

Teaching Humanism and Cultural Humility Through Global Health Immersion Programs



University of California
San Francisco

Child Family Health International
Advancing quality healthcare for all

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Introduction

- There are many qualities essential to becoming a good physician, including humanism, cultural humility &, emotional intelligence. The ACGME core competencies now include an emphasis on professionalism and humanism in medicine.^{1,4}
- Humanism is defined as: empathy; nonjudgmental attitude; commitment to service; and respect for others regardless of age, gender, or belief system.^{2,3,5,6} (Figure 1)
- Cultural humility involves being a reflective practitioner, aware one's own assumptions & biases, and using patient-focused interviewing to correct power imbalances between physicians & patients. It emphasizes collaborating with patients & communities in a mutually beneficial manner.⁷
- Emotional intelligence utilizes skills of self-awareness to manage and adapt one's emotions in order to create positive relationships with others.⁸ (Figure 4)
- Experiential learning emphasizes reflection on one's immediate personal experience.⁹
- Perspective transformation is the process where adults revise internalized psychocultural assumptions and expectations by examining why and how they constrain their world view.¹⁰
- Many studies document that humanistic qualities decline over medical training.¹¹⁻¹³
- Global health electives have been shown to foster humanistic qualities.¹⁴

Godlin & Savagan (2003)	SIGNIFICANT CHANGES IN STUDENT ATTITUDES AFTER GLOBAL HEALTH ELECTIVES
Pre-Clinical Medical Students	<ul style="list-style-type: none"> ↑ in perceived need to understand cultural differences ↑ desire to speak a second language Trend towards significant ↑ in desire to be advocates for whole communities
Clinical Medical Students	<ul style="list-style-type: none"> ↑ in perceived need to understand cultural differences Trend to significant ↑ in working collaboratively with other health professionals ↑ in enthusiasm and restored idealism about being MD

Needs Assessment

A 2007 needs assessment of CFHI's programs revealed:

- Medical students' expectations about their role in host communities during global health rotations were often unrealistic.
- CFHI staff was concerned that students' resulting unprofessional behaviors could burden host communities.

Curriculum

- Drawing from the literature in the introduction, we developed a curriculum that addressed the concerns found in CFHI's needs assessment.
- Our curricular goals were to support students in adapting to program challenges and enhancing self-awareness, flexibility, humanism, and cultural humility using the primary framework of emotional intelligence theory. (Figure 4)

Significance

- This study is one of the first to pilot an intervention focused on teaching humanism and cultural humility in the global health setting.

Pilot Schedule

SITE A: LA PAZ, BOLIVIA **SITE B: OAXACA, MEXICO**
March through June, 2008 May through July, 2008



Curriculum

- WHAT:** Clinical experiences, culture shock, and life with host family are discussed as the catalyst to examine attitudes and explore self-care strategies.
- HOW:** Process-oriented discussions, group contracting,¹⁵ self-reflection exercises,^{16,22} role-plays,¹⁵ and critical incident reports.²
- WHEN:** Weekly meetings lasting 1½ to 2 hours for 4 weeks during pilot months.
- WHERE:** CFHI Program Sites in La Paz, Bolivia and Oaxaca, Mexico.



Figure 1: Defining Humanism within Professionalism Context

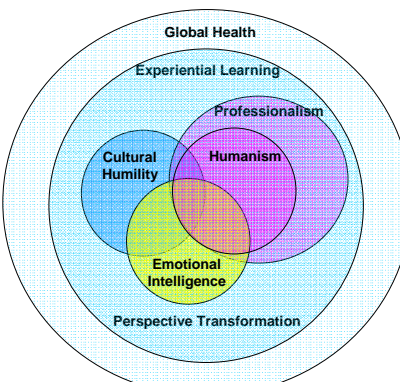


Figure 2: Theoretical Framework of Curriculum

Orientation	Expectations & Values	Weekly Coping Exercises
Week 1	Self-Awareness	Reflective Journaling Meditation
Week 2	Social Awareness, Patient Explanatory Model	Relaxation Exercises Inspirational Readings (Humanities in Medicine)
Week 3	Self-Management	
Week 4	Relationships, Meaningful Program Experiences	Theme of Self Care

Figure 3: Curricular Themes by Week

Figure 4. Emotional Intelligence¹⁵

Self-Awareness: <i>Knowing one's internal states, preferences, assumptions, resources and intuitions</i>	Social Awareness: <i>Awareness of others' feelings, needs and concerns</i>
Emotional self-awareness Accurate self-assessment Self-confidence	Empathy Service Orientation Organizational/ Group Awareness
Self Management: <i>Managing one's internal states, impulses and resources to facilitate reaching goals</i>	Relationship Management: <i>Adaptness at inducing desirable responses in others for a positive outcome</i>
Adaptability Self-Control Conscientiousness Tolerating Uncertainty	Collaboration / Team Capabilities Communication Conflict Management Leadership Influence

Materials & Methods

- Prospective, time-series study design.
- Pre- post testing of students exposed to educational intervention.
- Convenience sampling.
- Subjects: pre-medical & medical trainees enrolled in a 4-week global health immersion program with CFHI.
- N = 20-30 students
- Mixed methodology: Qualitative and quantitative assessment.

Assessment Schedule

Pre-test 2 weeks Prior	Pre-Departure	During Curriculum	Post-test 1 week After	2-month Follow-up
Demographics MSQ ^a HBAS ^b Vignette with short answer	Online Modules with quiz	Journaling Writing exercises	Interview MSQ ^a HBAS ^b Vignette with short answer Program eval	Satisfaction survey Short answer questions

^a Medical Student Questionnaire¹⁶

^b Health Beliefs & Attitudes Survey¹⁷

Sample Student Assessment Questions

Health Beliefs & Attitudes Survey	Interview Questions
1. I personally should not practice in their country. What are the reasons for this opinion?	1. How has this program experience been for you? What has gone well? What has been challenging?
2. Understanding patients' opinions about their illness helps physicians reach the correct diagnosis. Do you agree?	2. Did this program experience help you better understand disease treatment?
3. Physicians can learn from their patients' perspectives on their illnesses or problems.	3. During the program, have you identified any "high level" or "low level" clinical experiences with others that you were not previously aware of? If so, what?
4. Take it the medical curriculum learned to help professional of students and residents and help being it into their work.	4. Were the weekly sessions helpful to you in any way? If not why?
5. Providing trainees with stress management skills is important to providing them with the best care.	5. What clinical experiences were most helpful from the weekly discussion meetings?
	6. Did this experience affect your professional attitude in a meaningful way? If so, how?

Results & Discussion

- Analysis will compare changes in outcomes across time in the following categories:
 - Student results: Changes in attitudes (pre-, retrospective pre- & post-assessments) & skills (based on self-assessment)
 - Facilitator results: Motivators for involvement, impact on professional development
 - Sustainability & program evaluation results
- Based on feedback from the first pilot month (March 2008 in La Paz, Bolivia) possible revisions to curriculum may include:
 - Case-based discussions focused on sociocultural factors and self-management strategies for interacting with patients & colleagues
 - Shortening sessions to last no more than 1 ½ hours each
 - Increasing time for discussion exercises and decreasing time spent on worksheet-based exercises

Please see handout for references cited

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