

## IS YOUR MANIKIN STILL A WHITE MALE? APPLYING CULTURAL OVERLAYS TO SIMULATIONS

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### CONTENT DESCRIPTION

Despite the fact that healthcare professionals live and work in an increasingly diverse world, creators of simulation scenarios often ignore key factors that impact the communication and actions critical to our patients. Culture, socioeconomic, literacy, gender, personality, and environment all influence interactions between patients/families/communities, and healthcare providers. So, why are the majority of full-body manikins white males... and left that way?

It is easily within our grasp to use simulation to accommodate diversity and provide the best care/best experience for our communities. It is also important to be aware that healthcare providers and healthcare systems have their own cultures. It is hoped that participants will examine WHY simple cultural overlays are – or are not – consistently applied to current scenarios at their home facilities.

### LEARNING OUTCOMES

*Upon completion of this session, the participant should be able to:*

1. Describe how integrating cultural aspect into scenarios can be used to improve patient safety. (or... why ignoring cultural aspects can put you and your patient at risk)
2. Identify at least two cultures that your participants are likely to encounter in their clinical settings.
3. Develop a strategy for incorporating aspects of these two cultures into scenarios via overlays.

### SUMMARY OF KEY POINTS

1. Defining “culture”
  - A. Types of cultures
  - B. Framework: the Purcell Model for Cultural Competence
    - o Person, Family, Community, Society
    - o Core values, traditions
  - C. Health literacy
    - o Impact of culture on patient safety (see Betancourt, 2003)
      - Recognition of symptoms
      - Thresholds for seeking care
      - Ability to communicate symptoms to a provider who understands their meaning
      - Clinical decision-making
      - Ability to understand prescribed management strategy
      - Expectations of care
      - Many more...
2. Culture & Simulation
  - A. Differentiating cultural concepts: Awareness, Sensitivity, Competence
  - B. Top 10 excuses for why culture isn’t consistently part of simulations
    - 1) Error of omission
    - 2) Complicates/muddles the lesson
    - 3) They’re just learning a psychomotor skill
    - 4) Most manikins look Caucasian. Its difficult & costly to change skin color/features
    - 5) No money in budget or time to get appropriate clothing/props
    - 6) Changing clothing/props between scenarios would take too much time
    - 7) Faculty knowledge deficit – don’t want to offend participants
    - 8) Cultures are addressed in other classes
    - 9) So many cultures – wouldn’t know where to begin
    - 10) Ostrich syndrome: I’m uncomfortable & I don’t want to look at how my own culture & biases affect the care I give

### 3. Using cultural overlays

- Strategies
  - Primary vs. secondary intent
  - Whose culture are we addressing?
  - Props (wigs, clothing, makeup, artifacts)
  - Mix & match?
- Education vs. evaluation vs. remediation
- Example(s)

### 4. Review/Lessons learned:

- Helpful hints
- What doesn't work

### 5. Questions/Discussion

## **FAVORITE REFERENCES**

### **Top 5 articles**

Beagan, B.L. (2003). Teaching social and cultural awareness to medical students: "It's all very nice to talk about it in theory, but ultimately it makes no difference." *Academic Medicine*, 78(6), 605-614.

Betancourt, J. R. (2003). Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Academic Medicine*, 78(6), 560-569.

Eddey, G.E. & Robey, K. L. (2005). Considering the culture of disability in cultural competence education. *Academic Medicine*, 80(7), 706-712.

Green, A.R., Betancourt, J. R., & Carrillo, J.E (2002). Integrating social factors into cross-cultural medical education. *Academic Medicine*, 77(3), 193-197

Tervalon, M. (2003). Components of culture in health for medical students' education. *Academic Medicine*, 78(6), 570-576.

### **Top 3 texts**

Transcultural Health Care: a culturally competent approach, 2nd ed (2003). Purnell & Paulanka, FA Davis ISBN 0-8036-1057-2

Caring for Women Cross-culturally (2003). St. Hill, Lipson, & Meleis, FA Davis. ISBN 0-8036-1004-1

Culture in Clinical Care (2002). Bonder, Martin, & Miracle. Slack, Inc. ISBN 1-55642-459-0

### **Top 5 web sites & organizations**

Ethnomed <http://healthlinks.washington.edu/clinical/ethnomed>

DiversityRx [www.DiversityRx.org](http://www.DiversityRx.org)

Cultural Competency in Medicine [www.asma.org](http://www.asma.org)

Transcultural Nursing Society [www.tcns.org](http://www.tcns.org)

AltaVists.com, then Babel Fish

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