MA/SLP)</p> <p>JMU (MS/SLP)</p> <p>Longwood (MS/SLP)</p> <p>ODU (MS/SLP)</p> <p>Radford (MS, MA/SLP)</p> <p>UVA (Med/SLP)</p> |
| <p><i>Dentistry, Dental Hygiene</i></p> <p>Commission on Dental Accreditation/American Dental Association (CDA/ADA)</p> | <p><u>Dental Hygiene Standards:</u> 2-21 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.</p> <p><u>General Dentistry Standards:</u> Goals include preparing the student to utilize the values of professional ethics and acceptance of cultural diversity in professional practice.</p> <p>2-3 The program must ensure the student is competent to provide patient-focused care, which includes concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.</p> <p>Available at www.ada.org/prof/ed/accred/standards</p> | <p>VCU (DDS, dental hygiene)</p> <p>NVCC (dental hygiene)</p> <p>ODU (dental hygiene)</p> <p>VWCC (dental hygiene)</p> <p>WCC (dental hygiene)</p> |

| Profession and Corresponding Accrediting Organization | Selected Relevant Examples of Cultural Competence Standards | VA Programs Accredited |
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| <p><i>Occupational Therapy</i></p> <p>Accreditation Council for Occupational Therapy Education (ACOTE)</p> | <p>B.1.0 Foundational content includes knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society and knowledge of global social issues and prevailing health and welfare needs.</p> <p>B.2.0 Coursework teaches the ability to analyze the effects of physical and mental health and traumatic injury to the individual within the cultural context of family and society, to express support for the quality of life of the individual, and to promote physical and mental health considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).</p> <p>B.4.0 Content on screening, evaluation and referral teaches the student to select appropriate assessment tools based on culturally relevant client needs, to evaluate clients' occupational performance in activities of daily living using cultural, physical, social, personal, spiritual, temporal, virtual contexts and activity demands that affect performance, and to consider factors that might bias assessment results, such as culture, disability status, and situational variables.</p> <p>B.5.0 Content on formulation and implementation of intervention plans requires students to grade and adapt the environment, tools, occupations and interventions to reflect the changing needs of the client and the sociocultural context.</p> <p>B.6.0 Content on service delivery teaches the student to discuss the current policy issues and the social, economic, political, geographic and demographic factors that influence the various contexts for practice and provision of occupational therapy.</p> <p>Available at www.aota.org/Educate/Accredit/StandardsReview/guide</p> | <p>JMU</p> <p>JCHS</p> <p>Shenandoah Univ.</p> <p>VCU</p> <p>TCC</p> <p>SWVCC</p> |
| <p><i>Physical Therapists</i></p> <p>Commission on Accreditation of Physical Therapy Education (CAPTE)</p> | <p><u>Professional Practice Expectations:</u></p> <p>CC-5.17 Communicate in a culturally competent manner with patients/clients, family members, caregivers, etc.</p> <p>CC-5.18 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.</p> <p>CC-5.16 Effectively educate others using culturally appropriate teaching methods.</p> <p><u>Patient/Client Management Expectations:</u></p> <p>CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures.</p> <p>CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.</p> | <p>Hampton Univ.</p> <p>Marymount</p> <p>ODU</p> <p>Shenandoah Univ.</p> <p>VCU</p> |

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| <p><i>Physical Therapy (continued)</i></p> | <p>CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes. CC-5.45 Select outcome measures that take into account the setting, cultural issues, and the effect of societal factors.</p> <p><u>Practice Management Expectations:</u> CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities. CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle. CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients.</p> <p>Available at www.apta.org</p> | |
| <p><i>Physician Assistant</i></p> <p>Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)/ National Commission on Certification of Physicians Assistants (NCCPA)</p> | <p><u>ARC-PA Program Standards:</u> B1.09 The program must prepare students to provide medical care to patients from diverse populations. B6.01 The program must provide instruction in the impact of socioeconomic factors affecting health care, and about cultural issues and their impact on health care policy.</p> <p>Available at www.arc-pa.org/Standards</p> <p><u>NCCPA Competencies:</u> Professionalism: PA's are expected to demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.</p> <p>Practice-Based Learning and Improvement: PA's are expected to obtain and apply information about their own population of patients and the larger population from which their patients are drawn, and recognize and appropriately address gender, cultural, cognitive, emotional and other biases, gaps in medical knowledge, and physical limitations in themselves and others.</p> <p>Available at www.arc-pa.org/Standards/CompetenciesFINAL.pdf</p> | <p>EVMS JMU JCHS Shenandoah Univ.</p> |
| <p><i>Medical Doctor</i></p> <p>Liaison Committee on Medical Education (LCME)</p> | <p>ED-21 The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases and treatments. ED-22 Medical students must learn to recognize and appropriately address</p> | <p>EVMS VCU UVA</p> |

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| <p><i>Medical Doctor (continued)</i></p> | <p>gender and cultural biases in themselves and others, and in the process of health care delivery.</p> <p>MS-8 Medical Schools should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.</p> <p>Available at www.lcme.org/standard.htm</p> <p><u><i>New standards, effective July 1, 2009.</i></u></p> <p>MS-8 (revised) Each medical school must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.</p> <p>IS-16 Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff and others from demographically diverse backgrounds. (The annotation emphasizes that this environment would facilitate physician training in principles of culturally competent care, recognition of health care disparities, the importance of meeting the health care needs of medically underserved populations, and the development of core professional attributes needed to provide effective care in a multidimensionally diverse society.)</p> <p>Available at www.lcme.org/standard.htm#diversity</p> | |
| <p>Nursing</p> <p>American Association of Colleges of Nursing (AACN)</p> <p>National League for Nursing Accreditation Commissions (NLNAC)</p> <p>VA Board of Nursing</p> | <p><u>AACN Required Competencies:</u></p> <p>Communication: Appropriately, accurately, and effectively communicate with diverse groups and disciplines using a variety of strategies.</p> <p>Assessment: Perform a holistic assessment of the individual across the lifespan, including a health history which includes a spiritual, social, cultural, and psychological assessment; perform a community health risk assessment for diverse populations.</p> <p>Health Promotion, Risk Reduction and Disease Prevention: Evaluate the efficacy of health promotion and education modalities for use in a variety of settings and with diverse populations; demonstrate sensitivity to personal and cultural definitions of health.</p> <p>Illness and Disease Management: Demonstrate sensitivity to personal and cultural influences on the individual's reactions to the illness experience and end of life.</p> <p>Ethics: Apply an ethical decision-making framework to clinical situations that incorporate moral concepts, professional ethics, and law and respects diverse values and beliefs.</p> | <p>Eastern Mennonite</p> <p>GMU</p> <p>Hampton Univ.</p> <p>JMU</p> <p>JCHS</p> <p>Liberty Univ.</p> <p>Lynchburg College</p> <p>Marymount</p> <p>NSU</p> <p>ODU</p> <p>Radford</p> |

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| <p><i>Nursing (continued)</i></p> | <p>Human Diversity: Understand how human behavior is affected by culture, race, religion, gender, lifestyle and age; provide holistic care that addresses the needs of diverse populations; work collaboratively with health care providers from diverse backgrounds; understand the effects of health and social policies on persons from diverse backgrounds; and advocate for health care that is sensitive to the needs of patients, with particular emphasis on the needs of vulnerable populations.</p> <p>Provider of Care: Apply appropriate knowledge of major health problems and cultural diversity in performing nursing interventions.</p> <p>Available at www.aacn.nche.edu/Education/pdf/BaccEssentials98.pdf</p> <p><u>NLNAC Standards for Associate and Baccalaureate Degree Programs:</u></p> <p>Standard 4.4: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives</p> <p>Available at www.nlnac.org</p> <p><u>Virginia Board of Nursing Regulation 18 VAC 90-20-120:</u> Programs shall include concepts of client-centered care, including respect for cultural differences, values, preferences and expressed needs.</p> <p>Available at www.dhp.virginia.gov/nursing/leg/Nursing%207-23-08.doc</p> | <p>Shenandoah Univ.</p> <p>UVA</p> <p>UVA at Wise</p> <p>VCU</p> <p>Note as to VCCS institutions: all nursing programs comply with VA Board of Nursing regulations.</p> |
| <p><i>Pharmacist</i></p> <p>Accreditation Council for Pharmacy Education (ACPE)</p> | <p>Standard No. 12: Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team, taking into account relevant legal, ethical, social, cultural, economic, and professional issues.</p> <p>Guideline 12.1 Design, implement, monitor, evaluate, and adjust pharmacy care plans that are patient-specific; address health literacy, cultural diversity, and behavioral psychosocial issues.</p> <p>Standard No. 14: The pharmacy practice experiences must include direct interaction with diverse patient populations.</p> <p>Available at www.acpe-accredit.org</p> | <p>Hampton Univ.</p> <p>Shenandoah Univ.</p> <p>VCU</p> |