

Cultural Exercises: Overview and Table of Contents

Overview

In this section you will find the description of a sampling of exercises used to help build cultural competence. Most are short exercises (15 minutes or less), but one is a nine-hour online curriculum. Many of these learning activities are recommended as a primary or alternative exercise for use in one of the 33 sessions in the curriculum.

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EXERCISE 1 Autobiography

Description

This activity is an important part of team building. Learners prepare an autobiography and turn it in. Students should be given several days to complete the assignment. Prior to this session, the leaders of the cultural competence curriculum should read all of the student biographies and prepare their own to share. Following is a sample assignment.

Instructions for students: we want you to write an autobiography (4–6 pages) that shares your perspectives on your personal development, cultural context, and family history. We want you to tell us your story. This is NOT a personal statement like the one submitted for medical school or residency, NOR is it a resumé of accomplishments. We want to hear about the people, events and experiences that shaped your life. It will have four parts: 1. family background and cultural context (1–2 pages); 2. significant events/experiences that shaped who you are (1–2 pages); 3. family strengths, health issues and risk factors (1 page); and 4. how you ended up in medical school and within your chosen specialty (1 page). Learners are encouraged to include the motivations behind their becoming a health professional.

In class, learners share elements of the autobiography with each other as part of team building.

Use

To begin to build awareness and knowledge in relation to culture, healing traditions, and health beliefs and to help learners become familiar with each other and grow together as a learning community.

Activity Objectives

Upon completion of this exercise, the learner will be better able to:

1. discuss his/her cultural heritage, gender, class, ethnic-racial identity, sexual orientation, disability, age, and spirituality; to reflect on it and describe it (Objective 2 – awareness)
2. identify healing traditions and beliefs, including ethno-medical beliefs of own family and those of peers (Objective 8 – attitude, skills)
3. exhibit comfort when conversing with colleagues about cultural issues (Objective 9 – attitude).

Time Required

Preparation of the autobiography is estimated to take each learner several hours. Preparation time for instructors is about 20 minutes per autobiography. Encouraging comments should be written on each, particularly noting any insights in cultural areas. Sharing can be done in small groups, but at least an hour should be scheduled for sharing and discussion.

Group Size and Structure

A small or medium-sized group (5–25 learners) is optimal; if the group is larger it should be divided into small groups for the activity and discussion.

Materials

Autobiography assignment, faculty autobiography to share with group.

Advantages

Has the potential of bringing a new group close together very rapidly through the power of sharing each other's stories.

Limitations

As with all independent assignments, learners must take the task seriously, they must also be open to listening to each other with respect.

Methodology

1. Provide learners with the autobiography assignment and explain that everything we do

emanates from who we are (our personal wiring and our stories). Stories help us understand ourselves, and others. As part of building a community we will each write our story and share it with others in the group.

2. Have learners submit their autobiographies in a timely manner, so that the lead faculty can read all of them prior to the session.
3. This exercise is typically used as part of orientation when team building is most crucial. Judgment forms quickly in terms of perceptions as to the nature and worthiness of any group experience. A good start sets the stage for everything that follows. The leaders of the Cultural Competence Curriculum set the tone. Being approachable, warm, setting learners at ease and communicating excitement for the curriculum, and your role in it, is a good beginning. You want the learners to look forward to working together within the Cultural Competence Curriculum.
4. Share your story first (be brief); then divide the learners into small groups to share with each other. If the group is small (5–8 learners) try to schedule enough time so that everyone has a chance to share with the whole group. If the group is larger, typically you will need several groups.
5. In the small groups each person should have a minimum of five minutes to talk. Some groups choose to make copies and share their written autobiographies with each other. That should be the choice of the group. The group should be reminded to share with each other information regarding their families' health practices and beliefs.

EXERCISE 2 Chicken Soup

Description

This exercise invites learners to recall specific home remedies used within their families and to explore the importance of culturally congruent care. It was first shared with us by Marya Cota, PhD.

Use

To promote understanding of one's own and others' healing traditions and health beliefs.

Activity Objectives

Upon completion of this exercise, learners will be better able to:

1. describe their own cultural heritage in relation to healing traditions and health beliefs (Objective 2 – awareness, skill)
2. describe historical models of common health beliefs among the families of their colleagues (Objective 7 – knowledge)
3. identify and appreciate healing traditions and beliefs of patients and/or their families, including ethno-medical beliefs (Objective 8 – awareness)
4. elicit additional information about ethno-medical conditions and ethno-medical healers (Objective 8 – Skill).

Time Required

Approximately 15 minutes.

Group Size and Structure

Small or medium-sized group is ideal (5–25 learners), if group is larger it can be broken into smaller groups, each with a facilitator.

Materials

Flip chart and tape, marker for each learner.

Advantages

Uses personal stories to help learners deepen their understanding of their own cultural heritage; helps learners appreciate the traditions of their colleagues.

Limitations

The knowledge portion is limited by the experiences of those in the room; there may not be a breadth of traditions represented.

Methodology

1. Preparation: a number of pieces of flip chart paper are taped to the walls in the classroom prior to the start of the session.
2. Task: each participant is given a marker and asked to think back to when they were very young. When someone was sick in their household, what were the family remedies used to help the sick family members to feel better? As they recall these, they are to note them on one of the large sheets of paper on the walls.
3. Debriefing: the facilitator reads some of the family remedies aloud, inviting the participants to more fully explain their remedy. It can be interesting to ask them whether they felt the remedy was effective, and whether they would still use it today. The discussion should be upbeat, lively, full of curiosity and respectful humor. Participants may want to share the degree to which the healing tradition is 'typical' for their own ethnic background.
4. Conclusion: at the conclusion of the exercise, ask the participants why they think this exercise was selected for today's learning session, and what they take with them as a learning point for the cultural medicine curriculum. Hopefully, they will suggest that it reminds them of the comfort of family remedies, the wisdom of the elders, how much of medical treatment happens outside of the doctor's office, and that a 'culturally congruent' cure is often very important to people, especially when they are ill.

EXERCISE 3 Drawing Differences

Description

Learners are asked to recall a time in their life when they felt different from others and capture that difference in a crayon drawing. The drawing is done in silence. This exercise was first shared with us by Shelly Harrell, PhD.

Use

To introduce difference, bias and stereotyping; to help learners recognize their own potential for bias and stereotyping.

Activity Objectives

Upon completion of this exercise, learners will be better able to:

1. discuss the dynamics of difference and appreciate the emotional impact of being treated as 'different'
2. identify the risks and benefits of stereotyping
3. value the importance of curiosity, empathy, and respect in patient care and the importance of continuous growth as a healer (Objective 12 – attitude)
4. recognize their own potential for bias and stereotyping, be able to identify their own stereotypes and biases and explore how their attitudes, biases and stereotypes affect clinical encounters, clinical decision-making and quality of care (Objective 13 – awareness, knowledge).

Time Required

Approximately 25–30 minutes (5 minutes for instructions and distribution of materials; 5–10 minutes for individual drawing activity; 10–15 minutes for debriefing).

Group Size and Structure

Small or medium-sized group (5–25 learners); if group is larger it can be broken into smaller groups, each with a facilitator.

Materials

Table space for each learner to draw, crayons (or other drawing supplies) and paper, flip chart or similar equipment for debriefing.

Advantages

Uses a different media, drawing, to creatively increase learner awareness.

Limitations

Being asked to draw is not a typical assignment for a health sciences student or resident and might be met with resistance. Emphasize that artistic quality is not the issue here, rather the drawing is a vehicle to capturing a particular life scenario from a certain period in the past.

Methodology

1. Each learner is provided with a piece of paper and crayons. They are invited to close their eyes and the facilitator recites the following instructions:

'Think about a time in your life when you felt different in some way. It may be the first time that you felt different from others. As best you can, picture the situation including where you were, who you were with, and feelings associated with the experience of difference.'

2. Learners are given a minute or two in silence to conjure the memory. Next they are instructed to capture that memory of difference in a crayon drawing. The drawing is done in silence and typically takes about five minutes.
3. To open the discussion with a small group, the facilitator might begin the debriefing by sharing his/her experience of difference. With a large group, the facilitation might start

- with asking learners to share their drawing and the feelings they had with the person next to them. This keeps the audience active in the discussion (a variant of think-write-share).
4. The facilitator then invites volunteers to share their experiences with the entire group, their drawings, and the feelings associated with those experiences. The facilitator collects these experiences in a two-column table displayed to the group. The table should have the following headings: 'Differences' and 'Feelings'. Continue listing until everyone who wants to share has done so, or until about 10 or 12 examples are collected.
 5. Next, the group as a whole is invited to make observations about the lists. A common observation is that the feelings associated with differences are predominately negative. The group is asked to consider and discuss why this might be the case, even though the facilitator was careful not to request a recollection of the first 'negative' experience with difference. This should lead the facilitator into a discussion of the dynamics of difference and stereotyping. Some suggested debriefing questions are listed below.
 6. The final discussion should relate to the impacts of stereotyping on patient care.

Some Discussion Questions

1. What are your observations? What feelings are not in the table and why?
2. What are some other experiences that we may have heard from others?
3. What is it about childhood differences that really stand out? (The need to fit in, to be part of the group, human need to belong, the things that are most powerful are things you cannot change, makes you vulnerable.)
4. What is the emotional impact of being treated differently over and over (e.g. being a member of an oppressed group)?
5. Describe/discuss the primary benefit of stereotyping (e.g. that categorizing people and ideas is a natural cognitive adaptation to living in a complex world).
6. List three risks to the patient who has been stereotyped by the provider.
7. What can providers do to keep a stereotype from becoming unrecognized prejudice and unintentional discrimination?
8. Based on the insights you gained in this exercise, describe one thing that you are going to do differently in your interactions with patients.

Resource

van Ryn M. Research on the provider contribution to the race/ethnicity disparities in medical care. *Med Care*. 2002; 40(1 Suppl.): I140-51.

EXERCISE 4 Genogram Exercise

Description

Learners complete and present a personal genogram (a diagrammatic family history that extends the concept of a family tree to include relationships, health risks, and protective factors). A genogram is essentially a pictorial or symbolic representation of a family history. More specifically, the genogram activity offers the learner an opportunity to explore and share their own family history including any relevant family issues such as cultural and religious/spiritual background, immigration, quality of relationships, loss, and milestones. Learners are encouraged to include family strengths, health issues, and risk factors, and the motivations behind their becoming a health professional. Learners are invited to include photographs and family artifacts to illustrate their presentation.

Use

- To gain a depth of understanding about own family and cultural history and that of classmates, including health risks and protective factors.
- To promote team development through depth of knowledge and understanding of each member.

Objectives

Upon completion of this exercise, the learner will be better able to:

1. discuss his/her cultural heritage, gender, class, ethnic-racial identity, sexual orientation, disability, age, and spirituality; to reflect on it and describe it (Objective 2 – awareness)
2. identify healing traditions and beliefs, including ethno-medical beliefs of own family and those of peers (Objective 8 – attitude, skills)
3. exhibit comfort when conversing with patients/colleagues about cultural issues (Objective 9 – attitude).

Activity Objectives for all Variations

Upon completion of this exercise, participants will be able to:

1. complete a genogram for patient's family as part of health history taking
2. recognize and describe the impact of family health history on their own development and viewpoints on health and health care
3. discuss multiple cultural practices and health beliefs within families.

Additional Activity Objective for Small Group Variation

Increase awareness of similarities and differences among learners to facilitate development of a peer support system.

Time Required

About two hours required for genogram preparation and approximately 45–60 minutes for each genogram presentation and discussion.

Group Size and Structure

The genogram activity can be implemented in:

- a small group of learners (2–8) in which everyone takes turns to present their family history to the rest of the group
- a large group of learners (9 or more) in which learners pair up and share their genogram with one other student
- one-on-one learning in which learner shares his/her genogram with a faculty member.

Materials

Genogram instruction sheet, transparencies, overhead projector and/or LCD projector are required for large or small group settings (box of tissues recommended for oral presentations).

Advantages

This exercise has the potential of bringing a new group close together very rapidly through the power of extended sharing. When conducted in a small group or paired learner setting, participants tend to bond closely as the assignment demands taking risks and sharing personal information with others. This technique also helps build psychosocial history-taking skills.

Limitations

Very time consuming, not all programs have 45–60 minutes for each learner to share his/her genogram with the group; this can be an extremely intense and very emotional exercise and thus requires a skilled facilitator, particularly in the small group variant.

Methodology

The instructor and other group leaders must set confidentiality parameters clearly when initially describing the exercise. In small residency training programs, the faculty might want to inform learners that the presentations are not confidential, and that learners are invited to be as open as possible, but encouraged to share only that information that they feel comfortable about being shared with faculty members outside the session. This allows instructors to transmit important information garnered about learners from the genogram presentations to the faculty as a whole, helping to illuminate learner's backgrounds. With groups larger than nine, perhaps a more appropriate guideline would be 'what is shared here, stays here', emphasizing confidentiality of genogram material.

When the genogram assignment is made, a faculty member may want to model a presentation (20–30 minutes) for the group. This can be done if the group is meeting multiple times, and there is sufficient time in the schedule to allow for an extended introduction of the assignment.

Exercise Variations

Exercise 1

(No in-class time)

Learners complete a genogram and submit it to the instructor who can provide written feedback. The learner may present the genogram orally, one-on-one to an instructor, or simply submit the genogram with a written narrative describing the salient aspects.

Exercise 1 + Sharing in Pairs

(1–2 hours in-class time)

Using a think-pair-share model, learners present their genograms to one other learner from the large group setting. The pairs of learners might be encouraged to find a quiet, more private location where they can talk. This exercise can then be followed by a large group discussion or debriefing of what was learned in the exercise.

Exercise 1 + Small Group Sharing

(45–60 minutes per person in-class time)

Each of the participants, along with the faculty coordinating the workshop, presents their genograms to the rest of the group. Genograms can be photocopied on overhead transparencies or prepared on posters or LCD projected slides. Group participants are invited to ask questions, make observations and comment on the genogram presentations. As learners are presenting their genograms, emphasis should be placed on eliciting information regarding culturally relevant health practices and beliefs.

An additional option is to invite learners to conclude their presentations with a view of their own personal vulnerabilities to and strategies for coping with stress, as well as a description of what faculty and colleagues can do to support them in stressful times. The instructor is invited to ask questions, make observations, and comment on the genogram presentation.

Exercise and Reflection

Self-reflection underlies an effective cultural medicine curriculum. Therefore, consider a written reflection component at the conclusion of the genogram exercise, independent of the variation implemented. This can be part of an ongoing journal. Learners might be invited to respond to the following prompts:

- For individuals: what was it like to prepare and present (if relevant) your genogram? Any surprises in terms of the information you collected (self, family, or cultural background) or

your reactions? What do you see as your own health risk and protective factors? What is the most important thing you learned from this exercise?

- ❑ Additional questions for small groups: what was it like to listen to colleagues' presentations? What did you learn from them?

Cautionary Notes

- ❑ Upon receiving the assignment, some learners react with alarm to what feels 'invasive'. It can be explained that this helps create empathy for the experience of their patients during a history and physical exam.
- ❑ Some learners will assume this is a benign 'no-brainer' assignment, and are later surprised at the intense emotions the preparation and sharing/presentation can precipitate.
- ❑ As with many awareness exercises, there will be a range of emotional responses from participants, ranging from great emotional expression to relative detachment. The facilitator should be prepared to discuss these responses in the group or individually at a later time as necessary.
- ❑ Small group: in the small group variation, this is a time-consuming and emotional exercise that requires a skilled facilitator to successfully manage the intensity. The number of presentations should be limited to a maximum of three in each half-day session.

Extending the Experience

Completing a genogram for a patient is an effective means for understanding the impact of a patient's family history and social context (great activity for first and second year medical students). In a modified form, it can be used in a rotation that focuses on areas like adolescent medicine, geriatrics, behavioral medicine, and addiction medicine.

Take-Home Messages

Culture clearly impacts family dynamics, health beliefs, and practices. Understanding one's own family history and dynamics is an essential component of becoming a compassionate, culturally responsive practitioner. Understanding your colleagues' cultural and family background can help build positive and empathic teams.

Resources

Northwestern University. *Understanding Genograms*. Available from: Sociology Central. *Genograms*. <http://www.sociology.org.uk/as4fm3a.pdf>

This website was originally created to assist students in the Family Communication class at Northwestern University. It explains the 'multigenerational transmission of communication patterns'. It also contains explanations of symbols used to identify individuals and their relationships to each other.

Zamudio A, Hill K. Building closeness, understanding, and tolerance among residents: the family genogram. *Fam Med*. 2004; 36(2): 625-6.

EXERCISE 5 Imagery Exercise

Description

Learners participate in a guided imagery exercise that is followed by debriefing and discussion of stereotypes.

Uses

- ❑ Help learners to recognize their own potential for bias and stereotyping (Objective 12 – awareness).
- ❑ Help learners identify and appreciate how clinician bias and stereotyping can affect interactions with patients, families, communities, and other members of the health care team (Objective 13 – awareness).

Objectives

Upon completion of this exercise, participants will be able to:

1. describe how limited information produces stereotypical thinking
2. acknowledge the learner's own tendencies to stereotype
3. acknowledge specific stereotypes held by them toward particular groups.

Time Required

Approximately 10 minutes to conduct the imagery exercise and approximately 15 minutes to debrief the exercise.

Group Size and Structure

Small group, large group, one-to-one.

Materials

List of descriptors for facilitator.

Advantage

Can be used with very large groups to help raise awareness in relation to unconscious stereotypes and biases.

Limitations

Requires a very skilled facilitator to gain maximum effect; learner readiness can be a problem; need to be prepared for resistant learners.

Process

Exercise (10 minutes)

Instruct participants that they will be doing an 'imagery exercise' so as not to taint the process by telling them that it is a stereotype exercise. Ask the learners to clear their minds and close their eyes and imagine the individuals who will be described for them. They are encouraged to conjure up the most detailed and textured images of each individual as they can, including physical characteristics, dress, setting, and context. They are informed that the facilitator will provide additional descriptive information about each individual, and they should let their mental image develop in their mind's eye. The descriptors are then read slowly, with approximately 30 seconds pause between each one. When completing one image and moving to the next, the facilitator asks the participant(s) to gently erase the image from their mind and prepare to imagine the next one. At the conclusion, the facilitator asks participants to open their eyes and describe their experience (*see* debriefing questions below).

Descriptors

The descriptor clusters are as follows, although facilitators could certainly develop their own to supplement or replace these (*see* below for teaching points):

African-American Woman

- ❑ single mother

- extremely wealthy
- Chief of Cardiology at (name a prominent hospital)

Teenage Girl

- born in El Salvador
- lives in New York City
- attends a high school for performing arts

Gay Man

- Japanese ancestry
- father of two
- just celebrated his 82nd birthday

Female Lawyer

- American Indian
- Chippewa Nation
- 64 years old
- works for a multinational corporation

White Male

- world-class athlete
- requires a wheelchair for mobility

Chinese American Man

- addicted to drugs
- second year family medicine resident (this descriptor can be altered to mirror your audience)

Teaching Points for Descriptor Sets

The descriptors included in the Imagery Exercise were designed to specifically challenge participants' pre-existing assumptions or stereotypes by including a heavy dose of the unexpected. They were elaborated step by step to elicit stereotypes in a wide array of categories, hopefully illuminating both the automatic nature of stereotyping, as well as the breadth of categories of individuals about which we harbor preconceptions.

1. The African-American Woman descriptors challenge assumptions about gender, race, professional roles and socioeconomic status.
2. The Teenage Girl descriptors draw out stereotypes about immigrant status and about adolescents. These descriptors take less dramatic turns than the previous descriptors, allowing participants a more 'gentle spin' on these stereotypes.
3. The Gay Man descriptors are often the most challenging for participants. These descriptors were designed to challenge assumptions about sexual orientation, ethnicity, and family role, and to address ageism.
4. The Female Lawyer descriptors also challenge assumptions about age, ethnicity, gender and employment. The 'Chippewa Nation' descriptor was added specifically because, for most participants, it is unfamiliar to them and adds little to their ongoing elaboration of the image. This provides an opportunity for a discussion about what we do with information about others for which we have either little understanding or context.
5. The White Male descriptors challenge assumptions about ethnicity and gender for majority group members, as well as assumptions about physical abilities.
6. For the Chinese American Male descriptors, the instructions suggest tweaking the final descriptor to mirror the audience who is partaking in the exercise. This brings the exercise closer to home, challenging one's attitudes and assumptions about 'the other' versus individuals similar to oneself professionally. This descriptor also explores biases about drug abusers.

Debriefing (15 Minutes)

The debriefing for this exercise is similar for one-on-one, small, or large group learning. With small or large group learning, think-pair-share methodology is helpful in allowing everyone in the room the opportunity to share their experience of the exercise with someone else, and to hear another learner's experience as well.

The objective of the debriefing period is to allow the learners to reflect on their experience of the exercise, and to learn more about the process of stereotyping in a personal way. Examples of debriefing questions are as follows.

- ❑ What was your experience of this exercise?
- ❑ What references did you use to come up with your mental images? (Common references include family, friends, colleagues, acquaintances, and media images.)
- ❑ What were your initial images and how were they similar/different from peers' images?
- ❑ Were there certain descriptor clusters that were more challenging for you? Why?
- ❑ What did you learn about yourself from this exercise?
- ❑ What stereotypes might patients have of you?
- ❑ How might practitioner bias and stereotyping affect interactions with patients, families, communities, and other members of the health care team?

The discussion after the exercise should focus on the universality of stereotyping as a cognitive strategy to order a complex world. Learners should be encouraged to keep a mindful eye on the assumptions they are making of others. It is also helpful to remind them that stereotyping works both ways in the doctor–patient relationship, such as when patients see a female physician enter the room and assume it is their nurse. This can engender a broader discussion of stereotyping in the doctor–patient relationship and its role in contributing to health disparities; and stereotyping and its affect on communication among the health care team.

Take-Home Messages

- ❑ Stereotyping is unavoidable. Stereotyping is a normal human process for organizing massive amounts of information we take in every day.
- ❑ Patient care decisions made based on our stereotyping contribute to health disparities and decrease the quality of care.
- ❑ Stereotyping tends to happen more frequently and rigidly when one is under stress (such as time pressure), and when one has limited information.
- ❑ It takes conscious effort to manage our stereotypes.

Cautionary Note

Learners should not 'beat themselves up' for having relied on stereotypes, but should consider when stereotyping can become problematic and learn strategies to manage their stereotypes.

Resources

Dovidio JF, Gaertner SL, Kawakami K, *et al.* Why can't we just get along? Interpersonal biases and interracial distrust. *Cultur Divers Ethnic Minor Psychol.* 2002; 8(2): 88–102.
Pinderhughes E. *Understanding Ethnicity, Race and Power.* New York: The Free Press; 1989.

EXERCISE 6 Implicit Association Test (IAT)

Description

Learners individually take the IAT, which is designed to discover unconscious or automatic biases. There are several tests to choose from, including tests on various ethnic groups, race, gender, religion, and skin tone. Instructor carefully selects one or two IATs, depending on the specific objectives of the session or the curriculum. The learners can then, either individually or as a small group, discuss any increase in their awareness, or why they may not have found any differences in their responses.

Uses

- ❑ Help learners to recognize their own potential for bias and stereotyping (Objective 12 – awareness).
- ❑ Help learners identify and appreciate how clinician bias and stereotyping can affect interactions with patients, families, communities, and other members of the health care team (Objective 13 – awareness).

Activity Objectives

Upon completion of this exercise, learners will:

1. be able to state any automatic thoughts they may not have shared with others
2. name their implicit biases (of which they may previously have been unaware) (Objective 12 – awareness).
3. describe differences between bias, stereotypes, prejudice, and discrimination (Objective 1 knowledge).

Time Required

Approximately 10 minutes to complete each IAT and 10 minutes to debrief the exercise.

Group Size and Structure

Since this is an independent study exercise it can be used with any size group. The process is different depending on group size (small group, large group, one-to-one).

Materials

Learners will need a computer with a high-speed internet connection. Handouts of the relevant topics from the Tolerance.org website should also be made readily available.

Advantage

Can be used with very large groups to help raise awareness in relation to unconscious stereotypes and biases.

Limitations

Requires a very skilled facilitator to gain maximum effect; learner readiness can be a problem; need to be prepared for resistant learners.

Process

1. Become thoroughly familiar with the Project Implicit website. The IAT Background and FAQ sections are particularly useful. Select one or two IATs based on your objectives. Personally take each of the IATs that you plan to assign. Absorb your results and be ready to share them with your students.
2. Have learners go to the IAT demonstration site and complete the assigned exercises (each takes about 10 minutes). <https://implicit.harvard.edu/implicit/demo/>
3. On the Project Implicit website the researcher quotes Dostoyevsky. Using this quote could be a powerful way to open a session that uses the IATs. You may want to read it twice, once using man and once using woman:

‘Many years ago, Fyodor Dostoyevsky wrote:

Every man has reminiscences which he would not tell to everyone but only his friends. He has other matters in his mind, which he would not reveal even to his friends, but only to himself, and that in secret. But there are other things which a man is afraid to tell even to himself, and every decent man has a number of such things stored away in his mind.’

Modified (woman):

‘Every woman has reminiscences which she would not tell to everyone but only her friends. She has other matters in her mind, which she would not reveal even to her friends, but only to herself, and that in secret. But there are other things which a woman is afraid to tell even to herself, and every decent woman has a number of such things stored away in her mind.’

‘These lines from Dostoyevsky capture two concepts that the IAT helps us examine. First, we might not always be willing to share our private attitudes with others. Second, we may not be aware of some of our own attitudes. Results on the IAT may include both components of control and awareness.’

<https://implicit.harvard.edu/implicit/demo/background/posttestinfo.html>

4. Debriefing: the willingness of learners to examine their own possible biases is one of the most important steps in changing the way discrimination increases health disparities in our society. This exercise can sometimes bring up confusion, anger, and/or sadness for the learner when they discover biases they may have thought they never had. The instructor should be prepared to process these emotions and help the learner focus on what they can do to prevent these biases from negatively affecting their behaviors. The tutorial on the website can be reviewed after the learner completes the test. This can be found at: http://www.tolerance.org/hidden_bias/tutorials/index.html

Resources

- Dovidio JF, Gaertner SL, Kawakami K, *et al.* Why can't we just get along? Interpersonal biases and interracial distrust. *Cultur Divers Ethnic Minor Psychol.* 2002; 8(2): 88–102.
- Gladwell M. *Blink: The power of thinking without thinking.* New York: Little Brown and Company; 2005.
- Nosek BA, Banaji MR, Greenwald AG. *Project Implicit.* Available from: <http://implicit.harvard.edu/>; 2006.
- Tolerance.org website: http://www.tolerance.org/hidden_bias/index.html Discusses stereotypes, prejudice and discrimination and links to the various IATs.

EXERCISE 7 Neighborhood Study

Description

This exercise encourages the learner to spend time in the community in which their patients live. It encourages learners to examine the community factors that contribute to variability in population health and to develop a map of a portion of the area. Community characteristics to look for:

- Economic: where do people work, shop, are there signs of unemployment or decay (e.g. empty stores, boarded up buildings, vacant lots, abandoned vehicles, homeless people); signs of prosperity (types of cars, clothing, shops, services, etc.)?
- Education: primary/secondary schools, libraries, colleges, proprietary schools
- Food: liquor stores versus grocery stores, family-owned restaurants versus chains versus fast food
- Health care and medical: hospitals, health-related businesses, alternative providers
- Housing: types, condition of buildings and yards
- Interactive: where do people 'hang out'
- People: ethnic groups, ages, gender mix
- Political: county or city courthouse, government buildings
- Recreational: what recreational facilities are available, and who participates
- Religious and expressive: churches/synagogues/mosques/other places of worship
- Topographic and geographic major features, obstacles and physical barriers (e.g. freeways, hills)
- Transportation: condition of roads, public transportation
- Violence: signs of gang activity or crime (e.g. trash, graffiti, people with evidence of past injury)
- Pollution: environmental health risk factors.

Uses

- To promote learner familiarity with the community and all elements listed above.
- To examine factors in the community that might affect health and health care disparities.
- To encourage learner value of the importance of social determinants and community factors on health.

Activity Objectives

Upon completion of this exercise learners will be better able to:

1. value the importance of diversity in health care and address the challenges and opportunities it poses (Objective 3 – attitudes)
2. value the importance of social determinants (e.g. education, culture, socioeconomic status, housing and employment) and community factors on health, and strive to address them (Objective 6 – attitudes).

Time Required

Approximately one hour for the neighborhood study, one-half hour for each small group to make a map, collage of photos or other activity to describe experience, and one-half hour for in-class discussion.

Group Size and Structure

Small or medium-sized group (5–25 learners); if group is larger it should be divided into small groups for the activity and discussion.

Materials

Map of community, assignment of sections of the neighborhood for each pair (or trio) of learners, art supplies.

Advantages

Interactive task that requires learners to experience the community with their five senses (sight, hearing, touch, smell, and maybe taste).

Limitations

As with all independent assignments, learners must take the task seriously.

Process

1. Map out a section of the community surrounding the medical center and assign each pair/trio of students a segment that includes several residential and several non-residential blocks.
2. Provide instructions: 'With your partner(s), tour the assigned community area and note the community characteristics listed. Your community survey will be enhanced if you are able to speak with members of the community (e.g. school teacher, local pharmacist, store owner, priest, local clinic personnel, or people living in the community), shop at a store, or eat at a restaurant.'
3. Ask learners to prepare a product and be prepared to discuss their findings and product at the next meeting. The product depends on the specific objective of the session. It can be a community map, photo collage, poem, essay, etc.
4. Debrief the group. The debriefing should be based on your specific program objectives related to the community context of health and health care.

Note

This exercise can be extended through use of narrative or reflective writing and journal or portfolio.

Resources

- Eugenia E, Blanchard L. Action-oriented community diagnosis: a health education tool. *Int Q Commun Health Educ.* 1991; **11**(2): 93–110.
- Sloane P, Slatt L, Ebell M, *et al.* (editors). *Essentials of Family Medicine*. Baltimore: Lippincott Williams & Wilkins; 2002.

Neighborhood Study: Instructions for Learners

Directions

With your partner(s), tour (for approximately 1 hour) the assigned community area, exploring in particular those features listed below. Your community survey will be enhanced if you are able to speak with members of the community (e.g. school teacher, local pharmacist, store owner, priest, local clinic personnel, or people living in the community), shop at a store or eat at a restaurant.

Community characteristics to look for include:

- Economic: where do people work, shop, are there signs of unemployment or decay (e.g. empty stores, boarded up buildings, vacant lots, abandoned vehicles, homeless people); signs of prosperity (types of cars, clothing, shops, services, etc.)?
- Education: primary/secondary schools, libraries, colleges, proprietary schools
- Food: liquor stores versus grocery stores, family-owned restaurants versus chains versus fast food
- Health care and medical: hospitals, health-related businesses, alternative providers
- Housing: types, condition of buildings and yards
- Interactive: where do people 'hang out'
- People: ethnic groups, ages, gender mix
- Political: county or city courthouse, government buildings
- Recreational: what recreational facilities are available, and who participates
- Religious and expressive: churches/synagogues/mosques/other places of worship
- Topographic and geographic major features, obstacles and physical barriers (e.g. freeways, hills)
- Transportation: condition of roads, public transportation
- Violence: signs of gang activity or crime (e.g. trash, graffiti, people with evidence of past injury)
- Pollution: environmental health risk factors.

At the completion of your Neighborhood Study, prepare a group product, typically a Community Map (this should take approximately 30 minutes). Be creative, have fun. Your product should express your understanding of the community. Be as creative as you wish in drafting important features of your Community Map. Since this is a creative project, your product does not have to be a Community Map. It could be a photo collage, a series of sketches, a narrative, a poem, an essay, etc. Art supplies are available for your use. Be prepared to discuss your findings and your Community Map at our next meeting.

Activity Objectives

Upon completion of this exercise, learners will be better able to:

1. value the diversity in our community, and discuss the challenges and opportunities it poses to health and health care in our community;
2. value the importance of community factors and social determinants (e.g. education, culture, socioeconomic status, housing, and employment) on health and strive to address the challenges in our community.

EXERCISE 8 Sorting People (Matching Faces with Races)

Description

Learners group pictures of people into ‘racial categories’ based strictly on physical appearance. The exercise is completed on the PBS Race website: http://www.pbs.org/race/002_SortingPeople/002_00-home.htm

Uses

- Define, in contemporary terms, race and ethnicity (Objective 1 – knowledge).
- Become aware of own ethnic-racial identity, be able to reflect on it and describe it (Objective 2 – awareness, skill).
- Value the importance of curiosity, empathy, and respect in patient care (Objective 11 – attitude).

Activity Objectives

Upon completion of this exercise, learners will be able to:

1. identify the physical traits they use to classify race and understand that racial classification is a highly subjective process
2. discuss our evolving understanding of race
3. acknowledge the importance and confusion of self-identification
4. describe the importance of curiosity, empathy, and respect in patient care.

Time Required

Approximately 20 minutes (5 minutes for the exercise, 10 minutes to answer the questions, 5 minutes to review the 10 facts about race).

Group Size and Structure

Any size group.

Materials

Computer with internet access; handouts of some of the key points of the exercise.

Advantages

Exercise can be completed prior to class; inherent interest in the exercise; increases readiness of learners to discuss issues of bias and stereotyping.

Limitations

Requires learner readiness to question their own prior assumptions and examine how we define race and culture.

Process

This exercise can be done individually or as a group. Learners will sit in front of a computer and follow these instructions:

1. Go to the following website: http://www.pbs.org/race/002_SortingPeople/002_00-home.htm
2. Select the ‘Sorting People’ link, and complete the exercise.
3. Answer questions in ‘Human Diversity’.
4. Read ‘Where Race Lives’.
5. Click on each of the Ten Facts about race to learn more.

Debriefing: learners might complete a written reflection at the completion of the exercise. In class, learners will debrief with the instructor, or as large group.

Evaluation can be done both through learners’ level of participation in the debriefing process, as well as through the administration of a paper or online quiz in relation to the PBS: Ten Facts of Race found on the website at: <http://www.pbs.org/race/>.

Instructor Note

The instructor should be well prepared to engage learners in a discussion of the cross-cultural issues involved. They must become very familiar with the website and video cases and be able to guide the discussion to the pertinent issues. For a more detailed explanation for instructors, please see discussion guide at the PBS website: <http://www.pbs.org/race/images/race-guide-iores.pdf>

Resources

Adams M, Blumenfeld WJ, Castaneda R, *et al.* *Readings for Diversity and Social Justice: An Anthology on Racism, Sexism, Anti-semitism, Heterosexism, Classism and Ableism*. New York: Routledge; 2000.

Pinderhughes E. *Understanding Ethnicity, Race and Power*. New York: The Free Press; 1989.

Race – The Power of an Illusion. Available from: <http://www.pbs.org/race/>

EXERCISE 9 ‘Think Cultural Health’ Online Learning Program

Description

There is an e-learning website developed by the US Department of Health and Human Services, Office of Minority Health. The program is entitled ‘A Physician’s Practical Guide to Culturally Competent Care’ and can be located at www.thinkculturalhealth.org. This nine-hour training program is divided into three overall themes: 1. Culturally Competent Care, 2. Language Access Services and 3. Organizational Supports. It provides a thorough overview of the CLAS Standards. Furthermore, the training elements are built around clinical and organizational cases that highlight cultural and linguistic clinical and organizational dilemmas and challenges. The program is creative and engaging, with brief videos of the introductory cases. It offers interactive opportunities for reflecting on the material presented, as well as numerous links for further reading and exploration of themes of interest. Each theme has three one-hour modules.

Theme 1 – Culturally Competent Care

1. Overview of Culturally Competent Care discusses the rationale for and benefits of cultural competency, and introduces the Culturally and Linguistically Appropriate Services (CLAS) standards.
2. Cultural Competency Development includes a definition of cultural competency, explains fact-centered and attitude/skill-centered approaches, and describes frameworks for developing cultural competency.
3. Patient-Centered Care and Effective Communication present models for effective physician–patient communication.

Theme 2 – Language Access Services (LAS)

1. Importance of LAS.
2. Models to provide LAS (interpretation and translation).
3. ‘Working Effectively with an Interpreter’ introduces the triadic interview process and provides guidance for working effectively with interpreters.

Theme 3 – Organizational Supports

1. Importance of environment/climate.
2. Assessing your community.
3. Building community partnerships.

Uses

To supplement and enrich the Cultural Competence Curriculum that a local program is able to provide. With a small staff, and few class hours available, this makes efficient use of classroom time.

Activity Objectives

This nine-hour Continuing Medical Education (CME) program has many objectives compatible with the Cultural Competence Curriculum in relation to awareness, attitudes, and knowledge, and helps prepare learners for skill development sessions. It addresses issues with each of the following objectives: 1, 9, 10, 13, 14, 21, 22, 23, 24, 25, 27, 28.

Time Required

Nine hours of computer-based training, three hours of in-class discussion.

Group Size and Structure

Any size group.

Materials

Computer with internet access; handouts of some of the key points of the exercise.

Advantages

Twenty-first century students are very comfortable with online exercises; exercises can be completed any time during the week at the convenience of the learner; makes efficient use of class time. There is no cost for this activity.

Limitations

The online curriculum may not match the specific objectives of the local Cultural Competence Curriculum. Nine hours may be a lot to ask of busy learners.

Process

1. Instructors must complete the nine-hour curriculum and be ready to discuss key points. You may want to print out pages with key concepts that you wish to discuss in class.
2. Assign learners one theme (3 modules) per week. They need to go to the website at www.thinkculturalhealth.org, register, and then they can return to the site at any time.
3. Weekly debriefing: a weekly group discussion time provides the forum for talking together as a group about the web-learning experience and the specific content in the 'theme of the week'. These meetings can serve not only as helpful debriefing sessions, but help to keep learners accountable for finishing each theme in a timely manner.

Resource

Office of Minority Health, US Department of Health and Human Services. *Cultural Competency Curriculum Modules (CCCM)*. Available from: <http://www.thinkculturalhealth.org/>