10N Short Communication: Cultural Competency
Location: MR 121 – Pt

#10N1 (135094)
Evolution of an Indigenous Cultural Immersion Program in an Australian postgraduate Medical Course

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Background: Intolerable gaps remain in delivering culturally appropriate medical care. Indigenous Cultural Immersion Programs (ICIPs) are targeted towards teaching cultural sensitivity in medical curricula. For ICIPs to be successful, they require Indigenous expert input, evidence-based content and clear learning outcomes. Ideally, these are linked to prevailing student backgrounds, knowledge, cultural beliefs and perceptions.

Summary of Work: This student-led project assessed student perceptions and knowledge of Australian Indigenous culture and health during a 2-day ICIP. Anonymous surveys captured data from four first year cohorts (n=130 per year) pre- and post-ICIP. Survey questions were refined during the study to reflect prevailing knowledge gaps and cultural themes.

Summary of Results: Pre-surveys reveal most students have limited background knowledge of Indigenous health and culture prior to ICIP. Furthermore, responses raised significant cultural safety apprehensions, and uncovered some concerning pre-conceived opinions. Post-survey results report students consider the content and delivery as valuable, challenging and at times confronting. However, ICIP participation increased student confidence to provide culturally competent care. Student highlights included engaging with local Indigenous Elders and young adults. Future medical practice strategies were gained via clinical advice from Indigenous and non-Indigenous health professionals practicing in Aboriginal Community Controlled Health Organisations.

Discussion: Students embraced the importance of ICIP, gaining important knowledge, cultural understanding and skills to better address current health gaps experienced by Indigenous Australians. Student driven refinement of ICIPs can enhance learning outcomes and student engagement.

Conclusion: Dedicating resources and time for ICIPs early in the medical curriculum highlights the importance of, and commitment to, culturally appropriate medical care. This sets strong foundations for students to grow from during their pre-clinical and clinical training.

Take Home Messages: ICIPs can be successfully embedded as components of well-rounded Indigenous medical curricula to enhance student cultural knowledge, skills and confidence in providing culturally sensitive care. Capturing student cohort understanding and perceptions enables a more meaningful and targeted ICIP learning experience.

#10N2 (134882) (Postgraduate Travel Award Winner)
The Need Assessment of Cultural Competency among General Physician in West Java Province, Indonesia

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Background: Indonesia is known as diversity cultural country, which consists of more than 100 tribes. The West Java Province has the most population with variety of cultures. The general physician (GP) who serve this province need to understand the diversity of culture of the community including language barrier, belief, value and attitude to be able to provide high quality health service. How these GP understand this competency need to be evaluated.

Summary of Work: This is a qualitative study to assess how general practitioners see the cultural competency and how they can use it for their practice. The subjects were 5 doctors who worked for more than 5 years in primary health care in West Java. Using in-depth interview the data then analyzed to find common themes.

Summary of Results: All subjects were agreed that the understanding of patients’ culture are important and help them to treat them. The cultural competency is one of the primary competencies for general physician. However, all were never educated how to understand this culture. There is a need to evaluate and improve the curriculum of medical doctor to include this aspect.

Discussion: The cultural competency is ability of GP to provide health care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. This requires an understanding of the communities being served as well as the cultural influences on individual health beliefs and behaviors. To master it, it devises strategies to identify and address cultural barriers to accessing primary health care

Conclusion: The 5-6 year medical curriculum implemented in Indonesia has not included the cultural competency. Major emphasizes are in basic and clinical competency which are overburden the students.

Take Home Messages: The new plan to implement new training for Primary Care Physician is expected to elaborate it deeper.
Emotional learning and identity development in medicine: A cross-cultural study comparing Taiwanese and Dutch medical undergraduates

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Background: Emotions are increasingly recognized as having a central role in learning and healthcare. We aimed to broaden current understandings of their role by exploring the interplay between emotional experiences and professional identity formation cross-culturally; in a European and an Asian cultural context.

Summary of Work: We purposively sampled twenty clinical medical students from Taiwan and the Netherlands and asked them to keep an audio dairy, narrating emotional experiences during clerkships using the following prompts: What happened? What did you feel/think/do? How does this interplay with your development as a doctor? Informed by Figured Worlds theory, we analyzed their narratives using a ‘mesolingualistic’ type of critical discourse analysis.

Summary of Results: Students in both countries talked vividly about their emotional experiences, but in different ways. Narratives from Taiwan tended to have richer language and content, reflecting about what it means to be a good doctor. Dutch narratives tended to have a more limited focus, on achievement and competence. The types of autonomy to which students aspired were different. Dutch students tended to have a more limited focus, on achievement and competence. The types of autonomy to which students aspired were different. Dutch students aspired to participate autonomously in ‘hands-on’ practice whilst Taiwanese students found their autonomy more in their reflective narratives.

Discussion: Our findings reveal different cultural constructs of both student and patient autonomy. They suggest that medical educators should consider the affordances of reflective observation versus active participation as characteristics of different cultures.

Conclusion: Depending on culture, students imagine different worlds and different future identities. In some cultures (e.g. Taiwan) professional identity development could be enhanced with use of creativity, e.g. literature, humanities, whereas in other cultures (e.g. the Netherlands), students may express themselves in a less introspective and practical way.

Take Home Messages: Cross-cultural research may help advance the medical education field by broadening our insight into how professional identity formation works and how it is influenced by context.
Building up a multi national multi cultural standardized patient bank: Experiences from the United Arab Emirates

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Background: A standardized patient/ simulated patient (SP) is an individual who is trained to act as a real patient in order to simulate a set of symptoms/problems. Standardized patients have been successfully used in Medical Education, Nursing Education, Evaluation & Research. The standardized patients are extensively used in Medical Education to allow learners to practice and improve their clinical & conversational skills for an actual patient encounter.

Summary of Work: UAE is the home of multinational healthcare professionals as well as medical students. The same applies to the diverse population. Effective training requires encounter with standardized patients from varied nationality and culture. With this view, a pool of 136 standardized patients were recruited and trained from 29 Nationalities who plays a vital role in training communication skills, clinical skills and in hybrid stations.

Summary of Results: Depending upon the context of the scenario, the most appropriate standardized patient who meets the cultural, race, nationality, language criteria is selected. Having such a multicultural, multinational bank of standardized patients, the whole patient encounter becomes as real as possible. The students and healthcare professionals benefit the experience of being with the diverse group of people.

Discussion: As the expatriate community are not permanent residents of UAE, it becomes very essential to keep the standardized patient bank active all the time with regular recruitment and training so that enough standardized patients are available throughout the year.

Conclusion: Though it is difficult to maintain such a varied group of people, the benefit which brings to medical education is of immense significance.

Take Home Messages: A nation with such diversified population needs the healthcare professionals to be efficient in dealing with them. Having a multi cultural and multi national bank of SPs play a vital role.

Ain't nothing like the real thing*: IPE and students learning about indigenous health

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Background: In New Zealand all undergraduate health curricula that lead to professional registration are mandated to have components related to the health needs of Māori, the indigenous people of New Zealand (NZ). The emphasis and time allocated to those components have to be balanced with the competing demands of all other important aspects of the respective preregistration degrees.

Summary of Work: This paper reports on the feedback from a recurrent rotational five week long interprofessional immersion programme for undergraduate students comprising up to seven disciplines, based in a rural NZ community with a high percentage of Māori.

Summary of Results: Focus group data from 12 different cohorts over a three year period highlighted the power of experiential learning especially in relation to understanding the health context for indigenous people and the challenges for health care professionals caring for them.

Discussion: Most commonly the theoretical aspects of Māori culture are addressed in a classroom context and it cannot be assumed that all students are exposed to indigenous populations in clinical practice settings.

Conclusion: Theory in the absence of exposure to indigenous groups is largely ineffective.

Take Home Messages: In the absence of experiential learning how do we ensure that health professional students come to understand the health experiences of indigenous peoples?
#10N7 (133709)
Exploring Swedish Doctors’ Perceptions and Experience regarding Physician-Patient Communication Skill considering inter and cross cultural perspectives

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**Background:** The present study aimed to explore perception and experience of Swedish physicians regarding physician-patient communication from Iranian context as well as encountering with Swedish and foreign patients.

**Summary of Work:** The present study is a nested qualitative mixed-method cross-cultural and inter-cultural study, for this purpose; firstly, a simulated video from physician-patient encounter was produced in Iranian context. Then, 20 units of experience, Swedish physicians, were interviewed following watching video in order to explore their experience.

**Summary of Results:** According to the findings, three themes were emerged as patient-centeredness, doctor-centeredness and cultural diversity. The associated themes with first research question were doctor-centeredness and cultural diversity, while, the related themes to second research question were patient-centeredness, doctor-centeredness and cultural diversity. Themes, categories and sub-categories showed verification in some extents.

**Discussion:** Some themes from two parts of the study were convergent (theme verification). On the other hand, some divergent themes were also identified. It should be also appreciated not only the convergence, but also divergence between Swedish physicians’ perceptions from Middle East and Iranian context (cross-cultural) and their own real live experience (inter-cultural and cross-cultural) of encountering with such patients.

**Conclusion:** As to the findings, the policy of health care organization in Sweden is patient center. Swedish doctors encounter with patient from Iran or other Middle East countries who are new comers; so, for making decision about the treatment plan, doctor should acknowledge the patient beliefs and give her/his some information but consider the preferred approach which is acceptable by patient.

**Take Home Messages:** The policy of health care organization in Sweden is patient center. Swedish doctors encounter with patient from Iran or other Middle East countries who are new comers; so, for making decision about them these data are very important. It is recommended to include cultural competency in medical school curricula.