Cultural Competence: Staff of The College of Physicians & Surgeons of Nova Scotia

Prepared by:

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Who Is Robert Wright?

- A registered SW Private Practitioner
- PhD Student in Sociology – Race, Identity, Power
- Former Race Relations Coordinator of the Dartmouth District School Board
- Former Executive Director of Family & Children's Services of Cumberland County
- Former Executive Director of N.S.'s Child & Youth Strategy

Our Session Today

- Introduce concept and principles of Cultural Competence
- Consider the role of the College in promoting cultural competence among physicians
- Consider some scenarios that the College may encounter
- Answer your questions on Cultural Competence

Draw a "circle of safety"

- Agree to make this a "culturally safe" space:
  - Allow each other space to ask sincere questions without the fear of being judged and accused
  - Share from experience, but do not request that others do so
  - Ask about words or language you may not understand rather than avoid topics that may be sensitive
- What can we do to ensure that we conduct the day in a way that ensures your safety?

Cultural Competence: Why?

- Historical and systemic exclusion of racialized and Aboriginal Canadians is finally gaining acknowledgement by society
- Global forces are creating dramatic increases in population diversity and creating necessity of cultural competence in order to function in an increasingly global context
- Cultural clinical competence is a growing expectation of professionals in health and human services

Cultural Competence: Why?

- The College has a large and likely diversifying staff, you need these skills to function well as a team
- The College is responsible for protecting the public:
  - "Supporting high standards of medical practice and ethical conduct [including cultural competence]"
  - "Investigating complaints against physicians [including complaints involving cultural (in)competence]"

Cultural Competence: Why?

- The College works with an ever diversifying pool of Doctors within an ever diversifying population of patients:
  - Conflicts and misunderstandings between doctors and patients of different cultural locations that come to the College's attention may need a culture/race analysis

Other Sectors Get It

Tracking the CIBC Online Banking Home Page

A Cultural Competence Project by

Robert S. Wright

March, 2012 – Present

How it Started

- Involved with cultural competence since 1988
- Have argued most successful companies appeal to an increasingly diverse population
- Brochures and catalogues illustrate this point
- CIBC online banking website homepage
- Just used the alternating main picture as an illustration

Bank Accounts
Credit Cards
Mortgages
Loans & Lines of Credit
Investing
Insurance
Ways to Bank
Your Financial Needs

Meet your financial goals

- Buy your first home
- Manage your debt
- Plan for your retirement

Get more from your banking

- How to Bank Online
- Get started with Mobile Solutions
- Pay your bills online

What's new at CIBC

- The first banking app designed specifically for iPad
- Shop online using Visa Debit for a chance to win $2,500!

Online Banking

Register | Take a tour

Card Number:

4506********8072

Delete this card

Sign on with a different card

Password (case-sensitive):

Forgot your password?

Sign On

Important notice

We've changed the agreement that governs CIBC Online Banking. By signing on, you agree to the new version. Please review the Electronic Access Agreement (2012).

Sign on to other sites

Online security guaranteed

CIBC protects you

Enhanced browser security

Find a branch or ABM

Enter address or postal code:

More search options

Helpful resources

- Open an account
- Rates and fees
- Careers

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LIMITED TIME
Get up to 25,000 Aeroplan® Miles
and build your savings while you pay down your mortgage.
Learn more »

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LIMITED TIME OFFER
Get up to 15,000
Aeroplan Miles®
CIBC Unlimited®1 Chequing Account
Learn more »

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Bundle your banking and
have more in your pocket
Introducing the new
CIBC Total Banking Rebate™
Learn more »

20120606


LIMITED TIME OFFER
Get up to 15,000
Aeroplan Miles®
CIBC Unlimited®1 Chequing Account
Learn more »

20120619


Bundle your banking and
have more in your pocket
Introducing the new
CIBC Total Banking Rebate™
Learn more »

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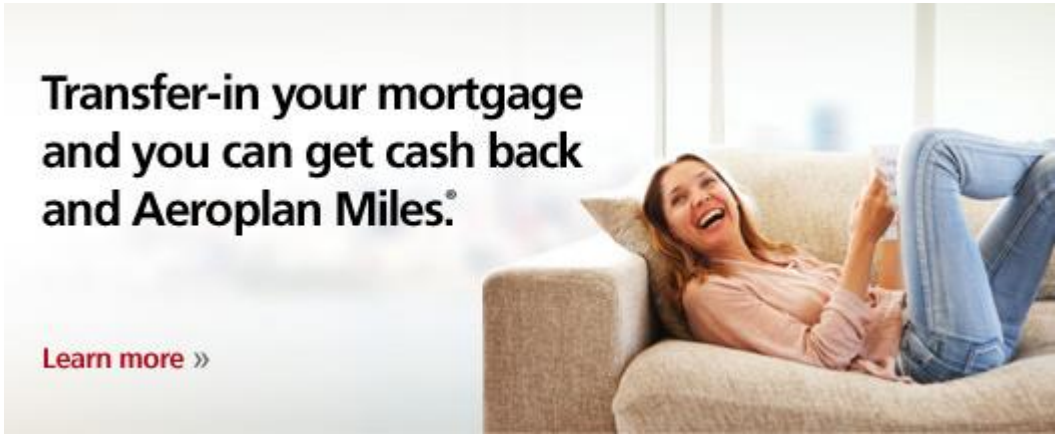
Transfer-in your mortgage
and you can get cash back
and Aeroplan Miles.®
Learn more »

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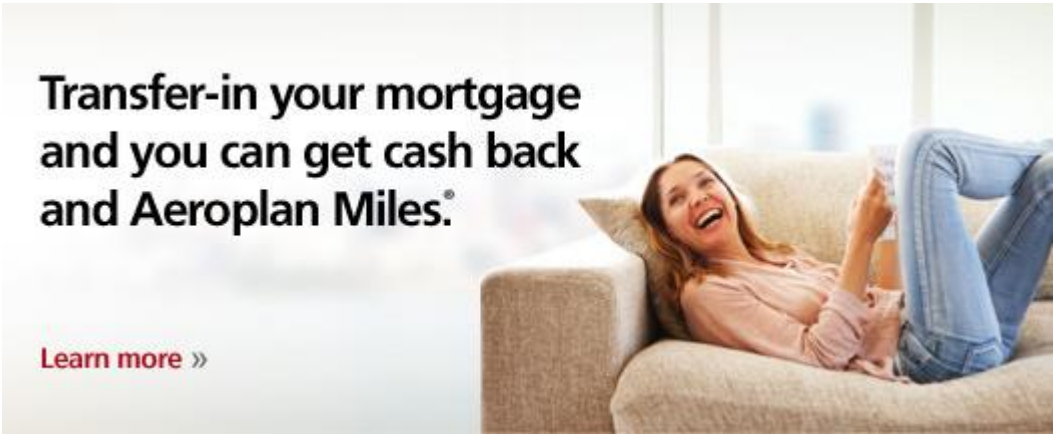
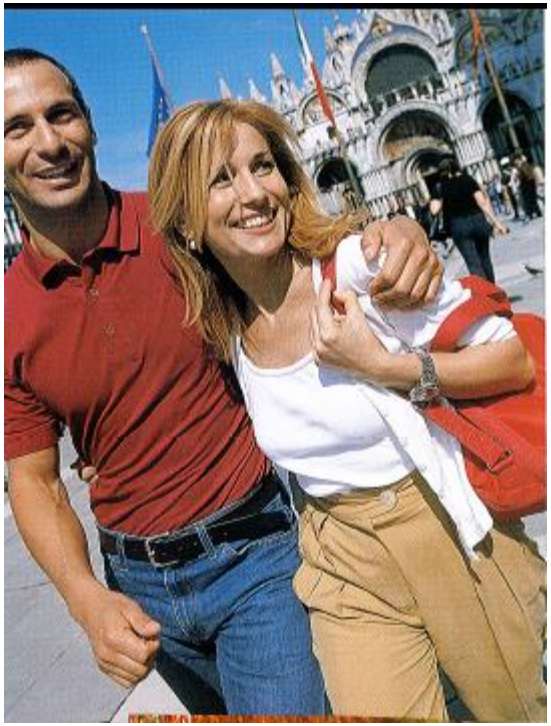
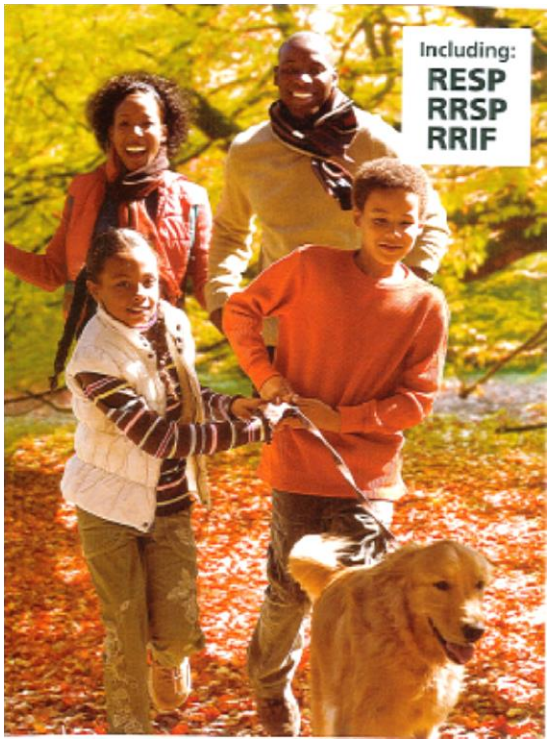


At this point, CIBC made some renovations to their website. Now the main graphic rotates among 3 graphics. This is the only one of the 3 that includes a picture of a person. Let's see how long it takes them to change it since the renovation.

Around this time I saw this in a CIBC window downtown

In the Spring of 2013 I saw a large display of brochures at CIBC. I copied the images off of each separate brochurce




Including:
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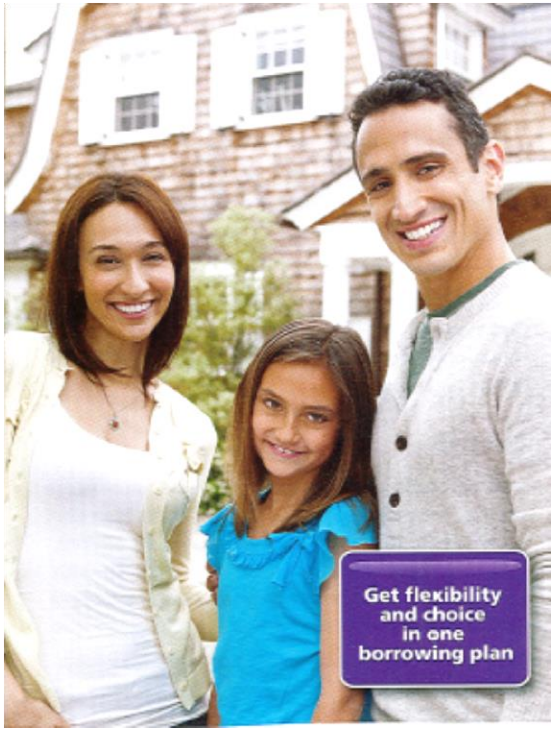
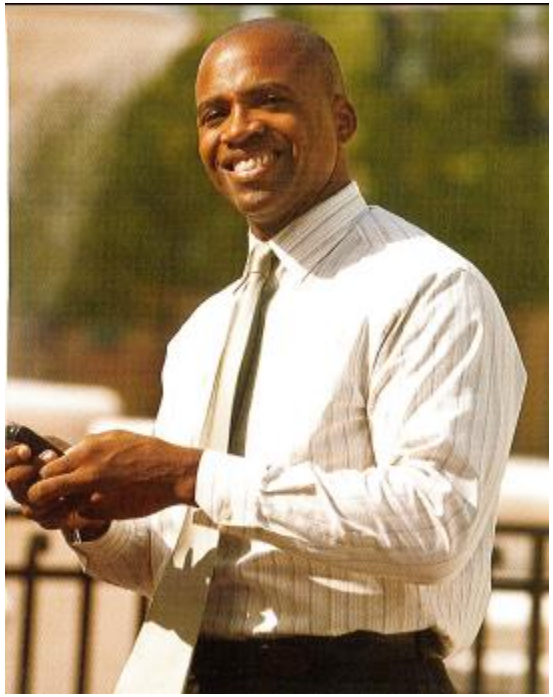
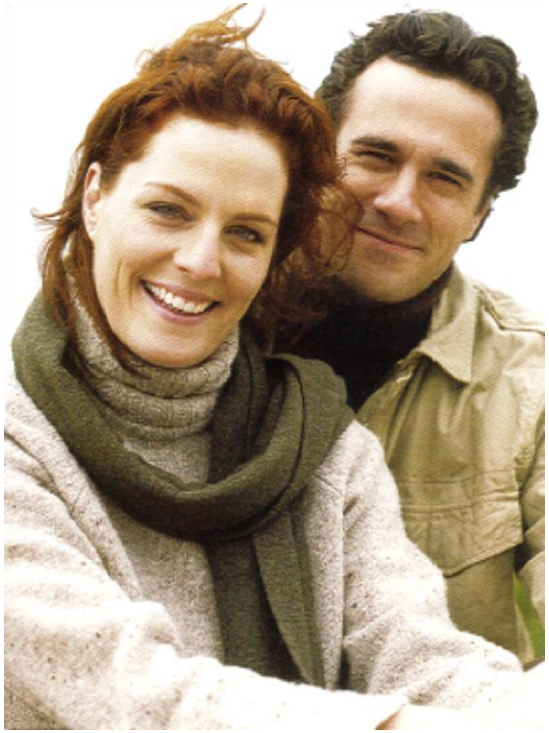
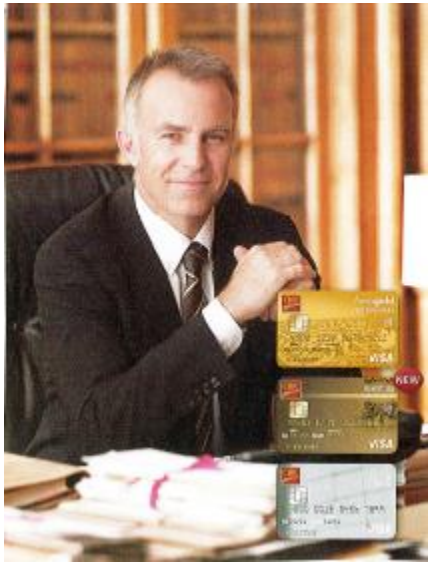
RRSP
RRIF


Get flexibility
and choice
in one
borrowing plan







End

Quick Look at Role and Dilemmas

- The following 5 slides consider what may be ways in which the College encounters dilemmas in Cultural Competence.
- We will review these same 5 slides later in the session after we have spent some time together

College's Primary Role in Cultural Competence

- Orienting internationally trained physicians to practice in Nova Scotia
- Working with "majority" identified physicians who have race-based conflict with racialized patients
- Working with racialized physicians who have conflict with "majority" identifies patients

Orienting Internationally Trained Physicians

- Many ITP need guidance in developing cultural competence (remember the majority of their patient contacts will occur across cultural lines)
- Many ITP will experience "being racialized" as a new and bewildering process.
- Resources to assist ITP to adjust are needed

The "Racist" Physician Scenario

- A First Nations patient is seen in clinic by a "majority" physician and is refused pain medication even though he is in severe pain. The pain persists over several days. On return to the clinic the patient sees "minority" physician and is provided with pain medication. The patient makes a complaint that the first physician's refusal was a racist response

The "Racist" Physician Considerations

- Accusations of overt racist behaviour are difficult to defend
- Persons who are open to the possibility that they did something that offended are often able to resolve such accusations
- The reality of systemic racism requires such accusations are assessed with a more critical analysis

The "Racist" Patient Scenario

- A patient known to have a severe and persistent mental health conditions comes to the clinic for a scheduled appointment. He is agitated by the wait and begins loudly complaining about the ITP using racist language. The physician overhears, and informs the receptionist that the patient will not be seen today and should be rescheduled on a day when the "majority" physician is in attendance. The patient leaves angrily and later complains.

The "Racist" Patient Considerations

- "Minority" physicians are often caught between pressure of professional duty and assaults on their cultural identity
- Often the employing system is ill equipped to support such a physician
- Mechanisms to educate and hold patients accountable are limited

Cultural Competence in Healthcare in Nova Scotia

- Province developed: "A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia" in 2005
- The Province and all DHA's have diversity/health equity/social justice officers

Cultural Competence: Definition

- Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four essential capacities:
  A. We must understand our own cultural positions and how they differ from and are similar to others (critical cultural self-analysis)
  B. We must understand the social and cultural reality in which we live and work and in which our clients live and work
  C. We must cultivate appropriate attitudes towards cultural difference
  D. We must be able to generate and interpret a wide variety of verbal and non-verbal responses (client centred interviewing)

Cultural Competence: Definition

From A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia:

- Is a set of "congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to work effectively in cross–cultural situations"

A) Nichols' Model for Understanding Cultural Difference

Philosophical Perspective on Cultural Difference. Edwin Nichols (cf. work of Jung)

Different world cultures developed out of differing physical environments.

These world views have differing constructs:

- Axiology (values)
- Epistemology (way of knowing)
- Logic (principles of reason)
- Process (practice of reason)

THE PHILOSOPHICAL ASPECTS OF CULTURAL DIFFERENCE DEVELOPED BY EDWIN J. NICHOLS, PH.D.

ETHNIC GROUPS ETHNIC WORLDVIEW	AXIOLOGY	EPISTEMOLOGY			LOGIC	PROCESS
		APPLIED	PEDAGOGY	METHODOLOGY		
EUROPEAN EURO-AMERICAN	**Member-Object** The highest value lies in the object or the acquisition of the object	**One knows through** **Counting and Measuring**	**Parts to Whole**	**Linear and Sequential** *-Assembly line-*	**Dichotomous** *Either/Or* *-Newtonian theory-*	All sets are repeatable and reproducible *-Technology-*
AFRICAN AFRICAN AMERICAN LATINO/A ARAB	**Member-Member** The highest value lies in the relationships between persons	**One knows through** **Symbolic Imagery and Rhythm (function)** *-Gladwell Blink-*	**Whole** **Holistic Thinking** *-The BIG picture-*	**Critical Path analysis** *-Cut to the chase-*	**Diunital** *Union of opposites* **Difrasismo** *-Aztec thought-* **The In Between** *Ibn 'Arabi* *-Quantum theory-*	All sets are interrelated through human and spiritual networks *-Black church-*
ASIAN ASIAN AMERICAN POLYNESIAN	**Member-Group** The highest value lies in the cohesiveness of the group	**One knows through** **Transcendental Striving** *-Tree the forest-*	**Whole and parts are seen simultaneously** *-To read a Chinese word-*	**Cyclical and Repetitive** *-Stroke order in writing a Chinese word-*	**Nyaya** *-The objective world is conceived independent of thought and mind-* *-Chaos theory-*	All sets are independently interrelated in the harmony of the universe *-Keiretsu-*
NATIVE AMERICAN	**Member-Great Spirit** The highest value lies in oneness with the Great Spirit	**One knows through Reflection and Spiritual Receptivity** *-Purification rites-*	**Whole is seen in cyclic movement** *-Seasons-* *-Medicine Wheel-*	**Environmentally experiential reflection** *-Rites of Passage-*	**Great Mystery** *-A set of 4 and a set of 3 form the whole-* *-Super string theory-*	All sets are interrelated through the elements, plant, animal, and spiritual networks *-White Buffalo-*

B) Social, Cultural and Historical Context

North American Diversity is fraught with complicated and tragic history

- **Enslavement of Africans, Genocide of First Nations, Global strife resulting in trans-global immigration etc.**

A local knowledge of how our racist history is a living legacy is necessary: Africville, Cornwallis.

Racism

Racism	The belief that race accounts for differences in human character or ability and that a particular race is superior to others.
Overt Racism	Attitudes, actions, policies and practices that openly embody the assumption that one's ethnoracial group is superior to other(s). This form of racism includes hate propaganda and hate crimes.
Systemic Racism	This form of racism may be introduced consciously or unconsciously. Policies and practices that adversely affect ethno-racial and ethno-cultural policies are a dominant part of the fabric of society.
Internalized Racism	The perception among those from outside the dominant culture that racists' ideology is true/inevitable. It is racism turned inward. The process occurs when society as a whole rewards the attitudes, values and behaviors of the dominant group or culture.
Oppression	A system of domination of one group over another.

C) Appropriate Attitudes

Cultural competence requires that practitioners actually ***value*** diversity, not just tolerate it. In a nation that acknowledges multiple founding peoples, that was built up on the foundation of ethnic/immigrant labour and whose future depends on immigration any other attitude should reasonably be seen as unacceptable.

D) Communicating Across Cultures

Cross cultural communication is a complex study in cultural hermeneutics. In sociology: the context of a person's world view is necessary for the proper understanding and interpretation of behaviour and rhetoric (Voyvodic, pp. 16, 17)

Before meaningless, unnatural, non-human or immature behaviour and corresponding values are attributed to people of another culture, it is better to begin by doubting the adequacy of one's own judgment and knowledge

- **Elmar Holenstein**

Cultural Competence: How?

EIGHT STEPS TO CULTURAL COMPETENCE FOR PRIMARY HEALTH CARE PROFESSIONALS

1. Examine your values, behaviors, beliefs and assumptions.
2. Recognize racism and the institutions or behaviors that breed racism.
3. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
4. Familiarize yourself with core cultural elements of the communities you serve, including: physical and biological variations, concepts of time, space and physical contact, styles and patters of communication, physical and social expectations, social structures and gender roles.
5. Engage clients and patients to share how their reality is similar to, or different from, what you have learned about their core cultural elements. Unique experiences and histories will result in differences in behaviors, values and needs.
6. Learn how different cultures define, name and understand disease and treatment. Engage your clients to share with you how they define, name and understand their ailments.
7. Develop a relationship of trust with clients and co-workers by interacting with openness, understanding, and a willingness to hear different perceptions.
8. Create a welcoming environment that reflects the diverse communities you serve.

Cultural Competence: How?

- Pre service training/university
- Conduct organizational assessment of Cultural Competence
- Develop organizational plan to increase Cultural Competence
- Employ and support culturally competent practitioners as agents of change.
- Make available systematic coaching/consulting
- Provide and support continuing education in Cultural Competence

Cultural Competence: How Not

- Do not place the responsibility for cultural competence solely on the shoulders of "diverse" staff – particularly when these persons are among the most junior persons on staff.
- Do not confuse cultural diversity or cultural celebrations for cultural competence

Primary College Dilemma's in Cultural Competence

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Orienting Internationally Trained Physicians

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Role and Dilemmas in Review

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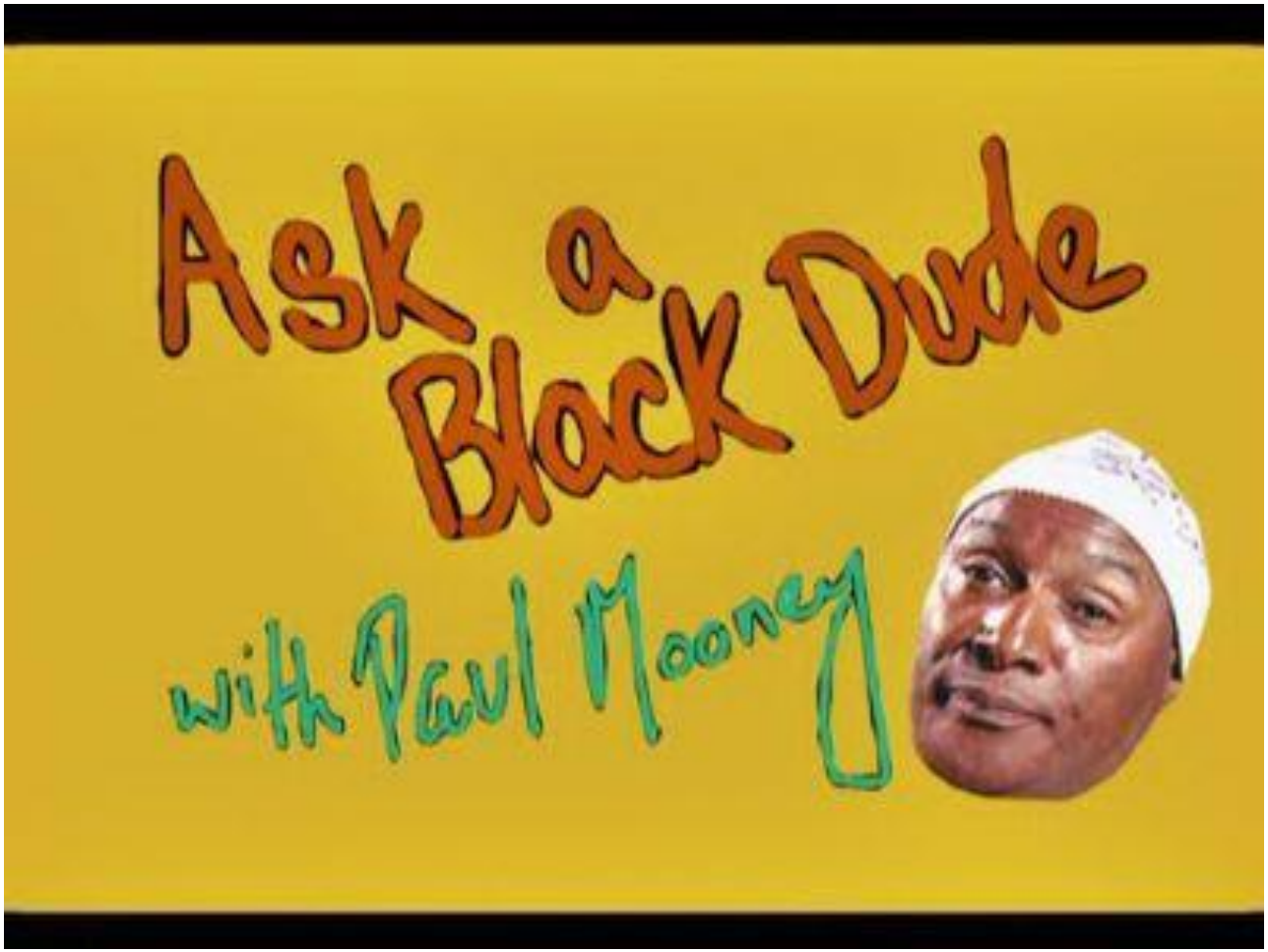
5 Principles for Keeping Sane

- Identity
- Analysis
- Process
- Competence/Excellence
- Independence
- Action

Q & A

Q & A

Q & A



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