Evidence Review

Cultural Competency Training

Key messages

- The aim of cultural competency training in healthcare is to improve staff's knowledge, understanding and communication skills around patients from different cultures. It is generally used to describe ethnic minority groups but can also include religious diversity and LGBTQIA people.

- There is no standard definition of what 'cultures' should be included in cultural competency training and the literature suggests this is often affected by location of the training organisation and what the more common minority groups are in that area.

- Training methods varied in length from 1 hour to a course of several months, taught via online or classroom based activities including group work, lectures, videos, encouraging trainees to self-reflect on their own culture and to independently research and seek out other cultures and experiences, case studies, examples and sharing of experiences/anecdotes. Generally, where an option is given, training that includes tangible examples or active participation is preferred by learners. Recorded outcomes in all training interventions were generally positive, improving healthcare staff's confidence, knowledge, understanding and communication skills. However, due to the heterogeneity of programmes and assessments there is no evidence to suggest a particular method to be more effective than another.

- The literature also includes a suggestion that cultural competency training may, paradoxically, enforce 'othering' and cultural stereotypes that it is trying to tackle. Any planning should consider this alongside concepts such as 'cultural humility' and 'cultural respect'.
- Training is most effective if other aspects of the organisation reflect the values within the training, and/or enable staff to challenge cultural assumptions at system and organisational-wide levels.

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Evidently Better

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1. **HEE eLearning for Healthcare** https://www.e-lfh.org.uk/programmes/cultural-competence/

   eLFH offers a cultural competence training package made up of three 30-40 minute learning sessions. The first session aims to describe what is meant by 'culture' and why it is important for health professionals to be aware of how this can impact health. The second session describes cultural competence and its importance for health professionals working across cross-cultural situation. The third session looks at the importance of cultural competence in the context of maternity care and aims to help health care professionals support and meet the needs of a changing population.

   It is available free for all NHS healthcare staff via ESR or on the website using their OpenAthens accounts.

Systematic Revies and Meta-Analysis

2. **Chae D, Kim J, Kim S, Lee J, Park S. Effectiveness of cultural competence educational interventions on health professionals and patient outcomes: A systematic review. Japan Journal of Nursing Science. 2020.**

This systematic review sought to examine the effectiveness of cultural competence education/training on health professionals and patient outcomes. Overall, the study found that there is a lack of research around patient outcomes and whether interventions change patient outcomes, however the studies generally demonstrate that the educational interventions had a positive effect on health professionals. The studies showed more effectiveness generally on practicing nursing staff than on physicians. The way in which the interventions were taught varied significantly, with the most common being classroom learning. Other studies used e-learning, virtual simulation and other blended methods.

Chae et al 2020
Effectiveness of cult

3. **Botelho MJ, Lima CA. From Cultural Competence to Cultural Respect: A Critical Review of Six Models. Journal of Nursing Education. 2020**

This paper offers a review of six conceptual models of cultural competence:

Six Influential Cultural Competence Models

Model	Cultural Competence Theorized
Leininger[a] (1978, 1991, 2002)	Use an anthropological lens to understand relationship between culture and care
Campinha-Bacote[a] (1998, 2002, 2011)	Understand dynamic and diverse relational processes
Purnell[a,b] (2002)	Recast patients' health within a broader context shaped by race, gender, and class power relations
Kim-Godwin et al. (2001)	Take stock of how practitioners' roles and practices influence health care
Betancourt et al.[b] (2003)	Recontextualize patients' experiences and the multiple levels of health care institutional practices
Schim et al. (2007)	Negotiate interactions between patients and providers in context

[a] *Central to dialogue on cultural competence.*
[b] *Betancourt et al. builds on Purnell.*

The paper highlights the need for inter-connectivity between the concepts in these models as well as discussing the concepts of cultural humility and the need for ethical approaches to cultural competence training which both acknowledges its need and value but is aware of the potential risks – for example generalising or producing stereotypes in the examples of cultural differences and experiences. The authors highlight the importance for those in training – and the trainers- to practice self reflection, the importance of providing tangible examples and sharing experiences, and the importance of developing beyond competence to cultural respect.

Botello et al 2020
from cultural compe

4. **McCabe CF, O'Brien-Combs A, Anderson OS. Cultural Competency Training and Evaluation Methods Across Dietetics Education: A Narrative Review. Journal of the Academy of Nutrition and Dietetics. 2020**

This paper describes an effort to quantify the literature around cultural competency training in dietetics education. The review found most published studies that met the inclusion criteria were interprofessional education or in-servie learning. Whilst user reported outcomes generally were positive in increasing knowledge and skill, delivery and evaluation methods were different between papers. Delivery methods were a variety of hands-on interventions, traditional training delivery methods such as classroom or e-learning, service learning based on local experiences and community settings and workshops.

McCabe et al 2020
Cultural competency

5. **Oikarainen A, Mikkonen K, Kenny A, Tomietto M, Tuomikoski AM, Meriläinen M, Miettunen J, Kääriäinen M. Educational interventions designed to develop nurses' cultural competence: A systematic review. International Journal of nursing studies. 2019**

This review examined educational interventions designed to improve nurses' cultural competence. The review found that training was offered through traditional teaching or online modules with a rang e in duration from 1-17 hours. Teaching included lectures, group discussions, reflective exercises, and simulations. The content of the training used different theoretical models in the design process (Caminha-Bacote; Leninger, Lewin, Giger and Davidhizar) but due to the variety of models and assessments it was not possible to identify any specific method producing a more or less positive outcome. The key focus in all interventions was on promoting understanding of concepts such as "culture, cultural competence, cultural diversity and ethnocentrism". In the studies nurses explored their own culture, heritage, professional background, bias and prejudices. Some interventions focussed on solving "culturally difficult scenarios", overcoming communication barriers and the majority of studies covered performance of a cultural assessment and developing culturally appropriate care plans.

Olkarainen et al
2019 Educational in

6. **Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine SJ, Reid P. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. International journal for equity in health. 2019**

This paper examined literature surrounding cultural competency and cultural safety as concepts, highlighting difficulties inherent in terms surrounding cultural competency which positioned cultural differences as 'other' to the 'norm', along with the risk of overgeneralising based on presumed cultural differences. The authors argue that to reduce inequalities in health, healthcare professionals needed the tools not just to understand but to be empowered to challenge structural norms and their own culture at organisational and systems levels. The authors propose a definition for cultural safety that encourages systemic reflection and change not limited to a formal training curricula but embedded across all organisational aspects and practices.

Curtis et al 2019
why cultural safety r

7. **Jongen C, McCalman J, Bainbridge R. Health workforce cultural competency interventions: a systematic scoping review. BMC health services research. 2018**

This review examined the outcomes, strategies and measures of cultural competency interventions in the healthcare workforce. The methods and structures differed greatly but the most common were specific training sessions (cultural competency training) and other training, peer support and mentoring. Generally, all interventions reported positive outcomes in improving staff's knowledge, skills and attitudes/beliefs. The structures/approaches to cultural competency training were: a cross-cultural approach focussed on teaching broadly applicable knowledge and skills or a categorial approach teaching about characteristics, beliefs and behaviours of specific relevant populations (summarised on page 7, table 2).


Jongen 2018 health workforce cultural c

8. **Clegg S, Heywood-Everett S, Siddiqi N. A review of cultural competence training in UK mental health settings. British Journal of Mental Health Nursing. 2016**

This paper from 2016 found a lack of evidence around the use of cultural competence training in UK mental health settings. The paper summarises incidences and features of extant training, such as Cultural Competence in Action Project (CCAP) and the CCAP for CAMHS -these were based on a model of four connected elements: cultural awareness, knowledge, sensitivity and competence. The other training practices noted were not based on an explicit definition of model. Training ranged in the different models from 1-2 days to an optional 10 day course following mandatory training.


Clegg et al 2016 A review of cultural co

9. **Gallagher RW, Polanin JR. A meta-analysis of educational interventions designed to enhance cultural competence in professional nurses and nursing students. Nurse Education Today. 2015**

This review found that while generally interventions around cultural competence demonstrated positive effects, there is a lack of specific definition, curriculum and assessment meaning the overall effect measures are mixed. There is no overarching definition concerning what should be included in cultural competency training, who should teach it nor what teaching methods produce the best results. Further and more structured applications and research would be needed to determine any strong conclusions.

Gallagher 2015 a metal analysis of edı

10. **George RE. Exploration of cultural competency training in UK healthcare settings: A critical interpretive review of the literature. Diversity & Equality in Health and Care. 2015**

This highlights that although cultural competency has been introduced in the UK for some time as a response to a need for tackling racial and minority health disparities, “there remains a lack of conceptual clarity around what ‘cultural competency’ training is and whether or not is it beneficial to health professionals and patient outcomes”. The review of the extant literature found historically there was a noted “incongruence between how ‘culture’ was theorised and how it was interpreted and defined in CCT. The content of CCT was over-simplistic. There was a preference for conceptualising cultural issues as simplistic facts about specific ethnic groups’ religious and dietary needs” and the aim in later studies to explore ways of reducing the risk of reinforcing stereotypes or over-simplifying cultural experiences, highlighting the need for broader institutional commitment to reinforce methods to reduce inequalities and challenging systems and existing power structures.

George et al. 2015 Exploration of Cultu

11. Horvat L, Horey D, Romios P, Kis-Rigo J. Cultural competence education for health professionals. Cochrane database of systematic reviews. 2014

This high quality systematic review found that whilst the limitations and variety of the literature made it difficult to draw conclusions, no study examining the efficacy of cultural competence training noted adverse effects on professionals or patient experience, and generally reported positive outcomes in improving healthcare staff's confidence in communicating and understanding patients with cultural or communication differences.

Horvat_et_al-2014-C
ochrane_Database_(

Studies and Specific Interventions

12. Donisi V, Amaddeo F, Zakrzewska K, Farinella F, Davis R, Gios L, Sherriff N, Zeeman L, Mcglynn N, Browne K, Pawlega M. Training healthcare professionals in LGBTI cultural competencies: Exploratory findings from the Health4LGBTI pilot project. Patient education and counseling. 2020

This paper reports on the outcomes of a pilot Health 4 LGBTI project designed at improving patient experiences for LGBTI people through cultural competency training for healthcare staff. The training consisted of four modules and included a variety of classroom-based delivery methods.

Training developing steps

Phase 1: a state-of-the-art review of health inequalities and barriers faced by LGBTI people in healthcare setting [1,25];
Phase 2: an analysis of healthcare professionals' and LGBTI people's perspectives through qualitative methods [2];
Phase 3: a preliminary pre-piloting phase of a draft version of the training involving healthcare professionals and staff;
Phase 4: a piloting phase across EU MS*;
Phase 5: consultation with DG SANTE and the Advisory Board of the Health4LGBTI project.

Training contents: 4 Modules (of around two hours each)

Module 1 "awareness raising, LGBTI main concepts and terms"
Aim: raising awareness of the relevance of cultural **competencies** training in the LGBTI field for healthcare workers
Module 2 "health inequalities"
Aim: addressing the main health needs for LGBTI people, as emerged from an updated literature review, and **leading** to reflect on the root causes of LGBTI health inequalities, discussing the role of attitude, internalised stigma and minority stress
Module 3 "inclusive communication and promising practice"
Aim: focusing on practical activities to improve healthcare worker-patient relationships and reflections on possible practical changes in the trainees health contexts
Module 4 "trans and intersex health needs"
Aim: addressing some core contents **which are** useful in taking care of these patients

Training methods

The training integrates theoretical and practical sections, including for example small group activities, large group discussion, role playing, case studies, videos, questions, reflective practice, according to adult learning approach.
Through continuous interactions centred on **trainees'** needs, trainers motivate the learning process, stimulate reflective practice, solve trainees' potential doubts and help them to contextualise the contents in their specific healthcare setting.

Trainers

Two trainers per pilot site were identified to implement the training course: a healthcare professional with knowledge and expertise in the area of health inequalities and a LGBTI NGO/community member with experience in training **delivery**.

* *the piloting phase results are reported in the paper*

Fig. 1. Health4GBTI training main characteristics.

102 health professionals and support staff who participated in the training were included in the analysis based on assessments and self-reported competencies delivered before and after the training. Overall the results showed that course led to an increase in knowledge, and although less marked, to an improvement in attitudes, irrespective of participants age and sexual orientation.

Donisi et al 2020 training healthcare |

13. Chappell TA, Provident I. Cultural Competency: Integrating an Evidence-Based Course for Increasing Inclusive Practices. Internet Journal of Allied Health Sciences and Practice. 2020

This paper describes the development of a course delivered to 11 occupational therapy practitioners. The course consisted of a six week evidence based online training course with narrated PowerPoint lectures delivered via Google Classroom, accessible on any PC, tablet or mobile device. The course was tailored specifically to the experiences of occupational therapists and included topics such as: language and health literacy, building and sharing cultural skills, learning about culturally specific believes and practices relating to healthcare and seeking out local cultural experiences. The final weeks involved completing a cultural encounter assignment, completing the necessary research, and then reflecting on their experience and learning. The study found that the completion of the evidence-based course to increase professional self-awareness and awareness of other cultures greatly improved the knowledge and confidence of practitioners.

Chappell 2020
Cultural competency

14. Mokel MJ, Canty L. Educational outcomes of an online educational intervention teaching cultural competency to graduate nursing students. Nurse Education in Practice. 2020

This paper describes the format and outcomes of a cultural competency training for graduate nursing students. The training was conducted as an online course lasting 15 weeks. The training was designed alongside a theoretical framework and included case studies and discussion opportunities. The training covered ethnohistory, kinship and social factors, economic factors, political and legal factors, language and communication factors, cultural beliefs and lifeways and educational factors.

Mokel 2020
Educational outcom

15. **Waxman KT, Rowniak S, Donovan JB, Selix N. Using Simulation to Provide Culturally Competent Care to Transgender and Gender Nonconforming Patients. Clinical Simulation in Nursing. 2020**

This paper describes the design of scenario-based simulation training for a 1-day training session designed at improving care and knowledge around trans* patients for healthcare practitioners. Both the actors and trainees engaged in debriefing after the scenarios to reflect upon and develop knowledge.

Waxman et al 2020
Using simulation to

16. **Traister T. Improving LGBTQ Cultural Competence of RNs Through Education. The Journal of Continuing Education in Nursing. 2020**

This paper describes the implementation of a 1hour training session for nurses in LGBTQ care and culture with a view to reducing health disparities and improving knowledge and understanding. The paper discusses the historical invisibility of LGBTQ people in nurse training and simulation, and the history of oppression of that group that may lead to a lack of confidence to seek medical care or identify themselves to medical staff. The training consisted of a lecture containing “28 slides organized into three sections: definitions and terminology, health disparities faced by the population, and communication practices” followed by a Q&A and discussion opportunities. Feedback from attendees were generally positive.

Traister 2020
Improving LGBTQ Cu

17. Kaihlanen AM, Hietapakka L, Heponiemi T. Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. BMC nursing. 2019

This paper discusses nurses' responses to cultural competence training in Finland. The training was designed to take a general approach to cultures, rather than providing culturally specific facts, with a main goal of increasing "awareness of different cultures by scrutinizing one's own cultural features". The training was split over four sessions covering defining culture, examining one's own culture, communication, and culture and religion/the spiritual.

Table 1 Contents of the sessions

Session	Content of the session
1. "What is Culture?"	-Different cultural dimensions and how these dimensions occur in our everyday life and in healthcare.
2. "Culture in me"	-Significance of being aware of one's own cultural features in order to be able to understand others. How are our own cultural features constructed, and how are they seen in healthcare work? -Why are cultural 'facts' or assumptions not applicable in patient care? -Cultural pain. How do background and previous experiences affect pain interpretation? -Cultural 'cage'. How does it regulate our behaviour towards others?
3. "Communication"	-Personal space. How can it be communicated to others? -What are our own communication features and challenges? -How do cultural values affect our way of communicating? -What is good and understandable communication with patients from different cultural backgrounds? -What issues typically mess up or complicate the communication process?
4. "Meaning of conviction"	-What is our own attitude towards spiritualism? What can different attitudes mean in a healthcare context? -Interaction between culture and religion. Does culture generate religion, or is it the other way around? -How can we value a patient's convictions and spirituality? ➔Introduction to a conversational model (opening model) that can be used to assess patients' spiritual needs

The training was designed with both theoretical knowledge and from interviews with healthcare professionals, and the style of teaching included examples such as fictional case studies and pictures that explored the different perspectives people from other cultures might have.

kaihlanen et al 2019 increasing cult

18. **Oikarainen A, Mikkonen K, Kenny A, Tomietto M, Tuomikoski AM, Meriläinen M, Miettunen J, Kääriäinen M. Educational interventions designed to develop nurses' cultural competence: A systematic review. International Journal of nursing studies. 2019**

This paper describes a project involving six European countries developing learning tools covering culturally competent compassion, courage and improving communication. The paper outlines the tools developed which used both theoretical and practical methods using innovative learning methods and case studies. The devleopments were informed by the values of intercultural education summarised in table 2:

Table 2 Values of intercultural education as identified and synthesized from the literature

• Respecting the cultural background and identity of the learner by relating learning to their previous knowledge and experiences
• Providing equal access to learning by eliminating discrimination in the education system and by promoting an inclusive learning environment
• Promoting learning which encourages the understanding of personal values and the development of self -awareness, both of which form the basis for reflective communication and co-operation across cultures and social boundaries
• Promoting a critical approach regarding the power linked to the production and use of knowledge to either oppress or emancipate people
• Tolerating language imperfections by providing language support and/or by allowing extra time for people to express themselves
• Avoid over-dependence on oral learning methods and use visual and other interactive and culturally appropriate learning approaches
• Emphasising realism. Intercultural learning is a life long process
• Promoting courage. Thinking outside the box and speaking out against injustice.

The tools were then tested by student nurses and gained overall positive and engaged responses.

Papadopoulos et al 2017 Developing to

19. Filmer T, Herbig B. A training intervention for home care nurses in cross-cultural communication: An evaluation study of changes in attitudes, knowledge and behaviour. Journal of Advanced Nursing. 2019

This paper describes a training intervention informed by interviews with care home nurses to develop cultural attitudes, knowledge and behaviour seeking to reduce miscommunications and misunderstandings between staff and residents. Training sessions were planned as three 2-3 hour units involving small groups. Contents included communication training, theoretical models, and the need to develop sensitivity for others and self-reflect on one's own cultural values and attitudes. Training methods included a mixture of lectures, role playing, exercises, discussion and reflection and wherever possible were based on real-life experiences or scenarios. The results and assessment, including shift observations, showed significant positive developments in participants' communication behaviour.

Filmer et al 2019 a training intervention

20. Bristol S, Kostelec T, MacDonald R. Improving emergency health care workers' knowledge, competency, and attitudes toward lesbian, gay, bisexual, and transgender patients through interdisciplinary cultural competency training. Journal of Emergency Nursing. 2018.

This paper describes the pre-and -post findings to examine the impact of a LGBT cultural competency training programme introduced to a variety of staff working in ED. Participants were surveyed before and after completing the training on knowledge and skills, openness and support and awareness of oppression experienced by the LGBT community. The study found that assumptions about a person's gender or sexuality could have unintended consequences on the nurse-patient relationship, and training interventions show potential for improving awareness and producing more accepting attitudes towards LGBT people and their families. The education intervention was based on a train-the-trainer method and including 3 e-learning modules followed by a 2-hour led session involving presentations, group work and interactive exercises.

Bristol et al 2017 Improving emergenc

21. **Utley-Smith QE. Meeting a growing need: An online approach to cultural competence education for health professionals. Nursing education perspectives. 2017 May**

This paper describes the design and implementation of an online training module for nurses to improve cultural competence, addressing the outlined unit goals “a) increase awareness of diversity among patients, oneself, and others; b) demonstrate a willingness to overcome prejudices and ethnocentrism, while emphasizing equality and sensitivity; c) identify cultural needs of patient populations with non-judgmental delivery of care; d) assess the cultural competence of a work organization; and e) enhance cultural competence in a lifelong process.” The module included instructor led introductions, links to readings and references and encouraged critical reflection including the use of quizzes students could use to assess and reflect on their knowledge and attitudes .

Utley-Smith 2017 Meeting a growing

22. **Aggarwal NK, Lam P, Castillo EG, Weiss MG, Diaz E, Alarcón RD, Van Dijk R, Rohlof H, Ndetei DM, Scalco M, Aguilar-Gaxiola S. How do clinicians prefer cultural competence training? Findings from the DSM-5 cultural formulation interview field trial. Academic Psychiatry. 2016**

This study analysed interviews from 75 clinicians over five continents regarding standardised training and their preferences. The study found that the majority of interviewees, but particularly the older age group, preferred cased based and active behavioural simulation training with views about the use of video polarised with regards to helpful or not-helpful. The study suggested that a variety of methods and active examples and engagement opportunities were generally viewed more positively.

Aggarwal2016_Article_HowDoClinicians

23. **Everson N, Levett-Jones T, Lapkin S, Pitt V, Van der Riet P, Rossiter R, Jones D, Gilligan C, Courtney-Pratt H. Measuring the impact of a 3D simulation experience on nursing students' cultural empathy using a modified version of the Kiersma-Chen Empathy Scale. Journal of clinical nursing. 2015 Oct;24(19-20):2849-58.**

This paper describes a university based cultural competency training programme which involved a 3D immersive experience of a scenario set on a hospital ward, followed by debriefing and a guided reflection of the scenario. Students' empathy was recorded as having increased following the experience of the scenario and reflection.

Everspm 2015
Measuring the impa

24. Delgado DA, Ness S, Ferguson K, Engstrom PL, Gannon TM, Gillett C. Cultural competence training for clinical staff: Measuring the effect of a one-hour class on cultural competence. Journal of Transcultural Nursing. 2013 Apr;24(2):204-13.

This paper describes a pilot intervention of a one-hour training class on cultural competence for clinical staff. The training programme is detailed as follows:

Table 1. Learning Objectives of Class titled: "What's Culture Got to Do With It?"

At the end of the presentation, the participant will be able to:

- Identify how health beliefs are formed
- Recognize how assumptions may hinder development of a culturally based plan of care
- Identify one's own culture
- Give examples of health disparities
- State at least three reasons why a health care provider needs to be culturally competent.

Table 2. Class Methodology

Description of Teaching Method	Domain of Learning	Time
Cultural Simulation (The Clown Culture™): A short cultural simulation at the beginning of the class session. A group of instructors play the clown culture interaction with the group followed by a debriefing session to discuss the class reaction and feelings on the clown culture's communication style, traditions, and values. Copyright 2007, Mayo Foundation for Medical Education and Research.	Affective	15 minutes
Lecture with questions: Cover definitions of culture and cultural competency and discuss institutional values, demographics, and cultural resources (importance of the Joint Commission and the Culturally and Linguistically Appropriate Services standards). Point out the importance of a cultural assessment and cultural assumptions and explore the definition, examples, and impact of health disparities.	Cognitive	20 minutes
Exploring One's Own Culture exercise: Participants are asked to think of a time when their own cultural heritage influenced their health decisions. Discussion with drawing or writing words to reflect their cultural heritage.	Psychomotor affective	10 minutes
Card Sorting Exercise: People under stress tend to use ingrained behaviors to deal with the stress. In this exercise, we attempt to show how we may unconsciously make assumptions and decisions without seeking further information. Four individuals are asked to volunteer to sort a deck of scrambled playing cards into an organized fashion over a period of 1 minute. As they sort the cards, the instructor asks questions and introduces distractions to their concentration in order to simulate how information is processed during stress. There is no right way to sort the cards; the exercise was to show how routine behaviors and thought processes can become.	Psychomotor	5 minutes
Evaluation and Questions		10 minutes
Total		60 minutes

The intervention found that participants reported an increase in awareness and knowledge following the class and the paper also discussed factors that may have affected outcomes in terms of presenter styles and delivery.

Delgados 2013 Cultural competence

Opinion/Discussion Pieces

25. Biles J. Cultural competence in healthcare: Our learning from 2017-2020 will shape our future. Australian Nursing and Midwifery Journal. 2020

This Australian article discusses themes emerging around training for cultural competence in healthcare. It found through reviewing existing literature that cultural competence training is related to reducing racism and bias in healthcare systems, however it notes that short-term training is not a predictor of this being implementation, with those teaching cultural competence requiring systemic organisational support to ensure the learning is embedded widely in the organisational system. Simulation and case studies are seen as key along with a need to enable learners to self-reflect upon their own biases, values and experiences.

Finally the author notes that it is an area of concern that many of the voices in literature around cultural competence training do not come from minority groups (in this case, a lack of indigenous voices) and urges the need for diversity in those planning and facilitating training.

Biles 2020 Cultural competence in healt

26. Drevdahl DJ. Impersonating culture: The effects of using simulated experiences to teach cultural competence. Journal of Professional Nursing.

This paper discusses the wide variation and lack of standardisation in the teaching of cultural competence and highlights the issues arising from the use of simulation, such as the risk of 'othering' and inadvertently reinforcing cultural stereotypes. The author highlights the need to question traditional ideas of what 'cultural competence' teaching means and what changes should be made to challenge the systems as a whole to become more diverse at organisational levels.

Drevdahl 2017 impersonating cultu

27. Bahreman NT, Swoboda SM. Honoring diversity: developing culturally competent communication skills through simulation. Journal of Nursing Education. 2016

This article discusses practices in nurse education around cultural competence training and offers recommendations for threading cultural competence in the wider curriculum for nurses in training. The article particularly highights the value of simulation in "learning how to communicate with empathy and the ability to respond to patients' verbal and nonverbal cues can go a long way in establishing rapport and a collaborative relationship with patients and their families".

Bahreman et al
2016 Honoring dive

Indicative search strategy

Cultural competenc*, Cultural Diversity, Cultural differences, Cultural skills, Cultural proficiency, Cultural blindness, Cultural Injustice and cultural awareness.
Training or educat*

NHS, staff, workforce, healthcare professional*, healthcare staff, nurs*, doctor*, clinician*, physician*

Sources searched

NICE, Cochrane, HMIC, AMED, CINAHL, BNI, Medline, PsycINFO

A structured public domain search for unpublished research.

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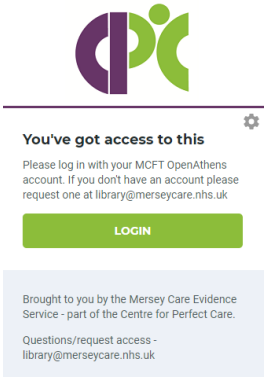
BMJ Best Practice
Clinical decision making tool and app



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