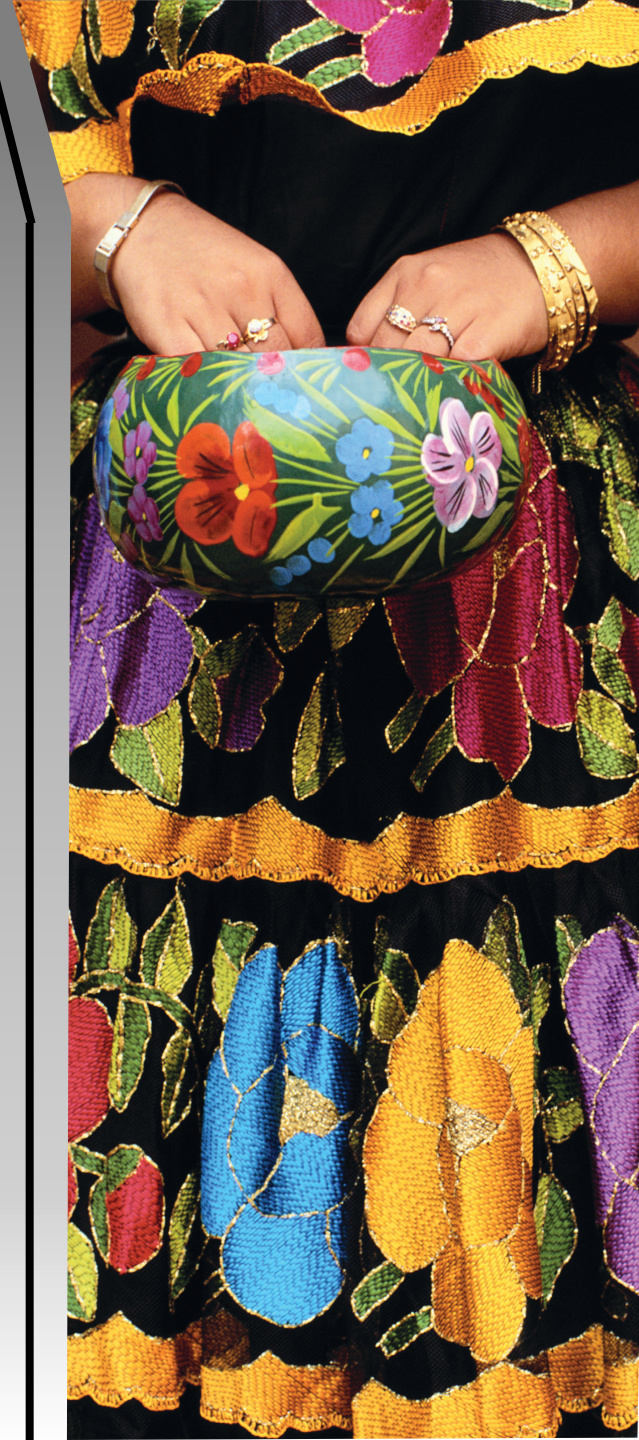


# A Deeper Learning Moment: When Culture Meets Healthcare

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# MAPPING HEALTHCARE IN THE US

## Task (3-4 mins):

- **Imagine your job is to introduce healthcare in the US to a total stranger (from a remote region of the world/another world)**
- **What is the process of getting healthcare treatment? What systems/processes are typical? What should they expect?**



# HEALTHCARE: LADEN WITH CULTURAL VALUES

- Healthcare is NOT culturally neutral – cultural values are deeply embedded in healthcare systems and practices

Consider expectations around what we expect to find in a pharmacy:

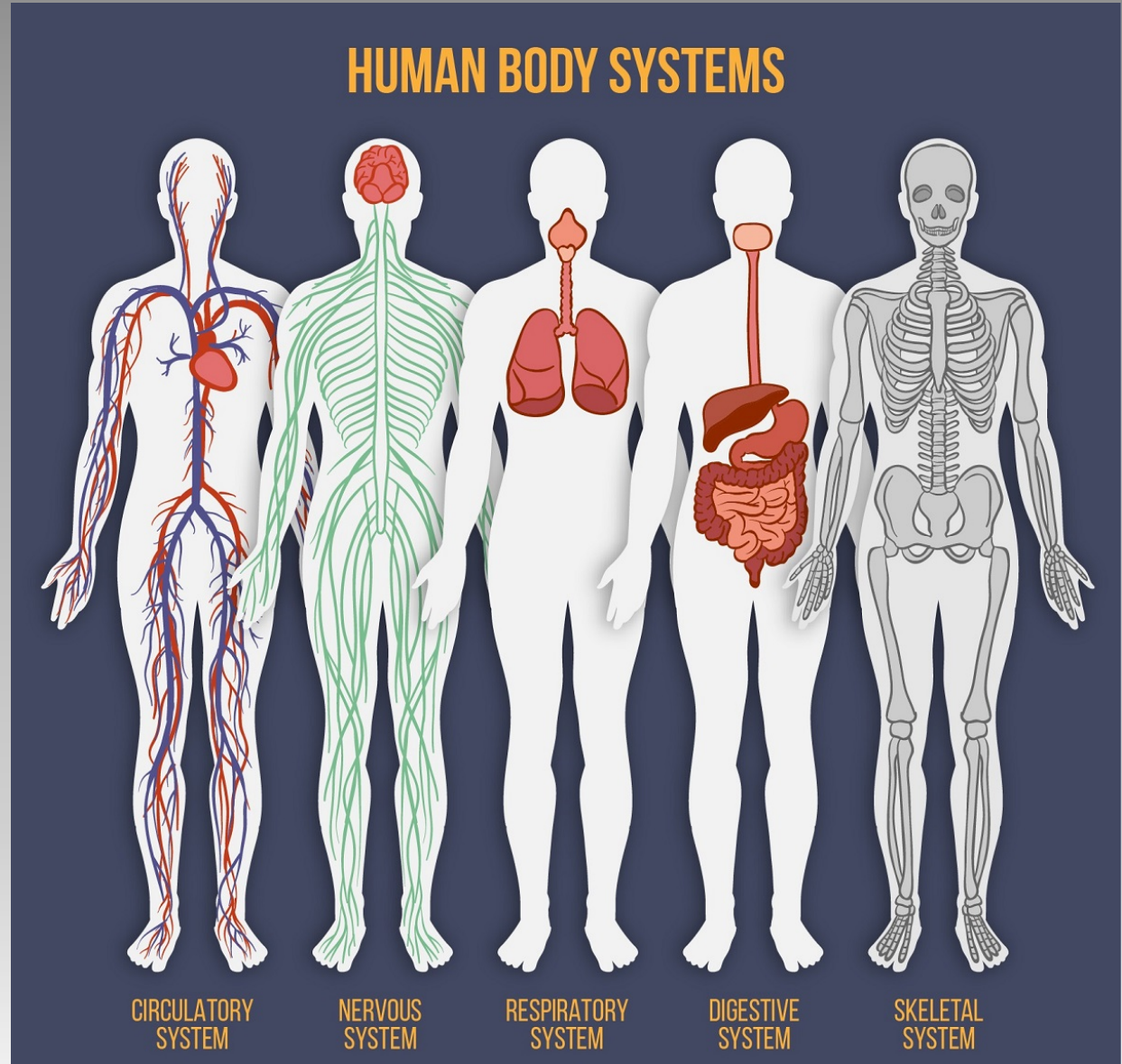


VS



## Western Medicine

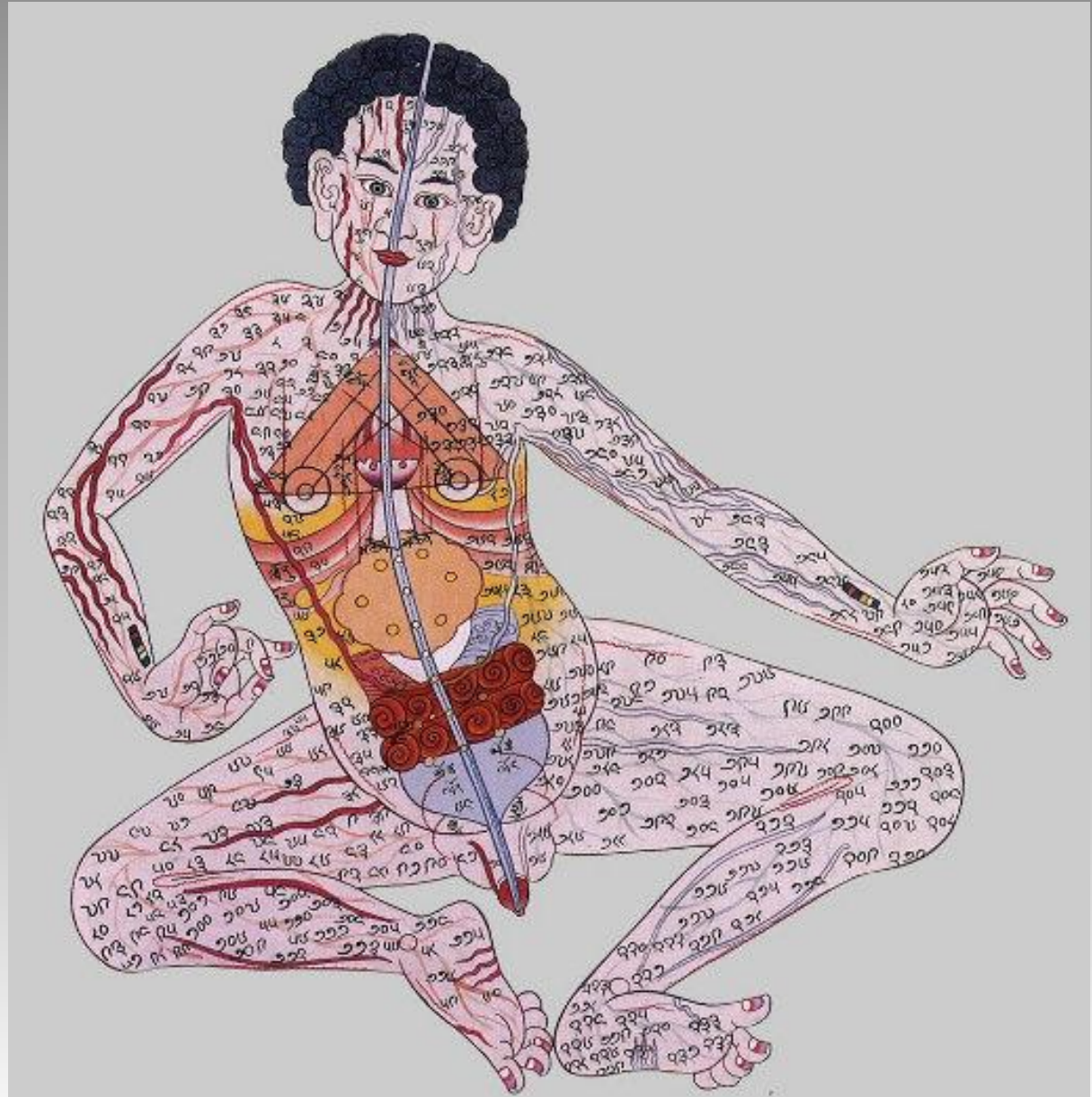
- (Now) based on scientific inquiry
- Viral, bacterial, or cellular mutation/ abnormality cause of most disease
- Disease is treated as distinct from the person: same disease, same treatment



**CONNECT.  
COLLABORATE.  
CONTRIBUTE.**

## Chinese Traditional Medicine

- Based on philosophies of physical balance
- Qi (energy, life-force) flows through body in channels – disruption of flow causes disease
- Disease is treated as the person; each diagnosis may be unique to individual, even if same symptoms/condition present



# HEALTHCARE: LADEN WITH CULTURAL VALUES

**“Ogema, an Anishinaabe (Native American) healer and spiritual leader explains his perspective on [the debate on integrating traditional and Western forms of medicine]:**

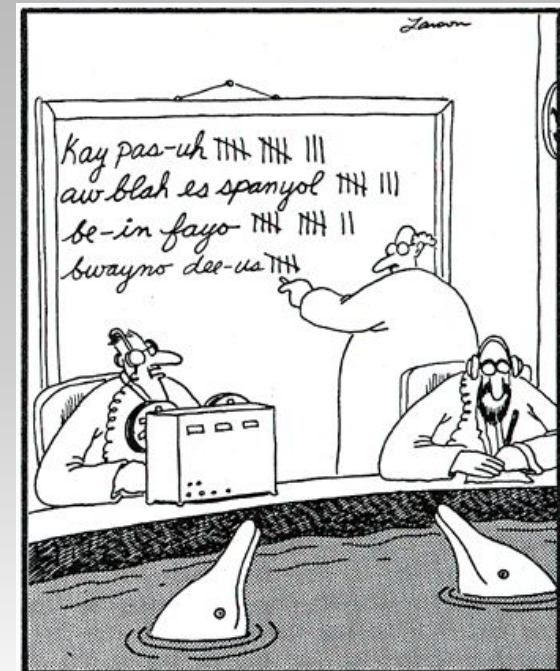
**‘Western science is trying to somehow legitimate traditional medicine when they do not even speak the same language as we do. The things that we consider proven beyond a shadow of a doubt (just as much as they are convinced through their scientific procedures) are the same things they are saying need to be studied. Most Western physicians are not equipped to deal with our different reality, just as they have a reality we have difficulty with.’”**

**- Lahiri, 2000; p.1**

# HEALTHCARE: LADEN WITH CULTURAL VALUES

- Intercultural Agility **BEGINS** with a self-recognition of cultural identity and influence...
- Ability to accurately and openly perceive the cultural values of others...
- Ability to effectively modify behavior to be more culturally appropriate in intercultural encounters.

There is an abundance of literature on the need for intercultural competency in healthcare professionals – but what about the need for intercultural in patients (our students)? (“Fluency Effect” of Lev-Ari & Keysar, 2010).



“Matthews ... we’re getting another one of those strange ‘aw blah es span yol’ sounds.”

# SITUATIONS OUR STUDENTS MIGHT FACE WHILE ABROAD

- Inability to get prescription refills of controlled substances (New Zealand, Japan, China)
- Limited access to mental health providers or accessibility resources (Cuba, Sri Lanka)
- Access to emergency contraception (Costa Rica, Philippines)
- Dietary restrictions or allergies
- Longer wait times as a result of nationalized healthcare (Australia, United Kingdom)





# PROVIDING CONTEXT TO HEALTHCARE CONSIDERATIONS

- "Why are they asking you to complete a health assessment for your visa?"
- "What does a typical diet consist of in your host country and what are the origins?"
- "Why might that medication not be available or the doctor not as willing to prescribe it?"
- "What are some things that a non-U.S. citizen might be surprised about U.S. healthcare here?"
- "How do some of the public health concerns in your country of study compare to the U.S.?"

# DEVELOPING TRANSFERABLE SKILLS



- **Ownership of medical needs**
  - Dietary
  - Accessible accommodation
  - Making appointments
  - Self-disclosure
- **Self-guided research**
  - What do I need to know about healthcare at my destination?
  - What are the policies and laws that may differ from mine?
  - What resources are available to me?
- **Traveling with medications**
  - Documentation process
  - Clearing customs

# UNPACKING ON-SITE EXPERIENCES: ONE CONSIDERATION....



...Timing

# UNPACKING ON SITE EXPERIENCES

- **Predeparture vs. On-site Orientations:**

- When is the most realistic/ideal time to introduce health and healthcare as being culturally influenced?
- Healthcare needs may be easier to reflect on pre-departure – but it is often on-site that students realize they have specific *healthcare expectations*.



How can we make the requisite 'health and safety session' more of a conversation rather than a presentation of information?

If we want to talk about Intercultural Agility and H&S anyway, can we find a way to intersect the two more interactively, achieving both?

# UNPACKING ON SITE EXPERIENCES

- **On-Site: Creating Learning Moments**
  - **Timing of debrief: NOT in the moment of treatment/crisis | severity matters**
  - **“Modified” Thiagi Debriefing Technique:**
    - **Phase 1: How do you feel? (getting feelings off chest/getting in touch with emotions)**
    - **Phase 2: What happened? (Recall important details of experience)**
    - **Phase 3: What did you learn? (Test different hypotheses. What might explain differences? What assumptions are you making? What needs more investigation?)**
    - **Phase 6: What next? (Formulate strategies for future, planning, what would you change about behavior you can control?)**



# CHALLENGE AND SUPPORT

- Health and safety support may look different depending on the student and their study abroad location.
- When is it appropriate to bring up a cultural learning moment?
  - Cold or minor injury? Maybe!
  - Immediately after a Title IX reporting? NO!



# QUESTIONS??

