

Cultural Competence for RDs



2014



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Section 3: What is cultural competence?

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Summary





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Introduction

Cultural competence is within the College's public protection mandate to ensure that RDs are qualified to deliver safe, client-centred dietetic services.



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Dietitians are faced with increasingly more cultural diversity in their practice.





Competencies for Cultural Competence

- Professionalism
- Communication & Collaboration
- Nutrition Care
- Population & Public Health
- Management





Section 1

What is Culture?



If the World Were 100 People

YouTube: <https://www.youtube.com/watch?v=r6eTr4ldDYg>

(2010)





What does culture mean to you?



customary beliefs social forms
material traits of a racial
religious social group features of
everyday existence way of life
shared by people place or time
shared attitudes values goals
practices characterizes an
institution organization

Culture is:

- Learned
- Trained
- Automatic
- Dynamic
- Shared
- Symbolic
- Integrated



Iceberg Concept of Culture



9/10 of culture is out of conscious awareness





Festivals Clothing Music
Food Literature Language Rituals

Beliefs Values Unconscious Rules Assumptions Definition of Sin
Patterns of Superior-Subordinate Relations Ethics Leadership
Conceptions of Justice Ordering of Time Nature of Friendship Fairness
Competition vs. Co-operation Notions of Family Decision-Making
Space Ways of Handling Emotion Money Group vs. Individual



*“You think you are
acting normal when
you are in your culture”*

Edward T. Hall





It is unrealistic to expect to have in-depth knowledge of all cultures.

It is possible to obtain a broad understanding of how culture can affect beliefs and behaviours.



Section 2

Equality vs Equity





Equality

Treat the same



Equity

Customize
for equal outcomes



EQUITY

recognizes, respects and embraces differences



There is no one type of client and no
single way of treating everyone

The College exists to protect every person in Ontario





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Section 3

What is Cultural Competence?




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Culturally Competent Services

The **integration** and **transformation** of knowledge about individuals and groups of people into specific standards, skills and **approaches** that **match** culture and increase the **quality** and **appropriateness** of the services provided.

(Hogg Foundation of Mental Health, 2001)





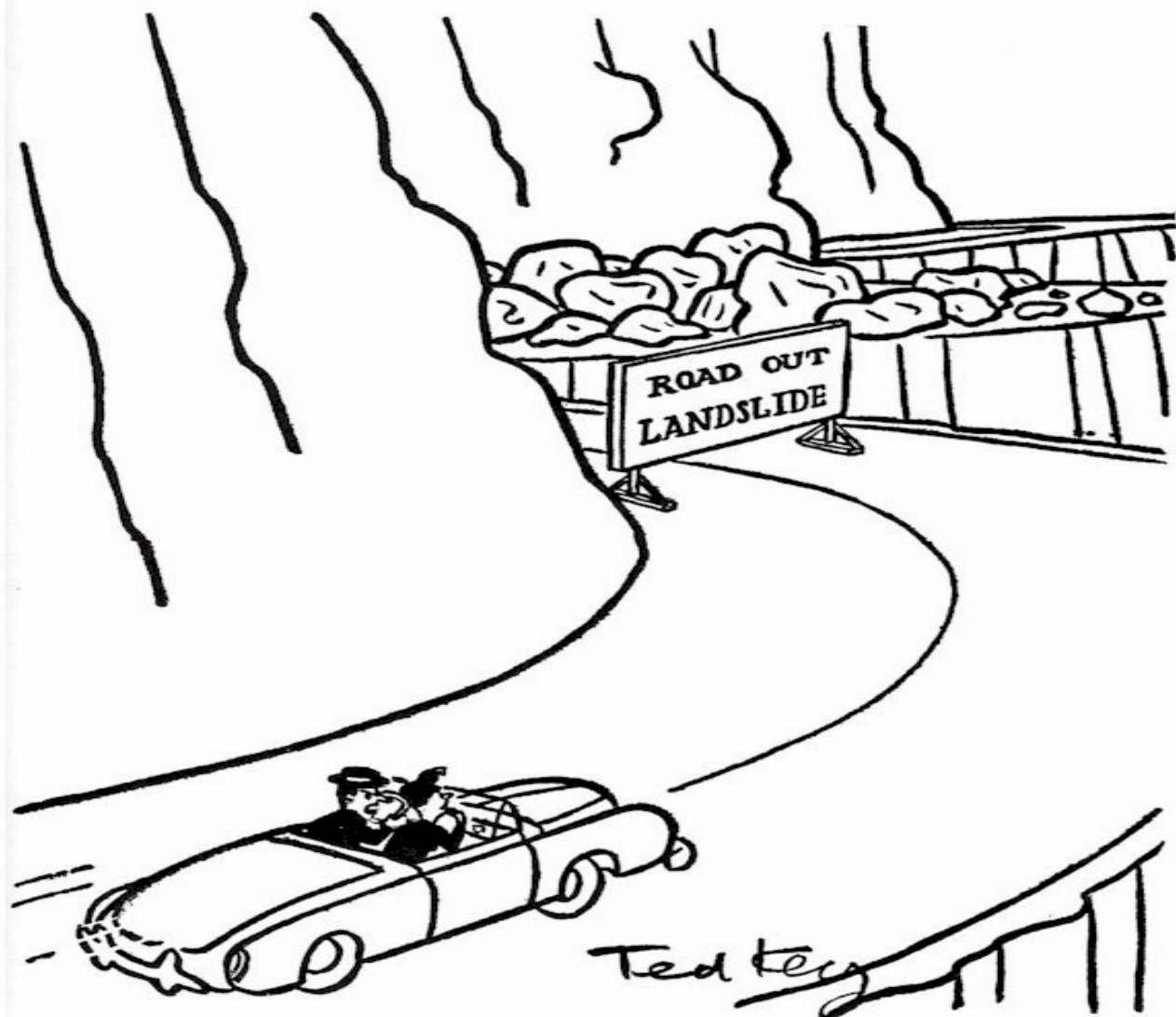
**Attitudes, knowledge,
skills, behaviours and
policies to better meet the
needs of all the people
we serve as RDs**

Adapting your attitudes,
behaviours, knowledge and
skills to changing needs.

Avoiding standardized
“cookbook” responses.

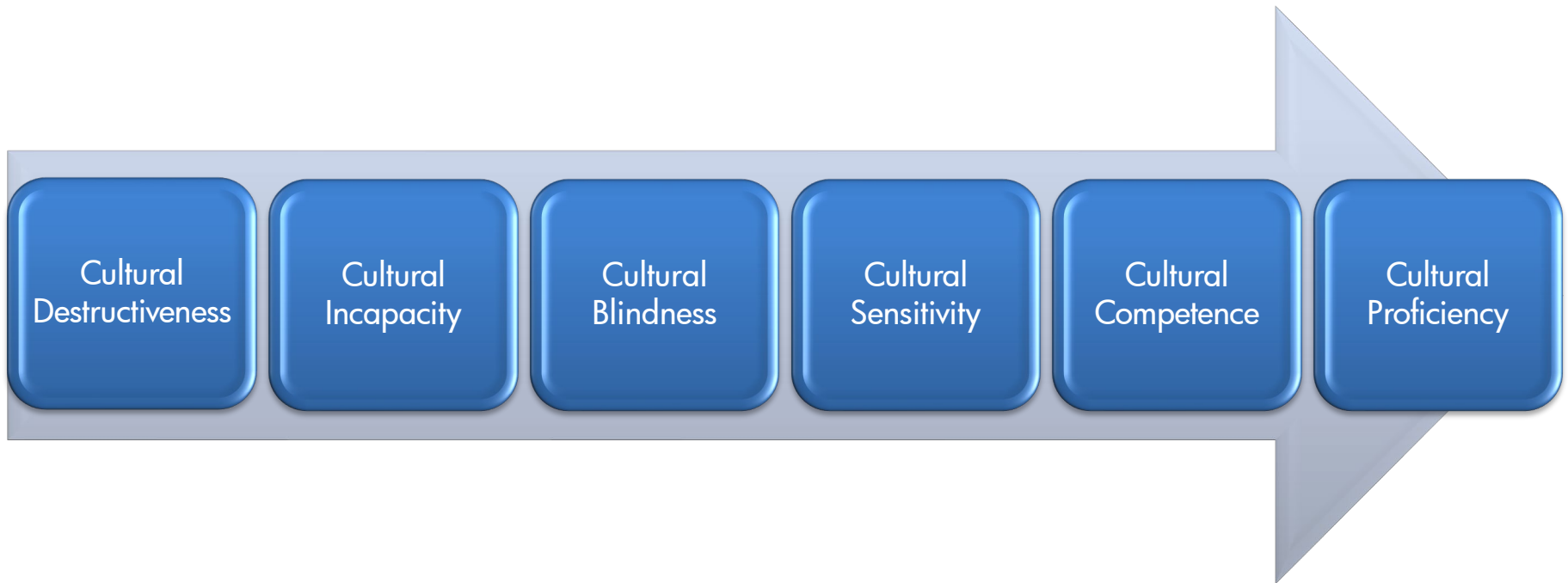


WE LIVE IN A CHANGING WORLD



"Relax! I know this road perfectly!
I've been driving it all my life!"

Cultural Competence Continuum



(Srivastava, 2007)



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Section 4

How we become culturally competent

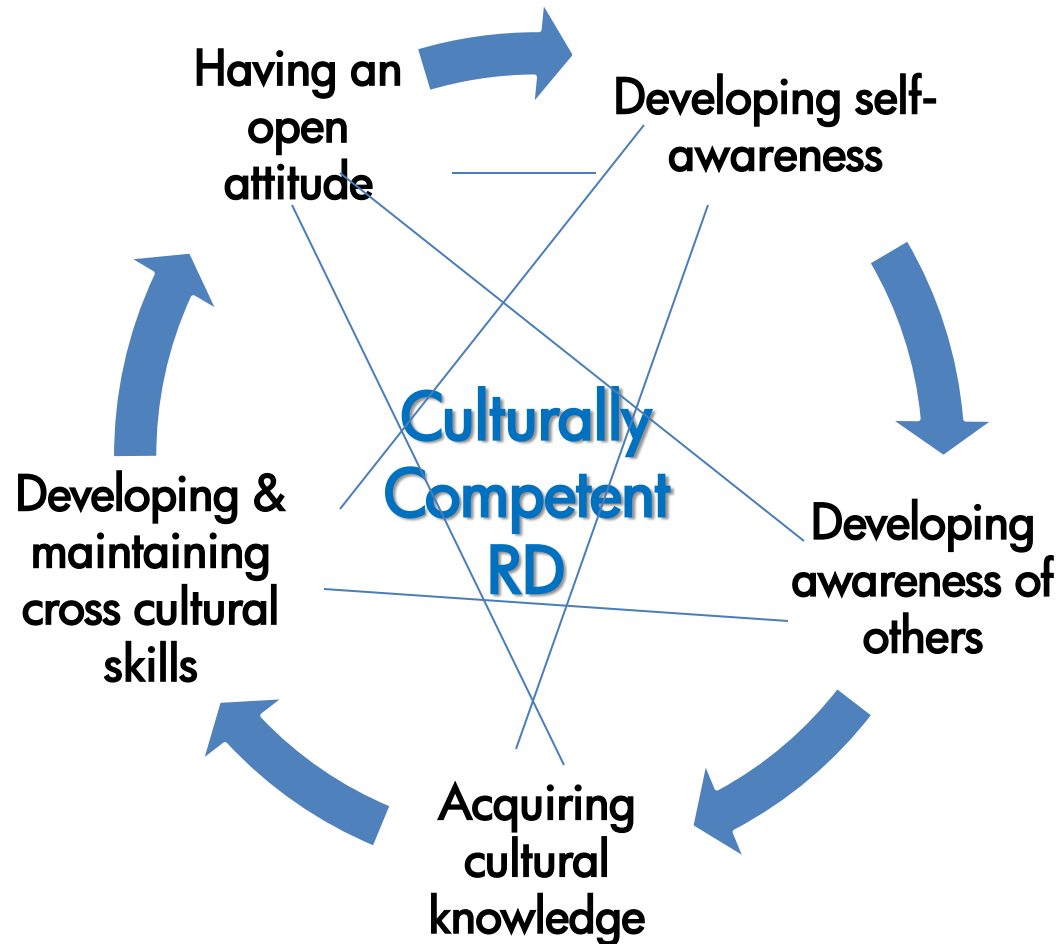


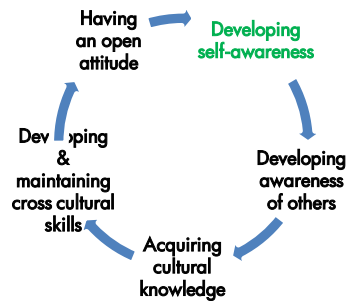
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A circular arrangement of approximately ten hands of various skin tones (light, medium, and dark brown) reaching towards the center, symbolizing unity and diversity. The hands are positioned around the central text, with fingers slightly curled as if about to clasp or support the center.

Cultural competence
evolves over time.

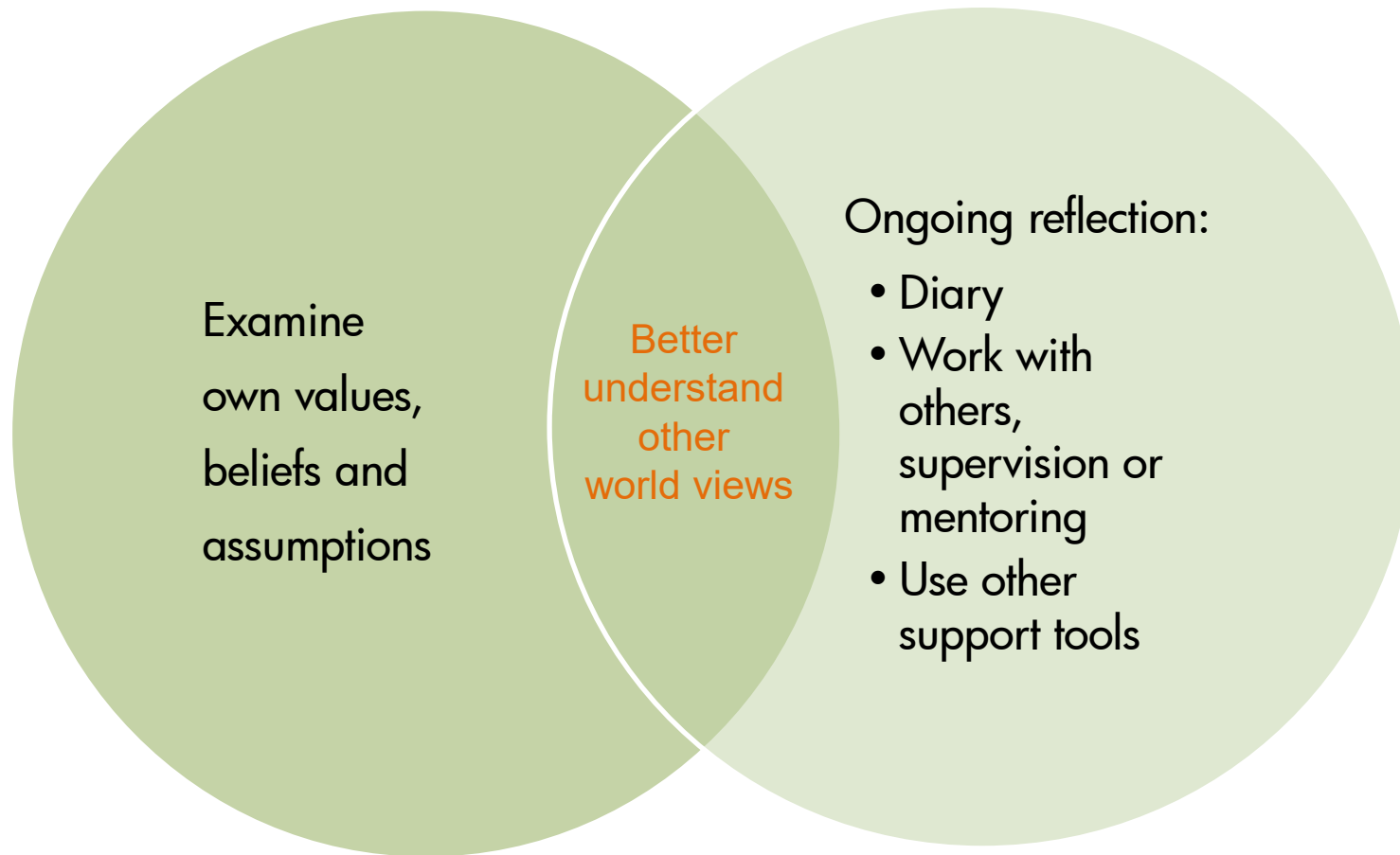
Cycle of Becoming Culturally Competent



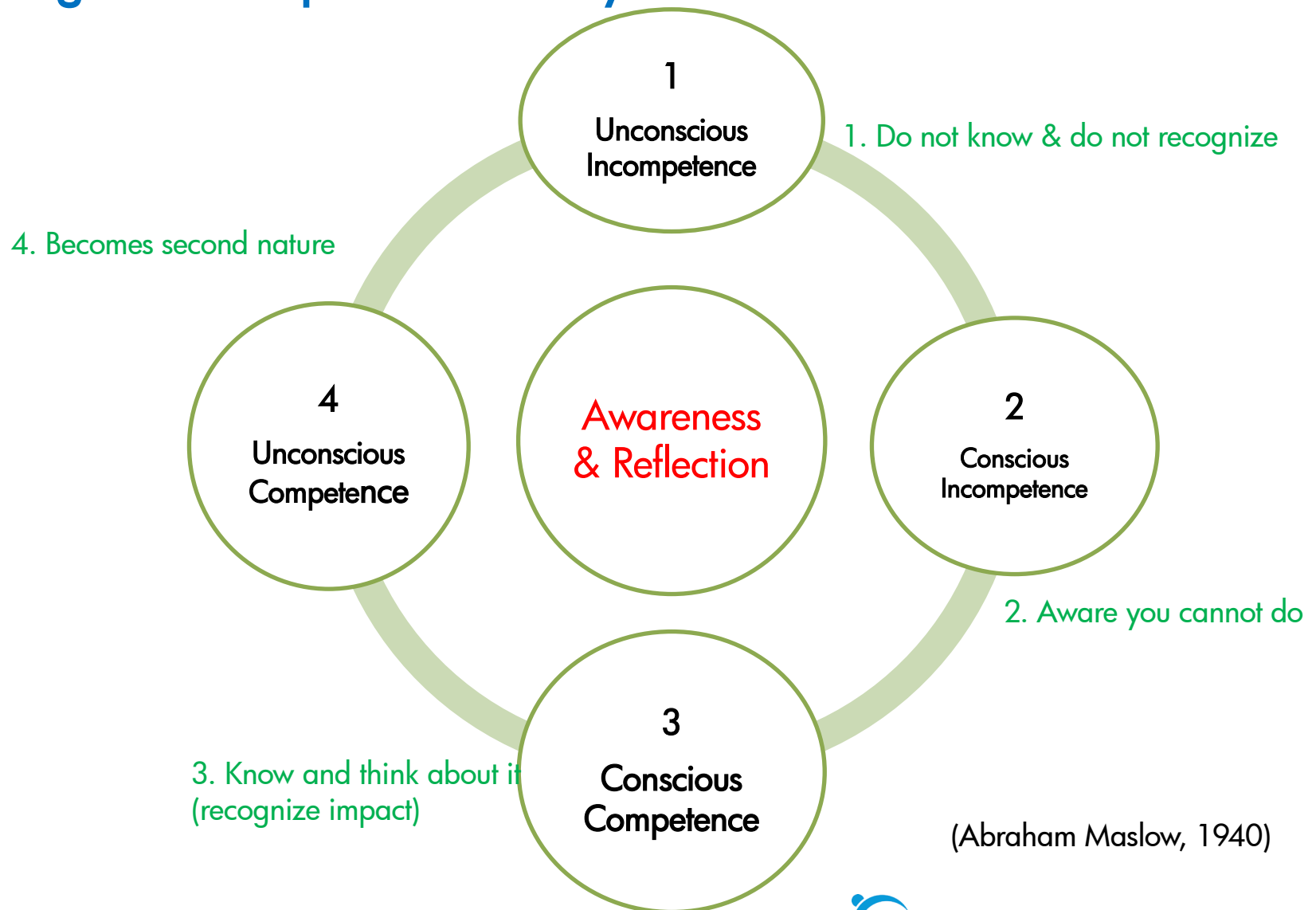


Developing Self-Awareness

Making internal changes to attitudes and values.



Stages of Competence Theory



(Abraham Maslow, 1940)



An RD goes on a home visit, returns to the office and refers to client's food choices as "garbage" to one of her colleagues.

Which stage of cultural competence is the RD in?

1. **Unconscious Incompetence:** RD does not know how to practice cultural awareness, how to examine assumptions. Gap not recognized
2. **Conscious Incompetence** RD does not yet know how to apply cultural competence awareness, but there is recognition of this gap.
3. **Conscious Competence:** RD knows how to be culturally competent and how it impacts client centred services.
4. **Unconscious Competence:** RD find cultural awareness practice to be second nature, performed nearly without thought or conscious effort.





Developing Awareness of Others

Refers to identifying the barriers to developing a relationship of trust and creating an environment that reflects and respects the diverse communities we serve.





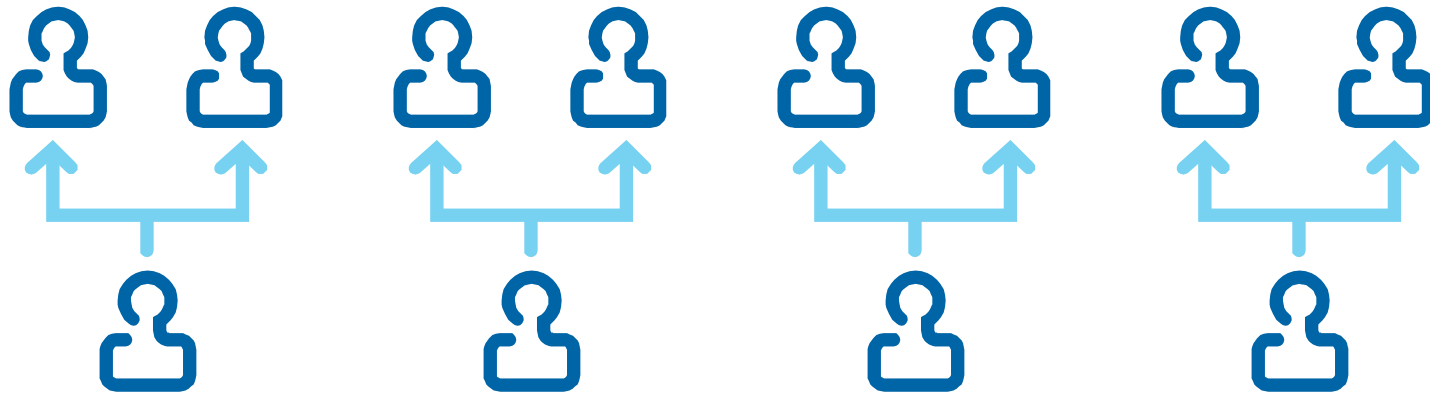
Conditions that exclude people:

- Stereotypes - label
- Prejudice –narrow-mindedness, unfairness
- Discrimination –bias, favoritism, inequity
- Racism –racial discrimination, intolerance
- Ageism – unfair treatment of older people
- Classism- unfair treatment because of social or economic class
- Elitism - snobbery



Assumptions

Everyone who looks & sounds the same...IS the same



Being aware of cultural commonalities is useful as a starting point...

BUT

Drawing distinctions can lead to **stereotyping**

(Garcia Coll et al., 1995; Greenfield, 1994; Harkness, 1992; Ogbu, 1994)



A bus driver was heading down a street in Toronto. He went right past a stop sign without stopping, he turned left where there was a “no left turn” sign and he went the wrong way on a one-way street.

Then he went on the left side of the road past a police car.

Still – he didn’t break any traffic laws. Why not?



Making assumptions and assigning meaning

	What assumptions am I making?	How does this influence our actions?	What it may mean to them (others)?
Not making eye contact			
Often saying “yes”			
Arriving late for an appointment, class or work			
Needing to consult family			

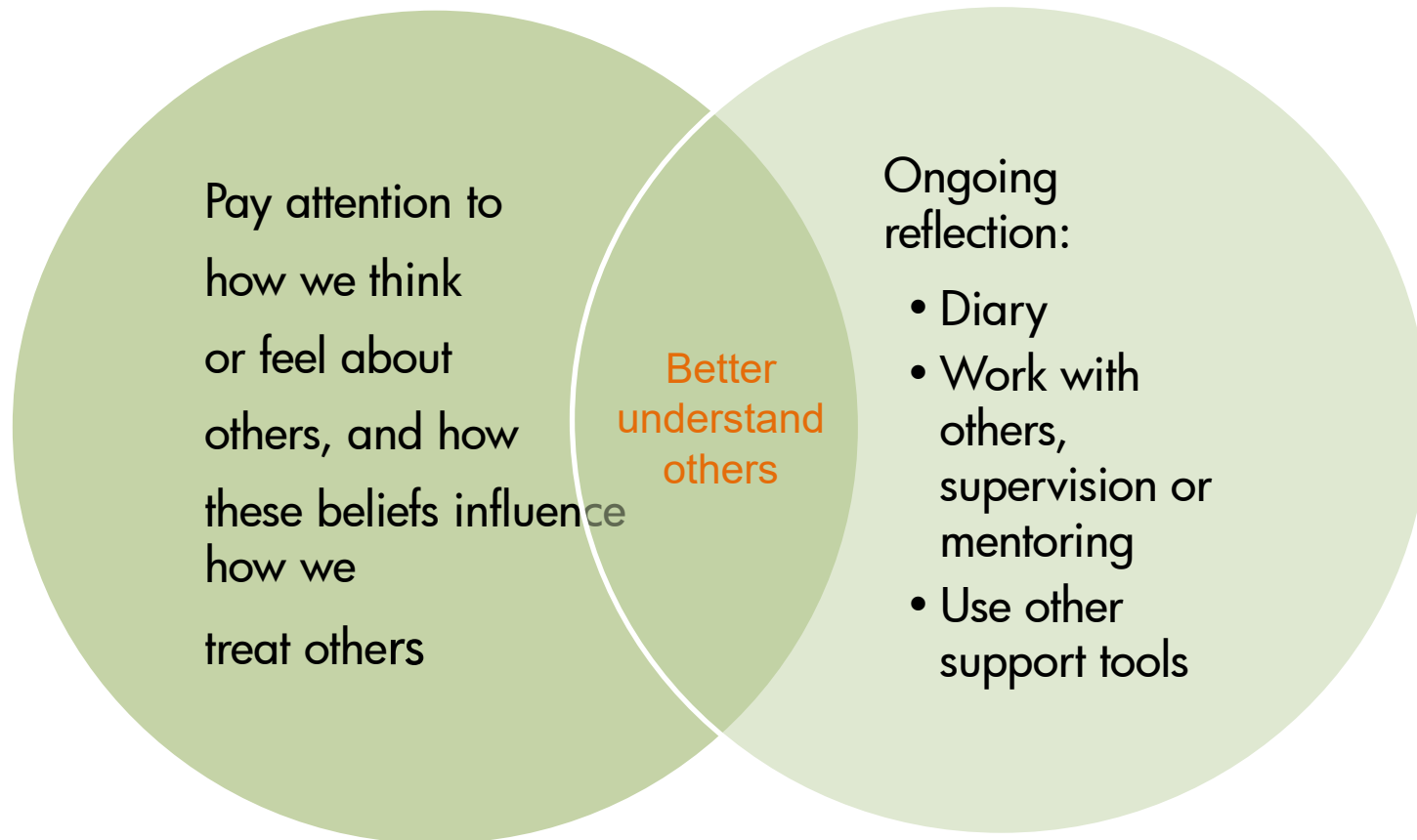


	What assumptions?	How does it influence our actions?	What it may mean to others?
Not making eye contact	Rudeness, lack of interest, shyness, sign of respect /disrespect.		
Often saying “yes”	Agreement, understanding or lack of understanding, desire to expedite session.		
Arriving late for an appointment, class or work	Lack of commitment, mode of transportation, unforeseeable circumstances, ordering of time.		
Needing to consult family	Uncertainty, client not decision-maker, deferring to family for support/help, unwilling to make decision		

Paying attention to how we think or
feel and how our beliefs
influence our actions towards them

**E
XAM
INE YOUR
ASSUMPTIONS!**





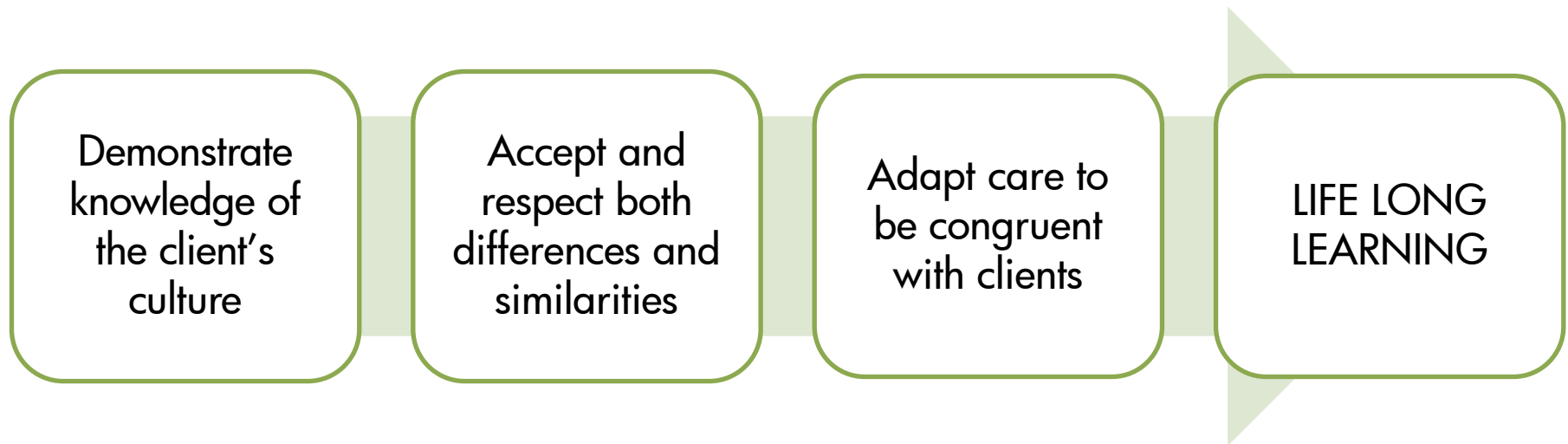


Acquiring Cultural Knowledge

Familiarization with selected cultural characteristics, history, values, belief systems, and behaviours of the members who may be different from us



Acquiring cultural competence is a process.





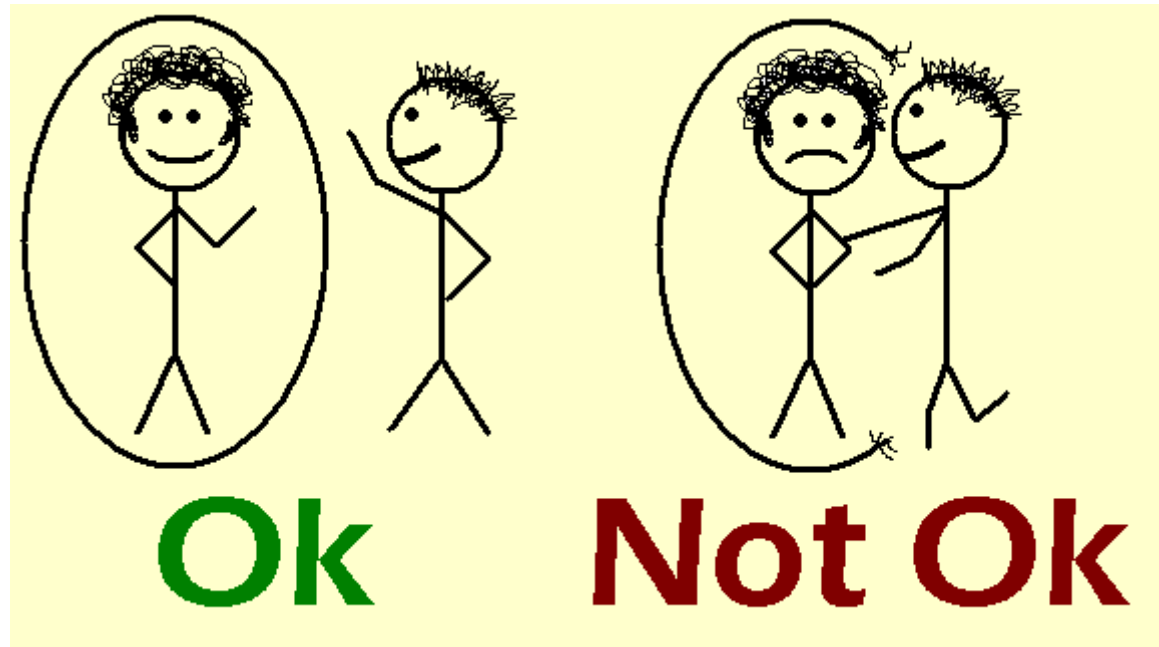
Developing & Maintaining Cross-Cultural Skills

- A. Cross-Cultural Communications
- B. Technology
- C. Health Literacy

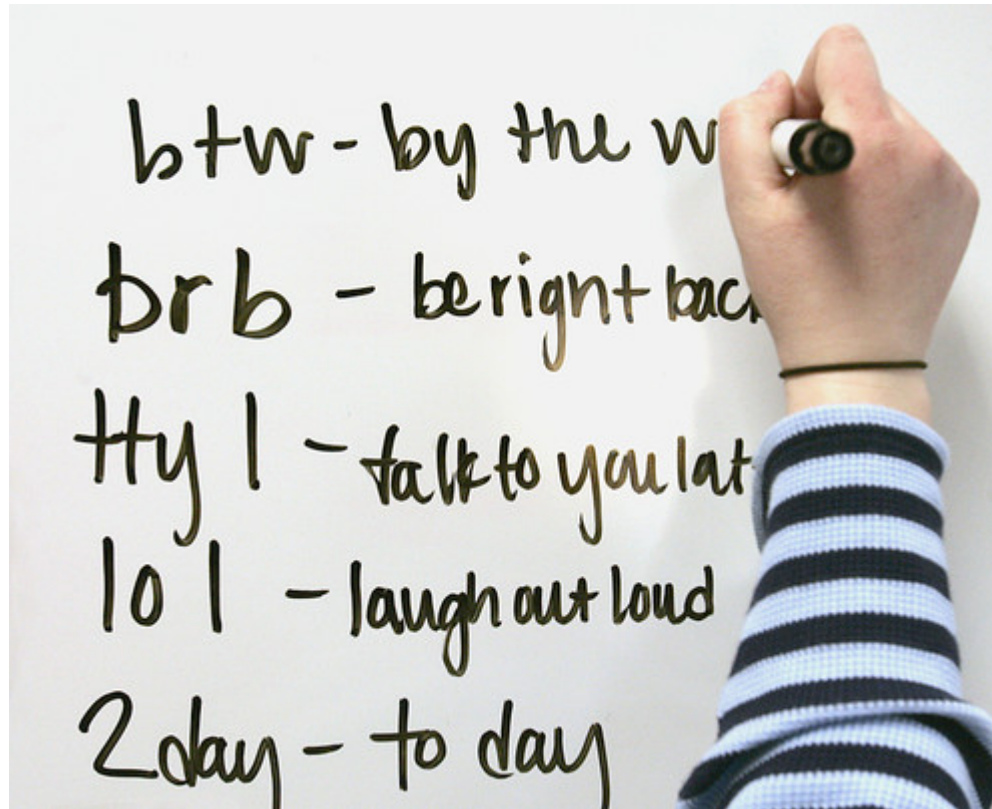


A. CROSS-CULTURAL COMMUNICATION

personal space – body language & gestures – sense of humour



language - acronyms - abbreviations



tone of voice - silence

**DON'T YOU
TYPE AT
ME IN THAT
TONE OF
VOICE.**



B. Technology → Barrier or Solution?

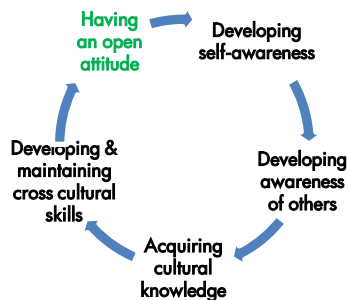




C. Health Literacy

Effective cross-cultural communications to support the health literacy of clients.





Developing an Open Attitude Towards Culturally Competent Services

Thinking about professional, regulatory,
organizational obligations and how we
approach our work.



Developing an Open Attitude Towards Culturally Competent Services

Reduces
disparities in
health services

Addresses
inequitable access
to primary health
care

Impacts health
status of culturally
diverse
communities

Responds to
changing
demographics &
increasingly diverse
populations





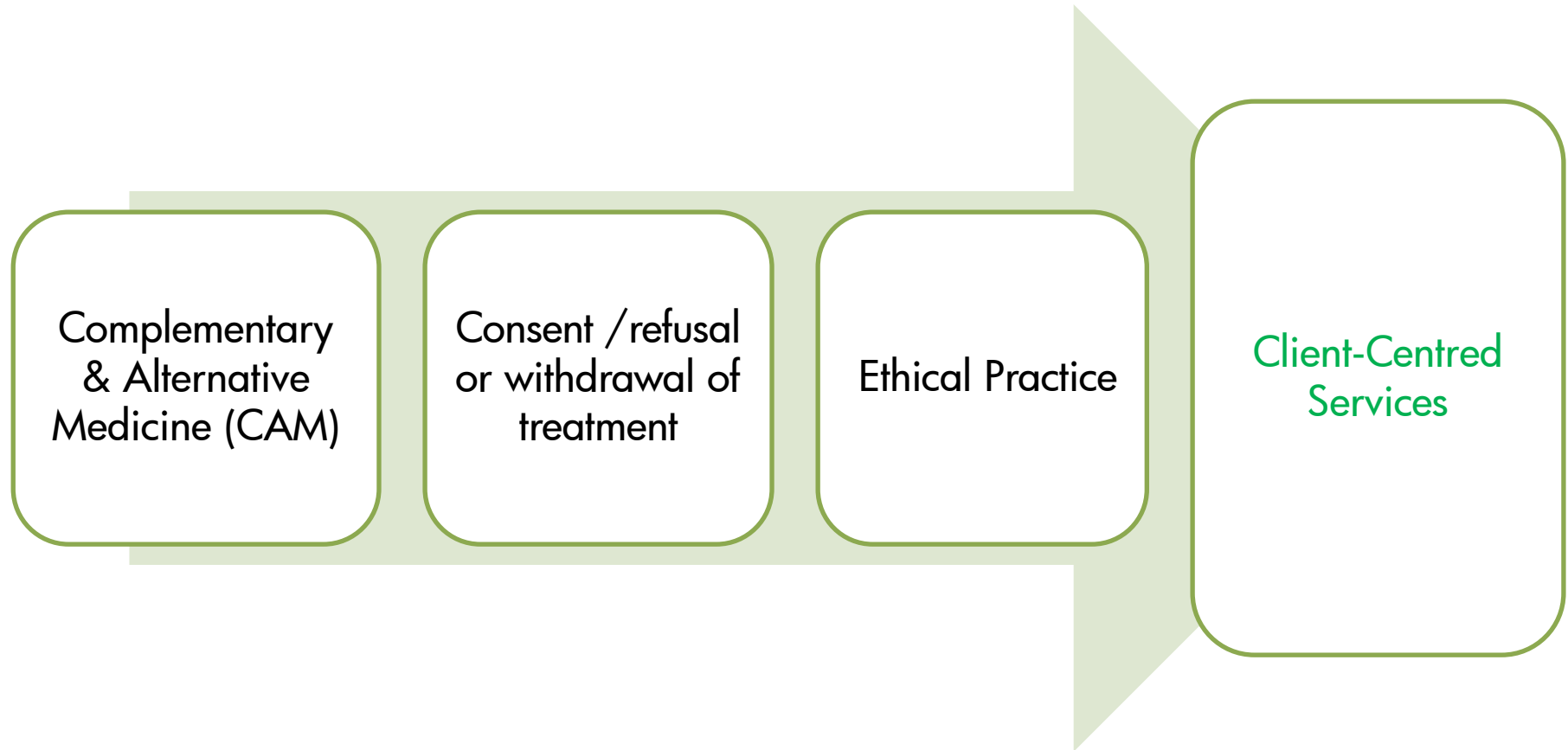
There is no single right approach to all cultures or all individuals.

The focus of care is always on individual client needs.





Cultural competence forms the foundation of:





Developing an Open Attitude Towards Culturally Competent Services

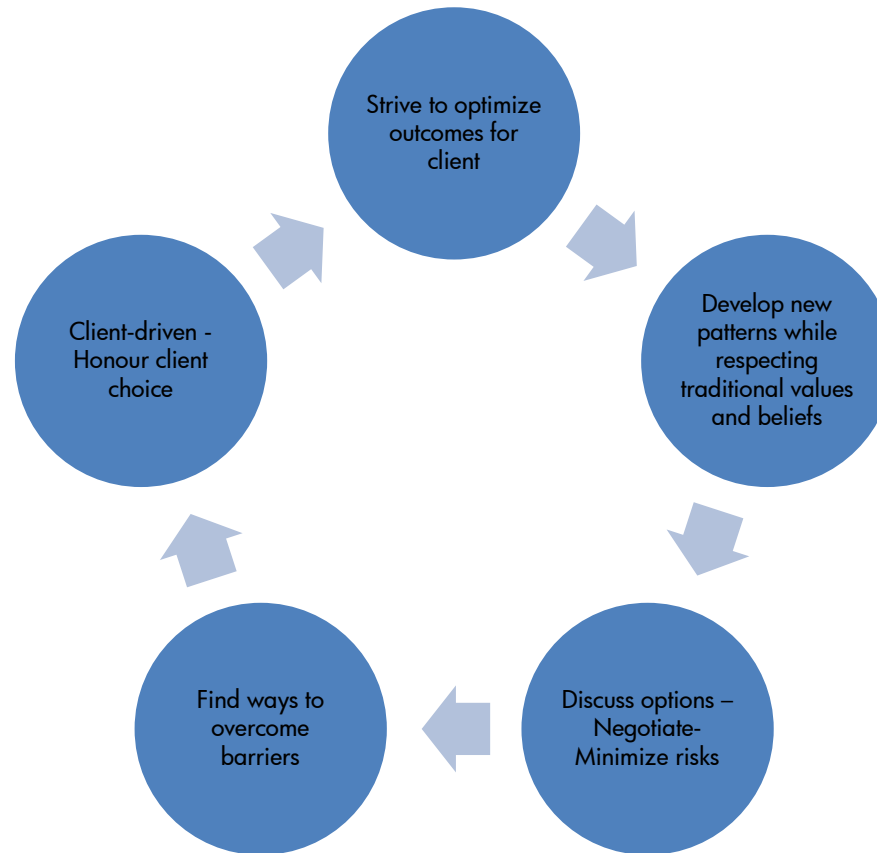


Consider the wishes of clients and their families when it comes to non-traditional or CAM approaches to nutrition options.



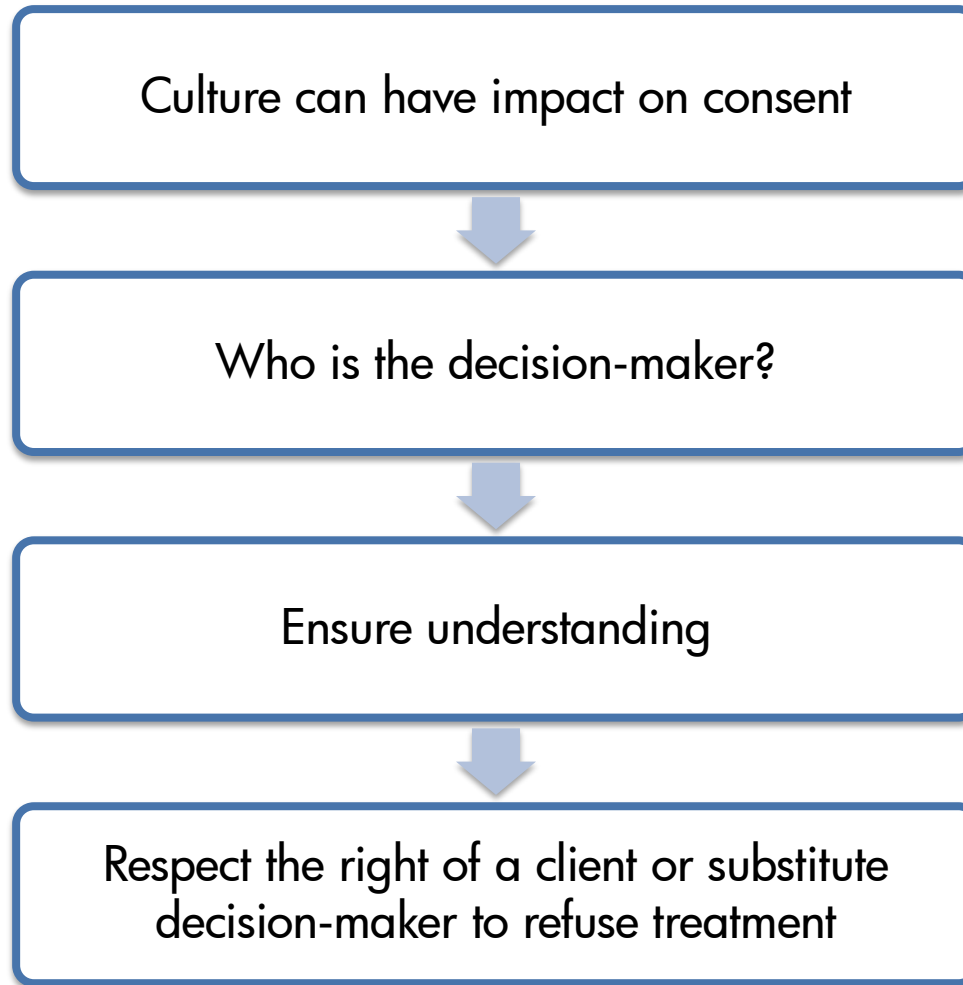


Culture Care Accommodation and Re-Patterning





Informed Consent





INFORMED CONSENT

Effective cross-cultural
communication is
essential

True informed consent





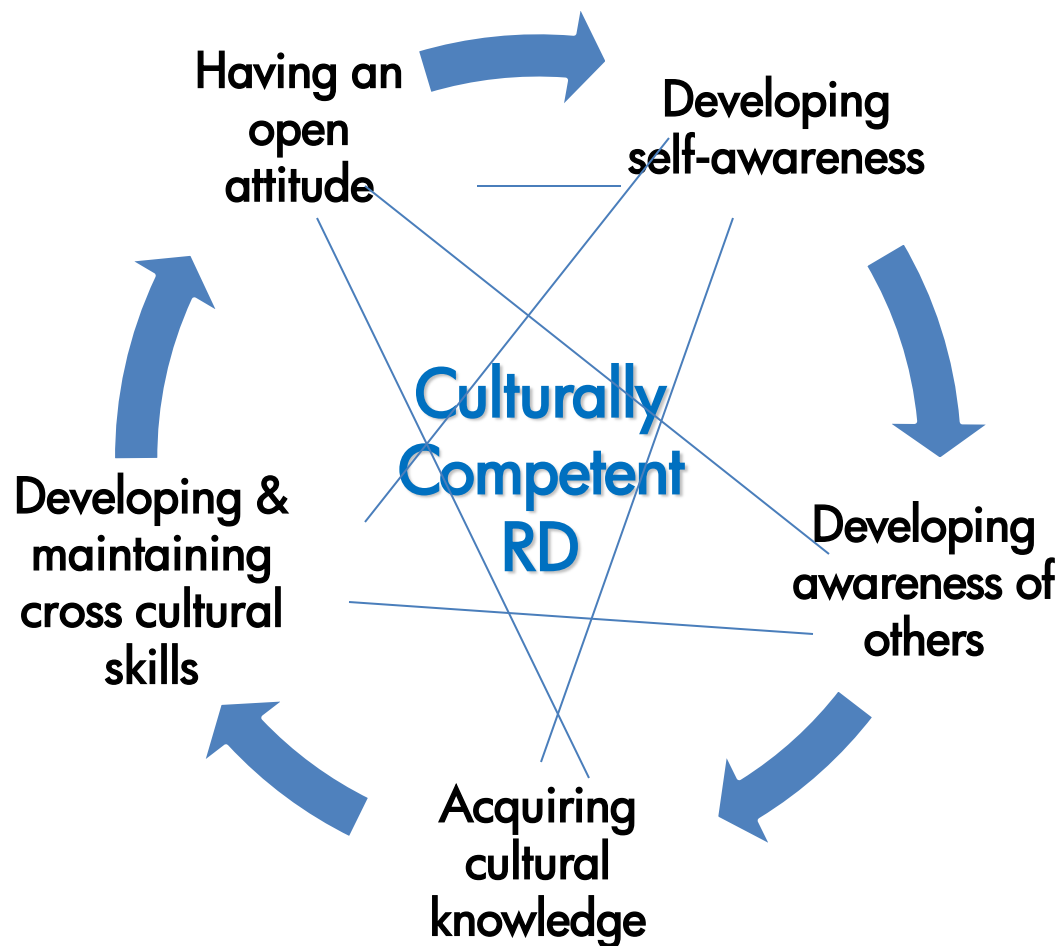
Boundaries



Find the Balance



Cycle of Becoming Culturally Competent





Section 5

Professional Obligations for RDs

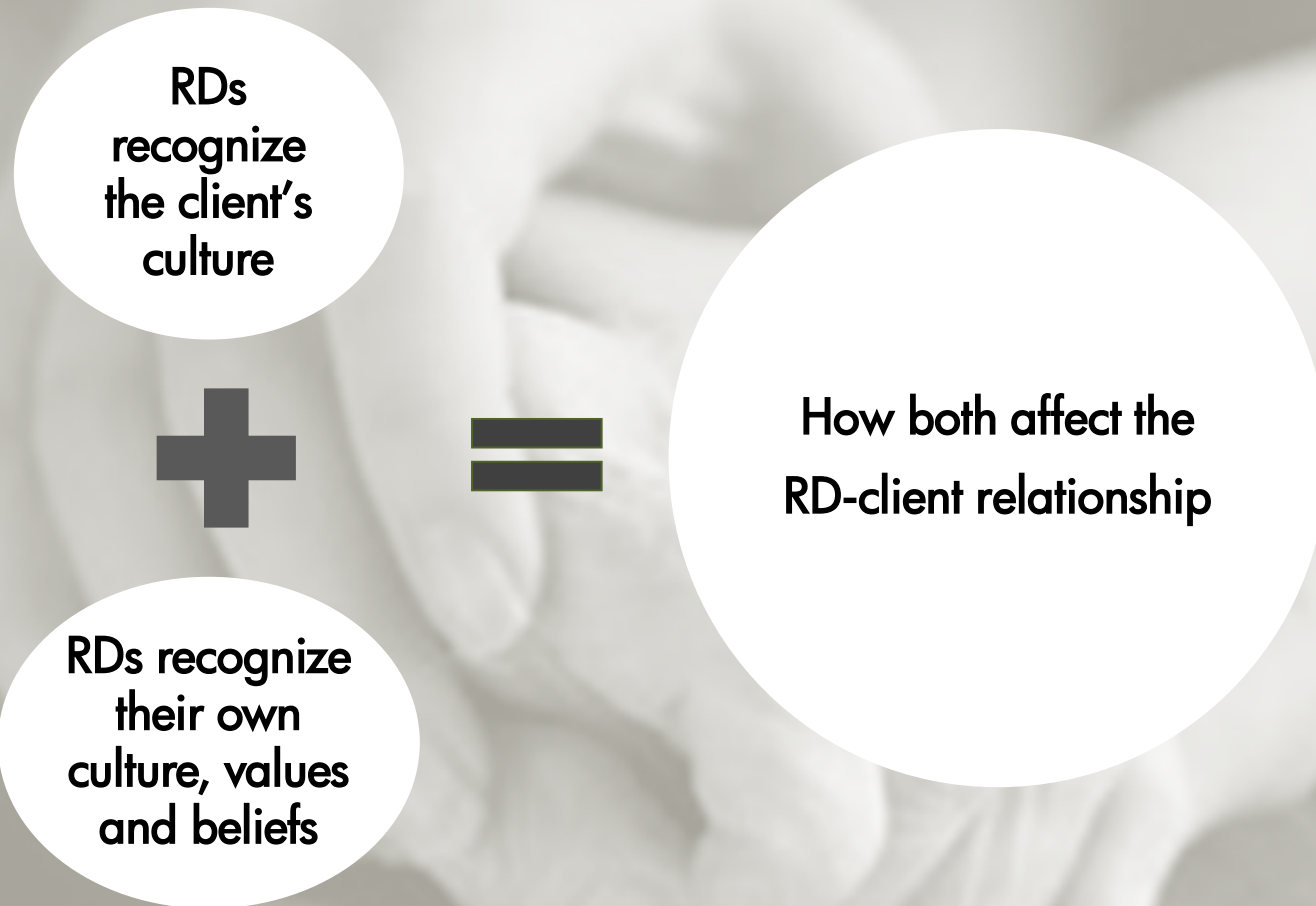


Cultural competence in health care
is linked to client safety.





Client-Centred Services



You are Culturally Competent When You...

1. Examine own values, beliefs and assumptions.
2. Recognize conditions that exclude people such as stereotypes, prejudice, discrimination and racism.
3. Are non-judgmental: reframe thinking to better understand other world views.
4. Become familiar with core cultural elements of diverse communities.
5. Learn from and engage clients and families to share how they define, name and understand health, illness and nutrition treatment.

Continued...



You are Culturally Competent When You...

6. Develop a relationship of trust by interacting with openness.
7. Create a welcoming environment that reflects and respects the diverse communities you work with.
8. Make efforts to accommodate cultural preferences that does not compromise client safety.
9. Advocate for client-centred care.
10. Engage in ongoing reflective practice and learning.

(Adapted from: Nova Scotia Department of Health, 2005 & CNO, 2009)





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Summary

“The integration and transformation of knowledge about individuals and groups of people into specific clinical standards, skills and approaches that match an individual patient’s culture and increase the quality and appropriateness of the care provided”

(Hogg Foundation of Mental Health, 2001)



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There is no single right approach to all cultures or all individuals with a similar cultural background.

The focus is always on the client's needs.



Resources

- Hospital for Sick Children:
<http://www.sickkids.ca/culturalcompetence/index.html>
- Diversity Rx: <http://www.diversityrx.org/>
- Ontario Regulators Action Consortium (ORAC):
<http://regulatorsforaccess.ca/docs/ManagingCulturalDifferencesEnglish.pdf>
- Language Line (telephone translation services):
<https://www.language.com/>
- Refugee Health Information Network: <http://rhin.org/>
- Ethnomed: Integrating Cultural Information into Clinical Practice:
<http://ethnomed.org/>
- American Speech-Language-Hearing Association. (2010). Cultural Competence Checklist: Personal Reflection:
<http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf>



THE SPIRIT CATCHES YOU
AND YOU FALL DOWN



A HMONG CHILD,
HER AMERICAN DOCTORS,
AND THE COLLISION OF
TWO CULTURES

ANNE FADIMAN

"A PROFOUNDLY MEMORABLE BOOK."
—MICHAEL D. GILBERT, THE NEW YORK TIMES

The Spirit Catches You and You Fall Down

(Fadiman, 1997)



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