

MEDICAL SCHOOL HOTLINE

Laying the Groundwork for Cultural Faculty Development Initiatives at the John A. Burns School of Medicine

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In 1993, the Medical School Hotline was founded by Satoru Izutsu PhD (former vice-dean UH JABSOM), it is a monthly column from the University of Hawai'i John A. Burns School of Medicine and is edited by Kathleen Kihmm Connolly PhD; HJH&SW Contributing Editor.

Abbreviations

CC = cultural competence
CCCS = Cross-Cultural Care Survey (CCCS)
C-CODE = Coordinating Committee on Opportunity, Diversity, and Equity
DEI = diversity, equity, and inclusion
DNHH = Department of Native Hawaiian Health
HBAS = Health Beliefs Attitudes Survey
JABSOM = John A. Burns School of Medicine
LCME = Liaison Committee on Medical Education
UHM = University of Hawai'i at Mānoa

Introduction

The University of Hawai'i at Mānoa's (UHM) commitment to being a Native Hawaiian place of learning and supporting students who are underrepresented in higher education has been threatened by the recent Supreme Court of the United States decision regarding affirmative action, and individual state legislation banning diversity initiatives in schools and universities.^{1,2} UHM's John A. Burns School of Medicine (JABSOM) has a long history of supporting diversity, equity, and inclusion (DEI) efforts, which includes a priority to provide opportunities to underserved populations. More recently, to reinforce its commitment to DEI, the school has integrated an overarching theme in its strategic plan to "Enhance diversity and opportunities within each [strategic] goal in order to achieve equity in our JABSOM 'ohana and communities we serve."³ This focus on diversity is in line with the requirements and commitment to the value of diversity in the learning environment by the Liaison Committee on Medical Education (LCME), the accrediting body for medical schools in the United States and Canada.

The LCME provides a set of standards, broken down into elements, which medical schools must meet to achieve and maintain accreditation. Although there is no specific standard for culturally-related faculty development initiatives, it is implied under Element 7.6 Structural Competence: Cultural Competence, and Health Inequities. This element states faculty are required

to ensure that medical students are taught how to identify and account for implicit bias within themselves, others, and in the health care delivery system.⁴ Element 7.6 further specifies that the curriculum include: information about the diverse manners that patients experience health and illness, including symptoms, diseases, and treatments; culturally and structurally competent health care; education on health care disparities and health inequities, including the impact of these disparities and how inequities can be reduced; and guidance on the overall attitude, knowledge, and skills needed to provide effective care in a "multidimensional and diverse society."

Currently, JABSOM does not mandate cultural training (eg, cultural competence [CC], DEI) for faculty members. Given JABSOM's mission and commitment to diversity, this lack of training needs to be addressed. This article provides a description of JABSOM's current cultural training for faculty, which is spearheaded by the UHM Department of Native Hawaiian Health (DNHH), and recommendations to help lay the groundwork for a schoolwide training program.

UHM Department of Native Hawaiian Health Cultural Training Efforts

JABSOM's faculty cultural training efforts are facilitated by the DNHH under its Native Hawaiian Center of Excellence.⁵ On its website, the department reported it has provided a variety of trainings, which have included⁶:

- (1) Weekly Hawaiian language classes;
- (2) Monthly work in the JABSOM native plant garden (*Mala Lapa 'au*) with lectures from a native plant consultant;
- (3) Field trips to Makua Valley, Paepae He'eia (fishpond) and Waipao (cultural center with native plants, *lo'i kalo*);
- (4) Yearly faculty weekend immersion experience; and
- (5) Lecture series on Native Hawaiian medicine at the Bishop Museum (open to the public).

More recently, the department, along with JABSOM's Office of Faculty Affairs, has sponsored the annual Diversity Matters lecture series, which invites speakers on topics such as physician advocacy and the experiences of women in medicine (Lori Emery, email communication, August 2022). Additionally, with the support of The Queen's Health Systems, the department is developing "a prototype for an introductory curriculum for health care system employees (possibly others) to address topics of health equity and culturally safe provision of care through a Native Hawaiian orientation to health (Rebecca Delafield, email communication, August 2023)." As a leader in CC and DEI, the DNHH is available to share its expertise with those within and outside of JABSOM seeking assistance with cultural training efforts.

Lack of Standardized, Mandatory Training at JABSOM

In addition to the DNHH initiatives, individual JABSOM departments have developed their own trainings, but these efforts are largely for department members and not widely advertised to the larger JABSOM community. Cultural training activities have been self-reported by some departments in the JABSOM Cultural Competency Resource Guide, which was initiated by the UHM Department of Surgery in Spring 2008 to summarize JABSOM's cultural competency initiatives and programs into a centralized resource guide in order to increase communication and collaboration among JABSOM departments, offices, programs, and individuals.⁷ Additionally, recent efforts to document these efforts have been addressed by JABSOM's Coordinating Committee on Opportunity, Diversity, and Equity (C-CODE), which is a standing committee of JABSOM that "supports institutional strategic priorities relevant to ODE [opportunity, diversity and equity] and provides enhanced coordination and communication for initiatives and activities related to diversity and inclusion."⁸

Additionally, lack of funding and staff support is a barrier to progress, despite the dean's office support of additional CC and DEI faculty development activities. The DNHH and other departments and programs need funding and staff support, especially if the training would be mandatory and long-term.

Recommendations

JABSOM could advance its efforts in cultural training for faculty by the implementing the following 3 steps:

- (1) Identifying and contacting medical schools that have mandatory training;
- (2) Confirming how cultural training is defined, standardizing content, and determining frequency for medical school faculty;
- (3) Evaluating training efforts to ensure their efficacy.

Identifying and Contacting Medical Schools That Have Mandatory Training

Umehira et al's review identified medical schools that reported cultural training was mandatory for their medical school faculty.⁵ For example, the University of Arkansas Medical Sciences College of Medicine requires all faculty to complete a cultural humility/implicit bias workshop annually; this program started in November 2020. It is a 1-hour workshop that introduces topics such as implicit bias and cultural humility, and explains how they affect education, health care, and the community. The University of North Carolina School of Medicine has mandated DEI training for all employees since March 2021. To advance JABSOM's efforts, these medical schools should be contacted to obtain insights into how the schools were able to mandate the training and explore how they overcame any obstacles involved with establishing training of such magnitude. Also, it is important to note whether there was institutional or systemic change in developing these programs. The literature notes the importance of creating an inclusive organizational culture, which includes intentional recruitment of a diverse workforce and providing adequate financial support for those engaged in these efforts.⁹

Confirming How Cultural Training is Defined, Standardizing Content, and Determining Frequency

Most trainings by DNHH and other departments have largely been focused on race/ethnicity, but JABSOM's C-CODE recognizes this definition needs to become more inclusive. Culture has been described in health care as caring for "patients who are members of a culture different from your own."¹⁰ Under a broader definition, culture includes gender/gender identity, religion, disabilities, socio-economic status, and other demographic characteristics. This raises a number of questions relating to CC/DEI faculty development programs: How is content managed? What is the adequate amount of content so that faculty participating in the training are not overwhelmed? How often should the training be offered?

The literature documents that longitudinal training is beneficial, and highlights "the needs beyond mere integration of cultural competence content into the formal curriculum."¹¹ For example, the current evidence supports the idea that generating conversation and promoting discussions about culture is one of the most valuable methods of training. Open discussions can enhance awareness and tolerance, and may also allow for the exploration of numerous perspectives, which can promote faculty engagement and interest in CC. Furthermore, in order for CC to become standard in medical curricula, it is important that medical schools and their stakeholders recognize CC as a core component of medical education.¹² Emphasizing this issue at the organizational level may encourage schools to make faculty CC training mandatory, while fostering a deeper commitment toward learning CC among students, educators, and the larger health care community.

A model program can improve the quality of teaching as well as positively alter clinical behaviors and practices. An early study by Ferguson et al laid the foundation for integrating future faculty development initiatives in medicine that focus on CC.¹³ Researchers examined the integration of a faculty CC curriculum program from 15 medical schools in the Northeastern United States from 1999 to 2001. Described as the “first such faculty development curriculum,” the Teaching the Culture of the Community program included 4, 2.5-hour modules of interactive lectures, small-group role-play activities pertaining to cultural needs, patient-centered interviewing, and feedback on cultural issues. Upon evaluation of the program in 2001, the researchers revealed several positive findings. First, there was a statistically significant improvement in the way faculty valued the program; there was also greater clarity in the program’s objectives in the second year. Second, faculty participants intended to change their teaching practices and behaviors because of the program. And third, changes made to the CC curriculum between 1999 and 2001 were beneficial in the way faculty received the program. Such changes were made in 3 specific categories: the minimization of jargon, clarity of objectives, and refinement of cases for discussion.

Researchers found that these 3 modifications yielded interesting results. Regarding the minimization of jargon, they noted that the use of a broad definition of culture “countered the assumption that cultural competence is only an issue for physicians providing care to diverse ethnic and racial populations.” Next, faculty participants questioned the wisdom of the large time commitment for the training less as they became more comfortable with teaching the curriculum. Further, participants reported they benefited from additional training and concept reinforcement in their commitment to changing their behaviors in clinical care and teaching. Researchers concluded that the integration of this program with existing faculty development was successful.

Evaluating Efforts to Ensure Its Efficacy

Another problem that has plagued cultural training efforts is the lack of outcome data on its efficacy. Standardized, validated tools to evaluate cultural training are not frequently reported in the literature, but there are promising tools available, such as the Cross-Cultural Care Survey (CCCS) and the Health Beliefs Attitudes Survey (HBAS).¹⁴ The CCCS was designed to assess residents’ self-perceived preparedness and skillfulness in providing care to patients from cultures different from their own.

The HBAS was designed to measure the efficacy of cultural training for medical students. Both surveys have been adapted for use with other groups, including faculty.

Accordingly, JABSOM needs to ensure that longitudinal evaluation coincides with the longitudinal training. One example of an attempt to evaluate efficacy of cultural training efforts was documented by Kumagai and Lypson, who analyzed CC at the University of Michigan Medical School. Using multiyear, longitudinal surveys, the researchers investigated how CC goes beyond the scope of traditional medical school curricula, which focuses heavily on critical thinking, analytical skills, evaluation, and logic. Instead, researchers discussed how mastering CC skills allows students to effectively understand and become proficient in these traditional qualities. They explored faculty development initiatives in multicultural education through small-group discussions, learning, and facilitation workshops, as well as other methods, such as interactive theater.¹⁵ They also investigated the evaluation of multicultural education and concluded that the most advantageous evaluation methods would be through longitudinal small-group activities and interpretive projects. Integrating these initiatives proved beneficial for students and faculty. The authors noted the disconnect between diversity and the underlying idea of social justice in health care, and suggested ways to address this issue moving forward.¹⁶

Conclusion

The integration of faculty-specific CC/DEI training in medicine continues to be a work in progress. Faculty development is vital when considering the evolution of health care and the increasing need to improve patient care in response to a growing, diverse global population. Few faculty development initiatives in CC/DEI exist to achieve this vision, despite the fervent call to action to address racial disparities after the murder of George Floyd in May 2020. Such events have raised awareness of the importance of CC/DEI and acknowledge the need to improve medicine in this respect. Therefore, JABSOM and other medical schools must find ways to provide faculty development within the current climate. A blueprint for action must evaluate past and ongoing research of program models, express effective strategies and approaches to CC/DEI developments, detail formal goals and assessments using credible measurements, and emphasize the necessity for medical faculty to be qualified and confident to educate, as well as manifest the behaviors in clinical environments.

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