“Does Cultural Competency Make Us Better at Delivering Patient Care?”
Devyani Chowdhury, MD, FACC, FASE

Does Cultural Competency Make Us in Better Delivering Patient Care

Disclosures
Dr. Chowdhury has provided no disclosures.

Lias Story

POFPS 43rd Annual CME Symposium
August 3-5, 2018
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Cultural Competency

Definition: The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.
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Cultural Competency

Does Cultural Competency Make Us Better Delivering Patient Care?

Cultural Competency

2 units:
1. Team giving Care
2. Team receiving care

Cultural Competency

4 yr. old presents to the office
Accompanied by her mother who is full burkha, does not speak english,
accompanied by a translator
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Audience question 1

Is it important to spend time to understand the culture of this family? Will it impact the care?

Amish family
Baby has dilated cardiomyopathy
No breast milk
Home made goat milk based formula
No immunizations

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Audience question #2

Cultural Competency

Would you discharge this patient from your practice?

Cultural Competency

Report to CYS
Force formula
Force immunization
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Cultural Competency

Health care literacy

They are integrally related, along with preferred language.
Clinician can effectively and respectfully communicate with a patient if they do so in the patient’s preferred language, in a way the patient can understand and act upon and one that takes the patient’s cultural preferences into account.
Otherwise, it is likely that the patient will not follow through with the instructions and/or treatment plan...for several reasons as you may imagine.

Does this create cultural competency?
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“Cultural Competency

When discussing culture I also include information on unconscious bias. I find it provides opportunities for the participants to pause, self-reflect and hopefully the "light bulb" will go off! Especially for individual's that may have a potential comment as the one you shared.

Devyani Chowdhury MD, Director
Lancaster, PA

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“Cultural Competency

An anthropological approach to teach and evaluate cultural competence in medical students – the application of mini-ethnography in medical history taking

Devyani Chowdhury MD, Director
Lancaster, PA

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“Cultural Competency

Cultural competence is a crucial skill that helps health care providers to reduce inequality in health care

Devyani Chowdhury MD, Director
Lancaster, PA

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ACC’s Diversity and Inclusion Strategy:
Working Toward a Diverse and Inclusive Cardiology Workforce and Culture

In comparison to the U.S. population, Adult cardiology is far less diverse...

- ACC 2016 Professional Life Survey suggests that African Americans and Hispanic each represent 3% to 6% of ACC membership
- <30% of medical students and less than 3% of SOM faculty are African American
- In 2015-2016, 5.4% of CV trainees were African American and 6.8% were Hispanic, compared to 5.8% and 7.8% respectively in internal medicine (ACGME)

Trainees By Race/Ethnicity 2015-2016
In comparison to U.S. medicine, adult cardiology is far less diverse...

• In 2015, only 9.8% of FACCs who are U.S. board certified in adult CV are women
• About half of IM residents are women, compared with 21% of adult cardiology fellows. Even so, women are under represented in CV fellowships compared to almost every other specialty in the House of Medicine
• Review of ACC Awards indicates that 31 of 465 have gone to women (6.7%). Of these 10 went to pediatric cardiologists, 2 to statisticians, 1 to lay person, leaving <4% of ACC awards to adult CV women MDs.

12 states have <10 women CV MDs

Distribution of Women Physician Members (ACC) Board Certified in Cardiovascular Disease

1321 domestic female physician members (associate fellows and fellow) who are board certified in a cardiovascular subspecialty

USA 50.4%
Cardiology 5.6%

WY: 0%
12 states have <10 women CV MDs

Cardiology October 2017

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Diversity Plays an Important Role in the Nation’s Health

“The fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.”

Report of the Sullivan Report Commission on Diversity in the Healthcare Workforce:

Louis Sullivan, MD, Chair
Past Secretary of US HHS

Cultural Competency

Health care professionals cannot become culturally competent solely by reading textbooks and listening to lectures. They must be educated in environments that are emblematic of the diverse society they will be called upon to serve.

“Stagnation in minority representation in the physician workforce will have unwelcome consequences for the health of the nation.”

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Cultural Competency
Access for the underserved.
To provide improved access to high-quality health care for persons in our society who remain underserved.
Inadequate access to health care services remains a major problem within minority populations.

Cultural Competency
Broadened research agenda.
United States is plagued by unsolved health problems, many of which disproportionately affect minority populations.

Cultural Competency
Augment the pool of medically trained executives and public policymakers available to assume management roles in the future health care system and to contribute to governmental efforts that address important health care issues.
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Trends in Race/Ethnicity and Gender in Pediatrics
Diversity and Inclusion Task Force June, 2016
Data analysis and summary by
AAP Division of Health Services Research

Trends in Race/Ethnicity of U.S. Children (under 18), Recorded (1980-2014) and Projected (2015-2050)

Source: U.S. Census Bureau (http://www.childstats.gov/americaschildren/tables/pop3.asp)

Trends in Race/Ethnicity of U.S. Children (under 18), Recorded (1980-2014) and Projected (2015-2050)

All Residents in ACGME-Accredited Programs: Race and Ethnicity

Source: Graduate Medical Education, Brotherton & Etzel, JAMA, 2006 through 2015

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Pediatric Residents in ACGME-Accredited Programs:
Race and Ethnicity

International Medical Graduates in Residency Programs

Race/Ethnicity of Pediatricians by Year (Including Residents)

Source: Graduate Medical Education, Brotherton & Etzel, JAMA, 2006 through 2015

Source: Graduate Medical Education, Brotherton & Etzel, JAMA, 2006 through 2015

Source: AAP Periodic Survey 1990-2013
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Conclusions: Race and Ethnicity

- Increase in the racial/ethnic diversity of children
- No change in the racial/ethnic diversity of pediatricians
- Similar to medicine overall
- Major leak in diversity pipeline between start of high school and end of college
- IMGs provide a source of increased diversity

Cultural Competency

Understanding patients’ diverse cultures — their values, traditions, history and institutions — is not simply political correctness. It is integral to eliminating health care disparities and providing high-quality patient care. Culture shapes individuals’ experiences, perceptions, decisions and how they relate to others. It influences the way patients respond to medical services and preventive interventions and impacts the way physicians deliver those services. In a society as culturally diverse as the United States, physicians and others in health care delivery need sensitivity toward diverse patient populations and work to understand culturally influenced health behaviors.

Self test for cultural competency
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Cultural Competency

COMPONENTS OF CULTURALLY COMPETENT CARE

CULTURAL AWARENESS involves self-examination of in-depth exploration of one's cultural and professional background. This component requires an in-depth understanding of one's culture to help guide one's interactions with patients from different cultural backgrounds.

CULTURAL CONSCIOUSNESS includes being aware of one's own biases and assumptions about cultural differences.

CULTURAL SKILLS include the ability to collect relevant cultural data regarding the patient's presenting problem and accurately perform culturally specific assessment. The Giger and Davidhizar model offers a framework for assessing culturally competent practice.

CULTURAL ENCOUNTERS is defined as the process that encourages nurses to directly engage in cross-cultural interactions with patients from culturally diverse backgrounds. Nurses increase cultural competence by directly interacting with patients from different cultural backgrounds. This is an ongoing process; developing cultural competence cannot be mastered.

CULTURAL DESIRE refers to the motivation to become culturally aware and to seek cultural encounters. This component involves the willingness to be open to others, to accept and respect cultural differences and to be willing to learn from others.

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Cultural Competency

Acquiring Cultural Competence

Ask yourself these questions:
• Who are my patients, families, and co-workers?
• How can I learn about them?
• What are my beliefs about this group?

Acquire knowledge of the cultural values, beliefs, and practices of your patients:
• Ask questions
• Listen
• Account for language issues
• Be aware of communication styles

Our ability to reach unity in diversity will be the beauty and the test of our civilization.
— Mahatma Gandhi