



BLUEPRINT FOR TEACHING CULTURAL COMPETENCE IN PHYSICAL THERAPY EDUCATION

Background

The United States is a nation of diverse citizenry. The 2000 census reported significant increases in the racial and ethnic minority population nationwide. It is projected that by the year 2030 children from racial/ethnic minorities will account for more than one half of the Nation's population under the age of eighteen.¹ "To promote the delivery of health care services that better address the needs of racial and ethnic minorities, it is increasingly important to improve the cultural competence of health care delivery systems and providers."²

In an effort to meet the health care needs of all individuals the US Department of Health and Human Services (USDHHS), the Office of Minority Health (OMH), and the Agency for Healthcare Research and Quality (AHRQ) advocate for the application of culturally competent health care. Documents such as the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care³ and Setting the Agenda for Cultural Competence in Health Care⁴ are provided to facilitate health care practitioners' ability to meet the standards for cultural competence.

Cultural competence is currently embedded in major APTA documents. Cultural competence is addressed by the Commission on Accreditation of Physical Therapy Education (CAPTE) in the evaluative criteria for accreditation of education programs for the preparation of physical therapists⁵ and physical therapist assistant education⁶, and is a integral part of *A Normative Model of Physical Therapist Professional Education* and for Physical Therapist Assistant Education⁷

Cultural competence is a critical core component of professional practice in physical therapy and should be considered as a part of "best practice" in providing physical therapy care. Achieving cultural competence as a physical therapist or a physical therapist assistant is a process that is cultivated within the individual through acquisition of knowledge, attitudes and behaviors specific to culture, language and communication. The Task Force to Develop a Cultural Competence Curriculum and the Committee on Cultural Competence are comprised of expert physical therapist clinicians and educators who are experienced in providing culturally competent care and who understand the importance of health care providers being cultural competent as a strategy for eliminating health disparities that currently exist.

Teaching Cultural Competence in Physical Therapy Education

Part I. Conceptual Framework

There are many conceptual frameworks used in teaching and training health care professionals to practice in a culturally competent manner. In developing the core curriculum on cultural competence, the Task Force and the Committee applied a conceptual framework based on the theoretical constructs of Cross, et al.⁶, *Towards a culturally competent system of care, volume I*; and Campinha-Bacote⁷, *The Process of Cultural Competence in the Delivery of Healthcare Services*.

Key aspects of the two models as well as other important concepts provide the framework for the proposed cultural competence curriculum.

1. Defining Cultural Competence

- ❑ **Cross model**⁷: “Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”
- ❑ **Campinha-Bacote model**⁸: Cultural competence is “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of the client—family, individual, or community.” This model of cultural competence views cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire as the five constructs of cultural competence. For specifics and a diagram describing the model, please refer to the web page here:

http://www.transculturalcare.net/Cultural_Competence_Model.htm

Campinha-Bacote J and Campinha-Bacote D (1999) *A framework for providing culturally competent health care services in managed care organisations* Journal of Transcultural Nursing 10 (4): 290-291.

<http://www.rcn.org.uk/resources/transcultural/foundation/sectionthree.php>

2. Cultural Competence as a Developmental Process

Cross and Campinha-Bacote each state that cultural competence is a developmental process. Campinha-Bacote believes, “Cultural competence is the process of becoming, not a state of being.” The task force and committee support the concept that cultural competence is a developmental process and that education to promote cultural competency in physical therapy practitioners should progress along a continuum that enhances knowledge, attitudes, and skills throughout the educational program, across varied teaching and learning experiences.

3. Factors that Contribute to Developing Cultural Competence

Cross, et al⁷. state there are five essential elements that contribute to a system’s ability to become more culturally competent: The system should:

- (1) Value diversity

- (2) Have the capacity for cultural self-assessment
- (3) Be conscious of the dynamics inherent when the cultures interact
- (4) Institutionalize cultural knowledge, and
- (5) Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

4. Continuum of Cultural Competence

Cross, et al⁷. state there are six possibilities in the continuum of cultural competence:

- (1) Cultural destructiveness
- (2) Cultural incapacity
- (3) Cultural blindness
- (4) Cultural pre-competence
- (5) Cultural competency, and
- (6) Cultural proficiency

During the process of identifying a theoretical framework that supports the education of physical therapists and physical therapist assistants in developing as culturally competent practitioners, the Task Force and the Committee adopted the Cross definition of cultural competence and the Cross continuum of cultural competence as well as the Campinha-Bacote model of cultural awareness, knowledge, skill, encounter, and desire. When educating physical therapists and physical therapists assistants towards developing cultural competence and cultural proficiency, the task force and the committee propose a holistic model that challenges the physical therapy practitioner to desire being culturally competent and engage in the process of self awareness, knowledge building, skill development that results in cultural encounters that are positive and affirming to patients, families, friends, and colleagues, and enhance the diverse society in which work and personal life occur.

A holistic model of cultural competence education in physical therapy requires the student to:

- ❑ Examine self through reflective practice;
- ❑ Learn about the diversity dimensions that influence health outcomes, and affect the human experience both positively and negatively;
- ❑ Recognize the need for a patient-centered approach to delivery of culturally competent physical therapy services;
- ❑ Value effective communication between the patient and the therapist as a fundamental for delivery of culturally competent care;
- ❑ Apply core knowledge about culture, belief systems, and traditions to enhance the patient-therapist interaction.

A holistic model of cultural competence education in physical therapy assumes that educators are culturally competent and that institutions of higher education and programs in physical therapist and physical therapist assistant education exist within organizations that seek to be culturally competent as defined by their mission, core values, policies and procedures, and the day-to-day practices.

Part II Definitions and Models Used to Support the Theoretical Constructs

1. **Culture:** The Agency for Health Care Research and Quality (AHRQ) states there is no one definition for culture that is uniformly referenced. *Culture* is often defined as the integrated patterns of human behavior that include thoughts, communications, actions, beliefs, customs, as well as institutions of racial, ethnic, religious, or social groups.
2. **Competence:** *Competence* implies the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group.⁸
3. **Explanatory Model:** The explanatory model⁹ is used to understand differences in the explanation of illness and disease, based on the patient's perspective. Arthur Kleinman, a physician and anthropologist, developed the explanatory model for eliciting individual or family views about the illness experience including etiology, time and mode of onset, pathophysiology, prognosis and treatment. Questions used to explore these five areas from the patient's point of view: What, why, how, and who question examples include:
 - ☐ What do you call the problem?
 - ☐ What do you think the illness does?
 - ☐ What do you think the natural course of the illness is?
 - ☐ What do you fear?
 - ☐ Why do you think this illness or problem has occurred?
 - ☐ How do you think the sickness should be treated?
 - ☐ How do you want to be helped?
 - ☐ Who should be involved in the decision-making?

When applying the explanatory model, the interviewer should begin with a statement of respect such as, "I know different people have very different ways of understanding illness, please help me understand how you see things..."

4. **Diversity Dimensions**¹⁰ – the following represent the 8 primary diversity dimensions that have traditionally resulted in discrimination in the United States. Specific health disparities can be related to each diversity dimension.
 - ☐ Age
 - ☐ Race
 - ☐ Gender
 - ☐ Sexual Orientation
 - ☐ Ethnicity/Nationality
 - ☐ Mental/Physical Ability
 - ☐ Socioeconomic status
 - ☐ Religion
5. **L.E.A.R.N. Model**¹¹—A model for culturally effective communication
 - ☐ **Listen**—Identify and greet family or friends of the patient; ask patient with English as a second language if they would like an interpreter; start interview with an open-ended question; do not interrupt the patient as s/he speaks
 - ☐ **Elicit**—The patients health beliefs are elicited as they pertain to the health condition and the reason for the visit as well as expectations

- ❑ **Assess**—Potential attributes and problems in the person’s life that may have an impact on health and health behaviors
- ❑ **Recommend**—A plan of action with an explanation for your rationale
- ❑ **Negotiate**—A plan of action with the patient after you have made your recommendations

Part III Goals and Objectives for Cultural Competence Education in Physical Therapy

Using a traditional framework for developing core competencies in physical therapist and physical therapist assistant education, the task force and committee identified knowledge, attitudes, and skills necessary to develop as a culturally competent physical therapy practitioner.

Overarching Goals

1. Cultural competence education should increase self-awareness about the diversity dimensions and how the presence of barriers to gaining knowledge, attitudes, and skills for enhancing service delivery to diverse patient populations can adversely affect patients, families, friends, oneself, colleagues, and society on the whole.
2. Cultural competence education should provide knowledge, attitudes, and skills that enable the physical therapy practitioner to demonstrate best practice through clinical excellence and social responsibility.
3. Cultural competence education should provide knowledge, attitudes, and skills that can promote improved health care delivery and will reduce and eliminate health disparities.

Key Objectives within the Domains of Learning that Support the Goals

Students who engage in pedagogy or andragogy in cultural competence will be able to:

Knowledge

1. Explain factors that contribute to the changing demographics in US society and the effects on health care.
2. Identify the presence of health disparities in health care and strategies to reduce and eliminate health disparities.
3. Discuss the major conceptual frameworks for developing cultural competence.
4. Describe the role of the physical therapist/physical therapist assistant in cross-cultural relationships.
5. Discuss cultural beliefs and practices that influence health care practice: Pharmacotherapeutic and non-Pharmacotherapeutic.
6. Identify barriers to providing culturally competent health care.
7. Discuss the dimensions of culture and diversity.
8. Evaluate systems that support differences: interpreter services, health literacy initiatives, and complementary health programs.
9. Evaluate physical therapist patient/client management: Screening, examination, evaluation, diagnosis, prognosis, interventions, and outcomes using culturally appropriate tests and measures and techniques.

- 9b. Evaluate physical therapist assistant scope of work: in the delivery of interventions and outcomes using culturally appropriate data collection and techniques.
10. Evaluate the evidence for best practice when providing culturally competent and culturally proficient care.
11. Evaluate the evidence on health disparities that may be culturally etiological.
12. Analyze the effect culturally competent care has in improving health care delivery systems in varied settings, with persons of different ages, across the lifespan.

Attitudes

1. Value that cultural competence is a developmental process that is critical to systems, organizations, groups, professions, individuals, and self.
2. Recognize the importance of understanding self and issues of personal biases and influences that affect self.
3. Demonstrate awareness of multifaceted components of culture and belief systems relative to self and others.
4. Appreciate the differences that exist within and across cultural groups and the need to avoid overgeneralization and negative stereotyping.
5. Demonstrate the desire to respond in a culturally competent manner during clinical encounters.
6. Accept the responsibility for being a culturally competent health care practitioner.
7. Value that cultural competence is a dynamic goal that requires a life-long commitment.
8. Advocate for culturally competent health care in all settings across the lifespan.
9. Appreciate the importance of effective cross cultural communication in order to affect the best outcomes of care
10. Strive to promote a society that embraces cultural competence.

Skills

1. Demonstrate effective active listening, verbal and non-verbal communication necessary for developing and maintaining a therapeutic alliance.
2. Apply the Kleinman Explanatory Model in patient interactions to develop a thorough understanding of the patient's beliefs and unique point of view on each health care episode.
3. Apply the L.E.A.R.N. model to enhance effective cross cultural communication with patient/client interactions, families, and caregivers.
4. Demonstrate verbal and non-verbal rapport in culturally competent practice that includes sensitivity to dimensions of diversity such as: age, disability, gender, sexual orientation, socioeconomic status, race, ethnicity/nationality, and religion.
5. Utilize reflective practice during critical thinking and problem solving during each patient/client interaction.
6. Demonstrate appropriate use of interpreter services.
7. Evaluate level of health literacy in patient education materials to match each patient's unique needs.
8. Demonstrate the ability to negotiate physical therapy interventions with patients/clients and caregivers and to adapt plans of care to meet patient's/families' unique health care needs.

9. Apply the principles of cultural competency to individuals across the life span in a variety of physical therapy settings.
10. Collaborate with health care providers to support best practices in health care including health promotion, disease prevention, and wellness.
11. Develop and disseminate scholarly writings, consumer brochures, policies and procedures to support effective culturally competent care.

IV Teaching Methodology

Cultural competency education should be provided using a variety of teaching methods that immerse students in cultural encounters that may include lecture, discussion, role play, simulations, interactive games and active training techniques, self-awareness and self reflection, case studies, problem-based learning, community activities, clinical case reporting, and clinical education experiences expanded and strategically placed throughout the curriculum. In each teaching and learning encounter the student is an active learner and the facilitator works within the context of the course or clinical experience to provide the student with the theories, principles, ideas, practices that can engender true interest in traversing the cultural competency continuum of knowledge, attitudes, and skills critical for developing cultural competency and cultural proficiency.

V Assessment

Assessment is an integral part of the education process. The curriculum for developing cultural competency in physical therapist and physical therapist assistant education is subject to assessment through programmatic review of the teaching and learning objectives and the student outcomes of learning. Students are asked to evaluate the curriculum content across the varied teaching and learning experiences. Evaluation of student outcomes within the three domains of learning can occur through a variety of assessment measures in didactic and clinical coursework across the curriculum:

1. **Assessment of Knowledge Domain:** Knowledge can be assessed using a variety of assessment measures including pre and post written examinations of theories and principles, application of knowledge in reflection papers or during class/seminar discussions, and critical thinking for clinical decision-making during case presentations.
2. **Assessment of Attitudes Domain:** Attitudes can be assessed using a variety of assessment measures including standard survey instruments, self assessment questionnaires/profiles, structured interviews, values clarification exercises, seminar discussion, videotaped clinical encounters, simulations, role playing activities, journal and other reflective writing activities, threaded discussion boards, and presentation of clinical cases.
3. **Assessment of Skills Domain:** Skills can be assessed with direct observation of patient interview skills, clinical encounters, written and/or oral clinical case presentations, interactions with interpreters and health care providers as well as review of plans of care including written home exercise programs and other health literacy materials

Although not available for dissemination at the time of the development of the blueprint for cultural competence curriculum, the revised Clinical Performance Instrument will assess students in the area of cultural competency.

Summary

This Blueprint for Teaching Cultural Competence in Physical Therapy Education is intended as a guide to assure that core knowledge, attitudes, and skills specific to developing cultural competence are being addressed in the education programs. The primary goal of the curriculum blueprint is to enable faculty to prepare future physical therapy practitioners to meet the health care needs of diverse consumers in a culturally competent manner. It is a belief that culturally competent health care practitioners can, in fact, impact the trend of growing health disparities and, potentially, reduce or eliminate health disparities.

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