

# **Difference and Power: Learning objectives for Cultural Sharing Exercise :** **What does cultural self-awareness have to do with being a good doctor?**

Carol Mostow LICSW 1/19/02

The cultural self-awareness exercise designed by Swaby-Ellis, Salazar and Pololi based on the work of Pinderhughes accomplishes several important learning goals.

- 1) Participants are encouraged to connect with and appreciate their own cultural identity. Experiencing the shared pleasure and interest that differences pose is a powerful lesson for students and trainees that they can build upon, rather than abandon, the self they bring to medicine. With the increased awareness of their own values and influence of power or lack of it in their lives, we hope the learners will be able to appreciate the gifts of their background and also be non-defensive in noticing their culturally-based blind spots. You can't be sensitive to other people's culture if you don't even see your own.
- 2) They learn to listen to others' stories. They may notice that people do not always self-identify in the way they might have expected; that others' answers may be different or more similar to oneself than expected. Group participants who may have even known each other already in other contexts are often surprised and delighted to learn how rich are the new insights they gain from their peers sharing even 2 minutes regarding cultural identities which they might never have known. Hopefully this will carry over into interest and appreciation of their patients' cultural identities and approaching others with few preconceptions.
- 3) They learn to understand better the subjective experience of the "other" from unfamiliar backgrounds .Because of the safe and non-defensive environment, people may hear surprising confidences shared re the experience of being a member of an unfamiliar cultural or ethnic group and what it can feel like to be part of a minority or majority culture. Hearing the ways others may experience their culture as a source of both strength and conflict allows an appreciation of the nuances and the variation within groups. This entering into others' experience can help expand empathic capacities.
- 4) The issue of power is the most potentially threatening to both the privileged and the less privileged. However, people with less power are often much more aware of the dynamic while privilege is often invisible to those who have it. Indeed, class and race are rarely discussed easily in this country. Brief group experiences are designed to be non-confrontational in order to prevent defensive dismissal of the area of cross-cultural communication. It is best if the experience is positive and thought-provoking. However it is essential that learners entering a profession with such great power, begin to be aware of the implications of power in its many forms, and how it might impact those people with less privilege and power who will be their patients. Pinderhughes recommends self-confrontation while in interaction with others. The reflections participants have while contemplating the written questions, sharing their answers, listening to others and debriefing may provide an opportunity to deepen understanding of their own relation to power.
- 5) For clinicians, the 5<sup>th</sup> question may add to the clinical relevance of these issues to encourage a non-defensive reflection regarding the way all of us bring our backgrounds to clinical encounters. We can realize that the richness of our cultural and personal backgrounds may enhance our abilities to connect with some patients but that inevitably, some of our personal or cultural assumptions may bring 'blind-spots' that can pose challenges that we need to be mindful to try and notice and overcome.

*See works by Elaine Pinderhughes, Beverly Tatum and Milton Bennett for further discussion of the learning process and developmental stages of cultural awareness*

# ***Cultural Sharing Exercise for Healthcare Providers***

## **DIFFERENCE and POWER: Facilitator guidelines**

Carol Mostow LICSW 5/3/01 based on a workshop designed by Drs. Swaby-Ellis, Salazar and Pololi

The following exercise can promote reflection on one's own background and also help us learn from the diverse experiences of others whose backgrounds and experiences with power differ from one's own.

With that in mind, it is optimal to have diverse faculty involved to bring in different experiences and role models, especially if your group of residents or other learners is apparently homogeneous. When you are arranging the seating, we have found it useful to intersperse faculty and residents. Also keep in mind which 1-2 faculty person(s) you may choose to begin the sharing process as role models telling their stories.

**Establish an environment of safety.** We are here to reflect and share experiences which we rarely discuss in a busy work environment and may not have considered or discussed at all.

Distribute to each participant the ground rules which you can read aloud. (covers confidentiality, listening without judgment, sharing as much or as little as one wants in the available time, genuinely apologize if inadvertently give offence, "these can be very sensitive topics", etc)

**Next distribute the accompanying sheet of 5 questions** (4 adapted by Drs. Dawn Swaby-Ellis, William Salazar and Linda Pololi from the work of Elaine Pinderhughes with the additional 5<sup>th</sup> question which is helpful for those with clinical experience)

- 1. What is your cultural origin or the culture with which you identify?**
- 2. What values come to mind that you particularly like or dislike about your cultural heritage?**
- 3. Describe an experience where you have felt different (race, ethnicity, class, etc.)**
- 4. How have you experienced a sense of power/ privilege, or lack of power, in relation to other groups?**
- 5. How has your background helped you connect and also posed challenges in your interactions with patients? (requires at least 2 extra minutes per person ie up to 5 mins total pp vs 3 mins pp)**

**A.** "The first step is to take 1-2 minutes to **REFLECT** on the 5 questions on the form. Give yourself time to think about issues, some of which may be in constant awareness and others to which you may have never given any thought." (Discussion point for later: Camara Jones, Kaiser research) "Jot down a few words which can remind you of your thoughts. **YOU DO NOT NEED TO ANSWER EVERY QUESTION AND WILL NOT HAND IN THIS PAPER**"

**B.** The next phases of the exercise involve **LISTENING** and brief **SHARING**. Explain that one of you will serve as facilitator while the other one will keep track of time and remind them when they have 2 minutes and then 1 minute left. (One of the 2 facilitators invites the participants to share and thanks each one before the next speaks. The other serves as an official time keeper who will give each speaker a warning after 3 minutes (less than 2 minutes left) and after 4 minutes (to wind up their thought) Let folks know about this time-keeping role to make sure there's time for each person to share. Faculty can provide the first 1-2 story/sharings to give a role model.)

**C.** The next step is to go around the rest of the group e.g. "You will have the opportunity to speak for (3-5 minutes) on whichever of these thoughts you would like to share. You may pass or decide to share an entirely different memory than the one you had at first. It is most useful if your discussion is in the first person, describing experiences that directly impacted or were personally meaningful for YOU. " "Try not to interrupt or interject during others' stories but instead, practice focusing your listening. Unlike in medical practice, you need not be preoccupied by formulating question, etc. but instead allow yourself to hear someone else's story."

**D.** The facilitator should allow a few minutes at the end for people to share any strong reactions or thoughts about what has come up, to identify themes of commonalities and differences, etc. It is often issues of power and privilege which are least conscious to majority culture housestaff. A list of cultural definitions which conceptualize some of the experiences shared (e.g. acculturation, privilege, etc.) can be helpful and is available from Melissa Welch's curriculum).

**COMMENTS:** Please note that this is a wonderful exercise for participants from all levels of the medical hierarchy as well as from differing professional backgrounds since we are all experts regarding our own background. Both residents and faculty have found the experience of sharing and hearing personal stories together particularly meaningful especially when diverse faculty participate. For ourselves, it can be interesting to note which stories one chooses to share at a particular session and the impact on the group and oneself. We have also had success incorporating non-physician teammembers in this exercise (e.g. in pre-clinic conferences) which has allowed us to increase the diversity represented as well as strengthen ties and empathy among colleagues. We also hope that the experience of hearing and sharing cultural heritages as well as first hand experiences of discrimination in a supportive atmosphere will reduce the burdens of isolation and scrutiny which can be experienced by minority housestaff entering medical culture. Another benefit of this exercise is that we often discover that there are usually "hidden" differences which are evoked by these experiences and that groups are often wonderfully more diverse than they first appear.