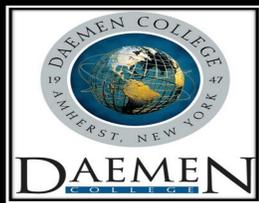


Methods For Teaching Cultural Competence to Physical Therapy Students

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RESEARCH QUESTION

Are lectures, videos, case studies, standardized patient experience, and ethnographic literatures effective means of teaching cultural competence to physical therapy students?

BACKGROUND

Cultural competence is defined as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations” (APTA). Cultural competence is a necessary component to achieve the most successful outcomes in healthcare, specifically regarding therapy. At best, cultural competence promotes evolving relationships, treatment adherence, and mutual respect between everyone. Research has been conducted to assess efficacious methods of teaching cultural competence to DPT students. However, there is little evidence for the most efficacious teaching methods to deliver content or for the educational impact it has on student professional development.



ANALYSIS

1. Panzarella found 12 hrs of in class activities and 5 hrs of case studies lead to an 85% success rate on the ISPE over the past 5 years.
2. Pitzel et al found that all three teaching strategies were efficacious in delivering cultural content to DPT students with no significant differences between results.
3. Palombararo et al found that a variety of didactic classroom activities that concentrate on cultural competency increased IAPCC-SV scores over a three year period.
4. Jackson found that a combination of methods including article reviews, journal reflections, patient interviews, and staff in-services were effective methods of teaching cultural competence.

Authors/Purpose	Subjects	Methods	Results
Panzarella, K. Purpose: to examine the effectiveness of cultural competence teaching strategies, in a 2nd year DPT class through the ISPE.	Students attending University at Buffalo in the spring semester of their second year in the DPT program.(over 5 years) The students have completed two 8-week clinical rotations prior to this course.	-Cultural competence course consists of 12 hrs of class activities with an additional 5 hrs of case studies -Students gain skill in assessment of pts from cultures using the Kleinman’s eight question model. -ISPE used to measure student competence. -One opportunity to retake.	-In a five-year period, only 15% of students failed the ISPE on the first attempt. Every student except one passed on the second attempt.
Paparella-Pitzel, S. Eubanks, R. Kaplan, S. Purpose: to compare teaching strategies for cultural competence and humility in physical therapy.	35 DPT students 25 women and 10 men; 27 born in the United States, 5 from other countries of origin, and 3 missing responses 24 Caucasian 4 Black 3 Asian 3 Hispanic 1 Other	-Students were provided with 3 teaching strategies -All students received a standard 2-hour lecture -one control group -12 students volunteered for enrichment education, 6 received standardized patients and 6 received case studies -pretest at wk 1, posttest at wk 8, and posttest at wk 16 with IAPCC-R.	-Students shifted from initial levels of “culturally incompetent” and/or “culturally aware” to “culturally competent” as measured by the IAPCC-R. This shift was maintained after 1.5 yrs following the exposure. The enriched educational groups were underpowered, preliminary quantitative data are inconclusive, but qualitative feedback from students is strongly positive.
Black, J., Palombaro, K Dole, R. Purpose: to determine if didactic presentations and activities incorporated in a physical therapy program enhance cultural competency.	79 students participating in a physical therapy program, 39 members of the graduating class of 2011 and 40 students from the graduating class of 2012. 2011: average age of 26.48, 25 females and 14 males. 2012: average age of 24.97, 27 females and 13 males.	-a three year curriculum. -Students’ cultural competency was assessed through the use of the IAPCC-SV before the curriculum and 2.5 years after completing the PT program. -Mandatory activities included: cultural self-assessment, case studies, lecture and discussions, videos, readings from “The Spirit Catches You and You Fall Down”, and community health practicums. -Voluntary activities included: Pro Bono clinic service	-For both the 2011 and 2012 physical therapy classes, there was a significant increase in the IAPCC-SV scores after completing 2.5 years of schooling. -“The results of this study demonstrate that an integrated curriculum that includes experiential learning and exposure to a variety of cross-cultural encounters throughout a physical therapy curriculum can significantly increase self-ratings of cultural competence in graduate students.”
Jackson, V Purpose: to assess the student perception of cultural competence and determine what methods of teaching are best as promoting cultural competence understanding.	Eighteen physical therapy students (22-27 years old, 6 males and 12 females) who have completed full-time clinical internships in the Southeast U.S. over the course of 3 years.	- review assigned articles related to cultural issues -write journal entry reflections -conduct patient interviews during the examination process -provide staff in-services on cultural competence.	-All students completed the cultural competence questionnaire and phone interview. -From the questionnaire, 100% of the students reported that cultural competence training is a necessary component of physical therapy education, and the combination of methods used was a useful and effective way of learning culturally competent care.

CONCLUSIONS

The results of these articles indicated that incorporating cultural enhancing activities such as case studies, literature, standardized patient, etc. increased cultural competence in physical therapy students. Through the analysis of the current literature, we believe that more research needs to be conducted on teaching strategies for cultural competence to determine whether certain strategies are more effective than others in delivering the content. More studies should be conducted comparing different teaching strategies and measuring the effectiveness on the same examination or scale. Another limitation is students may not be motivated to take comprehensive exams, but are culturally competent; therefore, skewing the results.



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