Cultural Competence

Small-Group Reflection Exercise:
Increasing Awareness of Cultural Stereotypes

FACILITATORS GUIDE
With Instructions

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GOALS & OBJECTIVES

GOALS:

1. That healthcare providers will increase their awareness of unconscious cultural stereotypes.

2. That healthcare providers will increase their awareness of the impact of unconscious cultural stereotypes on patient care.

3. That healthcare providers will reduce the influence of unconscious cultural stereotypes on medical decision-making.

SPECIFIC LEARNING OBJECTIVES:

1. By the end of the reflection exercise, each participant will agree that he/she is more aware of unconscious cultural stereotypes.

2. By the end of the reflection exercise, each participant will agree that he/she is more aware of the potential impact of unconscious stereotypes on patient care.

3. By the end of the reflection exercise, each participant will agree that he/she is more aware of the influence of unconscious stereotypes on medical decision-making.
INTRODUCTION

I. PURPOSE

The purpose of the Small Group Reflection Exercise is to increase the awareness of unconscious stereotypes, and the negative impact of such stereotypes on the quality of healthcare provided.

II. BACKGROUND

Racial and ethnic disparities in health and healthcare exist in the U.S.\(^2\) There is extensive literature demonstrating that racial and ethnic minorities have lower life expectancy, fewer years of healthy life, increased rates of death from preventable diseases, and overall poorer indicators of health than non-minorities.\(^2\)\(^8\) Additionally, minority groups have decreased access to healthcare unrelated to insurance status, and are less likely to be referred for routine screening tests or specialized procedures.\(^9\)\(^-\)\(^18\) While these disparities primarily came to public attention following the IOM report “Unequal Treatment” in 2002, disparities in health and healthcare have been cited by the Surgeon General since as early as 1979.\(^19\)\(^\)\(^-\)\(^22\) The causes of health disparities are complex and multifactorial and involve many levels of healthcare. Overall, while health disparities are somewhat ameliorated when socioeconomic status and level of education are controlled for, these disparities are not eliminated and cannot be explained by these factors alone.\(^22\) Evidence suggests that conscious and unconscious stereotypes, biases, and assumptions made by healthcare providers play a contributing role in the decreased referral rates for specialized care. Work by Schulman and colleagues using videotaped simulated patients demonstrated that African-American women were referred less for cardiac intervention than their White counterparts presenting with the same complaints.\(^15\) Similarly Ayanian’s group demonstrated that African-American patients with renal failure were referred less by their nephrologists for renal transplantation.\(^16\) When their nephrologists were asked their perception of the causes of the disparities in referral rates for renal transplantation, physicians responded “patient preference”.\(^18\) Yet evidence by the same investigators documents that African-American and White patients want renal transplantation at similar rates.\(^17\) Together, these findings suggest that unconscious or conscious stereotypes, assumptions, and/or biases on the part of provider impact medical decision-making regarding referral for specialized care.

III. RATIONALE

Due to the findings that conscious and unconscious stereotypes play a contributing role in racial and ethnic disparities in health and healthcare, several authorities recommend cultural competence training for healthcare providers.\(^12\)\(^-\)\(^29\) The first step in effective cultural competence training is increasing learners’ awareness of: racial and ethnic disparities; the presence of unconscious personal stereotypes, biases, and assumptions; and the impact of such stereotypes on healthcare delivery.\(^15\)\(^33\)

IV. DESCRIPTION

The following Small Group Reflection Exercise was developed from an exercise that is used in social science training programs,\(^34\)\(^35\) but is not known by the authors to be in use in the education of medical students, residents, or physicians. The exercise is designed to increase participants’ awareness of unconscious stereotypes they might have about different cultural groups. Through self- and group reflection, participants additionally become aware of the potential influence of unconscious stereotypes on healthcare delivery.

a. Group Discussion:

The exercise begins with personal Introductions where participants are asked to introduce themselves by name and state their self-identified race, ethnicity, and culture. Following these opening Introductions, a Group Discussion of “What are race, ethnicity,
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and culture?” is stimulated. In groups of 10 to 15 participants, with 1 facilitator, participants are encouraged to discuss this question. To further stimulate discussion, facilitators may opt to show a ‘trigger’ video such as Robert Phillips’ story from the “Worlds Apart” series prior to the session, and/or Mohammad Kochi’s story of the same series after the session. Note: the use of a trigger video, or this particular video is NOT a required component of the exercise.

b. Reflection Exercise:
Following the Introductions and Group Discussion on race, participants are asked to write down stereotypes they are aware of for various racial, cultural and ethnic groups on Post-it® notepads. Participants then walk around the room and anonymously place these written stereotypes on posters of various groups that are displayed on the walls of the room. Note: it is recommended that posters be hung on the walls before the small group convenes. After completing this section each racial, cultural, or ethnic group’s poster will have several written stereotypes attached to it. Each participant is then assigned a poster(s) and is asked to read out loud the name of the racial, ethnic, or cultural group and the stereotypes attached to it by the participants. Participants may read 1 or several posters; however, it is recommended that all participants read at least 1 poster. After each poster is read out loud reflection begins. Participants are asked to reflect on:
1. Were any stereotypes posted on the groups that you identify with, or belong to?
2. Did you notice any stereotypes that you personally have for any of the groups posted?
3. Were positive as well as negative stereotypes posted?
4. How might positive stereotypes be problematic?
5. How did the experience of writing and hearing the stereotypes read aloud feel?
6. How might these written stereotypes impact medical decision-making when caring for persons of the represented groups?

c. Group Discussion:
Following a brief period of reflection, participants are invited to share their reflections with the group.

d. Cool-Down Session:
Participants are reminded of the purpose of the exercise: to increase their awareness of unconscious stereotypes and the potential influence on medical decision-making and healthcare delivery in an effort to ultimately reduce racial and ethnic disparities in health and healthcare.

V. FEEDBACK
The workshop was used in multiple small group sessions with a total of 114 medical students. After completing the exercise 49% agreed and 44.7% strongly agreed (93.7% combined) that they were more aware of the influence of unconscious stereotypes and assumptions on providing effective patient care. Additionally, after completing this exercise 41.7% agreed and 49% strongly agreed (90.7% combined) that they were more aware of stereotypes and assumptions they personally had or made about groups different from themselves. Overall, it is felt that this exercise is an effective first step in any cultural competence curriculum.
OUTLINE AND INSTRUCTIONS
Note: all times listed are suggestions.

I. Preparation:
   a. Posters, each with a distinct racial, cultural, or ethnic group header, should be hung on the walls of the room.

II. Opening: (5 min)
   a. The workshop Purpose (pg. 4) and Agenda (items II – VIII of Outline; also see Appendix A for sample) should be covered.

III. Trigger Video (optional): (15 min)
   a. Show Robert Phillips’ story from the Words Apart video series – or –
   b. See “Required Materials” on pg. 8 for ordering instructions

IV. Introductions: (10 - 15 min)
   a. Have participants introduce themselves by name and state their identity (self-identified): race, ethnicity, culture, bloodline, other

V. Open Group Discussion: (45 min)
   a. What are race, ethnicity, & culture?
   b. Participants may also share their impressions/reflections on Robert Phillips’ story, or other trigger video if shown.

VI. Break (optional): (5 min)

VII. Reflection exercise: (60 min)
   a. Exercise:
      i. Post signs of various groups on the walls. (see “Tips” below)
      ii. Participants think of stereotypes they personally hold, know of, or have heard of for each group and write the stereotype(s) on a Post-it®
      iii. Participants then walk around the room and stick the Post-it® note with the written stereotype(s) on the poster it relates to.
      iv. Participants are then assigned a poster(s) and read the stereotypes placed on the poster out loud. Each participant should read 2 to 3 posters.
      v. Ground Rule: participants are instructed not to reveal another participant as the author of a written stereotype if they recognize handwriting, or another indicator.
   b. Discussion:
      i. How does hearing these stereotypes about each group make you feel?
      ii. What is it like to hear these stereotypes about the group(s) you identify with?
      iii. Were positive as well as negative stereotypes posted?
      iv. How might positive stereotypes be problematic?
   c. Self-reflection: (5 – 10 min)
      i. Do you see any stereotypes of various groups posted that you personally hold or believe?
      ii. Do you see any stereotypes of various groups that you wish to comment on?
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iii. Participants are asked if anyone would like to share their reflections with the group. Note: these reflections may be personal or shared within the group.

d. Discussion:
   i. How do (or might) these perceptions affect healthcare? (Knowing that individuals within the group of participants present will be in positions of power as providers within the healthcare system.)

VIII. Cool-Down Session (5 min)
   a. Participants are reminded of the purpose of the exercise, and allowed to share any last thoughts.

Alternate Format:

IX. Post-Session Video & Discussion (optional): (15 min)
   a. Video: Mohammad Kochi’s story from the Words Apart series – or – other
   b. Discussion:
      i. What assumptions of the patient might the physician have that disallowed him to determine why this patient declined chemotherapy.
   c. Note: this video segment illustrates how a physician’s assumptions of a patient’s religious belief might leave alternate medical treatments unexplored.
   d. See “Required Materials” on pg. 8 for ordering instructions

Tips:
   o Hang posters with group headings on the walls of the small-group room before participants enter to begin the session.
   o It is helpful to recommend that participants write the name of the group in the lower right hand corner of the each Post-it® note to facilitate placement of the stereotype on the correct poster.
   o Ensure all pens used in the exercise are the same color, to avoid revealing the author of written stereotypes.
   o When assigning participants to small groups it is recommend that these small groups deviate from any small group assignments used in other courses (anatomy lab, or other) or other areas of work (clinic, department, or other) to avoid potential sub-grouping within the small group discussion.
Suggested Group Headings for posters:

- Race/Ethnicity:
  1. African-American
  2. West Indian
  3. African
  4. White
  5. Latino
  6. Asian
  7. Native American
  8. East Indian
  9. Arab
  10. Middle Eastern

- Linguistic:
  1. Non-English speaking

- Age:
  1. Elderly

- Religion:
  1. Jehovah Witness

- Religion (cont’d)
  2. Muslim
  3. Christian
  4. Jewish
  5. Scientologist
  6. Hindu

- Insurance:
  1. Medicaid
  2. Private Insurance
  3. No Insurance

- Gender:
  1. Men
  2. Women

- Sexual Preference:
  1. Gay
  2. Lesbian
  3. Bisexual
  4. Transgender

Note: total – 27 groups
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DETAILS

Length of time: 150 minutes
Group size: 10 - 15 students
Facilitator(s): 1 facilitator, no prior training necessary

Note: the above details are recommended

REQUIRED MATERIALS

- Poster Board* (Post-it® flipchart pages, newsprint, or other)
  - Used for poster background
- Printer paper
  - Used to print header with group title for each poster
- Scotch Tape or Glue stick
  - Used to affix group header to poster background
- Notepads† (Post-it® pads)
  - Used for students' written stereotypes that will be placed on designated poster.
- Pens
- “Worlds Apart” video series (optional)

OPTIONS:

* - For a greater impact, you may choose to use posters with photos of persons and/or images (maps, flags, cultural items, etc.) representative of each group.
† - Post-it® notepads are preferred as they are self adhesive.
REFERENCES


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30. Lie D, Boker J, Cleveland E. Using the Tool for Assessing Cultural Competence Training (TACCT) to Measure Faculty and Medical Student Perceptions of Cultural Competence Instruction in the First Three Years of the Curriculum. Acad Med. 2006;81:557-564.
APPENDIX

A. Sample Agenda
B. Poster Headers (formatted for printing)
   i. Instructions for using formatted poster headers:
      1. print pages with headers
      2. fold in half and affix to poster background
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Agenda

I. Opening (5 min)

II. Video: (15 min)

III. Introductions: (10 - 15 min)
   e. Participants introduce themselves by name and state their identity (self-identified): race, ethnicity, culture, bloodline, other

IV. Open Group Discussion: (45 min)
   f. What are race, ethnicity, & culture?
   g. Reflections on the video if shown

V. Break (5 min)

VI. Reflection exercise: (60 min)

VII. Cool-Down Session (5 min)

VIII. Optional Post-Session Video & Discussion (30 min)
African-American
West Indian
African
White
Latino
Asian
Native American
East Indian
Arab
Middle Eastern
Non-English Speaking
Jehovah Witness
Muslim
Jewish
Scientologist
Hindu
Elderly
Medicaid
Private Insurance
No Insurance
Men
Women
Gay
Lesbian
Bisexual
Transgender