

VIEWPOINTS

Cultural Humility and Interprofessional Education and Practice: A Winning Combination

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At Creighton University, we had a panel discussion on interprofessional education by addressing the question: *How do you bridge the required autonomy of professionals in the health sciences with the need to work across disciplines?* It was an interesting discussion. One panelist addressed the complexity of the healthcare system, the episodic approach to patient care, the need to work/bridge across disciplines in an interdependent approach, and the importance of recognizing individual competencies but also common interprofessional competencies.¹ Another panelist emphasized the importance of remembering the patient autonomy rather than the healthcare professional autonomy. A third panelist emphasized that autonomy is relative since it is based on a trust that the professional will act in the best interest of society and that we have to also address the domination of one profession over another. A fourth panelist emphasized the barriers to interprofessional practice including time, payment structure, physical impediments, training, and environmental and licensure changes.

One comment that resonated and stuck with me during the discussion was the comment by one panelist that our health professions graduates would walk across the stage without knowing what the other graduates from the other health professions do or how they would contribute to the healthcare team. How true! While, as health professions educators, we may not be able to do much about the existing dynamics and politics of the current healthcare team to improve interprofessional practice, there is much we can and should do as part of educating future practitioners.

It is encouraging to see the increased emphasis on interprofessional education in pharmacy colleges and schools. For example, some pharmacy colleges and schools have gone as far as building their student education experience based on such a model² or with emphasis on interprofessional education.³ The experience of such schools and the experience of their graduates as they go out into the workforce, the challenges and successes they encounter, should be shared for all to learn from. Also, as part of an interprofessional education supplement in 2009, the *Journal* published manuscripts with definitions, student

competencies and guidelines for implementation,⁴ and keys for success.⁵ Further, the 2011 report of an expert panel from all the major academic health associations including the American Association of Colleges of Pharmacy, highlighted the core competencies for interprofessional collaborative practice.¹

Key aspect for implementation of interprofessional education at the college and school level is having a flexible, dynamic curriculum planned with interprofessional education in mind with shared experiences across the health disciplines. Some pharmacy colleges and schools have introduced a culture competency course⁶ in the curriculum with the goal to sensitize students about the needs of all their patients and especially those who are vulnerable. Certainly, sensitizing students to the other members of the healthcare team also could be incorporated as part of the framework for a culturally competent practice. The 2011 report identified 2 competencies related to the above: embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team, and respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.¹ Thus, culture competency as a core competency for pharmacy graduates and other healthcare profession students can play an important part in interprofessional education. One major aspect of that is to teach students cultural humility.⁷ While this as a concept has been around for a while, not much emphasis has been given to it in the training and preparation of healthcare professionals in general and pharmacists in particular.

Cultural humility is defined as a lifelong process of self-reflection and self-critique.⁷ As it relates to the patient, this means that the future provider develops and practices a process of self-awareness and reflection to identify his/her own preconceptions and worldview as compared to that of the patient, and to strive to respect any differences while in the process of optimizing patient care. Certainly, I think this self-awareness and reflection can also be applied to a provider's own actions, including interactions with other healthcare professionals. Thus, students in healthcare professions need to be taught and become aware of the contributions of other healthcare

professionals who are part of the healthcare team; give credit for and when credit is due for other providers; accept responsibility for their own actions and acknowledge their own mistakes; recognize the limits of their own knowledge, expertise, and authority; seek out new knowledge and accept and respect other opinions. To put it simply, humility can be defined as being “egoless,” humble, or “down to earth.” As with any other virtue or attitude, it is hard to instill in individuals and is best taught by role modeling and narrative examples. Thus, health professions academics across all the disciplines can be role models in all of this by their own interactions with students (eg, emphasizing to students that it is ok to say “I do not know,” admitting making a mistake), colleagues (eg, incorporating concepts and principles from other disciplines and health professions, highlighting contributions of other disciplines), and by emphasizing within the curriculum many of the above virtues and actions of a healthcare student and future provider, including when they interact with other healthcare professionals.

The curriculum could be embedded longitudinally in both classroom lectures and practical experiences that would expose students to the core educational outcomes for other healthcare professionals, emphasize the core common competencies among them,¹ provide simulation interactions in different settings and to challenge them with difficult practical situations that may involve turf issues within and outside their own profession. The goal of all of the above would be to emphasize the importance of cultural humility in reflecting on one’s own beliefs and actions and the interaction with other healthcare professionals.

Narration by faculty members of examples that demonstrate cultural humility can also go a long way in developing an egoless attitude rather than an attitude of arrogance or entitlement. One example I shared with the group is discussing with students patient safety in the context of intravenous administration of drugs in a required parenteral course, recalling how I mixed a magnesium sulfate IV drip for a pre-eclamptic 6-month pregnant lady with trace elements rather than magnesium sulfate. I share with the students how, had it not been for the awareness of the nurse who was taking care of the patient, the baby may have been delivered premature and suffered the many possible adverse consequences of that. After the nurse increased the rate of the drip to 2 gm/hour, the contractions kept coming. She made a professional decision to order a new bag which was mixed correctly and when the new bag was hung, the contractions stopped. I go on to explain how I worked with the physician to

research any possible consequences from administering approximately 200 ml from the bag I prepared containing trace elements. We developed a report which we communicated to the patient and her family, acknowledging the mistake that occurred and providing information to help the patient and her family address the situation based on factual and scientific information. Another colleague who is a physician shared how he has kept an x-ray film for a patient who he misdiagnosed as a reminder in his office, and that he shares this with his students.

Certainly, as healthcare students and future practitioners, working as part of an effective healthcare team with interprofessional practice in mind, culture competency as a core competency is much needed towards their current and future peers/colleagues as well as their patients. Cultural humility is a tool that is a key for a successful framework for a culturally competent practice. Instilling that in current and future healthcare students is a must to start them on a life-long journey of self-awareness and reflection to become better practitioners and responsible and more appreciative member of the larger healthcare team. Health care educators, institutions, curricula, organizations, and providers can play a major role in ensuring that current and future healthcare students and practitioners embody cultural humility in the classroom, in training, in life, and in clinical practice. Optimizing patient outcomes depends on it.

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