

Diversity and Transcultural Teaching

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Agenda

1. Globalisation, international migration: Diversity & public health care
2. Attitudes & behavior in cross-cultural situations
3. What is „(trans-) cultural competency“ ?
4. Training courses in Austria (1999-2012): experiences, insights, relevant topics
5. New Curriculum: Master Course at the Med Uni Vienna: „Transcultural Medicine & Diversity Care“ (start spring 2014)

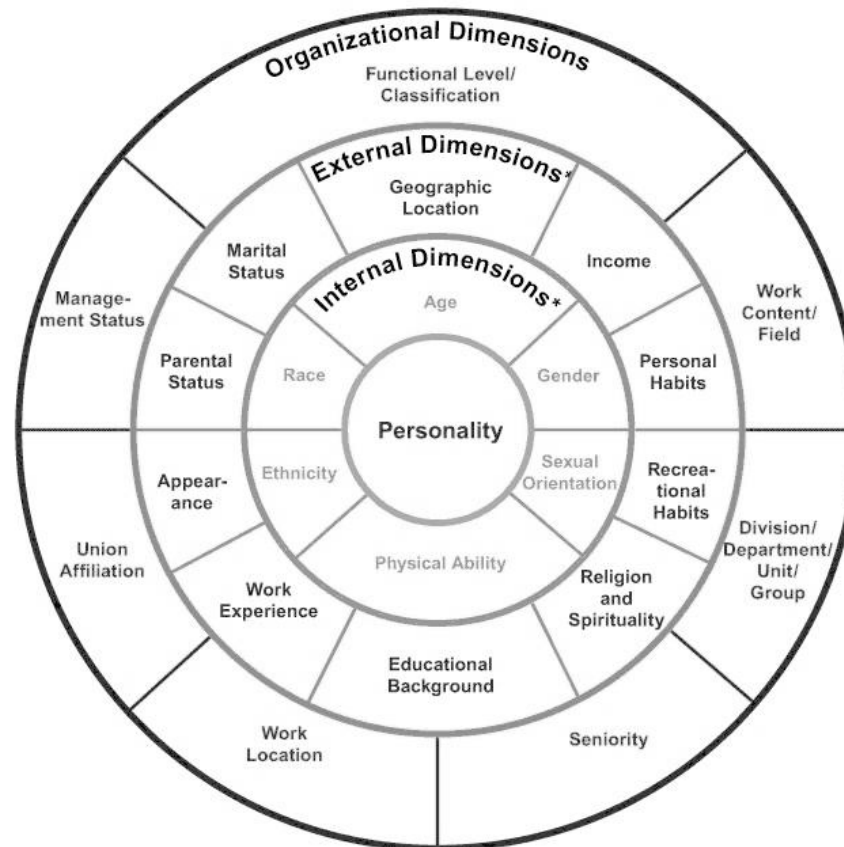
International Migration, Diversity and Public Health Care System

- Austria = a country of diverse population-groups
- Diversity on several levels: ethnic origin, legal status, socio-economic situation, religious beliefs and cultural background
- A challenge for our health care system to accomodate this social, ethnic and cultural diversity
- A topic for medical education

General Hospital of Vienna

- Increasing diversity: among patient population, students and hospital staff.
- Transcultural competency: a key qualification for public health professionals and medical education
- *Binder-Fritz; Christine 2011. Migration und Gesundheit im Spiegel der Allgemeinmedizin. In: Peintinger, M. (Hg) Interkulturell kompetent. Ein Handbuch für Ärztinnen und Ärzte. Facultas Verlag Wien: 119-144.*

Dimensions of Diversity



Lee Gardenswartz and Anita Rowe, Society for Human Resource Management 2003.
Marilyn Loden, Judy Rosener, Workforce America! Business One Irwin. 1991

The implementation of Diversity Management at the Medical University of Vienna

- oriented toward the diversity dimensions: gender, age, worldview, sexual identity, disability, ethnicity.
- The MUV actively works to prevent and eliminate potential discrimination resulting from these dimensions.
- The MUV is actively committed to support the diversity of its employees and students.
- And sees it as its responsibility to create and maintain an organizational culture in which **diversity is valued and regarded as an enrichment for research and teaching.**

- *Binder-Fritz 2011. Migration und Diversity im Gesundheitssystem. In: Taus, Lydia et . al. (Hg.) Tagungsband "Mehr Chancen durch Vielfalt! Diversity-Management in der Personalentwicklung". Medizinische Universität Wien.*

Culture is...

- a social heritage and characteristics of a group of people, organized community or society.
- defined by everything from language, religion, social habits, cuisine, music, arts and other manifestations of human intellectual achievement.
- a pattern of responses developed during the group's history of handling problems which arise from interactions among its members and between them and their environment.
- Culture determines what is acceptable or unacceptable, right or wrong.
- BUT it is often NOT the „Culture“ - but social class and education that influences health & illness behavior
- And Culture is always dynamic (not static)

We and „the others“

- As students, travellers or researchers we might have spent time in „foreign cultures“.
- Students: Medical Education Programmes (overseas hospital in India or Mexico)
- How do we respond? „Culture shock“?
- But how do we respond and behave in a doctor-patient-relationship with migrants here in Austria?

Attitudes & behavior in cross-cultural contexts

- **Ethnocentrism:** major reason for unprofessionalism, involving the build-in, invisible biases of our cultural perceptions of what is normal and right.
- **Ethnocentrism** is the unconscious assumption that there is a set of views or behaviors that are “normal”, and that there is a “right” set of behaviors or norms that belong to one's own particular culture.

Attitudes & behavior in cross-cultural contexts

- People from the Western world might tend to **Ethnocentrism** and presume that, because things are done a certain way in their own country, things are done everywhere like this, and this is the way things *should* be done everywhere.
- **Exotism**: with excitement we discover + explore + use „exotic“, „oriental“ worlds. But only as long as they fit into our „romantic“ world-view.

Global medicine: cross-cultural contexts

- In medicine, we are used to make judgement what is medically “normal” and healthy, or is not, and most cultures may agree with this.
- However, although diagnoses may be similar in other countries, this does not mean that there will be cross-cultural agreement on how to treat or respond to a particular medical diagnosis.
- In overseas countries, a treatment decision may be dictated not only by medical knowledge.
- But also by different cultural norms, economic realities and local belief systems.
- *Kleinman; Arthur 1980: Patients and Healers in the context of culture*

Diversity training & Transcultural competence

- **Diversity training** has the purpose to increase participants' cultural awareness, knowledge and skills.
- Assumption:
- training will benefit an organization by protecting against civil rights violations
- increase the inclusion of different identity groups
- promote better teamwork.
- *Lavizzo-Mourney R., and Mackenzie, E.R. (1996). Cultural competence: Essential measurements of quality for managed care organizations. Annals of Internal Medicine 124:919-921.*

Model of good-practice: „Cultural safety“ in New Zealand

- Major Health Reform in New Zealand 1990 -
- Participation of ethnic minority group in health policy making
- „Maori health care initiatives“
- Maori as „cultural advisors“ in hospitals, for medical and nursing education
- Data from Research projects: Binder-Fritz; 1997, 2001 (Austrian Science Funds/FWF T68_MED)



photo: © C. Binder-Fritz; vbk; Maori Health Groups

„Cultural safety“ in New Zealand

- *„Cultural safety insists that doctors, nurses and midwives become experts in understanding their own diversity within their own cultural outlines as well as their potential for powerful impact on any person who differs in any way at all from themselves“.*
- *Source: Te Puni Kokiri 1994:1*



Cultural advisors: Maori healer Hohepa and Maori nurse

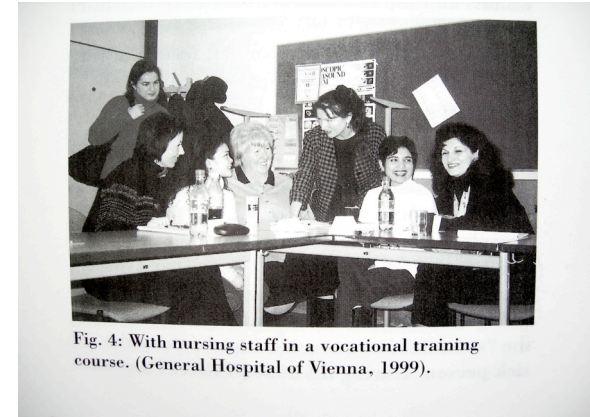
photo: © C. Binder-Fritz; vbk; Maori Health Groups

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Cultural Competency in Health Care personal experiences as a trainer in Austria

Binder-Fritz (1999-2012)

- Small group WS (n= 15 - 20)
- Modul character: (general practice, gynaecology, obstetrics, transcultural psychiatry, palliative care..)
- Role-plays
- Enough time for discussions + reflections
- **Participation of people and guest speakers with migration experience**



Guest speaker: Nomawetu Kelbitsch
(Omega, Pro Health; Graz), Seminar Linz 2009

**Participants of workshops were asked:
„What do you regard as a „challenge“ with
migrant patients (n = 950) 1999-2012**

- **The Results:**

- Language barriers, lack of interpreters
- Many visitors at the wards
- Social interaction with relatives
- Gender-norms and gender-roles
- Pain expression + „suffering“
- „health and illness-concepts“
- Little medical knowledge, „Strange smelling“ food,
- Religion, death customs, grievance rituals (Jewish, Islamic, Hindu, Buddhist)
- „the other culture“

- *Source: Binder-Fritz, seminar protocol*

Cultural differences can affect clinical outcomes

- Patients may choose not to access needed services for fear of being misunderstood or disrespected
- Doctors may miss opportunities for screening because they are not familiar with the prevalence of conditions among certain minority groups (for instance: women with female genital mutilation/FGM no smear test, late check-ups in pregnancy)
- Doctors may make diagnostic errors resulting from miscommunication with patients
- *Lavizzo-Mourey and Mackenzie 1996*

What is cultural competency in health care?

- = a set of attitudes, skills, behaviors and policies that enable organizations and staff to work effectively in cross-cultural situations.
 - It reflects the ability to use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families.
 - Aims to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups
-
- Betancourt, J.R., and Like, R.C. (2000).
 - Brach, C., and Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities?

Conclusions

- Implementation of diversity trainings in medical education
- Implementation of health & migration studies in the medical curriculum
- Stimulate reflections of personal attitudes & behavior in cross-cultural contexts (ethnocentrism, stereotypes)
- Participation of students (MA, PhD) in research projects on migrant patients
- Interdisciplinary research and teaching groups
- Involvement of students + staff with migrant background

New Master Course: Transcultural Medicine & Diversity Care

- Interdisciplinary Master-course (MSc) at the Medical University of Vienna
- Conducted by Dr. Christine Binder-Fritz (Center for Public Health) and Dr. Türkan Akkaya-Kalayci (Transcultural ambulance for for child and adolescence psychiatry)
- Start: spring 2014
- Duration: 2 years + Master Thesis (5 semester)
- Detailed information: on homepage Medical University of Vienna_ [Universitätslehrgänge](#)
- Applications: ulg-transkulturelleMed@meduniwien.ac.at