Ensuring Cultural Humility in Precepting

WHAT IS CULTURE?

Culture is a mental construct that is acquired consciously and unconsciously from our environment. This begins at a young age from our involvement with parents, family, friends, school, and religious teachings. Moreover, this is learned through language and modeling of others. By age 5 many of our foundational aspects are internalized and by the time we reach our teenage years these aspects are elaborated upon through socialization. As we age, we seek acceptance to provide a sense of security toward our personal identity and this identity changes over time. For example, a woman in her lifetime will go through various changes within her personal identity to include: wife, mother, grandmother, worker, perhaps divorcee, and the list goes on. Each of these identities carries its own set of cultural norms and expectations which can lead to unpredictable or uneven changes even amongst individuals within the same culture.

Culture is defined as: *"…it comprises beliefs about reality, how people should interact with each other, what they "know" about the world, and how they should respond to the social and material environments in which they find themselves." "It is reflected in their religions, morals, customs, technologies, and survival strategies.*" The aspect of culture affects how we work, parent, love, who we marry, our understanding of health, illness, disability, and even death.

The concept of culture also contains "Subcultures" which can be viewed as distinctive characteristics that sets one group apart from others. The idea of subcultures specifically looks at areas including gender, age, orientation, and race; but can also include occupation, geographic location as well as many others. For example, Generation X is a unique subculture of individuals born between 1965 and 1981 who are sometimes referred to as the "feral generation" that feature a generation known for raising themselves as latch key kids but are young enough to integrate easily into the newer technology of today's society with very strong viewpoints on many subjects. Another example comes from those that identify themselves as "Southerners." If you engage in a discussion with a southerner, you will quickly see differences in their norms, customs, and world views that accrue to their place of birth or upbringing.

Another component of culture involves those that migrate from their area of origin to a new country and involves intra-ethnic variation and this is referred to as "Acculturation." For example, if a Mayan immigrant from Mexico enters the United States, he/she will retain their core cultural values from their native upbringing. However, this will be modified or added to over time depending on the amount and quality of contacts within the United States. This level of assimilation can lead to a loss or gain of cultural traits which can be more clearly seen in the sons and daughters of that immigrant. The children will retain those parental values and ideations but acquire cultural norms prevalent in the mainstream society in which they grow.

What is Ethnocentrism?

Ethnocentrism is the idea that "my culture is the most important culture in the world, and my culture's beliefs are the most valid." Unknowingly, we pass on mental scripts or belief structures to our children giving them a very specific view of the world through the lens of ethnocentrism. In the past that script has been very blatant. For example, between 1960 and 1970 the native American Indians were unknowingly being sterilized against their will and included cases in some as young as 11 years old. And they weren't the only ones, this also included African Americans and the poor. It is estimated that the number of sterilizations could be as high as 70,000 in women under the age of 21. The motivation behind this movement was based on those living in reservations surviving on government programs such as welfare, thus it was decided that sterilization would improve their financial situation and their family's quality of life. In 1927 the Supreme Court upheld an involuntary sterilization of a female child in the case "Buck vs. Bell". The court reviewed three generations of Buck women and deemed that there was such an inherited intellectual deficiency that it clearly caused a danger to public welfare. To quote the attorney from the case: "It is better for all the world if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind." The daughter was forced to undergo the procedure despite her only crime as being a shy girl who was raped by the nephew of her adoptive mother.

Cultural Competence vs. Cultural Humility

While we have come very far from those days of segregation and discrimination, we need to consciously identify and address any scripts cultivated from our past that can subconsciously influence our attitudes/bias and behaviors today. Many would press that to accomplish this goal we should become culturally competent. However, competence is defined as being able to assess and identify commonalities amongst ALL cultures to drive our interactions with individuals from different heritages. This can be accomplished by practicing cultural humility in our everyday encounters. Instead, it is far more feasible to approach culture from the lens of cultural humility where you are observant of similarities and differences among and between groups. Cultural humility "…recognizes individual limitations in knowledge and skills and aligns with the growth mindset of lifelong learning" (Tinkler & Tinkler, 2016).

The goal of cultural humility is to foster inclusivity, empowerment, respect, collaboration, and lifelong learning. This practice can counter impediments to education such as stereotyping, marginalizing, stigmatizing, and bullying. To practice cultural humility as a preceptor, you must relinquish your expertise. Don't assume that an individual is either underprepared or over prepared for their internship. When you do, you can potentially ignore the needs that would challenge a student and help them excel. For example, an employer assumes that another administrator's son will automatically know step-by-step what needs to be done at shift change on his first day of work, just because he is the administrator's son. When we approach precepting from the lens of supporting and challenging their perceptions and exercise of power, then we promote acceptance.

The key point is to acknowledge historical scripts that precede us which can carry the potential to undermine our best, most competent efforts. It is imperative that we identify our own scripts that put our needs above those we serve to prevent unintentional stereotyping, marginalizing, and stigmatizing. As preceptors, we should approach every discussion authentically and with a mindset of open inquiry as a partnership with that student to cultivate healthy debate.

Effective Communication in a Multicultural Environment

The purpose of the university and clinical internship is to provoke each other to question his/her current beliefs and change the ones he/she cannot defend. As preceptors we want to challenge our students to be resilient. Nassim Nicholas Taleb, a professor of risk engineering at NYU argues that most of us think about risk in the wrong way. We are not china that has to be handled with care. Instead, we are "antifragile" and require regular physical and mental challenges and stressors or we will deteriorate. For example, a fractured arm after 3 months of being in a cast will atrophy simply because it was not challenged. Secondly, we need to remember that while feelings are compelling, they are not always reliable. Feelings can distort reality, deprive us of insight, and needlessly damage our relationships. These cognitive distortions manifest themselves as emotional reasoning, catastrophizing, overgeneralizing, and dichotomous thinking to name a few. Using Behavioral Therapy techniques can help sidestep emotional reasoning and help us ground assertions with textual evidence. Lastly, reality is extremely complicated and comes in many shades of grey. Nothing is ever "black and white" and believing that someone is either good or evil results in people becoming unfairly demonized.

OPEN INQUIRY

Student centered learning should include open inquiry where a student has the freedom to ask questions without fear of reprisal and given the stage to debate topics in a healthy way. To do so means that we must first accept the fact that we are flawed thinkers. We will vigorously search for evidence to confirm what we already believe, and this leads to confirmation bias. When this happens, we congregate around methods or ideals that conform to our narrative and ignore questions that don't offer support. The act of confirmation bias thwarts critical thinking which is absolutely necessary to practice in the ever-evolving field of medicine. We should practice and promote intellectual humility and graciously admit when we are mistaken and thank those who gave us a new perspective.

NAVIGATING CONFLICT

When we expect students to engage in discussion, we must be prepared to navigate or deploy methods to prevent or circumvent conflict. All it takes is one student to make a comment or call on a slight offense (microaggression) to trigger what is referred to as the "Call Out Culture." This is defined as a brief and commonplace verbal, behavioral, or environmental indignity (whether intentional or unintentional) that communicates hostility and derogatory insults. While it is undeniable that some members of various identity groups encounter repeated indignities because of their culture, even if the offender harbors no ill will, their clueless responses can become burdensome and hard to tolerate. HOWEVER, we should practice what is referred to as a "Principle of Charity" in which we approach the comment by giving benefit of the doubt that the faux pau does not make the person evil or an aggressor. A way to approach this would be to use a phrase such as: "I'm guessing you didn't mean any

harm when you said _____, but you should know that some people might interpret that to mean _____."

As preceptors we should preach open communication between parties rather than external intervention. We want students to work through their differences together as opposed to using an external entity to navigate conflict. To better prepare learners, we should deploy cognitive behavioral therapy techniques where we press for logical evidence to ground assertions and reject emotional reasoning. Additionally, remaining mindful in the moment, as a calm and present participant without passing judgement can help shape positive outcomes during times of conflict. Afterall, having people around us that are willing to disagree with us is a gift!

At the end of the day, practicing cultural humility and recognizing our shortcomings as flawed thinkers will help us break through cognitive dissonance and free ourselves from confirmation bias which can trigger the unconscious script of ethnocentrism. Explicitly reject the idea of "Good and Evil" by talking about the ways in which you can unwittingly offend or exclude others and encourage politeness, empathy, and the Principle of Charity. Ultimately, we are all healthcare professionals, and we were brought to this field to make a positive difference in the lives of those in need. To do so means we must remain connected to the basic human need to be socially accepted amongst all individuals despite our cultural differences and treat all people with fairness.

I, _____ have read this excerpt and received a copy of the 11/2023 updated Preceptor Manual from Princeton Rescue Squad containing this new section on "Ensuring Cultural Humility in Precepting."

By signing and dating below, I am indicating that I have read, understand, and will employ the Principles of Cultural Humility and its application to student interactions during field and clinical internships.

_____ _____

Preceptor's Signature: Today's Date:

_____ _____

Program Director Signature: Today's Date: