



شایستگی فرهنگی

9

هویت حرفه ای
در آموزش علوم پزشکی

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Definitions

Culture

فرهنگ

Cultural value

ارزش‌های فرهنگی

Cultural component

جزء فرهنگی

Cultural competence

شایستگی فرهنگی

Cultural competence in health care

شایستگی فرهنگی در مراقبت‌های بهداشتی

Cultural Humility

فروتنی فرهنگی

Cultural Awareness

آگاهی از فرهنگ

Culture

The customary beliefs, social forms, and material traits of a racial, religious, or social group

Also : the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time

فرهنگ مجموعه ای از ویژگیهای خاص است که به وسیله هر چیز یا زبان، مذهب، غذا ، عادات اجتماعی، هنر و موسیقی مشخص میشود. آنچه در تعاریف ارائه شده از فرهنگ، مشترک میباشد، آن است که فرهنگ، قوانین نانوشته ای است که در بیشتر مواقع به راحتی قابل مشاهده نیست و همین امر کار را در برقراری ارتباط مؤثر مشکل می کند

فرهنگ کلیت در هم بافته ای از دانش، هنر، اخلاق، قانون، آداب رسوم و هر گونه قابل یتها و عاداتی است که به وسیله انسان به عنوان عضوی از جامعه کسب شده و در رفتار های وی بروز مینماید



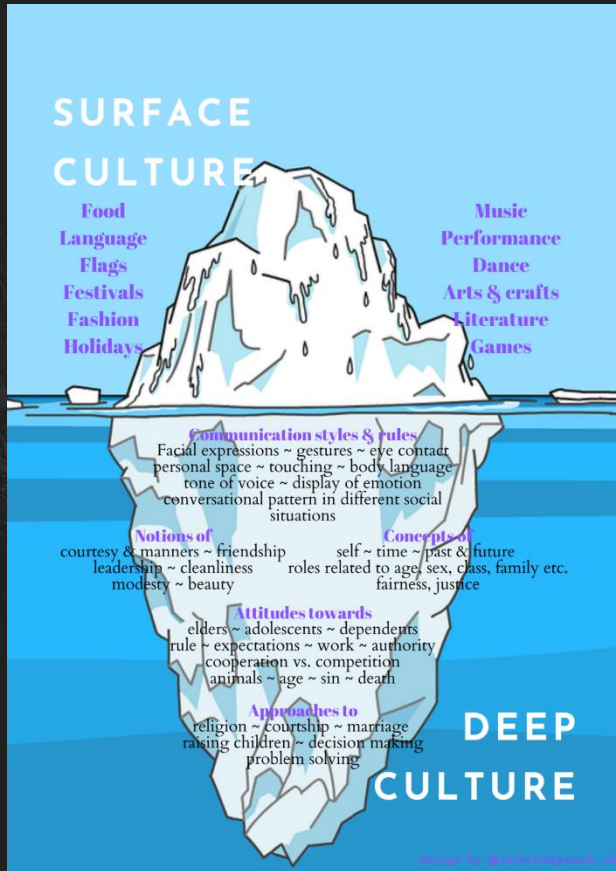
Cultural value

Cultural values are the core principles and ideals upon which an entire community exists and protect and rely upon for existence and harmonious relationship.

The concept is made up of several parts: customs, which involve traditions and rituals; values, which are beliefs; and culture, which is all of a group's guiding values.



Cultural component



- Values and beliefs
- Language
- Symbols
- Rituals
- Norms.



Why ?

cultural competency in healthcare

Cultural competence in health care

Cultural competency in health care is generally defined as:

A set of congruent skills, communication strategies, and policies that come together in a system, agency, or among professionals with the objective of facilitating effective delivery of services in cross-cultural situations

تعاریف بالینی آن اشاره به اکتساب بالینی صلاحیت در سه حوزه

- عاطفی (آگاهی از نگرشها، ارزشها و سوگیریها)
- شناختی (دانش)
- رفتاری (مهارتهای مورد نیاز برای یک مواجهه مؤثر)

دارند



مؤلفه های صلاحیت فرهنگی چه هستند؟

مؤلفه های صلاحیت فرهنگی در نقاط مختلف دنیا متفاوت است. در هر کشوری با توجه به اهداف، چشم اندازها و ویژگیهای جمعیت آن کشور به تعیین مؤلفه های صلاحیت فرهنگی پرداخته شده است

پارچوب باکوت شامل ۵ مؤلفه (آگاهی فرهنگی، دانش، مهارت، مواجهه فرهنگی و تمایل فرهنگی) است که با یکدیگر (ابطه ی وابسته ای دارند)

آگاهی فرهنگی	فرایند خودآزمایی آگاهانه از تعصبات خود نسبت به دیگر فرهنگها و کشف عمیق تعصبات و پیش داوریها و مفروضات خود در مورد سایر افراد دارای فرهنگهای متفاوت است. باکوت بیان می کند که بدون آگاهی از تأثیر ارزشهای فرهنگی بر تعاملات مان با دیگران، خطر تحمیل فرهنگی وجود دارد.
دانش فرهنگی	به عنوان فرآیندی تعریف می شود که پرسنل حرف سلامتی، اطلاعات اساسی در مورد دیدگاههای گروههای قومی و فرهنگی گوناگون، متغیرهای بیولوژیکی، موقعیتهای سلامتی در گروههای قومی مختلف و سایر اطلاعات فرهنگی معنادار و مهم را جستجو کرده و به دست می آورند. در اینجا بر ادغام سه مسأله اصلی: ارزشها و باورهای مرتبط با سلامتی، بروز و شیوع بیماری و اثربخشی درمان باید تمرکز شود.
مهارت فرهنگی	توانایی جمع آوری اطلاعات فرهنگی مرتبط با مشکل فعلی مراجعین و اجرای درست ارزیابی فیزیکی بر اساس فرهنگ مراجعین است.
مواجهه فرهنگی	تعامل با مراجعین دارای فرهنگهای مختلف است و یکی از عناصر مهم مواجهه فرهنگی صلاحیت زبانی است.
تمایل فرهنگی	مفهوم نهایی و محوری پارچوب نظری باکوت است که حرکت به سوی صلاحیت فرهنگی را سرعت می بخشد و آن انگیزه فرد جهت درگیرشدن در چهار فرایند فوق است.

تعریف و سطوح شایستگی فرهنگی در دانش‌آموختگان علوم پزشکی: یک مطالعه کیفی

زهره نقی‌زاده موغاری^۱، عباس عباس‌پور^{۱*}، سعید غیائی ندوشن^۲، مهدی فیض^۳، جلیل کوهپایه زاده^۴

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^۲ گروه مدیریت آموزش عالی، دانشکده روانشناسی و علوم تربیتی، دانشگاه علامه طباطبائی، تهران، ایران

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^۴ دانشکده پزشکی، مرکز تحقیقات آموزش علوم پزشکی، دانشگاه علوم پزشکی ایران، تهران، ایران



شکل ۱. سطوح شایستگی فرهنگی دانش‌آموختگان علوم پزشکی

Cultural Humility

فروتنی فرهنگی

“Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and accepting that person for who they are.”



Key Attributes of Cultural Humility



- Openness
- Self-Reflection/Awareness
- Lifelong learning
- Institutional accountability
- Empathy and compassion
- To be “other-oriented”
- Acknowledging Power Imbalances and Balancing power imbalances

Cultural awareness

Cultural awareness is the ability to perceive our own cultural beliefs, values, and customs, and to understand how they shape our decisions and behavior. Cultural awareness requires us to step back and look at ourselves as if through a stranger's eyes, and to open our minds to different ways of doing things.



Difference between cultural humility and cultural competence in healthcare

Cultural humility and cultural competence are both important concepts in healthcare that aim to improve the delivery of care to diverse patient populations.

Cultural humility refers to a lifelong commitment to self-reflection and self-critique, as well as a willingness to learn from and partner with individuals from different cultures. It involves recognizing and addressing power imbalances and acknowledging the limitations of one's own cultural knowledge.

On the other hand, cultural competence refers to the ability of healthcare providers to understand, appreciate, and effectively interact with individuals from different cultural backgrounds. It involves acquiring knowledge, skills, and attitudes to provide culturally appropriate care.



Medical Education Online



LETTER TO THE EDITOR

Cultural humility: treating the patient, not the illness

Understanding cultural competence and cultural humility

Becoming culturally competent and practicing cultural humility are ongoing processes that change in response to new situations, experiences, and relationships. Cultural competence is a necessary foundation for cultural humility.

CULTURAL COMPETENCE

Gaining cultural knowledge

- What are other cultures like, and what strengths do they have?

Developing cultural self-awareness

- What is my culture, and how does it influence the ways I view and interact with others?

CULTURAL HUMILITY

Holding systems accountable

- How can I work on an institutional level to ensure that the systems I'm part of move toward greater inclusion and equity?

Understanding and addressing power imbalances

- How can I use my understanding of my own and others' cultures to identify and work to disrupt inequitable systems?

Source: Project READY. ready.web.unc.edu. Licensed under CC BY-NC-SA 4.0.

Attributes	Cultural competence	Cultural humility
View of culture	<ul style="list-style-type: none"> • Group traits • Group label associates group with a list of traditional traits and practices • Decontextualized 	<ul style="list-style-type: none"> • Unique to individuals • Originates from multiple contributions from different sources • Can be fluid and based on context
Culture definition	Minorities of ethnic and racial groups	Different combinations of ethnicity, race, age, gender identity, sexual orientation, nationality, class, education, abilities, faith, and more
Traditions	Immigrants and minorities follow traditions	Everyone follows traditions
Context	Majority is the normal; other cultures are the different ones	Power differences exist and must be recognized and minimized
Results	Promotion of stereotyping	Promotion of respect
Focus	Differences based on group identity and group boundaries	Individual focus on not only the other but also of self
Process	A defined course or curriculum to highlight differences	<ul style="list-style-type: none"> • An ongoing life process • Making bias explicit
Endpoint	Competence/expertise	Flexibility/humility

Individual Cultural Competence Continuum Model

Cultural Proficiency

Cultural Competence

Cultural Pre-Competency

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness

ORIGINAL ARTICLE

Cultural Competency of Medical Students: An Asian Context

Kavitha A Kumar¹, Ashok Kumar Jeppu², Nirmala Devi³, Fazna Saleem¹, Sohayla M Attalla⁴, Mahfuza Aktar⁵

Among the 291 respondents, the cultural competency was found to be significantly different among medical students of :

- Different year of study
- Age
- Ethnicity

However, with regards to gender, country of birth or the number of languages spoken, the difference was insignificant.

The clinical year students had significantly higher scores on the knowledge, skills, comfort level and attitude domains of cultural competency when compared to the preclinical students.

Chinese students' perception on cultural competence was significantly distinct from Indian and Malay students.

راهبردهای ایجاد شایستگی فرهنگی در فراگیر

Strategies to create cultural competence in medical students

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What are the learning objectives for medical students?



- 01** Understand the concept of cultural competency
- 02** Recognize and appreciate diverse cultures
- 03** Identify personal biases and stereotypes
- 04** Develop effective communication skills
- 05** Demonstrate cultural sensitivity and respect
- 06** Apply cultural competency in practical situations
- 07** Collaborate and work effectively in multicultural teams
- 08** Evaluate and reflect on cultural competence

Individual Cultural Competence Continuum Model

Cultural Proficiency

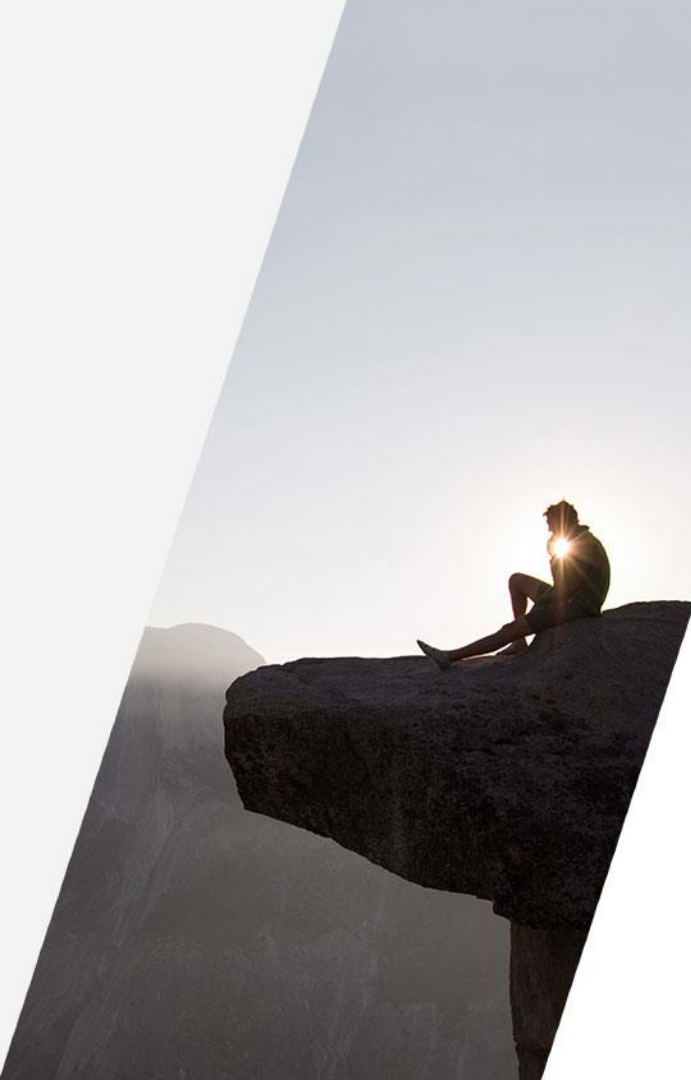
Cultural Competence

Cultural Pre-Competency

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness



Which method should
we use to teach them?

Interventions to improve cultural competency

Types of interventions to improve cultural competency:

1- training/workshops/programs for health practitioners (e.g. doctors, nurses and community health workers)

2- culturally specific/tailored education or programs for patient/clients

interpreter services

peer education

patient navigators

and exchange programs.





Who should teach them?

Teachers?





In what environment
should we teach them?

Environment

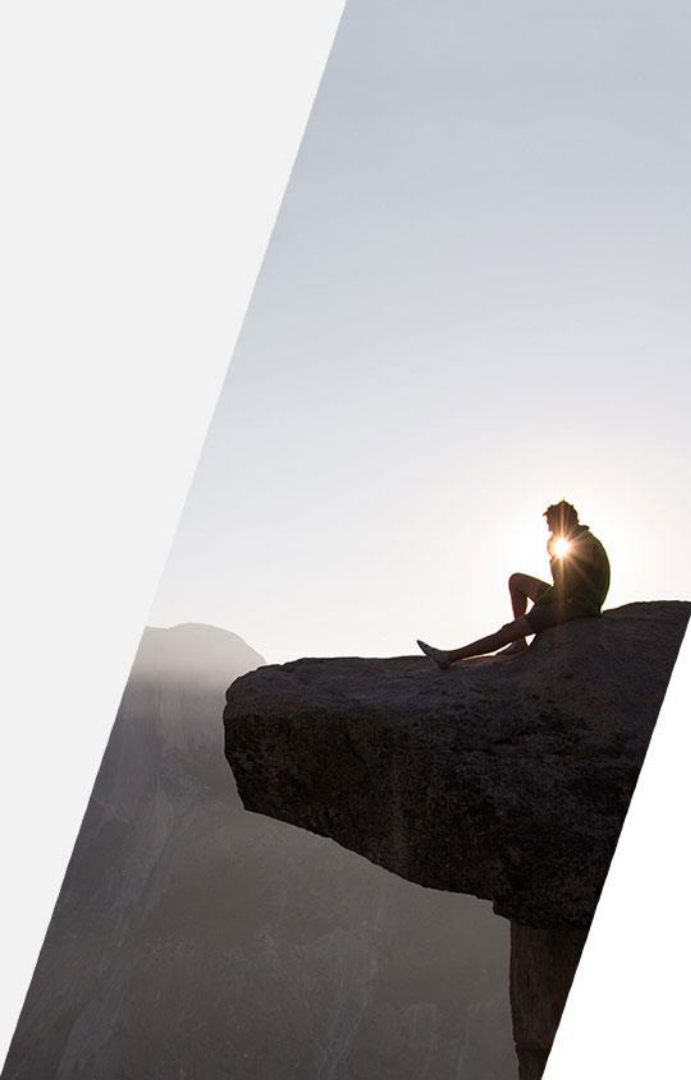




How long should we teach them?

Evidences ?

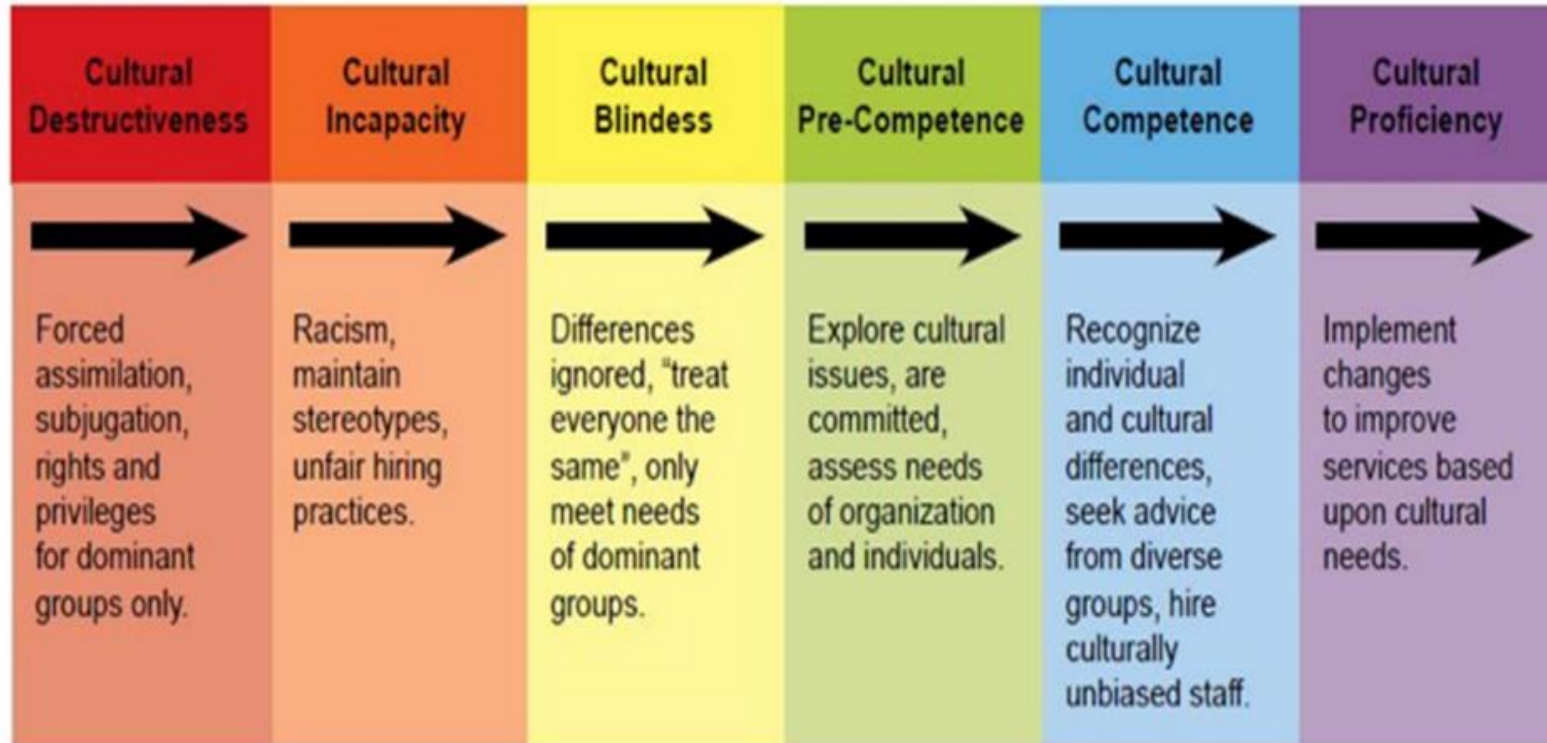




At what stage in the medical
education journey?

Based on position on continuum

Continuum of Cultural Competency





How can we monitor it?
How can we evaluate it?

M&E



- Self-assessment
- Communication skills evaluation
- Patient satisfaction surveys
- Observations and case studies
- Cultural competency training
- Peer and supervisor evaluations

Knowledge

Community Context

Sociopolitical + Environmental Determinants of Health

Cultural Protocols

Culturally Relevant Organizational Guidelines + Community Resources



Attitudes

Critical Awareness of Culture + Inequities

Respect for Cultural Differences

Cultural Self-Reflections

Openness, Empathy, + Resilience

Motivation to Learn About Culture



Skills

Cross-Cultural Communication

Advocacy + Action

Self-Monitoring

Relationship + Rapport Building



Increased Engagement + Acceptance, Inclusion, + Equality



Culturally Safe, Respectful, + Mutual Understanding



Increased Problem-Solving Through New Perspectives + Strategies

More Equitable Organization + Service Structure

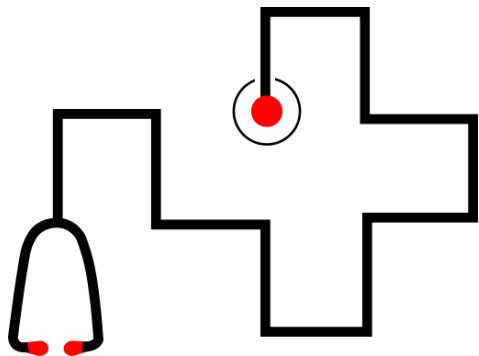


Improved Access to Resources + Support in Community

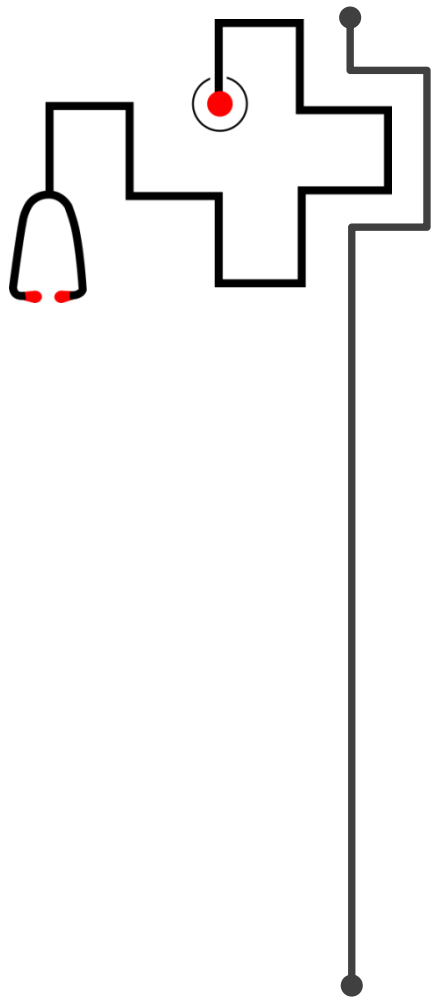
Reduction in Disparities + Inequities

Improved Individual Outcomes

Adapted from Watt, K., Abbot, P., + Reath, J. Developing cultural competence in general practitioners: An integrative review of the literature. *BMC Fam Pract* 17: 158 (2016). <https://doi.org/10.1186/s12875-016-0560-6>



Professional identity



رئوس مطالب

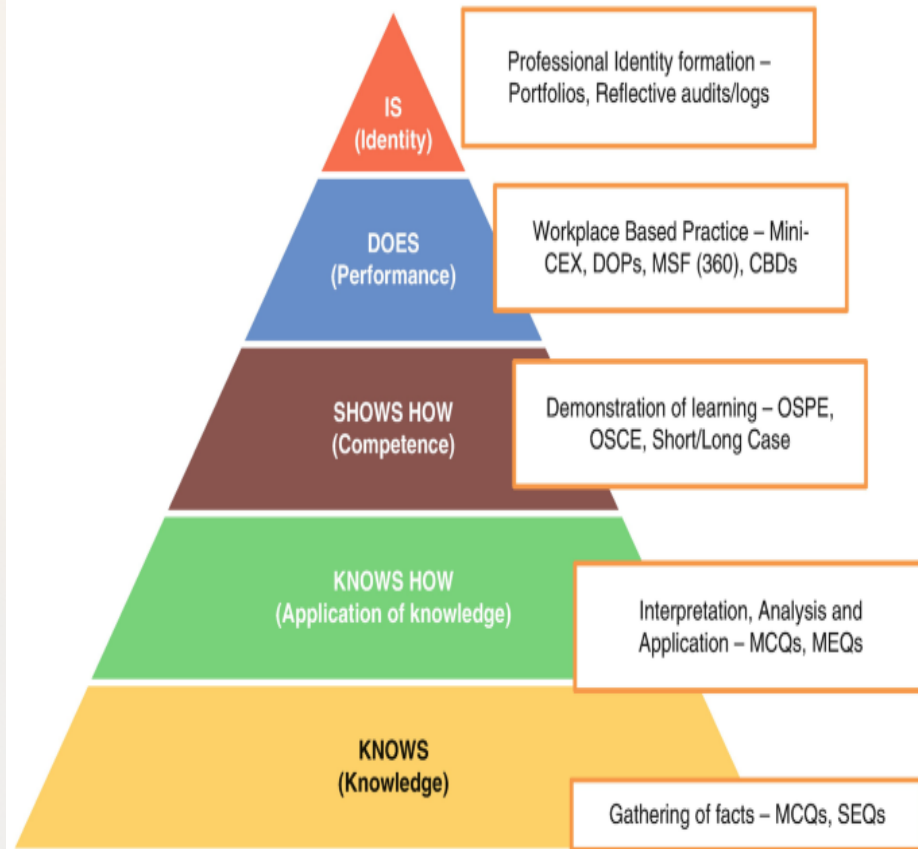
- 01 هویت مرفه ای
- 02 جامعه پذیری مرفه ای
- 03 نظریه یادگیری اجتماعی بندورا
- 04 چگونه جامعه پذیری را آموزش دهیم؟

مقدمه

حرفه ای گرایی عامل اصلی و زیربنایی تحکیم قرارداد اجتماعی بین حرفه و جامعه است. فقدان توجه و پایبندی به این اصل در بین ارائه دهندگان خدمات سلامت، علاوه بر کاهش کیفیت مراقبت از بیمار، و به خطر انداختن سلامت جامعه، میتواند موجب کاهش اعتماد جامعه و در نتیجه تضعیف جایگاه، اجتماعی حرفه گردد. امروزه بسیاری از محققین معتقدند که تحقق حرفه ای گرایی منوط به شکل گیری هویت حرفه ای مطلوب در فارغ التحصیلان است.



هویت حرفه ای



هویت حرفه ای به نحوه درک افراد از خود در رابطه با حرفه یا شغل انتخابی اشاره دارد. ارزش ها، باورها، مهارت ها و رفتارهای آنها را در بر می گیرد که با انتظارات و هنجارهای حوزه حرفه ای آنها همخوانی دارد.

هویت حرفه ای سازه ای متشکل از دو بعد روانی و اجتماعی است

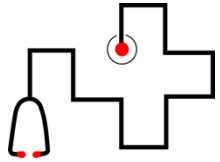
بعد روانی:

جنبه شناختی (cognitive) شامل اصول و ارزشها و
هنجارهای حرفه ای
جنبه عاطفی (affective) شامل حس تعلق به حرفه،
اعتماد به نفس، نگرش نسبت به حرفه
جنبه کردارانگیزانه و ارادی (volitive) مانند انگیزه
شغلی است



بعد اجتماعی:

جنبه ارتباطی (communicative) در
بردارنده ارتباط مؤثر حرفه ای
جنبه انسجامی (cohesive) شامل
احترام و تعهد متقابل
جنبه عملیاتی (operative) دربردارنده
رفتار حرفه ای و اجرای مؤثر نقش
می باشد.



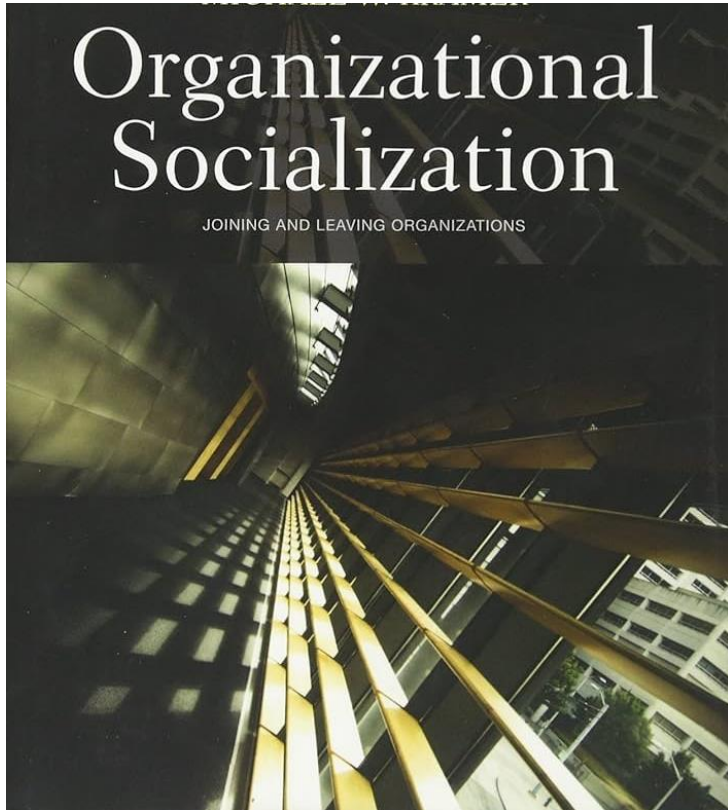
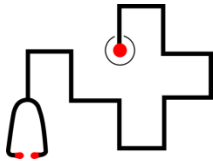
Simple
Portfolio
Designed

What do we mean by socialization?

Socialization for health-care professionals can have two aspects

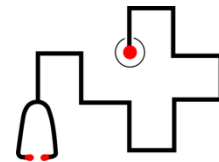
Socialization, the process whereby an individual learns to adjust to a group (or society) and behave in a manner approved by the group (or society).

- *Organizational socialization*
- *Professional socialization*



جامعه پذیری سازمانی به عنوان فرآیند یادگیری و سازگاری تعریف می شود که فرد را قادر می سازد نقش سازمانی اش را برعهده بگیرد که هم با نیازهای سازمانی و هم نیازهای فردی اش متناسب باشد.

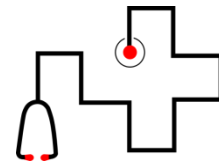
این رویداد یک فرآیند پویا است که زمانی اتفاق می افتد که یک فرد نقش جدید یا در حال تغییری را در سازمان به عهده بگیرد.



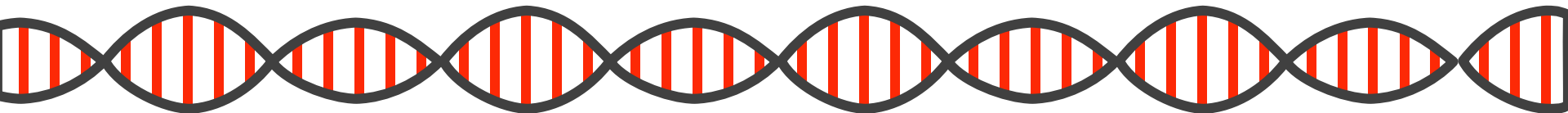
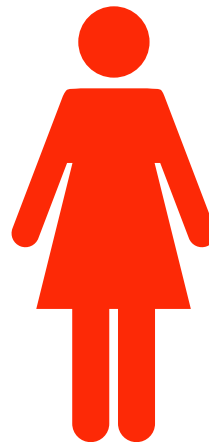
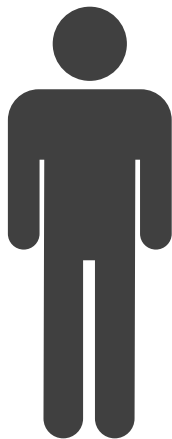
انتقال ارزشها، هنجارها و دیدگاه های خاص حرفه به حرفه مند را جامعه پذیری حرفه ای (professional Socialization) می نامند.

این مفهوم زمینه مشترکی برای شکل دادن به شیوه های انجام کار، و امکان برقراری ارتباط مؤثر با اعضای حرفه را فراهم می نماید

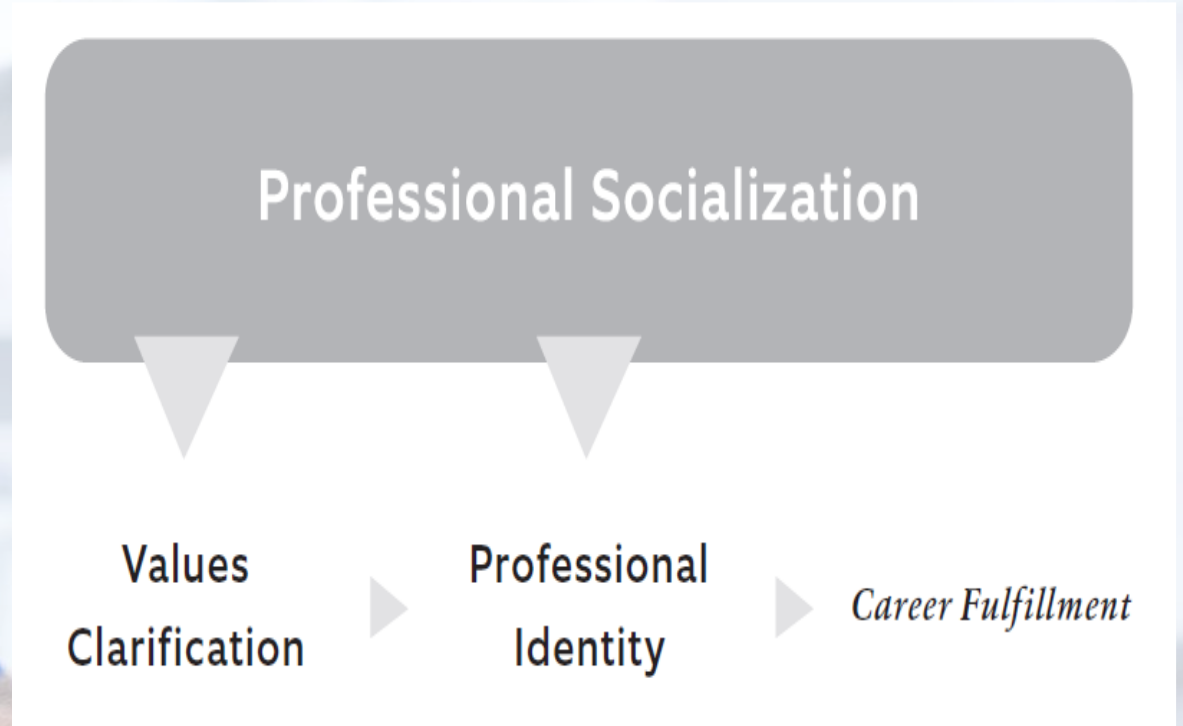
خرده فرمایشاتی درباره جامعه پذیری حرفه ای



- جامعه پذیری حرفه ای از طریق ترکیبی از آموزش حرفه ای و تجربیات بالینی رخ می دهد
- جامعه پذیری حرفه ای چند بعدی است و شامل تأثیرات تجربه کلاس درس، عملکرد بالینی و عناصر فوق برنامه می باشد.
- هویت حرفه ای تا حدی از انگیزه های درونی و الگوسازی شکل میگیرد
- ارزش های حرفه ای، یکی از عناصر ضروری جامعه پذیری حرفه ای، کلید موفقیت به عنوان یک متخصص هستند، زیرا پایه ای برای رفتار حرفه ای فراهم می کنند.
- ارزش های حرفه ای در واقع بلوپرینتی برای ارائه دهندگان خدمات سلامت هستند



LINKING PROFESSIONAL IDENTITY AND VALUES TO CAREER FULFILLMENT



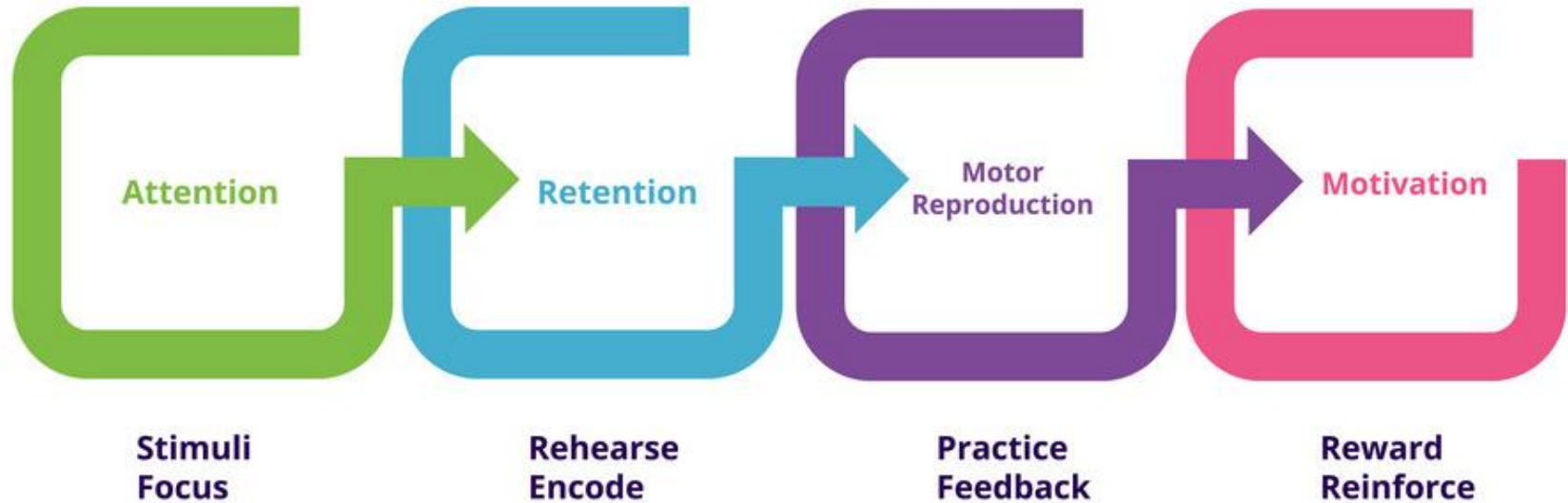
نظریه یادگیری اجتماعی بندورا



Albert Bandura

نظریه یادگیری اجتماعی بندورا پیشنهاد می کند که افراد از طریق مشاهده دیگران و تقلید رفتار آنها یاد می گیرند. بر اهمیت فرآیندهای شناختی مانند توجه، حافظه و انگیزه در یادگیری تاکید می کند. نظریه یادگیری شناختی اجتماعی با گنجاندن نقش خودکارآمدی و باور به توانایی های خود برای انجام موفقیت آمیز یک رفتار، این موضوع را گسترش می دهد.

اجزا تئوری یادگیری شناختی اجتماعی



چگونه به دانشجویانمان جامعه پذیری حرفه ای را آموزش دهیم؟





محیط بالینی سرشار از فرصت‌هایی برای اساتید است تا از فعالیت‌های یادگیری و راهبردهای آموزشی مختلف و خلاقانه برای دستیابی به نتایجی در یادگیری در حوزه عاطفی برسند. چون روش‌های آموزش مهارت‌های روانی حرکتی و دانشی شناختی اغلب ساده‌تر هستند مدرسین و اساتید غالباً این فرصت‌ها را از دست می‌دهند.



Thought flows in terms of stories—stories about events, stories about people, and stories about intentions and achievements. The best teachers are the best storytellers. We learn in the form of stories.

Frank Smith (1992, p. 62)

افکار در مجری داستان‌ها جریان می‌یابند
داستان‌هایی درباره رویدادها، داستان‌هایی درباره
مردم، و داستان‌هایی درباره اهداف و دستاوردها
بهترین معلمان بهترین داستان سرا هستند .
ما در قالب داستان یاد می‌گیریم .

Assumption Busting

شکستن فرضیه

List assumptions associated with a task or problem, for example, that a solution is impossible due to time and cost constraints; something works because we use certain rules or conditions; and people believe, need or think of certain things. Then ask under what conditions these assumptions are not true, continue the process of examination as old assumptions are challenged and new ones are created.



14 Creative Ways to Engage Students (I)



Brain-sketching

نقاشی مغز

Students sit in a group of 6-8 around a table or in a circle. Questions or problems should be well explained and understood by each student. Each participant privately makes one or more sketches and passes the sketch to the person on the right when it is finished or when a brief set time has passed. Participants develop or annotate the sketches passed to them, or use them to inspire new sketches which are also passed in turn.

Brainstorming

طوفان فکری

Define the problem clearly lay out any criteria to be met. Keep the session focused on the problem, but be sure that no one criticizes or evaluates ideas during the session, even if they are clearly impractical. Criticism dampens creativity in the initial stages of a brainstorming session. Ideas should be listed, rather than developed deeply on the spot; the idea is to generate possibilities. Accordingly, participants should be encouraged to pick up on ideas offered to create new ones. One person should be appointed as note-taker, and ideas should be studied and evaluated after the session.



14 Creative Ways to Engage Students (I)

Concept Mapping

نقشه ی مفهومی

Create a focus question specifying the problem or issue the map should help resolve. List the key concepts (roughly 20-25) that apply to the area of knowledge. Put the most general, inclusive concepts at the top of the list, and most specific at the bottom. Build a hierarchical organization of the concepts, using post-its on a wall or whiteboard, large sheets of paper, etc. Revision is a key element in concept mapping, so participants need to be able to move concepts and reconstruct the map. Seek cross links between concepts, adding linking words to the lines between concepts.

Exaggeration

اغراق

After defining a problem to be addressed or idea to develop, list all the component parts of the idea or if a problem, its objectives and constraints. Choosing one component, develop ways of exaggerating it and note them on a separate sheet.



14 Creative Ways to Engage Students (I)



Fishbone

استخوان ماهی

On a broad sheet of paper, draw a long arrow horizontally across the middle of the page pointing to the right. Label the arrowhead with the title of the issue to be explained. This is the “backbone” of the “fish.” Draw “spurs” from this “backbone” at about 45 degrees, one for every likely cause of the problem that the group can think of; and label each. Sub-spurs can represent subsidiary causes. The group considers each spur/sub-spur, taking the simplest first, partly for clarity but also because a simple explanation may make more complex ones unnecessary. Ideally, the fishbone is redrawn so that position along the backbone reflects the relative importance of the different parts of the problem, with the most important at the head.

Kipling Questions or Preliminary Questions Method

asks the Who? What? When? Where?
Why? and How?

Laddering

Beginning with an existing idea, “ladder up” by asking, of what wider category is this an example? “Ladder down” by finding more examples. Then “ladder up” again by seeking an even wider category (big picture) from the new examples obtained from step 2. Generally, “laddering up” toward the general allows expansion into new areas while “laddering down” focuses on specific aspects of these areas. Why questions are ladders up; so-what questions are ladders down.



14 Creative Ways to Engage Students (II)



Negative (or Reverse) Brainstorming

After clearly defining a problem or challenge, ask “How could I cause this problem?” or “How could I make things worse?” As with brainstorming, allow ideas to flow freely without rejecting any. Evaluating these negative ideas can lead to possible positive solutions.

Role-playing

Role plays should give the students an opportunity to practice what they have learned and should interest the students. Provide concrete information and clear role descriptions so that students can play their roles with confidence. Once the role play is finished, spend some time on debriefing.

Post-up

Each student is given a stack or note-pad of at least 25 small slips of paper or Post-it note pad. The pads can contain idea-jogging graphics or be designed so that ideas can be sorted and separated easily. A question or problem is read to the group (e.g., “How do we?” or “What would it take to?”). Students write down one idea per sheet, in any order. Once the writing begins to slow down students can post their ideas on a wall or flip-chart paper. Then, the students work as a group to discover and explore themes.



14 Creative Ways to Engage Students (II)



SCAMPER

- **Substitute:** What can you substitute?
- **Combine:** What can you combine or bring together somehow?
- **Adapt:** What can you adapt for use as a solution?
- **Modify/minify/magnify:** Can you change the item in some way? What can you remove? What can you add?
- **Put to other uses:** How can you put the thing to different or other uses?
- **Eliminate:** What can you eliminate?
- **Rearrange:** What can be rearranged in some way?



14 Creative Ways to Engage Students (II)

By providing a list of active verbs that may be associated with your problem and hence will create ideas. The verbs are about doing to get students to think about the action.

Storyboarding

Use a cork board or similar surface to pin up index cards or use Post-it notes on a whiteboard. Begin with a set of topic cards, and under each place header cards for general points, categories, etc. Under these, place sub-heading cards that will be contain ideas and details generated that support the headers. During a story board session, consider all ideas relevant, no matter how impractical they appear.

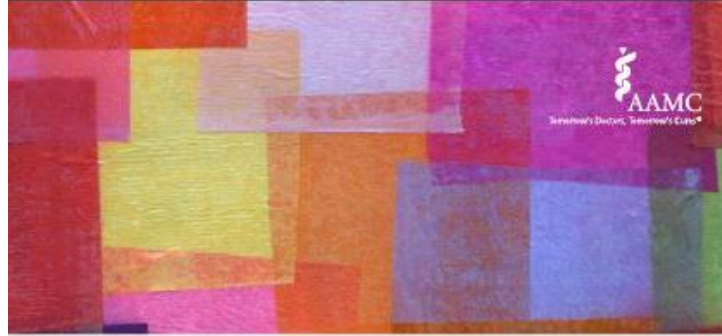


14 Creative Ways to Engage Students (III)

Reversal

If a room is dark look for ways to make it lighter. Instead of looking for ways of adding light, look for ways to remove the dark — for example by putting mirrors or white paint in darker corners.

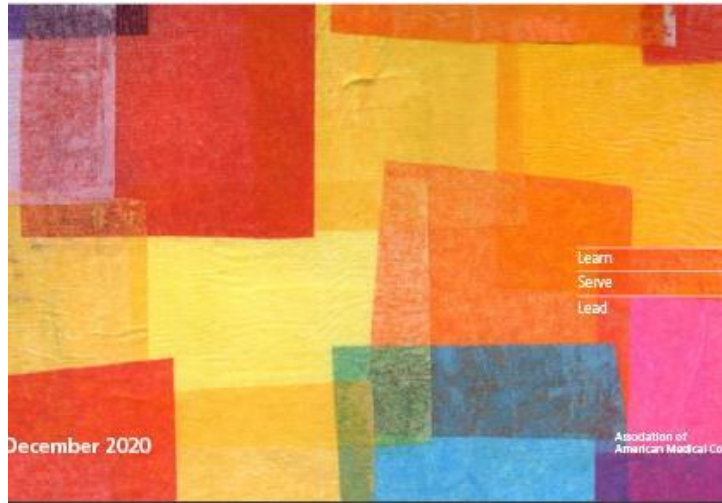
GIVING VOICE WITH A PHOTO



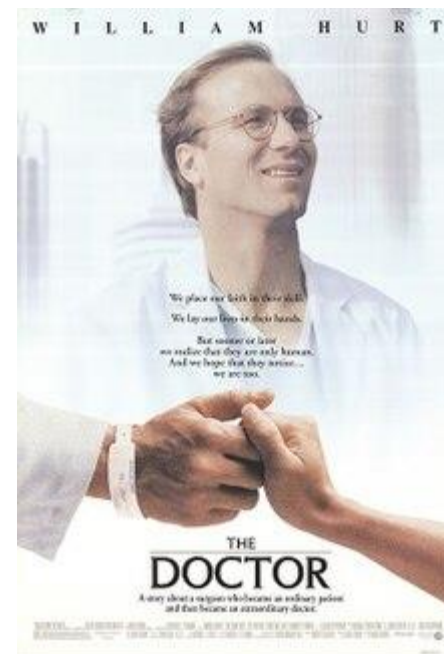
Arts-based teaching strategies

FR
AH
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The Fundamental Role
of the Arts and Humanities
in Medical Education



Cinemameducation



Creative Strategies

Minute at the Movies

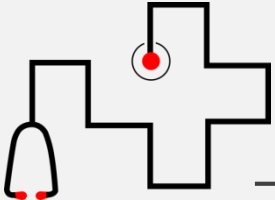
To encourage learners to reflect on their values and beliefs, you can use examples of human interaction from movies or other media as triggers for new learner insights. For this group or conference activity, try providing students with brief clips from inspiring movies related to their real-time clinical situations. For example, to trigger reflection and discussion related to palliative care and the meaning of life and death, you could show the trailer from *A Fault in Our Stars* or *Wit* at a post-practicum conference.

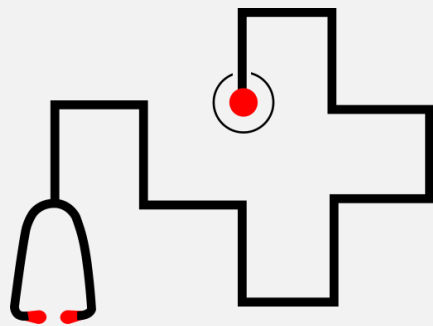
Students watch the clip and share their observations in response to a specific reflection question that you provide. In this example, the reflection question could be as simple as “What did this movie teach you about dying?” Often students bring in their own examples from other movies or television shows that they find relevant, furthering the breadth and depth of the discussion.

Conclusion

Clinical educators have an **important opportunity and responsibility** to guide learners in **developing values and professional identity** as steps in the process of professional socialization.

- Formation and transformation are possible in part through approaches such as **storytelling and role modeling**. Clinical educators can utilize **creative teaching approaches** akin to transformational learning pedagogy to facilitate professional socialization in learners.





Thank you