Welcome to the MEDEDU 2240

Time: Even Spring Term

Our Anticipation: That you will consider, understand, breathe, dream, and thoroughly appreciate how important culture is to and how much it influences our lives and those of our patients.

Expectation: That you will embrace this educational experience by

1. Attending every class
2. Participating in discussions
3. Reading the suggested materials voraciously
4. Keeping a journal of concepts you learn during each session
5. Considering areas of focus for your reflective essay as you learn course concepts from the beginning of the semester
6. Providing a 200 word abstract of your paper by Session 4
7. Making an 8-10 minute presentation of your paper at the last session - #8
8. Making several visits to a non-UPMC health facility that prioritizes care of the uninsured or another non-traditional patient population – especially if you have not done so before. Let me know if you need ideas re types of facilities.
9. Letting us know if you have any dietary restrictions - more info to follow!
10. Letting us know your expectations of us and the course. We are available for office hours by appointment.

And of course we will work very hard to create a very comfortable and very friendly atmosphere!
Course Summary

Cultural differences have always been integral to American society and represent a dynamic mixture of races, ethnicities, experiences, practices and beliefs. Indeed these differences are one of the characteristics most associated with Americans overseas. Only recently has there been recognition of the importance of these cultural differences in medical education. Therefore, there is still some confusion in medical academia regarding what the focus should be and why cultural competence is now of interest to the Liaison Committee on Medical Education, the accrediting body for allopathic medical schools, universities, managed care organizations, and various governmental bodies. This course is designed to explore the impact of diversity on the training of physicians and other health care providers.

Teaching objectives

1. To understand the definitions of culture and related concepts,
2. To recognize the role of historical context in current events,
3. To reflect on how one’s individual world view affects personal relationships,
4. To describe the current demographic changes in the United States,
5. To recognize the behavioral and social factors related to culture and health,
6. To become familiar with the differing health status for culturally diverse groups,
7. To explore the role of diversity in medical education, and
8. To learn strategies for ensuring equity and health for the population.
Class Outline:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Students will be able to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient-centeredness vs cultural competence</td>
<td>Recognize how personal world view shapes relationships and encounters drawing on historical events. Describe and use Bennett’s Model of Intercultural Sensitivity.</td>
</tr>
<tr>
<td>2. Doctor-Patient Interaction</td>
<td>Examine the patient interview from a cultural perspective and assess the impact of technology on conversation as literacy and technology impact clinical encounters</td>
</tr>
<tr>
<td>3. Interpreter-mediated Medical</td>
<td>Impact of language and linguistic competency on the clinical encounter visits. Examine use of medical interpreters</td>
</tr>
<tr>
<td>4. Working with communities</td>
<td>Recognize changes in family structure, racial/ethnic distribution, socioeconomic status, and national origin in the last 20 years and their influence on health.</td>
</tr>
<tr>
<td>5. Social determinants of health</td>
<td>List the behavioral and social factors that influence population health; List differing health status for diverse groups.</td>
</tr>
<tr>
<td>6. Immigrant and Refugee Health</td>
<td>Describe the predominant immigrant groups, the impact of their journey on how they interface with the health care system and common health issues they face.</td>
</tr>
<tr>
<td>7. Identifying and addressing discrimination</td>
<td>Understand the many faces of discrimination and how they influence health – e.g. racial/ethnic, age, gender, religious, national origin, sexual orientation, disability.</td>
</tr>
<tr>
<td>8. Assessing your organization’s response to diverse populations</td>
<td>Describe indicators of organizational cultural competence. Outline the representation of diverse groups at the faculty and students levels and describe the influence of public and legislative initiatives.</td>
</tr>
</tbody>
</table>
| Course mechanics | - 1 Credit  
- The course meets weekly for 2 hour seminars and in selected clinical and community environments throughout the week.  
- Some activities may occur during evenings and weekends. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Course type</td>
<td>- Seminar Format</td>
</tr>
<tr>
<td>Grading</td>
<td>- H/S/U - Honors/Satisfactory/Unsatisfactory</td>
</tr>
</tbody>
</table>
| Location         | - Department of Family Medicine, 3518 Fifth Avenue, Pittsburgh, PA 15261, 412-383-2378  
- Volunteer experiences encouraged at one of the following:  
  - Birmingham Clinic  
  - Ninth Street Clinic, Thursday evening from 1-8PM, 410 Ninth Street in McKeesport, PA  
  - Catholic Charities Clinic |
| Prerequisites    | - No prerequisites                               |
| Cross-listing information | - Not cross-listed                             |
| Texts (recommended or required) | - References listed under each session |
The impact of individual world view on personal relationships is explored using the anthropologist Milton Bennett’s Model of Intercultural Sensitivity. The approach presented serves as a foundation for a discussion of the cultural model of health care and its relationship to Engel’s biopsychosocial model. Saha and Beach’s comparison of addressing individual patient’s vs. community needs will be discussed. The concept of a patient-centered medical homes will be introduced and discussion of the components critical to supporting a diverse patient population.

The Institute of Medicine identifies patient centeredness as a core component of quality health care. Patient centeredness is defined as “health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care. Patient-centered care is supported by good provider-patient communication so that patients' needs and wants are understood and addressed and patients understand and participate in their own care. Factors influencing patient centeredness and provider-patient communication include (1) language barriers, (2) racial and ethnic concordance between the patient and provider, (3) effects of disabilities on patients' health care experiences, and (4) providers' cultural competency (http://archive.ahrq.gov/research/findings/nhqrdr/nhdr10/Chap5.html).

**Recommended readings:**


**Class exercise:** Iceberg model

**Problem Set 1 Due.** Think of examples from your interactions with patients
Dramatic changes in population composition during the past two decades necessitate understanding community culture, characteristics and priorities to facilitate a partnership that supports success in health and associated community needs. The largest segment of the population in history is now greater than 65 years of age. Women are becoming a growing majority. The ethnic heterogeneity of the nation is increasing. Along with the racial, ethnic and gender changes in the nation have been profound changes in the family structure. Between 1970 and 1992, the percentage of single parent families has doubled, the nuclear family is less traditional than in the past, and other factors influence family support and stability.

**Recommended readings:**


**Pre-class exercise:** Poverty and health: What causes poverty, and how does that affect health and patient engagement? Feel free to share any experiences with poor patient's response to illness based on your clinical practice experience…

**Watch the video:** [http://mashable.com/2013/03/02/wealth-inequality/](http://mashable.com/2013/03/02/wealth-inequality/)

**Poverty quiz:** If you can't open, please copy and paste outside of BB: [http://www.povertyusa.org/poverty-resources/quiz/](http://www.povertyusa.org/poverty-resources/quiz/)
Session 3: Social determinants of health

Factors influencing health vary from genetic and physiologic to behavioral and social factors such as those related to socioeconomic status, environment, religion and family. Health status indicators vary widely from one group across a wide range of conditions. Major differences are seen in cardiovascular risk among ethnic groups, even when looking at women alone. Cardiovascular risk factors are higher among ethnic minority women than among white women—even after controlling for education. Mental illness has been diagnosed more frequently in African Americans and Hispanics than in for more than 100 years. Infant mortality in African Americans is more than twice that of non-Hispanic whites even though that of the overall population has improved in the past 20 years.

Recommended readings:

3. Health disparities. Fact Sheet, NIH updated 10/2010,

Class exercise: Students will provide a 200 word abstract describing the term paper they will submit at the end of the course.

Health Inequalities: Film: http://www.youtube.com/watch?v=m6d8nF4HBDw

Handout Problem set 1: A case scenario will be sent to you electronically several days prior to the first session for your reflection and comment during the class.
Session 4: Interpreter-mediated Medical Visits

According to the American Community Survey (2007), over 55 million respondents reported that they spoke a language other than English in the home, a 140% change from a similar survey in 1980. Of those respondents that spoke a language other than English in the home, nearly 45% reported some degree of limited English proficiency (~11.5% of the total U.S. population).

With the percentage of LEP populations rising in the United States, understanding the role of the language interpreter in a medical setting has become more important than ever. Despite common conceptions, language interpreting often involves more than simply transforming a person’s words from one language to another. A lack of understanding of the interpreting process, including when and where to use interpreters, can result in potentially devastating miscommunications for both LEP individuals and healthcare organizations themselves.

Based on personal experience as a linguist practitioner and researcher in the field, language interpreting and working with an interpreter can be both very challenging. Therefore, we will focus attention on the dynamics and challenges of working with an interpreter.

Recommended readings


Instructor’s prior work:


- Activities:
  - Interpreter mediated medical mock interview, language informant and UPMC medical interpreter
  - Analysis of transcribed date from interpreter-medical interviews
  - Video: Mohamed Kochi.

Handout Problem set 1: A case scenario will be sent to you electronically several days prior to the first session for your reflection and comment during the class.
Session 5: Physician-Patient Interaction

The goal of this session is to review the medical interview from a cultural perspective using conversation analysis/sociolinguistics methodology. We will use data derived from primary-care consultations based on prior research conducted by Drs. Soudi and South-Paul, 2006-2013, but we will extend our discussion to encounters in other clinical settings. In the first half of the session, we will introduce you to analytical tools for performing medical discourse analysis. We will look at various topics in various stages of the interview such as conversational closings, small talk, and delicate matters in the exam room – all influenced by the culture of patient, physician, and the health care environment. The second half of the session will focus primarily on the impact of technology on physician-patient conversation. The current typical use of computers to interview patients can be very problematic. While the computer offers several opportunities for physicians and the hospital organization, it blurs the reality of patients and physicians in several ways, and creates social and linguistic frames that challenge the medical interview. We will discuss the dynamics of medical interviewing in the triadic relationship between physician, patient and computer, discuss the best ways to integrate technology in exam room, and examine some of the technological alternatives that exist.

Recommended Readings


Optional

1. Judith Hall et al. (1994), 'Gender in Medical Encounters: An analysis of Physician and Patient Communication in a Primary Care Setting', Health Psychology,
Session 6: Immigrant and Refugee Health

During the 1970’s and 1980’s, the two largest groups entering North America were refugees from Southeast Asia and Central America. Those immigrating to escape physical privation recovered more rapidly and completely than those suffering from emotional trauma and loss. Children may show minimal distress when faced with armed conflict until the violence reaches their nuclear family. Then the psychological effects are more serious.

When Cambodian high school students living in the U.S. who had witnessed violence were studied, almost half met the criteria for Post-Traumatic Stress Disorder (PTSD) and half met the criteria for other clinical problems – most notably anxiety and depression. Much of the vulnerability of Latino children to mental health problems stems from the numerous challenges faced by their families with respect to acculturation and poverty. Most of the problems these children face relate to depression and social withdrawal. Experiences subsequent to immigration such as discrimination, loneliness, unemployment, and isolation from mainstream society also negatively affect levels of anxiety and depressive symptoms.

**Recommended readings:**


**Handout Problem set 1:** A case scenario will be sent to you electronically several days prior to the first session for your reflection and comment during the class.
Session 7: Discrimination

Discrimination towards both health care providers and patients continues to exist and relates to a variety of cultural determinants – race, ethnicity, language, gender, age, religion, national origin, disability, and sexual orientation. Data from recent research confirm that many health disparities relate not only to patient preferences and choices, but also to race and gender bias in the choice of diagnostic procedures, processes for evaluation, and therapies prescribed by clinicians. Medical educators are challenged to identify discrimination when observed and develop strategies to ensure equitable treatment of all patients and colleagues.

In recent years, discrimination comes in different forms. It can be overt - we will explore examples of these, or can it can be in the form of microaggressions. We will discuss the model of microaggressions introduced in recent years by Derald Wing Sue, PhD.

Recommended readings
2. LaVeist TA, Nickerson KJ, Bowie JV. Attitudes about racism, medical mistrust, and satisfaction with care among African American and white cardiac patients. Medical Care Research and Review 2000;57(Supplement 1):146-161.

Handout Problem set 1: A case scenario will be sent to you electronically several days prior to the first session for your reflection and comment during the class.

Video – In the Eye of the Storm. 60 Minutes clip from 1968
Pre-class activity: Share a short story of discrimination (any type) that you or someone you know has experienced. How has this affected your outlook as a physician or as a person
Women and minorities have been underrepresented in medical educational institutions for more than 30 years. Though numbers of women have increased dramatically in recent years, they continue to face a glass ceiling in achieving leadership positions. Minorities have not fared as well, being increasingly disadvantaged by recent legislative and state ballot initiatives. Strategies to understand and address this area will be discussed during this session.

In the second half of this session, students will present their term papers.

Recommended readings

7. Unconscious bias in faculty and leadership recruitment: a literature review. AAMC August 2009; 9(2)

Class Exercise:

1. AAFP Racial and Ethnic Bias in Medicine Videotape – vignette #1
2. AAFP Quality Care for Diverse Populations Videotape
Evaluation: Term paper

Term paper guidelines (TBA)

Students will be required to write an essay on an area in their own discipline that relates to the topics covered in the course. The essay should analyze the problem and suggest strategies for solutions in the medical educational environment. This exercise is designed to assist the student in applying the course material. Further guidelines will be announced along with topic suggestions. You must provide a **200 word abstract** of your paper by Session 4. At the last session, you will share an **8-10 minute presentation** of your paper. In this session, you will get feedback which you may incorporate into your write-up. The essay should be **8-10 pages** in length, and submitted 7 calendar days after the last day of class.

Other extra-curricular opportunities: Local Conference

Conference on Humanities in Health

Conference overview and goals

The conference is organized as part of the Provost’s Year of the Humanities initiative. It is an opportunity to showcase and foster collaborations and partnerships between humanities and health in research, education, care services, and other work throughout our institution and community. We invite you to submit abstracts to present and share collaborative work that you have performed or are in the process of performing.

**Hosted by:** Departments of Linguistics; Family Medicine; Obstetrics, Gynecology, & Reproductive Services

**Organizing Committee:** Abdesalam Soudi, PhD Judy Chang, MD, MPH Shelome Gooden, PhD Scott, Kiesling, PhD, Jeannette South-Paul, MD

**Contact** Dr. Soudi at soudia@pitt.edu or HinH@pitt.edu for any questions or visit: http://www.linguistics.pitt.edu/humanitiesinhealth/