

## **MCHB/DRTE Webcast**

### **Cultural Competency Modules**

November 9, 2005

MADHAVI REDDY: Hi, everyone. Welcome to the latest MCH training, [www.mchcom.com](http://www.mchcom.com) Webcast. I'm Madhavi Reddy, project officer with the MCH training branch and the division of research training education, Maternal and Child Health Bureau. I'm joined by Laura Kavanagh, MCH training branch chief. Also joined by our guests who you will see shortly. They are Clare Dunne, policy associate with the national center for cultural competence at Georgetown University and also Tawara Goode from Georgetown University. Also pleased to be joined by Susan Horky, National Chair. Also a faculty member with the University of Florida Pediatric pulmonary. She'll join us in the second half of the webcast to talk about the studies that they have developed recently. First we will be, have a presentation by Clare and Laura -- Clare and Tawara who will talk. If you go to the national center for cultural competence website, I'm sure they'll mention the website when they do their, go through their presentation. But if you go to that website, you will notice the availability of the curricula enhancement module series at the website.

In the series, participants will work through activities in four areas, cultural awareness, culture self-assessment, communities in a multi-cultural environment and advancing public health and multi-cultural environment. With the series, if there is faculty participating in the webcast, faculty can incorporate curricula and resources into their own sources and also the modules provide competency for trainees and fellows, that I'm sure that faculty and

trainees will find very important in their studies of cultural competence. In the second half of our webcast, Susan Horky from the University of Florida will discuss the cross cultural health care case studies with the help of the national center for cultural competence. Case studies like the module developed by NCCC are available online. They are free of charge for those who are not seeking fee use and are available for a small fee to nurses and physicians who would like to receive CEUs or CMEs. That's something to keep in mind. Susan will go over that information when we get to her presentation. With the case studies, participants will have the opportunity to hear lectures to find concepts around specific topics around case studies.

The series they have developed, five tutorials aimed at familiarizing with diverse cultures. So once we hear from Clare, Tawara, Susan, approximately ten to 15 minutes for questions and answers and I will field questions here, and we will throw them out to our participants as they come up, and so please feel free to email your questions to us during the presentation. Like I said, Laura Kavanagh is a branch chief also here if you have any questions, she'll be happy to answer them as well. So right now I would like to throw the webcast over to Clare and Tawara.

TAWARA GOODE: Thank you. We are very pleased to be here and share with you these curricula enhancement module series. It's something that we have worked on for the past two years, very, very well received. We have prepared a Power Point presentation to give a little bit of information about the national center. To present to you framework for achievement.

Clare will talk more specifically about the modules and we'll provide you one case study as it relates to technical assistance and one program in the state of Oregon. So with that said, we'll go ahead with the first Power Point slide, please. Mission of the center, to reach the capacity for health care, middle health care programs to design, implement and evaluate. We have a new cooperative agreement funded by Maternal and Child Health Bureau and within this cooperative agreement is a new emphasis, placed on translating evidence into policy and practice for programs and personnel concerned with the delivery of health and mental health care, administration, education and advocacy. We accomplish our tasks by four main ways. We are providing web-based technical assistance, knowledge, development and dissemination. We are supporting a community of learners, looking at cultural competence as a continuum, and there is lifelong learning in this area. And lastly, we collaborate, have partnerships with diversity groups.

In these four approaches we again approach these in several ways, providing training, technical assistance and consultation. We also facilitate networking, linkages and information exchange. It's just some of the things we do. As Madhavi said earlier, we encourage you to visit the website. I would like to present to you an overview of framework used by the national center. We feel it's important because it does go for all the work we do. Next slide, please. We look at cultural competence. Again, it really is requiring organizations to have a clearly defined and congruent set of values and principles. Demonstrate behaviors, attitudes, policy structures and practices to enable them to work effectively in a cross cultural situation. Next slide. Look at competence again, it does

require values, attributes, knowledge and skill set for individuals to work effectively across culturally. Five different elements.

Next slide. And that is really looking at being able at an organizational level to value diversity. That means in all aspects of the words and concept of diversity, to conduct self-assessment, manage dynamics when different. Individuals and people come together in situations, there are already differences. How do you manage that in a particular training program. The ability to institutionalize cultural knowledge, and adapt to diversity in terms of policies, procedures, values and services. Okay. We also look at that at an individual level, and that really is the ability to acknowledge cultural differences, being able to understand your own culture. Really looking at that from a discipline perspective, also looking at it from a cultural in the University in which you work, and also your own individual training program. The ability to engage in self-assessment, to acquire cultural knowledge and skills, and view behavior in a cultural context.

We feel all of these elements must be manifested within the organization system or program. And it must be at every level, permeate every level. Also looking at your students and also at the community level, and it must be reflected in the attitudes of the organization, the structures, policies and the practices. Next slide, please. We view cultural competence as occurring along the continuum from cultural proficiency and believe programs are at various stages along the continuum. What's most important about this model is that looking at cultural competence is that it's continuing to grow, and it really doesn't matter where you start. As long as you are continuing along the positive lines of

this continuum. So with that said, we want at least to give you a framework of how we view cultural competent -- competency. This is the framework in which we use.

MADHAVI REDDY: I think we have a poll question. Based on the framework of cultural confidence that at that Mara -- at that Mara gave us, where would you place your training program? One to five? One not working on it, and five fully involved in all aspects of the training program. And my understanding is that you all have a chance to think this over, and reply, and then when we get the results we'll share them with you. But we'll continue then to go through with that. So if you could think about that as we proceed. Thanks.

TAWARA GOODE: All right. Just going to offer our abbreviated definition of linguistic competency. Often people combine the terms, we thought it necessary to define and distinguish. In this definition, developed by a colleague and myself in 2000, we look at cultural linguistic competence as being the organization and the personnel, to be able to communicate effectively and able to convey information in a manner that is easily understood by diversity. These audiences may include individuals who speak a language other than English at home, people with disabilities, may or may not be either literate in English or the language of theirs. A wide range of people who have communication needs within our health care assistance, and we need to have the capacity to communicate effectively with all of these individuals. With the competence also requires that organizations and provider capacity to response to help literacy needs of the population served, and we know from the report, significant emphasis that health literacy has on access to care, and racial and ethnic disparities.

We are looking at the linguistic competence. The organization must have the capacity to ensure the policy, structures, practice and procedures and dedicated resources to support again the capacity. And what we found in our efforts nationally, often times there are not the procedures in place to support the services for individuals who indeed need them. So again, these are definitions and I am going to turn it over to Clare to share with you about the curricula and the module series.

MADHAVI REDDY: Before we turn to Clare, I want to mention we have 13 responses to the poll question that was posed. Based on this framework of cultural competence, where would you place your training program on a scale of one to five? One being not working on it, five fully incorporated in all aspects of the training program. Based on that, we have, let's see, seven responses that are, or 54% indicate they are at level three on a scale of one to five. 38% indicate they are at number four on a scale of one to five. And fortunately, there's zero percent saying they are not working on it at all. But also no responses saying they are five fully incorporated in all aspects. They fall -- [inaudible] turn it back over to Clare now.

CLARE DUNNE: Great. All right. Thank you for responding. I think that is indicative of probably the level of interest of the people who signed up to learn more about cultural linguistic competence. So you know, congratulations, I'm sure that represents a lot of hard work behind those numbers. So -- just to tell you about something that is available, made available to you from DRTE to support you in your efforts, curricula enhancement module

series was conceived of and the topic areas that Madhavi mentioned earlier were identified by a work group of people who talked to not necessarily about all of the aspects of cultural linguistic competence, but really focused on the areas that they found were most important to address, especially in the training programs throughout the country. So the cultural self-assessment and the process of inquiry, communicating in a multi-cultural environment, and the public health in a multi-cultural environment and awareness, are then the fruits of really conceptually of the work group. So it's been very exciting bringing those to fruition, and we just want to introduce you to them today.

It may be that you all have already visited them and, in which case we are delighted, and, but this is just more of an in-depth look and an introduction to this, and maybe you can also take this and share it with your colleagues. So looking at, as I mentioned, the support for the curricula enhancement module series, it was developed by the NCCC through a cooperative agreement with the division of research training and education and the intended purpose is really to increase the capacity of DRTE-funded programs to incorporate the principles and practices of cultural linguistic competence in all aspects of their leadership training. And I think it's fair to say that although the modules are a lot of work to develop, there is also a lot of work to do in incorporation of the key concepts and the contents into the curricula, and we are aware of that. Also the DRTE has made an effort, and the design of this, to provide resources to assist you in the work that lies ahead in terms of it, you know, this is not, you cannot necessarily take the module and plug them into whatever you are doing.

We encourage people to look into incorporating the content into all aspects of the curricula. We want to acknowledge the work that you do in using the modules. So I just wanted to say thank you for that. I have discussed the content areas, three of those four modules are up online. Also available to be printed. Many of us prefer not to stare at the computer screens all day, so you can print them out in word documents. Just to let you know, we are updating links and resources regularly on the website, be confident the website has the most updated resources and material. The cultural awareness module is the one that will be launched in the spring of next year, so please come back for that. So I just wanted to mention that it is designed for all the DRTE-funded programs. It is -- we intended it to be a very broad range, so that public health, nutrition, social work, distance learning, adolescent health. I don't want to overlook anyone. We all, they are really designed for all of you. So, and all of the modules, for example, public health is really broadly conceived, and we have written on it on the most broad level, and it includes mental health as well. So I think there is content in there you will find helpful no matter what your discipline is.

I want to go quickly over this. I don't want to take up too much of the time we have here, but the, each module has, there's a slide that gives you a brief overview of what each module has, and that, I know you can read this, but it's basically giving us, giving the framework, giving more information, each one has resources, each one has the exercises and case studies. So the basic framework is the same. And you will, in fact, find if you look at them, I believe sections A and B are, in fact, identical for all of them. We wanted to make sure we have general resources and a framework, the same framework really as

the, as the setting, if you will, for the content, which then varies in sections B and D, I believe. So that would be, if you are looking online, it's very easy for you to, you have already looked at the frameworks, you can move immediately to section C where the new content is if you were looking at more than one module. So, we can look at the next slide.

Just wanted to share with you some of the web statistics that we have already collected. We have a way, thankfully, of capturing unique and return visitors. It's gratifying to know there are over 13,000 that are returning, at any rate, to the website. Total hits over 200,000 at this time. That was from May to October, May 2004 I should say, to October 2005. And just to give you some quick highlights, there are over 1,000 people who did register, and of these 369 were from DRTE-funded programs. Since it's online and did not want to put up barriers, we are not trying to, we understand there are people who will be registering who are not necessarily from DRTE-funded programs but it was really designed for the DRTE-funded programs. So we are glad that 369 have registered. We have participation from all the DRTE-funded programs. The top representation is from nursing at 29%. Social work at 21%. And continuing education at 12%.

So next slide. We are looking at again looking quickly at the trends, we have, we do ask registrants to identify their role, 36% are identifying as faculty. 21% administrators. And 19% is other. We have also seen a recent rise in students, now up to 14%. And then the next slide, we look at the most frequently cited purposes, personal learning is by far the greatest, and people can cite more than one, so personal learning at 47% is very gratifying, especially when you look at the framework and you understand how much of

the, how much work and level of personal commitment that needs to be there. So it's probably very accurate that the motivation to learn for one's self, as well as what other purpose is probably a good indication of success, I would say. So just the next slide, very quickly, highlights of some of the other folks who have registered, and pleased at the company, I would say. So it's gratifying that it is getting the attention of endowments and other leaders in the field. I won't discuss the other uses, I mean, we understand that folks are going to be using the modules, not just for the intended purpose and that's fine, we are gratified by the creativity, frankly, people have demonstrated in using the modules in ways we had not anticipated.

Quickly go through the survey. I don't want to take time away from the case study, which I think was a very rich one. It was a very rich one. We ask people to fill out a brief survey of their youth and if you completed that, thank you very much. We have about 103 completed surveys and then from that we found that about 92% rated the help from us, the module as either a four or five on a five-point scale, five being most helpful. So, and actually the mean was 4.2. It's not -- put that up. And then additional highlights that, in terms of the most frequently used, cited use of the information, and again, you could check all that apply. Using it as a reference or resource for students or others that was fully 70%. So that's very interesting. And we, we do look to see some changes over time as we complete these surveys, and we'll be tracking those. It's very important for us to get the information. We need to make sure the resources and the modules meet your needs. So then we have, we ask people about, ask survey respondents what they like in terms of other information.

I'll go quickly through that to the second and final poll question, in your opinion, what is the area of greatest need in advancing cultural competence for your training programs. And we have the options there listed. So we look forward to hearing your reply on that. Thank you.

TAWARA GOODE: I wanted now just to share with you the experiences of technical systems that we provided to the Oregon Health Sciences University. We had an opportunity to do a combined site visit to Oregon Health Sciences University, and which was quite exciting. The program is the LEND program, and it's very much interested in incorporating linguistic cultural competence in all aspects. Share with you some highlights from that visit. This visit was a year ago in December, and we are currently seeing the fruits of that visit, and again, very brief citing. If we look at the slide, the center really indicated the purpose of the visit was for the organization to commit to the work, process and change for increased cultural competence. And they really wanted to identify what indeed they were doing, what they were doing well and what they weren't doing, to be able to plan for change.

Next slide. Photos on the site. These are some of the direct impacts from the TA visit. The director and program staff felt they indeed gained knowledge of the diversity, based on the visit. They were able to identify internal barriers and challenges, and also able to identify small changes that had significant large impacts. Just looking -- these are very, very exciting outcomes, I was just amazed at what has happened in one year. And also Dr. Rogers who shared this with us looked at the outcomes categorically. Looking at

outcomes in teaching. One thing that happened, they revised the module in the LEND curriculum. Very exciting. Also revised the entire curriculum to ensure cultural curriculums were in many modules. And we have found often times they have a course or a session on the linguistic competency, as opposed to looking at what is the relevance of it throughout the curriculum. And also prioritizing for recruitment and retaining of staff. Looking at the outcomes, clinical services, very large there in terms of delivering it to children with special health care needs and disabilities. Also continued the use of personal interpreters in clinical settings and improvement of data collection and ethnicity data.

The level of specificity changed to a great degree to be able to capture other information that was going to be very critical, rather than just solely raising ethnicity. Outcomes in administration, they looked at developing a comprehensive plan to address recruitment and retention of faculty and students and staff. Incorporating measures related to cultural linguistic competence in the annual performance reviews. They have really sustained the multi-cultural council. And also looking at addressing cultural competence, the relevance of cultural competence in decision-making. And as I indicated, all these are very exciting things. Also shared with us outcomes in research. They have developed a cultural competence checklist to be able to look at the research project and the extent to which the efforts are in cultural competency. Greater collaboration in diverse communities and also across the University on their research project and also instituted a high school minority project for summary use. All very, very exciting efforts.

As we look at the next steps as they are identified, we look at indeed an ongoing process. One thing that sometimes we don't always stop to do, Clare, is to monitor. We do monitor. We don't always take time to celebrate progress. I think it's something very important to be able to share with the entire program progress has been made and they are able to measure the progress. We anticipate a second technical assistance visit to Oregon to help with more strategic planning, action, and craft accountability. And in our current cooperative agreement, we'll be working with them over the four years, resources from the children youth and special health care needs program. We really want to commend Oregon for this exciting work. I know there are other Universities doing similar things, but this really came from leadership, great commitment to leadership, commitment to the resource necessary to be able to address this. And basically would want to conclude, not unless Madhavi has results of the poll results you would like to be able to share with that.

MADHAVI REDDY: I do. I do.

TAWARA GOODE: Okay.

MADHAVI REDDY: Thank you, at Tawara. We have the results of the second poll question Clare posed to the audience. Question is in your opinion, what is the area of greatest need in advancing cultural competence for your training program, and we received 21 responses. [Inaudible] 14% faculty development. 24% in recruitment and retention of diverse faculty. And 10% in buy-in from the leadership of the program. 0% gave other responses. So basically -- 48% -- thank you. If Tawara and Clare don't have

any further comments, I would like to turn the presentation over to Susan Horky. Looks like Clare and Tawara are done with their comments. Susan Horky, a faculty member with the University of Florida. She is also the national chair for the cultural competence [inaudible] she's here today to talk about the cross cultural health care case studies at the pediatric pulmonary studies have developed [inaudible] and also with support from the MCH training program at MCHB. Thank you, turn it over to Susan in Florida.

SUSAN HORKY: Thank. Thank you, Madhavi. As Madhavi said, I'm going to be talking about collaboration of seven pediatric pulmonary centers in developing web-based cultural competence modules. And if I could have my first slide. I actually can't see if my slides are up. I'll trust [inaudible] going to the slide about the pediatric pulmonary centers. As you probably know, there are seven pediatric pulmonary centers funded by the Maternal and Child Health Bureau around the country. The mission is to develop interdisciplinary leaders to improve the health with children with respiratory conditions [inaudible] and we train physicians, nurses, dieticians, respiratory care providers, social workers and a smattering of other professionals who show an interest in some way. Next slide, please. The cultural competence task force members are listed here, and although I am formally listed as chair, I would say that all members of this task force work very, very hard, and I would say that Becky, last on the slide, really was my co-chair.

Next slide, please. We were also extremely fortunate to have technical assistance from the national center, from Tawara, from Clare, and from Wendy Jones, their input was just invaluable. Next slide, please. I'm going to talk a little bit about our collaborative efforts

first. Time line that we kind of followed and the process by which we developed these, and then following that I'll kind of run through a sampling of the cases as they appear on the website, and then I'll just summarize the lessons we learned in the process. My hope is really that in the presentation you will be -- modules, you might have something to incorporate into your curriculum or your training or your faculty. And also [inaudible] collaboration in this particular program was like.

Next slide, please. Now this time line kind of shows we initially started on two parallel tracks. At the bottom of the slide you'll see the physician group of the annual meeting had decided that they thought it would be a good idea if seven centers collaboratively developed it in cultural competence. Task force was developed and we made a few starts, in all honesty in the very beginning, we had a difficult time getting going. We weren't quite sure how to get started. We knew what cases, we knew we wanted to use the cases and we knew what cases looked like when they are on paper. But we didn't really have a vision for what, how we could do this online and have some sort of interactive process. None of us had any technological experience whatsoever. So we drafted a couple of cases, we worked a little bit. We began to explore the rather awesome task of trying to get credits online. But we really to some degree were not making progress.

One thing we really were very clear on maintained as one of our main themes throughout, do not want to teach about the specific cultures and the culture is huge, many subcultures, many variations, and instead we wanted to teach about the themes or factors that can potentially vary from culture to culture, and then we wanted to use cultures to illustrate

those points. But the main objective was to teach schematically rather than to teach the concept of the culture. So now if you look at the slide again, looking at the top row, simultaneously University of Wisconsin unbeknownst to us, even though they were doing this, we hadn't put two and two together. They had been taking some of their core curriculum forces and figuring out how to put those online. University of Wisconsin does a really excellent -- they have an excellent department, [inaudible] the short version is DOIT. They were converting some of the offerings to online offerings. And in doing that, they had developed templates for their courses. By template I mean a standardized form that the word document into which a non-technological person could type information and then it gets translated by the IT people into online [inaudible]. Now, as I say, at the bottom of the slide we were stumbling, tripping over our own feet and suddenly really felt like Superman had saved the day because I got a call from Wisconsin, the director, basically saying we, you know, we have some experience in this, would you be interested? And that was really very exciting and we immediately kind of chomped at the bit for that one.

Next slide, please. So once Wisconsin had become involved, we kind of talked as a group to flush out our ideas and then they approached the department of instructional technology and asked them to tweak the template so it worked for our modules. And I think just knowing technologically what would be possible really helped us focus our, our efforts. We obviously had, for better or worse, these things cost money. And so in addition to the time that the funding that comes through our time at the grant, we realized we were going to need to supply the additional funding. So each -- each agreed to contribute a certain amount of money, which we all ultimately funneled into Wisconsin in one way or

another. So that we could pay [inaudible] people to do the particular job. And one of my points I'll kind of make here and there is that there's just a lot of little detail work that you don't often think about when [inaudible] even the issue of how to kind of coordinate funding and stuff like that tends to be rather time consuming. Now as we -- this time line suggests that we had waited until the templates -- templates were finished until we wrote our things, that isn't entirely true. Templates were simultaneously developed and then we went on. We decided to stop at two cases, get those complete, and then more.

So over the past year, the main focus has really been to, we started thinking about publicizing the cases and to get the cases up on websites for professionals. And our goal has been, and we are accomplishing it to get the cases in a manner that different disciplines can get education for their licenses, and also to have them up so that cases that trainees who don't need a license, don't need continuing education but do need experience can access them. And again, Wisconsin was very helpful in, and has really taken the lead in that. We also had another sort of example, things you don't anticipate, logistical and financial challenges getting news for dieticians and -- [inaudible] so at the present, the cases are up on a CME site for continuing medical education. They are up on the nursing site [inaudible]. They are shortly to be up in Wisconsin for social work. They are up for MCH training at the site for any other training interested, and then working on respiratory and dietician. I think basically the next slide, please. The slide, which is the end of the time line, basically completes our process up to the moment. We are continuing to work on publicity and the final [inaudible].

Next slide, please. This slide shows the five cases or the five submodules in this module.

Lanesha, Somali immigration and Rivka and what matters is the smaller font topics in the bullet. In other words, what we are really interested in teaching people about social and emotional factors that affect appearance and use Lanesha as an example, and so forth.

Next slide, please. Each slide, this is similar to what, actually many aspects of this, the national centers [inaudible] one point here is that ours also has similar formats. Each case contains the whole page of lecture, a story, activities, resources [inaudible] next slide, please. Now this is the process of our communication, collaboration. This slide makes it look quite straightforward and organized. And I can assure you that it was not that. It's really not this linear.

There are so many details involved in writing of cases, then we would email them around so other people could take a look. When we did the lectures we did the same thing, email those around so others could look at them. Learning activities, each learning activity, seven component parts, and those would get emailed around, and all of this would happen relatively simultaneously. Sometimes it was like planning a wedding where you don't quite know whether all the details are getting covered. But bit by bit, it seems to have come through. We also, and I was trying to remember when we were successful in doing this, but in, for most of the cases when the case was at a fairly advanced stage we gave it to families from those particular cultures to get their input and to see what kind of feedback they might have. And once the cases were in relatively final form, we gave them to the department of instructional technology and they turned them from rather dry case studies into what we call case stories, which is, and you'll see this in a minute, sort of a

more, almost like reading a work of fiction or a narrative. It's a little more exciting than just a dry so and so is a 6-year-old male. And when we were ready to record the lecture part of the cases, we actually did it over the phone with the, again with the vision of instructional technology people. I'm amazed you can do these things long distance but that's what we did.

Next slide, please. Now this is just a sample of the introduction to the template. You don't need to pay attention to every single word but the idea is to show you it's a simple word document. And you know, I think the development of the template itself was a major task, and really Wisconsin and the DOIT people took the lead in all of that. Next slide, please.

Now this, what I'm going to do now is sort of show you the template for each part of the website, and then what the final line item looks like so you get a sense of that. But this is the template where the case story page. And as you can see, you can type in regular old Word document, and very nice, they presented us, for instance, a part that says things to consider about this case which is basically the objectives about that module, it's all there on the template. If you have forgotten about talking about your objectives, it's right there. And one of the real benefits of using the template is that then if the module, they do not have to be individually programmed so you save a great deal of money in programming time.

Next slide, please. This is the case story page then, when finally up and running. And so this is kind of a finished product. And when I was sort of saying that we do it, took it from a very dry format and made it more kind of life-like, Lanesha started saying, she is a 12-

year-old fire storm appearing on the edge between childhood and adolescence, it's more than saying she is a 12-year-old African American female. Next slide, please. This then again is the template for the learning activity page and basically what happens is take stories to the first part of the story, and then to really get more information, you have to go to learning activity page. And the goal of this particular learning activity, you get the learner to think about what might the person in this scenario be feeling and thinking and get them to put themselves not only in the shoes of the health care provider, but of the young lady, Lanesha and her grandmother. And again, this kind of gives the author, the layout of what it's going to look like and then you just type in who you want to put in.

Next slide, please. This is the second, this is the bottom part of the template for the learning activity page. Continues to direct the author as to what needs to be put in. Next slide, please. This is the learning activity page completed. And then what the learner would go, click on the first start and then next slide, please. You get the three characters and the directions telling you about what each character might be thinking. And then next slide, please. When they click on that particular character, they get a little bubble that tells them what the young person or whoever the patient or family member is what they might be thinking, as well as what the health care provider is probably thinking. Next slide, please. Now I'll kind of back up and show you if you as a student were entering this site and taking a look at the cases, kind of what you would get as an overview. This page is the real home page, and kind of lists the offerings, and the overview kind of gives the more general background information, although there is some case information to illustrate that, and then there are the four cases.

Next slide, please. And it's a little hard to show this in a slide, but what happens is if you roll your mouse, your cursor over the narratives of different offerings, you will get a picture of the person in the case story and a descriptor of the case. It's like a table of contents, slightly more lively table of contents.

Next slide, please. This is the home page for a given case, and again, we are, I'm using Lanesha as an example. All the cases follow the same format. And this introduces the learner to lesson and the objectives of the lesson, and the learner navigates by this left hand menu.

Next slide, please. You'll see that on the, on this home page there are certain words that are highlighted, kind of hot spots, and if you click on those you will get a definition of the word, and then you can see on the little index cards also examples and then, and really the goal was insofar as possible to make this very interactive. So you are not only given the definition, but also really encouraged to think about it what would an example of this be and how might this really be applied. You'll also see on that left hand menu that there is a place called key concepts. And if you click on the see contents, you'll get the same, you'll get the same results.

Next slide, please. This is a lecture page, and there are for each case story there is a Power Point slide with audio, and there is a, the menu on the left-hand side allows the learner to go back to any slide he or she might be interested in.

Next slide, please. This, as I mentioned, content page which you can get through either through the highlighted words or through the menu. Next slide, please. Now this is the top half of the learning activities page, and go to the next slide you'll see the bottom half of the learning activities page. Divided it into two slides. Next slide, please. You have already seen the first learning activity, which is the bubble, the thought bubble. We are not going to go over that again. The second learning activity is a kind of mix and match, kind of a drop and drag, where there are items in column 1 and items in column 2, and the learner matches items in column 1 to column 2, and it will sort of technologically the answer will be accepted if it's correct and you can't drag it or drop it once you have dragged it if it's not the correct answer.

Next slide, please. The third learning activity allows the learner to imagine he or she is in a meeting with the family, and it asks the learner to think about questions that he or she could use that would, to ask the family that might help clarify the situation or get to know the family better, and what happens is the learner types in the, the question in the left-hand side, and then when they are ready they click on the gun, next slide, please. And then the, what we call our expert answers come in on the right-hand side, so the learner has an opportunity to compare answers that they imagined with what an expert imagined. Next slide, please. And this is the fourth learning activity, and it encourages the learner to imagine he or she -- [inaudible] in a team meeting, in a family situation. Next slide, please. And the learner is given a list of statements that he or she might make, and then the issue is the learner has to decide, okay, do I think that I would make this recommendation or

not. Next slide, please. And what happens is that then a, when they indicated, for instance, I remember one, the arrow is there to show you we are talking about item number one. The answer is actually, the person who gets this response actually has given the wrong answer which is no, and then when they click done they get in the right-hand column an explanation of why their answer perhaps wasn't the referable answer. If they get the correct answer, they get a narrative about why the answer was the correct one. Or a good one.

Next slide, please. And I guess as I mentioned, all it takes -- they follow the same pattern. The same type of learning activities and the next few slides simply show you the home pages. This is the overview or the core concept, next slide, please. This is Lanesha, who we have seen several times.

Next slide, please. This is the Somali immigration case or issues around medical interpretation. Next slide, please. This is the section on normative cultural values [inaudible] next slide, please. This is the piece on religious and spiritual beliefs [inaudible] next slide, please. And just to conclude with some of the lessons that I think we learned. One is it is a process that takes time. You think back to the time line, it's been over four years since we started, and we worked quite consistently. So I think the message there is don't feel badly if you failed to take the time. Just realize it's the nature of the process, plug along, it takes a while. Second point is it does cost money and we were fortunate to have the money in the training grants and the additional funding, and we were able to

keep our costs down by using the learning templates, but something to be aware of up front. You know, expect to spin your wheels, it happens.

There were times we thought what point are we making or are we making it the right way, so that just again, that's just, it validates that's a normal part of the process. It was helpful to use the Wisconsin department of instructional technology, I would say it was critical. We could not have done it without experts in the field of adult education and technology. And then final point, it really helps to have one center take the lead in terms [inaudible] I saw this in Wisconsin, they were very generous in reaching out to offer the task force the assistance and then really in taking the lead in areas where only people on that site could do things. In other words, the face-to-face collaboration with the department of instructional technology, some we did in conference calls but some we did, really had to have people there in Wisconsin doing that work. And so it was very, very helpful that we did take a look at that, in that way. And then the next slide is just the websites for each of the case studies. And as I mentioned, physicians are on one website, nurses are on another. And those do have a small fee associated with them. For anybody who is interested in the cases, take a look at them or to view them at no cost, but then for no continuing education, you can get to them on the website and they will be up shortly for social work and hopefully quite shortly for respiratory. And I guess that's all I had and wondering if there are any questions.

MADHAVI REDDY: Okay. Great. Thank you Susan for a wonderful presentation. Now is the time where we can, you can ask our guests, Clare and Tawara, and Susan of any

questions you may have about their presentations. We have a couple of questions that have come in so far, but I do encourage you to email your questions to us so that we can ask our guests. We have approximately 30 - 25 to 30 minutes for questions. The first question is from Carol Goldberg. [Inaudible]

SUSAN HORKY: I think, we would certainly entertain the possibility. I think what we did was we prioritized on the bases of the primary professions or disciplines that we train in our training program. And so we started with physicians and nurses, etcetera. But you know, I think it would be a wonderful idea and maybe when we get caught up with our dieticians and our respiratory care providers, I would suggest we consider psychologists as well.

MADHAVI REDDY: Okay. Great. There's another question for you, Susan, from Anne Owen. She asks would it be possible to obtain CE credits for disciplines other than those already obtaining credits that you mention in your presentation, in particular CEOs for speech language pathologists and audiologists.

SUSAN HORKY: Excellent suggestion and we would entertain those. Glad to be prompted and reminded of the other disciplines that might be interested in CEU's. And we will definitely talk about that as we work and hopefully once we have the disciplines that we have already started working on, hopefully we can then expand to the others. One other, in the interim, that will probably take some time, in the interim, we have just recently been considering on the free, people who take the classes for free, trainees, or residents or

whoever, we are going to be having an mechanism where a certificate is generated that documents that somebody has taken, or even if they are not actually getting a continuing education certificate, they will get a certificate. So in the meantime people from these other disciplines might want to consider seeing whether they can take the courses on the website, get the certificate and then maybe negotiate with their individual providers [inaudible].

MADHAVI REDDY: Great. Thank you, Susan. The next question is a fairly general question that I think we can also bring Clare and Tawara in to answer. The question is from Sonja, it says how effective have you found the web-based -- [inaudible] in improving competence.

CLARE DUNNE: I think that's an excellent question. Not one of the questions that we specifically ask on the survey, but I think the fact that people are logging on for the purpose of personal learning is an indication that they are at least intending to benefit personally from it, in terms of increase in individual cultural competence, but also the plan for, as we proceed in supporting the learners around these modules is we are going to be starting a listerv where we'll be contacting people who have registered and are interested in forming a kind of a virtual community, and I anticipate when we open up those communication lines on a more direct and a more immediate method, that we will be getting more information from people, and maybe also able to assist people in increasing their individual cultural competence. I think also very true as Tawara has said on many occasions that it's very important to increase your own individual cultural competence, and

for a lot of reasons, including as professionals of element. I think certainly if I may speak for myself, as time goes on, I feel more and more the disadvantage for me personally of not speaking Spanish. It's something that I have a lot of interest in, and something that I -- I would like to do. So I think just as that, that's just one tiny example of the more work you do in cultural competence and linguistic competence, and the more you learn, the more you can help others and the more you can be effective in your work. Obviously I believe in it personally. So I think we'll be -- I want to add that caveat of saying there are lots of reasons to be more, to be very focused on individual cultural competence measuring it and increasing it. It also, though, ought to be and must be supported by the organization, and so how much can one culturally competence physician or nurse or social worker do in an organization which you really are not supported by policy. Susan, as you pointed out, the process is developing the case studies takes money and time and it doesn't sound like from your, from your discussion that this is at all something that an individual, no matter how culturally competent could have taken and done. Tawara, do you have something to add?

TAWARA GOODE: Yeah, I think the whole issue of measuring cultural competence is very critical. It's something people are taking a great degree of interest in. One thing I would indeed refer you to is that we have a cultural competence health practitioner assessment online. We feel that's very helpful. Going back to the continuum, we look at this as a process of continued growth. So as you think about measuring, it's very important to think about how you are measuring, and what are those, you know, what are those increments of measurement, and what would be appropriate. For instance, the only true

measurement would be yourself to yourself over time, as opposed to faculty A to faculty B within a specific time frame. So I think it's very important to look at the principles of cultural competence and linguistic competence to help in viewing this whole issue of indeed, indeed measurement.

MADHAVI REDDY: Great. Thank you, Tawara. Susan, do you have any comments that you would like to share on this question?

SUSAN HORKY: No. I would -- I would absolutely second what Tawara had said. I think it goes along with the idea of certain celebrating any positive move in the right direction, and so I think you have to always be looking at where they started to see not just are they there yet, because nobody ever gets kind of there yet, but have they moved. We are -- specific to our project, it hasn't been up long enough to really measure, but we are hoping to do a survey, an email survey probably in a year to get a flavor for whether -- and I think, and I think this was implied that in addition sort of measurable, there's a certain degree of subjective value that somebody may take it and maybe [inaudible] objective change, but the person may feel like I feel more comfortable with this topic, I feel more aware, and that is certainly a little step in the right direction. We are hoping to measure some of that in the future.

MADHAVI REDDY: Great. Thank you, Susan. We have a question from Megan. The question is I think for both of our, all of our presenters, can you talk about how some of the training programs are currently using these modules in their training programs? I think as

Tawara and Clare can talk about all the programs and then Susan can talk about her program particularly. I'll turn it to Clare.

CLARE DUNNE: Okay. Well, I think in some, in some ways when we ask about use, as I mentioned, we are, we weren't intending to limit people to our predetermined category when we asked people to register. But as we mentioned, one of the slides, the purpose include personal learning and that it's required by accreditation or other mandates, that they are using it for the purpose of faculty development. We also do ask about curricula development, and if it's required by, if it's required by coursework as another one of the options as we were thinking about the intended purpose, what they may be using the module for. But just to go over this in greater detail, I know we did have a lot of time, we have gotten in terms of the identified other uses, they were, there was quite a range of uses that weren't in that preselected list, that registrants had identified, they had stated they were using the grant or intended to use the modules for grant preparation.

One of them was to help develop a medical home for children with special needs, or other program development was frequently mentioned. Hospitals would be perhaps using the modules to develop training for staff or to develop a program, an outreach program was mentioned. Also training mental health providers with something that was identified as another use. Advocacy was something that was mentioned, and I think that was very interesting, especially people have, I believe, at the last, the partnership meeting in October, people mentioned being very sold on cultural linguistic competence, and wanting to take it to the next step but needing buy-in from peers, students and leadership. And so I

think that people are informing themselves with more detail with the use of the modules, and sounds like they are using them to advocate inside the organizations and possibly with other organizations as well. So that's a very exciting use.

Developing curricula, I selected that, I think that our original intention if we were thinking about people modifying and adapting existing curricula, but one of the uses that then has been identified it's going to obviously be identifying curricula from scratch, and starting perhaps either with using curricula in the discipline that they are in, or developing cultural competence training using the modules, which is pretty exciting. And also for research. And these are just selected examples. There was, as I say, quite a range. And so I don't know if that answers your question about other use. And as I say, as we look towards opening up the communication lines to a greater detail in the next year and the following years with the people who do register and use the modules, we hope to be able to find out more about how they are using the modules and how we can best support them. So I look to find even more unintended uses of the modules as time goes on.

MADHAVI REDDY: Okay. Thank you, Clare. Susan, would you like to respond to this question?

SUSAN HORKY: Sure. Since the cases are only kind of recently up and running, I don't have a huge kind of wealth of factual information but I can tell you what I think, certainly what we are doing. At least in Florida, and I would guess this is true at the other pulmonary centers, we ask the students to do the cases. It's only one of a number of

different cross cultural types of training that we have, but it is one that at least initially can be done kind of on one zone, people can do it at home or whatever. We bring them back and interact with them. [Inaudible]. I think basically any trainees that we have do these, and the other thing is we have just instituted a kind of faculty training, kind of a monthly seminar series, and so we are going to be doing cases either over time or just one or two of them and have the faculty do them. [Inaudible].

MADHAVI REDDY: Okay. Thank you, Susan. It looks like there are no further questions from our webcast participants. If you do have further questions for our guests, please feel free to email those to myself, [mreddy@hrsa.gov](mailto:mreddy@hrsa.gov) and I will try and get the answers to the questions you have after the webcast. Thanks to our presenters, Tawara and Clare, and Susan Horky. Thanks and hope you can join us for our next webcast. Hope that you can join us for our next webcast scheduled for December 1st. Thank you. There will be an evaluation form that comes up after the webcast is completed. You should take a few minutes to complete the evaluation form so that we can see how you feel how the webcast went today. See you in December. Bye-bye.