

Ramsey Multicultural Family and Community Medicine Curriculum
Resident Self-Evaluation of Five Levels of Cultural Competence
Kathie Culhane-Pera, MD MA
Ramsey Family and Community Medicine Residency, St. Paul, MN

Name _____ Number _____ Date _____

I. Please evaluate what level of intercultural curricular objectives you would like to achieve (goal) and what level of curricular objectives you presently have achieved.

- 1=Not interested in influence of culture on medical care.
- 2=Minimal emphasis on culture in medical setting.
- 3=Accept role of cultural beliefs, values, and behaviors on health, disease, and treatments.
- 4=Incorporate cultural awareness into daily practice of medical care.
- 5=Integrate attention to culture into all areas of professional life.

Goal: _____ Achieved: _____

II. Please evaluate how well you have met the following objectives, on a scale from 1= not at all, 2=poor, 3=fair, 4=good, and 5=excellent.

Knowledge:

- 1. Define culture and list various factors that influence culture. 1 2 3 4 5
- 2. Describe medical beliefs, values, and behaviors, of five population groups at Regions and at the department's primary care clinics. 1 2 3 4 5
- 3. Discuss important cultural influences of ten patients. 1 2 3 4 5
- 4. Describe negotiation processes. 1 2 3 4 5
- 5. Describe 3 traditional healing practices of 3 ethnic groups. 1 2 3 4 5
- 6. Describe 5 basic medical anthropological principles. 1 2 3 4 5

Skills:

- 1. Inquire about beliefs, practices, and values for patients and families as pertinent to medical problem. 1 2 3 4 5
- 2. Obtain a medical history, considering cultural information. 1 2 3 4 5
- 3. Perform a physical exam, adjusting to fit patients' cultural desires. 1 2 3 4 5
- 4. Negotiate diagnostic and therapeutic approaches. 1 2 3 4 5
- 5. Work with interpreters in an effective manner. 1 2 3 4 5
- 6. Apply general cultural information as hypotheses and not stereotypes. 1 2 3 4 5

Attitudes:

- 1. Respect patients' and families' behaviors and values. 1 2 3 4 5
- 2. Aware of the influence of socio-cultural factors on patients, practitioners, the clinical encounter, and interpersonal relationships. 1 2 3 4 5
- 3. Appreciate the heterogeneity that exist within and across all cultural groups, and the need to avoid over-generalization and stereotyping. 1 2 3 4 5
- 4. Aware of own cultural beliefs, values, and practices which influence self as a cultural person. 1 2 3 4 5

Note 1: From “Culhane-Pera KA, Reif C, Egli E et al. A curriculum for multicultural education in family medicine. *Fam Med.* 1997;29:719-23.” Printed with permission from Kathie Culhane-Pera, Ramsey Family and Community Medicine Residency, St. Paul, MN.

Note 2: Please scroll down for definitions, which were also printed with permission from Kathie Culhane-Pera, Ramsey Family and Community Medicine Residency, St. Paul, MN.

Five Levels of Cultural Competency in Medicine Ramsey Family and Community Medicine Residency

Providing culturally responsive care requires that physicians understand themselves as cultural beings, understand how patients’ cultural orientations influence their health, illness and healing, and possess intercultural communication skills. Objectives of cultural competency can be described in five levels. All residents are expected to accomplish objectives at Level 3, but Levels 4 or 5 are encouraged.

Level 1: Not interested in influence of culture on medical care.

Knowledge: Know little about how culture influences health and disease.

Skills: 1. Do not ask patients about cultural information.

2. Do not consider influences of cultural currents in diagnosis and treatment.

Attitudes: Indifferent to, threatened by or defensive of cultural differences.

Level 2: Minimal emphasis on culture in medical setting.

Knowledge: Recognize when cultural currents are contributing to a barrier in optimal patient-doctor communication and medical care.

Skills: Ask for cultural consults.

Attitudes: 1. Not indifferent to, threatened by or defensive of cultural differences.

2. Minimize cultural influences, viewing them as not central to delivery of routine biomedical health care.

Level 3: Accept role of culture on health, disease, and treatments.

Knowledge:

1. Define culture and list various factors which influence culture.

2. Describe cultural beliefs, values, and behaviors of five population groups at Regions and at the department’s primary care clinics.

3. Discuss important cultural influences of ten patients.

4. Describe negotiation processes.

5. Describe 3 traditional healing practices of 3 ethnic groups.

6. Describes 5 basic medical anthropological principles.

Skills:

1. Inquire about beliefs, practices, and values for patients and families as pertinent to medical problems.

2. Obtain a medical history, considering cultural information.
3. Perform a physical exam, adjusting to fit patient's cultural information.
4. Consider cultural information in making diagnostic and therapeutic plans.
5. Work with interpreters in an effective manner.
6. Apply general cultural information as hypotheses and not stereotypes.

Attitudes:

1. Respect patients' and families' behaviors and values.
2. Aware of the influence of socio-cultural factors on patients, practitioners, the clinical encounter, and interpersonal relationships.

Level 3: Accept role of culture on health, disease, and treatments. (cont'd)

Attitudes:

3. Appreciate the heterogeneity that exists within and across all cultural groups, and the need to avoid over generalization and negative stereotyping.
4. Aware of own cultural beliefs, values, and practices which influence self as a cultural person.

Level 4: Incorporate cultural awareness into daily practice of medical care.

Knowledge:

1. Analyze how cultural factors influence health care of ten patients.
2. Critique five conflicting situations where patients's and providers's values are different.
3. Compare and contrast results of medical care that is culturally sensitive and that is culturally insensitive.

Skills:

1. Form a therapeutic alliance with patients of different cultural orientations.
2. Incorporate patients's desired diagnostic and therapeutic approaches into the provision of medical care.
3. Negotiate diagnostic and therapeutic approaches as appropriate.
4. Speak a second language, from basic medical competence to advanced.

Attitudes:

- situations.
1. Empathize with patients' dilemmas, choices and decisions in medical situations.
 2. Accept the physician's responsibility to understand the cultural dimensions of health and illness as a core clinical task in the care of all patients.
 3. Recognize own personal biases and reactions to persons from different minority, ethnic, and socio-cultural backgrounds, and the need to deal with cultural counter transference.

Level 5: Integrate attention to culture into all areas of professional life.

Knowledge:

1. Critique application of medical anthropology principles to clinical practice.
2. Discuss ethnographic research theory.

3. Describe 3 major ethnographic research methodologies.
4. Analyze how institutional and cultural power structures influence the provision of care to patients of different cultural backgrounds.

Skills:

1. Advocate for change in health care organizations and professional systems to increase accommodation to patients' needs.
2. Integrate other cultural viewpoints into own persona.
3. Utilize family members, community gatekeepers, and other local resources to improve care to specific groups.
4. Work with indigenous folk healers when professionally, ethically, and legally appropriate.

**Level 5: Integrate attention to culture into all areas of professional life.
(cont'd)**

Skills:

5. Analyze the cultural dimensions of practice site and the implications
practice management.
6. Utilize ethnographic techniques in developing COPC-family practice.

for

Attitudes:

1. Value a multicultural society.
2. Value a multicultural patient-centered medical profession.

