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This Week at UMC

Media Guide

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## This Week at UMC

### COMMUNICATION, REFLECTION, EMPATHY KEY TO ADDRESSING CULTURAL COMPETENCY

Health professionals must be mindful of the socioeconomic, racial and ethnic differences of their patients as well their own beliefs and biases when providing treatment if they want to eliminate health disparities.

This is the basis of cultural competency. Communication, reflection and empathy are all important factors in addressing this issue, said Dr. Robert C. Like, professor of family medicine and director of the Center for Healthy Families and Cultural Diversity at the University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School.

Like was the speaker for the cultural competency workshop presented at the School of Dentistry on Jan. 11.

“It may be beyond cultural competency. It’s about cultural humility – a lifelong commitment to self-evaluation and self-critique,” he said. “Every encounter is a cross-cultural encounter.”

Research has shown that minority populations have grown significantly over the last 20 years, and health disparities in access to care, service quality and health outcomes have become a major problem, Like said.

Health professionals should provide culturally competent health care to



(UMC photo by Jay Ferchi)

Dr. Robert Like, professor of family medicine and director of the Center for Healthy Families and Cultural Diversity at the University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School talked about cultural competency during a workshop sponsored by the UMC School of Dentistry, Jan. 11 at the Norman C. Nels Student Union.

respond to changing demographics, to eliminate disparities, to improve quality of services and outcomes and to decrease the likelihood of liability/malpractice claims.

Although some critics of cultural competence education equate it to political correctness run amok, Like said that's not the case. The goal is to foster trust and understanding between the patient and health professional, which leads to better communication and the reduction of health disparities.

This requires the patient to communicate openly with the health professional and for the health professional to see each patient as an individual with his own fears, beliefs and backgrounds. Often, it requires the health care provider to take a moment and ask himself whether he's bringing any preconceived notions into play.

"We're shaped by our families, by our local communities and by the biases we encountered while growing up," Like said. "There is no cookbook approach to treating patients.

This is a journey, a developmental process that involves self-learning and self-assessment."

Three states have laws requiring cultural competency in various areas of medicine, including education, licensure and continuing education. Like said health professionals shouldn't leave the issue in the hands of government or accrediting bodies.

"My concern is how do we get control of it and not have people tell us what to do," he said. "How do we begin to develop interdisciplinary training and apply it to our practices?"

One way to begin the discussion is to incorporate cultural competency into the curriculum, as early as the first year, for all areas of health, including medicine, dentistry, nursing and the allied health professions. Like also said academic health centers should build support for cultural competency among faculty, staff and the community it serves.

Dr. Karen Crews, assistant dean for extramural affairs and institutional advancement, said she has learned a lot about cultural competency from

Like.

“When you think about diversity, often you think about color. What I learn from him is that it goes beyond that. People of the same color often have different backgrounds, beliefs and cultures,” she said.

— Patrice Sawyer Guilfoyle (1-22-07)

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