

Spring 5-16-2016

Reflect, React, Exchange: A Cultural Competency Co-Curriculum

Derrick Lewis
SIT Graduate Institute

Follow this and additional works at: <https://digitalcollections.sit.edu/capstones>

 Part of the [Bilingual, Multilingual, and Multicultural Education Commons](#), [Curriculum and Instruction Commons](#), [Curriculum and Social Inquiry Commons](#), [Educational Methods Commons](#), [International and Comparative Education Commons](#), [Medical Education Commons](#), and the [Service Learning Commons](#)

Recommended Citation

Lewis, Derrick, "Reflect, React, Exchange: A Cultural Competency Co-Curriculum" (2016). *Capstone Collection*. 2868.
<https://digitalcollections.sit.edu/capstones/2868>

This Thesis (Open Access) is brought to you for free and open access by the SIT Graduate Institute at SIT Digital Collections. It has been accepted for inclusion in Capstone Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Derrick Lewis

PIM 74

A capstone paper submitted in partial fulfillment of the requirements for a Master of Arts in International Education at SIT Graduate Institute in Brattleboro, Vermont, USA.

May 16th 2016

Advisor: Lynee Connelly

Consent to Use Capstone

I hereby grant permission for World Learning to publish my Capstone on its websites and in any of its digital/electronic collections, and to reproduce and transmit my CAPSTONE ELECTRONICALLY. I understand that World Learning's websites and digital collections are publicly available via the Internet. I agree that World Learning is NOT responsible for any unauthorized use of my Capstone by any third party who might access it on the Internet or otherwise.

Student name: _____Derrick Lewis_____

Date: _____4/ 16 / 2016_____

Table of Contents

ABSTRACT	1
Introduction2
Theoretical Foundations	3
International Health Electives Curriculum	3
Cultural Competency Definitions6
Intercultural Competency Theory	10
Learning Theory	12
Global Service Learning Theory	15
Needs Assessment	16
Background	16
Survey Format and Structure	18
Method of Analysis	20
Current Curricular Activities	20
Time	21
Recommendations	21
Administrator / Student Comparison and Contrast	22
Goals and Objectives	23
Program Goals	23
Program Objectives	24

Participant Goals	24
Participant Objectives	25
Program Description	25
Program Participants	25
Program Scope	26
Program Timeline	28
Curriculum	28
Lectures.....	33
Reflection Journal.....	35
Reaction Sessions.	36
Cultural Exchange Group.....	37
Staffing Plan	38
Program Marketing and Student Recruitment.....	39
Logistics	40
Health and Safety Plan	42
Crisis Management	45
Budget	46
Evaluation Plan	46
Conclusions.....	50

Bibliography	53
Appendices.....	59
Appendix A – IDI Cultural Competency Continuum	59
Appendix B – Mezirow’s Definition and Types of Reflectivity.....	60
Appendix C - Transformative Service Learning Model.....	61
Appendix D – Needs Assessment Questions.....	62
Appendix E – Curriculum Outline.....	65
Appendix F – Materials List	72
Appendix G – Reflective Journal Prompts.....	75
Appendix H – Sample Reaction Session.....	78
Appendix I – Who Are We? Cultural Biography Exercise #1.....	83
Appendix J – Sample Survey of Cultural and Social Interest Questionnaire.....	85
Appendix K – Global Health Participant Evaluation.....	88
Appendix L –Cultural Exchange Satisfaction Survey	90

List of Abbreviations

A+ASK.....Awareness plus Attitudes, Skills and Knowledge

AIDS.....Acquired Immune Deficiency Syndrome

CFLR.....Clinica de Familia La Romana

GPI..... Global Perspective Inventory

HIV.....Human Immunodeficiency Virus

IFAP..... International Family AIDS Program

INTEC.....Instituto Tecnológico de Santo Domingo

RRE.....Reflect, React, Exchange

SSGA.....Self, Social and Global Awareness

UNPHU.....Universidad Nacional Pedro Henríquez Ureña

ABSTRACT

Cultural competency serves as a key component to medical training and education and increasing interest in international health experiences denotes a recent need to respond to globalized health and populations. Reflect, React, Exchange (RRE) is a co-curriculum which aims to provide a revised and integrated framework and foster awareness via experience, exchange, reflection, and dialogue at the Clinica de Familia La Romana (CFLR) in La Romana, Dominican Republic. RRE utilizes theories which are appropriate to the transformative learning aims and integral curricular activities of the CFLR Global Health Experience, an 8-week, global health internship experience for health science. It provides students with the opportunity to learn about public health in a resource-poor setting through: clinical observations; participation in projects of public health importance; and opportunities for cultural immersion and integration. Students are expected to complete the program with increased cultural competence.

This capstone paper aims to deepen the learning experience of aspiring medical professionals in empathy and cross-cultural understanding. Reflect, React, Exchange is designed to introduce students to themes of cultural competency / humility, allowing them to self-direct and integrate their learning, as well as develop formative relationships. The program incorporates the contexts of the experience or the complexities of student and staff positionality and identity and foment a greater appreciation of sociocultural factors and their impact in knowledge and skill-development in an international health elective. Ultimately, these abilities will improve care for patients and collaboration with colleagues of diverse origins.

Introduction

The Clinica de Familia La Romana (CFLR) Global Health Experience is a global health internship for health science students (medical, public health, nursing, and social work), volunteers and professionals in La Romana, Dominican Republic. In this experience, students are able to learn about public health in a resource-poor setting through clinical observations; contribute to CFLR efforts through their participation in projects of public health importance; and, come to know the La Romana and Dominican culture. As the Clinica de Familia 2015 Global Health Experience description states, “La Romana offers opportunities for integration and immersion into Dominican life, giving participants the opportunity to learn firsthand about diverse elements of Dominican culture” (Global Health Experience, 2015). Increasingly, CFLR “continues to develop a research agenda to improve the quality of care and outcomes for patients” (Reporte Anual 2014 – Clinica de Familia La Romana, 2014)

Since 2008, CFLR has received more than 60 students who participate in the program annually. Though its strongest partner is Columbia University Medical Center, CFLR has also received students from the University of Michigan, the University of Texas Medical Branch, the University of Miami, and Baylor College of Medicine, among others. Universities in the Dominican Republic, including the Universidad Pedro Henríquez Ureña (UNPHU) and Instituto Tecnológico de Santo Domingo (INTEC), have also sent medical interns and family medical residents. Since 1999, Clínica de Familia La Romana provides medical attention and psychosocial support to adults and children with HIV, sex workers, adolescents, high-risk men, and other highly vulnerable populations in the eastern part of the Dominican Republic. It

provides comprehensive primary and HIV-specialized outpatient medical care, community and home-based services, psychosocial support service and an annual summer camp for HIV-positive children” (Global Health Program Experience, 2015).

Clinica de Familia facilitates its student program within the tenets of its mission: “Clínica de Familia aims to improve the quality of life of the poorest and most vulnerable populations in the eastern part of the country with a holistic, family-centered approach” (Global Health Program Experience, 2015). Since its inception as a private, Dominican non-governmental organization and work in vertical transmission of HIV, the Clinica de Familia Global Health Program has been supported and evolved from the International Family AIDS (IFAP) Global Health Program, a center at Columbia University to support students and professionals in their rotations, experiences and global health research. IFAP helps to coordinate the capstone experiences for Masters in Public Health students, 4th year electives of medical students (Insights into Global Health), academic research years, and global health experiences for 1st year medical and public health students.

Theoretical Foundations

International Health Electives Curriculum

International education experiences increasingly extend beyond the typical inbound and outbound programs to include unique professional internships, experiences, and work abroad experiences. With the effects of the ever-increasing globalization, which include immigration and the global nature of diseases, aspiring health professionals must be trained adequately to respond to these needs. “Physicians today must understand the global burden and epidemiology

of diseases, the disparities and inequities in global health system, and the importance of cross-cultural sensitivity.” (Drain, P. et. Al. 2009, Abstract). “Interest in global health (GH) among US medical students is increasing rapidly; quantitative and qualitative data bear out this observation.” (Khan, O. et. Al, 2013, p. 1). Khan (2013) notes that interest in global health among medical students has increased dramatically, as evidenced by participation in international electives increasing from 6.4% in 1984 to 23.1% in 2007. Matriculating medical students increasingly have prior international experiences and 20-30% of medical students go overseas.” (Khan, O. et. Al., 2013, p. 2). Furthermore, “a survey of 96 US allopathic medical schools found that 95% of the schools had international opportunities for students to participate in, and 87% offered international clinical electives” (Holmes, Zayas, & Koyfman, 2012, p. 928).

As medical schools and universities respond to both this interest and need, it is important to define what currently constitutes global health training. “Although few people have attempted to define global health, key components of a definition would include aims to understand and reduce health disparities at home and abroad, as well as working collaboratively with other communities and countries to improve community health locally and globally.” (Drain, 2009, p. 2). Though no uniform curriculum exists because of a variety of approaches and social-cultural contexts (Drain 2009), Khan (2013) notes recommendations across countries from expert, working groups and organizations for learning outcomes and global health education competencies have been created. Global health is also a key component in competencies for medical education according to American Association of Medical Colleges and Universities. Khan’s (2013) definition specifies global education as involving a “global health student

organization, didactic courses and/or close institutional affiliation or structured international elective” (p. 1).

Though the strategies of global health curriculum may be varied and/or in formation, the results and impact upon students are clear and obvious. According to Khan (2013), the most likely benefit is “increased awareness of the role of public health in medicine and greater awareness of social and economic barriers to patient care” (p. 4). In particular, the benefits of international health electives have also been well documented. They were summarized by Thompson, M.J. et. Al. (2003) which emphasizes

educational benefits in knowledge (e.g., tropical diseases, cross-cultural issues, public health, alternative concepts of health and disease, and health care delivery), enhanced skills (e.g. problem solving, clinical examination, laboratory expertise, and language), and fostering certain attitudes and values (e.g. idealism, community service, humanism, and interest in serving underserved populations) (p. 342).

As Holmes et al., (2012) writes: “[Future physicians] must be able to adjust their clinical approach to the needs of diverse populations instead of following a ‘one-size fits all; conventional treatment plan. Physicians must also be proficient in developing trusting, cross-cultural doctor patient relationships” (p. 932). Students’ experience in an international health elective involves various layers of experience, of which students must not only be conscious, but also learn to manage. Students experience an environmental change of experiencing a new culture, including language adjustment; and, exposure to distinct knowledge by nature of their cultural immersion (eg. exposure to region-specific diseases as well as the site-specific ways for management). Each of these encounters also occurs within an institutional context though students rotate in different hospitals and clinics away from their home university. Students must

therefore be aware of issues of differences in power. This literature review calls attention to ethics, medical tourism, and program design in international health electives.

For example, Khan stresses concerns that are similar to the results produced at a micro-level by Petrosoniak (2010). From this small study, Petrosoniak recommended “pre-departure training,” structures which “mitigate the negative effects of medical tourism and opportunities to conduct self-reflection. It can be summarized in Khan’s (2013) call to ethical engagement of global partners.

“There is not only a burden placed upon host institutions and communities by having visiting learners, but also the ethical and moral imperative to conduct clinical experiences with the same expectations as US-based work, regarding supervision and extent of involvement in patient care. Such concerns may seem archaic but evidence of exploitation continues to surface; relatively recent accounts of inappropriate use of trainees abroad make it imperative that the conduct of US trainees and their faculty be above reproach” (Khan et al., 2013, p. 5).

It is important to signal how important the development of skills to adequately negotiate and understand the impact and effects of culture is to the international health elective, its contribution to global health education, and ultimately to the greater formation of aspiring medical practitioners.

Cultural Competency Definitions

It is useful to provide definitions of both cultural and social identity, concepts which are both distinct and intertwined. According to Tirmizi (2008) in *Effective Multicultural Teams: Theory and Practice*: “Culture consists of shared ways of thinking, feeling, and behaving rooted in deep-level values and symbols associated with societal effectiveness, and attributed to an identifiable group of people. Culture is manifest at different levels including national and organizational, may take several forms, and may evolve over time” (p. 10). In particular, it is important to mention that Tirmizi’s theory rests upon Chao and Moon’s meta-framework (among others) and addresses the multivalent contexts of culture. Tirmizi (2008) writes: “According to this framework, an individual’s cultural identity results from interactions among demographic (age, gender, race, ethnicity), geographic (country / regional, urban / rural, climate) and associational (family, religion, profession, politics) dimensions” (p. 23).

Social group identity similarly include such dimensions as family, community, nationality, “race,” ethnicity, age, religion, gender, physical and mental ability, sexual orientation, marital and family status, socio-economic class, educational level, language and accent, geographic location, military status, job function, and job level. Whereas definitions of culture often originate from similarity, social identity speaks to the forging of identity in the midst of value judgements made from a place of difference. Halverson (2008) notes that social identity “speaks to common experiences based on group identity” (p. 44). Halverson emphasizes within cultures, it is important to understand factors like prejudice, stereotypes, and discrimination as well as which social identities are recognized, prized, or ignored within societies.

Cushman, L.F.et. al. (2015) have provided a formative **definition of cultural competency**, which is appropriate for the CFLR global health experience, especially given its internship work and public health importance. “As defined in the work of Cross et al., [cultural competency can be defined] as... a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable (them/it) to work effectively in cross-cultural situations” (p. S132). Citing Murray’s definition of cultural humility, Cushman, L.F. et.al. (2015) highlight the **activities of cultural competency** or humility as 1) reflection on student “cultural identities and backgrounds”, 2) “self-awareness”, 3) empathy, 4) self-critique and evaluation to redress “power imbalances...and develop mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities” (p. S133) The activities of Cushman’s definition not only foster appropriate and profound learning but a simultaneous engagement with diversity.

Along with this definition, it is also important to understand that cultural competency a term which is increasingly substituted for cultural humility. As Waters and Asbill (2013) write,

Given the complexity of multiculturalism, it is beneficial to understand cultural competency as a process rather than an end product. From this perspective, competency involves more than gaining factual knowledge — it also includes our ongoing attitudes toward both our clients and ourselves.

Waters and Asbill (2013) define (as cited in Hook, Davis, Owen, Worthington and Utsey, 2013, p. 2) “cultural humility as the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” Waters and Asbill (2013) draw upon the work of Tervalon and Murray-Garcia (1998)

in physician training outcomes in multicultural education, which emphasizes key activities including the “lifelong commitment to self-evaluation and self-critique,” the willingness to “fix power imbalances,” and decision to “develop partnerships with people and groups who advocate for others.”

As the cultural competency curriculum will be *facilitated* within a teaching setting, it can draw upon Sue, D.W. & Sue, D. (2012) and theory of multicultural counseling. Sue, D.W. & Sue, D.W. & Sue, D. (2012) ‘s theory of multicultural counseling which provides first, a foundation for the tone of each session; second, a more holistic curricular framework; third, considerations of emotions which reverberate in students’ relationship. In order to understand ourselves as “racial cultural / beings” and the “worldviews of diverse clients,” Sue encourages greater processing “more than intellectual concepts” (p. 6-7). Minimizing feelings of guilt, anger, helplessness is critical to the empowerment that can be found in recognition, awareness, atonement, and acceptance. Sue comments that “nested or embedded emotions” with different types and differences to be “openly experienced and discussed.” Sue, D.W. & Sue, D. (2012) writes that “it is these intense feelings that often block our ability to hear the voices of the most oppressed and disempowered.” (p6). Sue, D.W. & Sue, D. (2012)’s “Implications for Clinical Practice” include listening, understanding personal biases, cultural / racial belief systems and “isms” and socialization with groups of difference (p.31). These are equally important strategies for facilitators and participants within this curriculum (p.31).

Intercultural Theory

The CFLR Global Health Experience aims for American students empathizing with and integrating into the Dominican and Haitian cultures. As such, this curriculum grounds itself in key concepts of cultural competency theory. Fantini (2009) highlights three principal themes (or domains of intercultural competency) that are consistently mentioned in research literature. These are: “the ability to develop and maintain relationships,” “the ability to communicate effectively and appropriately with minimal loss or distortion” and, “the ability to attain compliance and obtain cooperation with others” (p. 27). Given the “traits, domains and developmental process” which characterize intercultural competency (Fantini, 2009, p. 27), in particular, this curriculum utilizes Bennett’s Developmental Model for Intercultural Sensitivity and Fantini’s A+ASK model , which are appropriate for the revision of the intercultural components in the Clinica de Familia Global Health Experience.

Over the course of the design, these two models motivate key psychological movement in worldviews and the critical instruments necessary to effect change. Bennett (2004) presents a continuum of worldviews in relationship to cultural difference and on a larger scale from ethnocentrism to ethnorelativism. These stages pass from Denial to Defense to Minimization to Acceptance to Adaptation to Integration (see Appendix A). Bennett (2004) also grounds his theory in cognitive constructivism. His definition of cultural competency is particularly relevant as, similar to the educational context for the curriculum; it is based in experience, but also focused on the refining perception of the experience.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

As Bennett (2004) writes: “our experience of events is built up through templates, or sets of categories, that we use to organize our perception of phenomena...More cognitively complex people can make finer discriminations among phenomena in a particular domain ”(p.10).

Fantini’s A+ASK Paradigm focuses on the importance of awareness (A) to the intercultural learning process, which is the genesis of the development of intercultural abilities (A), skills (S) and knowledge (K) (Fantini, 2005, p. 12). “Many interculturalists see awareness (of self and others) as the keystone on which effective and appropriate interactions depend” (Fantini, 2000a, p. 28). Drawing from the critical work of Paulo Freire and his term “conscientização,” Fantini writes: “Awareness involves exploring, experimenting, and experiencing... It is reflective and introspective. In turn, it can be optionally expressed or manifested both to the self and to others” (Fantini, 2009, p. 29). Within this frame, it is the hope that students can reimagine their roles and identities in their immediate connection between similar communities in the Dominican Republic and United States; personal awareness of their roles as global citizens; professional conscientization as global health practitioners; and their practical self-understanding as interested agents and/ or conflicted medical tourists.

Within the above processes, the connection between language and culture cannot be ignored within intercultural theory. Fantini writes that “language, in fact, both reflects and affects one’s world view, serving as a sort of road map to how one perceives, interprets, thinks about, and expresses one’s view of the world” (Fantini, 2009, p. 27). “Communication...is culturally learned (Connerley and Pedersen 2005)...and always occurs across difference” (Griffin, 2008, p.173). As Griffin (2008) writes, intercultural communication involves adequate consideration

even within its micro level of behavior- to how “each dimension of diversity – individual, functional or cultural – can serve as a bridge to mutual understanding or as a barrier...” (p. 173).

Bennett (2004) also emphasizes it in the exploration of the “underlying worldview”:

More successful *intercultural* communication similarly involves being able to see a culturally different person as equally complex to one’s self (person-centered) and being able to take a culturally different perspective. Thus, greater intercultural sensitivity creates the potential for increased intercultural competence (pg. 73).

Though this curriculum will not focus explicitly on language, these foundations are nonetheless important context of the curriculum takes place between languages and in a facilitation / teaching / discussion space.

Learning Theory

Given the consideration of the learning, Baxter Magolda’s theory of self-authorship provides an adequate theory for development and age-appropriate connection of both cognitive, affective, and psychosocial elements and focus on the role of competency (King and Baxter Magolda, 2011). Baxter-Magolda’s theory focuses on the developmental transition, with exploratory resolution of tension between the external and internal, during the early adult years towards self-authorship in the epistemological, intrapersonal, and interpersonal spheres. King and Baxter-Magolda (2011) write that:

Student learning in postsecondary education involves more than the acquisition of knowledge and skills; it also includes developing a frame of mind that allows students to put their knowledge in perspective; to understand the sources of their beliefs and values; and to establish a sense of self that enables them to participate effectively in a variety of personal, occupational, and community contexts. It is in such contexts that students apply their knowledge, skills, and capacities for deeper understanding to responsibilities that span work, family, and civic contexts (p.207).

In addition to emphasizing learning, Baxter-Magolda's (2011) theory also coincides with the development of racial and sexual identity, which is important given the cultural and social identities to be addressed. The development of students' perspective (eg. their perceptions from identity; medical practices and system of public health; general integration into Dominican cultural difference; poverty, inequity and inequality; and, gender and racial stigma and discrimination) must be grounded within their developmental stage as young adults and graduate level students. Baxter Magolda's theory targets building an "internal foundation to guide their reactions to life's realities. This involved revisiting beliefs, values, identities, and relationships to align them with their internal authority" (King and Baxter Magolda, 2012, p. 212). Baxter Magolda not only emphasizes the learner's development but the learning context which can prompt this self-authorship, stressing experiential, integral, and communal contexts which can prompt transformative learning.

Baxter-Magolda's theory rests on transformational theory, which aligns with the CFLR program goals, reflective experiences, and expected outcomes. Mezirow's theory and focus on transforming "meaning structures" is particularly suited to graduate level students who are in the process of defining their role and identity within the profession. Mezirow's explication of two types of transformational learning, focusing on both the "instrumental" and "communication," are also fundamental modes of learning for medical students. "Instrumental learning focuses on learning through task-oriented problem solving and determination of cause and effect relationships. Communicative learning involves how individuals communicate their feelings, needs and desires" (Culatta, 2015).

As the internship program stresses awareness of medical systems and practice through global health exposure, Mezirow's framework will serve as a valuable tool for integration and revision of students' common relationship experiences and activities of the global health internship experience. Mezirow's theory also provides types of reflectivity are also necessary to transform the diverse global health internship experience –(affective reflectivity, discriminant reflectivity, judgmental reflectivity, conceptual reflectivity, psychic reflectivity, and theoretical reflectivity) (Wang, 2006) (see Appendix B). In general, Mezirow includes the experience of dissonance as an opportunity for learning; and, fosters an approach that is both holistic and experiential in nature.

Transformative learning shares connections with experiential learning theory, which both provide format and processes to the pedagogy of the curriculum. Experiential learning theory, as expounded by Carl Rogers, employs integral and reflective strategies and points towards transformative aims based upon a relationship-based, dialogical pedagogy. The theory provides support to the revision of the previous cultural competency curriculum in order to focus and start from the needs and wants of CFLR medical students and their motivations. Rogers also outlines the role of teaching, which will provide a framework for involvement, interaction and reflection:

- Setting a positive climate for learning,
- Clarifying the purposes of the learner(s),
- Organizing and making available learning resources,
- Balancing intellectual and emotional components of learning, and

- Sharing feelings and thoughts with learners but not dominating. (Calutta, 2015, Experiential Learning)

Both Mezirow's critical theory and Rogers' learning theory thereby provide application of the overarching objective of the global internship program: the development of empathy – enacted within the program and this curriculum as a practice, pedagogy, and epistemological perspective.

Global Service Learning Theory

RRE can be defined according to the definition of Richard Kiely (2015) of global service learning. The knowledge, skills, attitudes and behaviors of global service learning include

“acquisition of knowledge (i.e., language, culture, content...); develop problem-solving/finding skills; identify and evaluate sources and solutions of complex real-world problems and issues; develop critical thinking/conceptual/research skills; apply academic knowledge/skills (reflective practice); enhance social, emotional, moral, political, spiritual, personal, cultural learning; develop intercultural competence; Examine attitudes, values and beliefs; enhance Personal growth, civic and socially responsible behavior; perspective transformation (rethinking assumptions in one's worldview and engaging in short/long-term action).”

As such Kiely's (Kiely, 2005) learning methodology for service learning will provide an evaluative methodology with processes similar to those found above - Connecting, Dissonance, Personalizing, Connection; Processing Emerging Global Consciousness) (see Appendix C) and outcomes (Kiely, 2004), based upon Mezirow's transformative learning theory (see Appendix B).

Needs Assessment

Background

Students are expected to complete the CFLR Global Health Program with increased cultural competence, which will contribute to a combined understanding of public health in a resource-poor setting as well as “improved health care provision through exposure to Dominican and Haitian culture and Spanish language immersion” (Global Health Experience, 2015). For Dr. Stephen Nicholas who is founder of CFLR, Dean of Admissions for Columbia University College of Physicians and Surgeons, and Chairman of the Global Health Track, students gain global health experience or “improve Spanish speaking” and “cultural skills” in a resident training experience” (cumcobbgyneps, 2010). The internship also allows Columbia students (whose medical center is particularly based in Dominican, Spanish-speaking or poor communities) to also build “improved language, deepened sensitivity, improved medical skills heightened awareness by understanding what patients who have come from the Dominican Republic have experienced. Ultimately, the program aims for participants to “understand the challenges of clients and providers in a developing country,” while learning about the treatment of HIV and reproductive health care (cumcobbgyneps, 2010). As Nicholas states, “it not only makes them better doctors but allows them to provide better medical care” (cumcobbgyneps, 2010). Before arrival in the Dominican Republic, Columbia University facilitates cultural competency as a lecture – Self, Social, and Global Awareness (SSGA) within the Research Methods in Global Health Course. Ms. Ana Jimenez-Bautista (MSW) facilitates this session.

Objectives include:

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Become aware of assumptions about human behavior, values, biases, preconceived notions, and personal limitations that may impact global health research.
- Understand the world view of culturally diverse populations (values, assumptions, practices, communication styles, group norms, biases, experiences, and perspectives).
- Develop and practice, relevant and sensitive strategies and skills in working with culturally diverse populations.

Eligible students will have completed “Dr. Edgar Housepian Global Health Lecture Series” or have received permission of the course director. However, over the course of the program CFLR has rarely utilized a cultural competency curriculum. Created by a former IFAP Program Coordinator, this curriculum includes a short introduction of the concepts of culture; differences between Dominican and American cultural values; and practice case studies. Its objectives aimed for students to:

“reflect on the role of culture in their lives generally and as health care professionals; begin building a framework for understanding aspects of Dominican culture; be able to critically analyze varied medical scenarios from “*perspectiva ajena*” (a perspective not your own)” (Henry, 2008).

Adapted from Peace Corps materials, the curriculum does not adequately address, incorporate or utilize the totality of the CFLR global health experience, including challenging and affective dynamics that arise in opportunities for home visits, visits to brothels, and encounters with extreme poverty. A previous IFAP Director and experienced social worker also implemented a presentation on cultural competency, complete with definitions and practical strategies.

However, this session was reduced, and then eliminated because of participants’ responses about amount of time allotted during the training. Based on its mission and values, short conversations

as well as visits which introduce various elements of the Dominican and Haitian culture, (including Haitian migration, Dominican history, language, and music) have been programmed. These brief moments are facilitated by the IFAP Program Coordinator with CFLR staff as guest speakers. However, these moments are introductory in nature and do not follow a formal curriculum and often depend upon the variable schedule of students and their projects. Furthermore, in each of the iterations on cultural competency, students' diversity and students' levels of privilege have not been significantly interrogated nor are reflections on their positionality and identity sufficiently considered. The need for this type of curriculum and the revision of previous materials has been observed and briefly noted by program administrators.

Survey Format and Structure

A needs assessment was conducted to determine which precise components of cultural competency are more adequate to integrate into our particular international health experience. Surveys were be drafted in English and Spanish. Already existing contact information was used to send by email to previous and current students and supervisors, as well as current and former program coordinators and directors. Reminder emails were sent to encourage more participation.

Surveys, via Survey Monkey, were sent in February 2016 to medical students who participated in the summer internship during a five year period (2011-2015). Surveys were sent to 23 students, five CFLR or IFAP administrators, including four former CFLR project supervisors. Thirteen responses were received (three administrators; 10 students); one student survey remained incomplete. Of the students who participated in the program, two students participated in 2012; four students participated in 2013; three students participated in 2014; and

one student in 2015. Five participants responded with Fluent Spanish Language (two of which were program administrators); three responded as “Conversant” and three responded as “Intermediate”.

Surveys inquired for opinion, recommendations and previous experience related to the program’s initiatives, which may (or may not) have increased their cultural competence. They contained 17 questions which were previously reviewed by IFAP Program Coordinator as well as CFLR Director. Surveys also consisted primarily of open-ended questions with spaces for free responses and ideas. As cultural competency could be developed in a variety of experiences, students were asked to describe their past experience, and then provide recommendations for particular and future activities. Questions addressed both content and methodology (see Appendix D).

In addition to year of participation, surveys inquired for methodology (eg. discussion, or instruction); Spanish fluency; time allotted for cultural competency; and, questioned which themes were covered and which themes should be addressed. In its first section, participants were asked about their experience to gain a baseline of the current activities and elements for change. These questions also provide a picture of the lived experience for program participants versus stated experience in promotional material. Moreover, these answers were compared with respondents’ recommendations and ideas in the second section of the survey.

Method of Analysis

The needs assessment considered elements of global health internship experiences, their relevance to the CFLR experience (including its specific clinical, community health and cultural immersion components), and the need for appropriate cultural competence training. Surveys were analyzed for thematic relevance, with comparisons of students across different years of the program, within the same academic year, and between student and program administrators' opinion. The needs assessment results revealed a great diversity in responses and wide range of ideas and experiences.

Current Curricular Activities

When asked to describe their experience in the program related to cultural competency, respondents mentioned a mix of orientation activities, interaction with CLFR staff, lectures, and cultural visits. Only one respondent mentioned the experience as negative, highlighting the lack of homestays and the isolating location of the student workspace as factors. When asked to further specify activities and methodologies utilized, respondents mentioned the use of discussions, lectures, presentations, formal and informal interaction. Close-ended questions corroborated this experience as formative for cultural competency with equal responses in the above as well as immersion, project collaboration, and clinical observation. When asked which themes were commonly explored, common responses included Dominican cultural customs, mannerisms and phrases; also, “barriers” and “contexts” of health care. On a Likert Scale, most participants mentioned that they were mostly satisfied with cultural competency component of the program.

Time

It is clear that more time should be dedicated towards cultural competency and reflection. When asked about the time that was spent in reflection per week related to cultural competency, most answered one to two hours, with informal or situational reflection. Respondents also mentioned the immeasurable influence of informal conversation with colleagues and housemates. When asked what time *should* be spent in reflection, students recommended additional time or experiences, ranging from “at least one hour” to “two to three hours” to “a few hours” per week. Here, in free response spaces, participants also provided recommendations of adding breakfast reflection sessions; sessions which are cognizant of different ways of processing and timing of the entirety of the session; and sessions after home visits and sex worker visits.

Recommendations

In the second section, respondents were asked for their recommendations. Though responses were varied, some tendencies were noted. There was a marked decrease in the preference for the use of lecture as a methodology, and a slight increase in the use of case review. Moreover, in terms of activities to be added, multiple comments emphasized the importance of exchange and forming relationships with CFLR staff and / or patients, including time for discussion and debriefing. Participants expressed a preference to make these sessions and relationships more interactive and spontaneous, yet explicit and an early activity within the general summer curriculum. One recommendation was to create a “buddy” program, which

could help facilitate informal, thematic conversations. Students supported many of the current themes, but also suggested additions of more reading, background information, and facilitated discussions. They recommended that more context including about health disparities, income disparities and Haitian-Dominican relationships; historical and socio-cultural information and understanding the role of provider (“communication”, “privilege”, and “doctor-patient relationships”). These results were confirmed in analysis between participants who participated in the same academic year.

Administrator / Student Comparison and Contrast

The needs assessment also presents interesting tendencies upon analysis of the results of administrators and supervisors. Administrators mentioned similar methods, themes and emphasis on additional time as students, but recommended including themes of history, racism and immigration. Moreover, two former program coordinators emphasized more personal aspects of cultural competency, especially working through privilege and discomfort. One coordinator mentioned:

Many students think speaking Spanish equals cultural competency, but I feel that it goes beyond that. It is working through a problem or issue with someone of a different background than yourself, and learning that person’s thinking patterns, perspective and ideas for solutions, and really, being committed to at least try and understand those mental processes.

Overall, the results can be best summarized in the comments of one participant:

Cultural competency training as a whole tends to operate in generalizations that border on stereotypes. I think it would be better to recognize that cultural competency requires a

dynamic engagement with patients and community to understand what barriers and obstacles exist and how to best address them. It's not a once and done process.

Goals and Objectives

Program Goals

The goal of the Reflect, React, Exchange cultural competency co-curriculum is to:

- Motivate a greater sense of empathy in cross-cultural settings.
- Address the need for participants' continued development of cultural competency.

Program Objectives

- Incorporate curricular activities for the development of cultural competency that are experiential and developmentally appropriate for the medical student experience.
- Provide an adequate framework of co-curricular experiences in the Clinica de Familia La Romana, integrating and coordinating reflection before, during and within the overall program and the ongoing cultural adjustment of students.
- Provide a space for theory-to-practice and practice-to-theory connections via reaction and reflection to community health visits and other CFLR Global Health Program activities.
- Foster a safe space which motivates students and staff cultural exploration and interaction and process emotions related to experiences and personal reflection.
- Encourage a culture of reflection, learning and interaction with the culture of the host country, adequate and culturally appropriate management of the particular experience of

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

the moment or individual, and the utilization of personal abilities/values (such as tolerance, patience, etc.).

Participant Goals

The goal for program participants is to:

- Strengthen students' learning experience of public health in a resource-poor setting.
- Raise awareness among program participants.
- Create stronger collaboration between students and diverse staff and clients.
- Develop skills of cross-cultural and personal reflection.
- Foster attitudes which can lead to cross-cultural knowledge and skill development.

Participant Objectives

After completing this curriculum, students will:

- Be able to conceptualize their identities and those of others and their meanings in a more expansive manner.
- Recognize their “blind spots” and capacity in empathizing with others.
- Have analyzed their personal and professional situation with multi-level systems thinking.
- Denote profound new relationship / awareness to their personal, professional and everyday experience, especially as medical students and as volunteers in CFLR.

- Have developed personal and professional relationships with CFLR staff.
- Have a better understanding of structural issues by experience elements of Dominican culture as well experience ambiguity and complexity in forming cross-cultural relationships
- Have been introduced to concepts of cultural competency / humility.

Program Description

Program Participants

The typical CFLR Global Health Experience student is a medical student from Columbia University between 24 and 28 years old. Though students typically have diverse backgrounds and wide travel experience, the great majority of students are middle-upper class, white, and female. For many of the students, it will be their first time in the Dominican Republic and first experience of this duration (two to three months). Participants in our experience are strongly encouraged to have an intermediate or advanced Spanish language level and high levels of maturity and initiative. During the application process, almost all students express a strong desire to learn more about the Dominican culture and language (especially given Columbia University Medical Center's location in a predominantly Dominican neighborhood in New York City), global health care and competencies, and holistic care for HIV-positive patients. Students also view the opportunity as a career and skill-building experience. With general oversight from the Columbia University Dean of Admissions and Chairman of the Global Health Track, students fill out an application, complete with a language self-assessment and essay. Students are interviewed

by the IFAP Director and Program Coordinator as well as screened for interest and Spanish level by the CFLR Student and Volunteer Coordinator.

Program Scope

On arrival to La Romana, students visit the third-largest city in the Dominican Republic. On the island of Hispaniola, students come to “La Romana Province, a major sugar, manufacturing, and tourism industry center in the eastern part of the country, is the region with the highest HIV prevalence.” (AIDSTAR-One, 2012, p. 2). After the establishment of its work with pregnant women, Haitian migrant workers and sex workers are included in the vulnerable populations it serves. In La Romana, they are “eight times as likely to be HIV-positive as the general population of childbearing women, while Haitian immigrants were 1.6 times as likely to be infected with HIV” (AIDSTAR-One, 2012, p. 2).

The Clinica de Familia Global Health Experience begins in mid-June and lasts for two months. According to the Global Health Experience (2015) program document,

The global health experience at Clínica de Familia allows participants to observe and learn from clinic providers in the areas of HIV care, pediatrics and obstetrics and gynecology; observe Cesarean sections at Hospital Francisco Gonzalvo; visit homes of clinic clients with outreach workers, observe educational sessions and prenatal care at MAMI; accompany an outreach worker to *negocios* (bars and clubs where sex workers work); shadow the HIV testing program in *bateyes* (living areas associated with sugar cane production); and observe client sessions with the clinical psychologist, adherence counselor, and HIV testing counselors.

In addition to their observations and contribution in a public health project, students also participate in student, clinical and professional development sessions. In student medical education, they will review the care and public health environment for the relevant local health conditions. In clinical medical education, students will participate with CFLR staff in case

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

discussions, lectures, and sessions. Students participate in the life and culture of CLFR in its professional development meetings and can also enter into various departmental meetings and social gatherings, which make up the culture and fabric of CFLR. During the summer, the experience is complemented with tours of other local hospitals, moments for conversation about particular elements of the culture, and/or excursions. CFLR facilitates and occasionally hosts cultural and social activities; students are encouraged to take advantage of free weekends to explore La Romana and other regions of the Dominican Republic.

Program Timeline

Before arrival, students prepare a scope of work and electronically communicate with their CFLR project supervisor and/or University faculty mentor. Students will participate in a pre-departure orientation, conducted by the IFAP Coordinator, that includes relevant documentation, reference articles and project definition, in order to ready participants for travel and work. On occasion, students have participated in the Global Health Symposium, which unites all students travelling internationally for general safety and security instructions, presentations of former students, and background information on the country of interest. “Upon arrival in the Dominican Republic, they receive an orientation that includes information about the area, language, culture and safety, in addition to a tour of Clínica de Familia and introductions to staff.” (Global Health Experience, pg.3). During the first week, students are expected to come to know the different specialties and features of attention as they rotate through the majority of CFLR services and programs. As the weeks progress, students will become ever more involved in their project of public health interest. Project deliverables can include “surveys,

research, data extraction and analysis, assistance with client education programs, or facilitating continuing medical education for staff” (Global Health Experience, 2015, p. 4).

Curriculum

Although there are three conceptual approaches (knowledge-based, skill-based, and attitude based) for cultural competency training in medical education, this curriculum will take an attitude-based approach. Kripalani writes that “Attitude-based curricula (the cultural sensitivity / cultural awareness approach) seek to improve provider awareness of the impact of socio-cultural factors on patients’ values and behaviors and how these factors may ultimately impact clinical outcomes. These curricula use self-reflection to explore issues of bias, racism, and gender issues” (Kripalani, Bussey-Jones, Katz, & Genao, 2006, p.1116). Reflect, React, Exchange attempts to both introduce students to the common facets of Dominican culture and simultaneously address the uniqueness and diversity of its culture and the participants of the Clinica de Familia Global Health Program (see Appendix E).

Students’ experience and reflection on the experience will serve as the principal instructional processes. Students will receive initial content and begin reflection before arrival to the program with pre-orientation materials and assignments (see Appendix F). Here, students will be encouraged to watch insightful, short, and provocative introductory videos which will introduce key themes. Students will be required to watch “First Do No Harm” (Holland, T. & Holland, A., 2011) and complete the “Cultural History” Activity. Each will serve as the basis for future sessions during pre-departure orientation. Upon arrival, students will conduct one session

on cultural humility and medical tourism during orientation, followed by a section on culture in the following week.

In particular, the curriculum will focus in on particular visits which focus on the Clinica's populations, evoke strong reactions, and present potential for students to reflect on cultural and social identities: home visits to HIV-positive patients; health prevention visits / educational sessions with sex workers; home visits to *bateyes*, or underserved sugar-cane cutting communities. One-hour reaction sessions will occur at regular intervals, with more discussions taking place during the first two weeks of introduction to the CFLR and the Dominican Republic. These sessions will be introduced during Weeks 2, 3, 4 of the program. In the majority of sessions, students will be assigned a short journal entry and/or reading/video before a session discussion. Students will continue to journal throughout the duration of the program. Students will reflect upon their internship experience and problem-solving while conducting a project of public health importance during that time. Informal, but topical conversation with CFLR staff and patients will also allow students to build affective components.

Students will be paired with CFLR staff during pre-orientation and these accompaniment sessions will provide opportunities for review of cultural concepts, discussion, cultural engagement, and the development of professional relationships. Students will receive exposure to additional content through visits to sites of public health and cultural interest as well as exposure to culturally dissonant experiences. Additional perspectives will be added in cultural exchange groups wherein students will be able to conduct interviews with critical, cultural informants and review personal testimonies in group sessions. Materials have been coordinated

with the progression of the students in the program – from initial introduction to greater integration via their professional and extracurricular relationships with staff. Each session will be a safe space for students to share ideas, participation will be voluntary and ground rules will be created according to the session.

Kripalani (2006) writes that “narrative writing helps trainees openly reflect on their own values, beliefs, and biases, and encourages them to consider their personal experiences with prejudice, discrimination, challenging patient encounters, and prior mistakes (p. 1117). This exercise could help facilitate attitude change and promote awareness.” Students can reimagine their roles and identities, in their immediate connection between similar communities in the DR and US; personal awareness of their roles as global citizens; professional conscientization as global health practitioners; and their practical self-understanding as interested agents and/or conflicted medical tourists. This curriculum will utilize journaling and discussion sessions as its primary focus and will focus questions around Mezirow’s different types of reflectivity, or “awareness of a specific perception, meaning, behavior or habit” to analyze the particular issue at hand and to process cognitive dissonance. Types of reflectivity include: affective reflectivity, discriminant reflectivity, judgmental reflectivity, conceptual reflectivity, psychic reflectivity, and theoretical reflectivity (Wang, 2006). The content of the curriculum derives from the experience of students. Their experience both refers to their personal background and the activities in the global health internship. It includes:

- Their personal transition to the life and culture of the Dominican Republic.

- Their academic and professional adaptation to the resource-poor Clinic de Familia La Romana and the Dominican public health system and care.

Through this experience and its related contexts, students will learn of:

- Cultural elements: Dominican history, food and cuisine, politics, education, religion and cultural beliefs and language;
- Themes such as immigration (especially in the relationship of Haiti and the Dominican Republic) and sex tourism;
- An introduction to cultural competency / humility including theories such as intercultural communication, identity theory, cultural studies and psychology.

Facilitators will also utilize current events and situations to bring more relevance to the conversation. In order to familiarize with some of the larger themes and frameworks, the discussion sessions may also compare and contrast with the United States. The aim of this process is that students integrate knowledge and challenge their perspective and possibly grow along the spectrum of intercultural sensitivity and cultural humility / competency. RRE is integrated into the internship experience and designed to support student medical curriculum, which reviews clinical topics related to sexual and reproductive health, via means of greater exposure. Students are encouraged to integrate the varied learning opportunities of the CFLR global health experience, whether in student and/or clinical medical education, departmental meetings, rotations or experiences. Each component is designed and integrated with the CFLR participants in mind, to promote its overall mission of the develop of knowledge and cultural skills in a resource-poor setting as well as respond appropriately to the needs assessment and

program type. The experience is also designed and sequenced so that students may be challenged, yet may also maintain interest within the demands of their project and rotations. Pre-orientation activities account for the busy schedules of medical students before arrival. The RRE co-curriculum will use journaling as the primary means to reinforce themes without adding a significant task to the multiple commitments of the internship.

Lectures

CFLR participants will have two lectures related to this co-curriculum. These lectures are designed to introduce cultural humility / competency concepts and serve as connection points and motivations for students' participation in other reflection curriculum activities that promote cultural awareness. The first lecture, titled "Cultural Humility and Medical Tourism Introduction," will be integrated within the initial CFLR orientation and introduce themes of cultural humility and medical tourism. This presentation has been utilized by the University of Texas Medical Branch at Galveston curriculum for global health students. "Cultural Humility and Medical Tourism Introduction" aims to begin with students' immediate experience and expectation for initiation in the project. It will be paired with a more detailed explanation of the project components and an explication of CFLR expectations for students within each of these elements.

Students will view small sections as well as review their reactions to their pre-viewing of the video "First, Do No Harm" (Holland, T. and Holland, A. 2011) which presents the experience of performing qualitative research in global health settings. The lecture will review

how the CFLR program attempts to address some of these concerns in the structure of the program as it also opens conversation and discussion around students' observations, rotations and cultural integration. The lecture will emphasize the importance of cultural competency / humility as it introduces students to social elements and cultural identities which can be dramatically different and challenging.

The purpose of the "Cultural Humility and Medical Tourism Introduction," is to provide orientation to their cultural integration and introduce to the dynamics which will be addressed through the co-curriculum and their personal reflection. Afterwards, students will complete a journal entry which includes a review of their application motivation statements. The second lecture, "Expanding Cultural Concepts," will take place during the second week of student's experience. The experience will draw upon the previous component of the orientation in "Personal Security Concepts and Values" which will briefly present key strategies and values for students' integration and refer to students' pre-reading on the Iceberg Theory and Hofstede's cultural frameworks to focus on their experience of behavioral elements of culture. The purpose of the "Expanding Cultural Concepts," will create space to compare and contrast the Dominican and American cultures. In the process, students will reflect upon and gain awareness of the formation of and specific impact and importance of worldviews, their identities and the identities in their experience which are at work within their daily, clinical experience in the Clinica. In particular, students will be encouraged to discuss other cases or professional or personal experiences of the past week which they have encountered unique and problematize how and

why so. This lecture will be paired with students' discussion experience and with time students will process their initial relationships which have formed with supervisors and staff.

Reflection Journal

The reflection journal will not only allow students to process their experiences, but motivate students to develop relationships and greater levels of awareness of their experience. The journal will not be required, but strongly recommended [See Conclusion]. Due to the various project demands and other responsibilities and time commitments of the rotation, a set schedule or structure for the journal will not be created. However, the journal will provide prompts which will be recommended in order to address the themes at hand and motivate a higher level of discourse. Students will have the option of responding in a variety of forms in their journals, but will be asked to provide some written documentation at the beginning, middle, and end of their experience (see Appendix G).

Student journal entries may be indirectly referenced in group facilitation session or serve as material for lecture or reaction session responses. Journal questions will be divided into sections according to the experience with the program. Themes and other co-curricular activities will also be integrated and referenced. Journal prompts will follow the general arc of the program and curriculum objectives. As the program progresses, students will be expected to provide a greater degree and nature of reflectivity, reflecting their growth within the program and acculturation. (See Appendix B for definitions and types of reflectivity).

Through the use of journals, students will develop reflectivity and integrate more within the experience as well as form deeper professional and personal relationships. Prompts will also show a general movement and progression along Bennett's intercultural sensitivity scale of ethnocentrism to ethnorelativism. Questions will strategically help move students from one stage to another (see Appendix B). The goal of the journal entries will be for students to become more aware by recognizing, identifying, and developing a deeper and more complex understanding of the impact of social and cultural identities while processing their daily interactions and experiences.

Reaction Sessions

RRE will focus on three particular moments (community home visits; *batey* visits and visits to sex-worker *negocios*) with extended sessions of orientation and processing. These sessions will include pre-reading or viewing in preparation for the experience as well as the reaction. As an addition to the particulars of the site, these reaction sessions will provide essential questions which will serve as the basis of facilitated group discussion upon return from the community visit. In addition, the lesson plan will stoke and motivate these questions to form an additional section or part of the response to students' overall travel journal and journal entries. Reaction sessions to the *batey* visit will focus on socio-economic class and Dominican-Haitian relations; reaction sessions to community health visits will focus on social and cultural identities in relationship as well as initial forays into power and privilege. It will also connect to students' understanding of social determinants of health. Reaction sessions to sex worker *negocios* will focus on gender roles. Reaction sessions will last one hour in duration and will be conducted in

close coordination with the schedule of the community health visit in order to immediately process reactions. (See Appendix H for a sample reaction session).

Cultural Exchange Group

Upon arrival in La Romana, students will be encouraged to participate with a group of professionals and CFLR staff in informal, learning gatherings. The goals of this group are to foment friendships and understanding through accompaniment and involvement in socio-cultural activities. This cultural exchange group will also give students and participants natural opportunities to share about elements of the Dominican and American culture. Though initial sessions will occur in groups, students and participants will be encouraged to meet individually according to shared interests. Students and participants will be expected to schedule at least one activity per week.

The first session will occur during the end of the first or second week of the CFLR experience. As a way to directly experience life within the Dominican neighborhoods, students and participants will be invited to the CFLR Coordinator's home and then explore local establishments. The activity will provide students and participants to informally practice and experience new concepts of Dominican culture within their exploration of the themes of the session. This activity will create safe spaces and connections between CFLR staff and students. Afterwards, students will be invited to reflect, compare and contrast cultural items. Lastly, as the conversation evolves, students and participants will touch upon elements of the Cultural Biography exercise (see Appendix I) and understanding the social and cultural identities in

different contexts. The purpose of this activity will be to develop informal, cultural learning relationships, allowing students and participants to experiment with concepts of cultural humility, explore and try out different learned elements of culture, as well as experience and adjust for ambiguity. The hope is that these informal relationships will become the ground for other experiences later on within the curriculum. Conversations will be directed by the themes at hand, but will be allowed to flow naturally. All participants will be given the opportunity to share and contribute to the conversation.

Staffing Plan

The key person of the RRE co-curriculum will be the CFLR Student and Volunteer Coordinator whose responsibilities will include facilitation of lectures and reaction sessions, coordination of exchange groups, and provide motivation of journal entries in addition to fulfilling duties as a staff member of CFLR. The current professional responsibilities include: developing clinical rotations, project and research activities for volunteers; assessing potential volunteers and applications; aiding in the implementation of student programming and supervising all volunteers and students; evaluating each volunteer regularly throughout their rotation; and, providing both positive and constructive feedback.

Through Reflect, React, Exchange, the CFLR Student and Volunteer Coordinator will contribute to the ongoing role in orientation of volunteers and the management of logistics. The current and past requirements for CFLR employment are as follows: excellent written and spoken English and Spanish required; undergraduate degree required; Master of Public Health

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

preferred; experience supervising volunteers; experience living/working in developing countries, preferably in Latin America.

The CFLR Student and Volunteer Coordinator will be supported by the IFAP Global Health Program Coordinator who selects, accepts, and coordinates Columbia University students, in coordination with CFLR. In addition to providing feedback and support on the achievement of program competencies, the IFAP Program Coordinator will also be responsible for adding pre-reading and goals of cultural humility competency to program pre-departure orientation.

The CFLR Coordinator will also be assisted by other staff that participate within the summer program and contribute to students' overall education and experience. The CFLR Research Director coordinates and facilitates student medical education, which coincides with students' cultural immersion. While facilitating a number of clinical themes (notably including conditions and dynamics related to HIV, the public health system, and CFLR funding), this student medical education will draw upon and reference students' experience. Outside of their key professional roles, CFLR medical, health promotion, and administrative staff will be invited to participate, share their own experience as key cultural informants and participants, and participate in presentations and cultural exchange activities.

Program Marketing and Student Recruitment

The co-curriculum will be extended and strongly encouraged for each student who participates in the Global Health Program. As a co-curriculum, it will be marketed through additions to pre-existing program materials (such as the Global Health Experience (2015) and

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

will be aimed to motivate student and staff interest and participation. As the vast majority of students currently express a great interest in learning and experiencing more of the Dominican and Haitian culture, the curriculum will aim to meet a priority and interest of students by offering an easily accessible method to form friendships and relationships as well as facilitate semi-structured cultural exchange opportunities and learning experiences. After application, students will be introduced to the curriculum during the pre-departure orientation and a section regarding cultural immersion will be included in the CFLR Global Health Information Document. As students complete their scope of work process, prepare for the project and arrival to CFLR, they will also complete an interest survey in order to adequately pair students and professionals (see Appendix I). The CFLR Global Health Program will also take into consideration the possibility of requiring journals as a programmatic requirement, which may increase interest and participation within the program. CFLR staff will be invited to participate through announcements and departmental meetings.

The program will provide for future marketing as photos from cultural exchange sessions will be uploaded to the Clinica de Familia Students and Volunteers Facebook Page. In addition, students will be motivated to participate with their journal entries in the IFAP Photo and Essay contest. The IFAP Global Health Program Photo and Essay contest provides students with monetary rewards for essays based upon their reflections about global health experience (See Appendix J). Entries are judged by anonymous Columbia University staff.

Logistics

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Logistics for the Reflect, React, Exchange will include arranging space and time for reaction sessions, coordination of cultural exchange groups and sessions, and preparation and facilitation of materials for program marketing, orientation, and evaluation. Before the program's start, the CFLR and IFAP coordinators will be jointly responsible for sending a list of pre-reading and pre-program instructions (see Appendices E and F). General logistics for this co-curriculum will be included within the general responsibilities, including email communication between students and staff of the CFLR Program Coordinator. As a competency of the program, the co-curriculum's program activities will be carefully integrated within the current overall schedule and program activities of students. Co-curriculum activities will be scheduled during their first two weeks in the program. Given time commitments for projects and rotations, most program activities will be scheduled during the first four weeks of program duration.

Journal entries will occupy the majority of students' commitment after Week 4 as students' increasing time commitment to projects will disallow group participation in Reaction Sessions or other orientations. Space and time will be reserved during students' initial orientation day schedule for introduction to the cultural competency curriculum as well as the subsequent Cultural Frameworks session. Reaction sessions will be embedded within the multiple activities of the CFLR Global Health Experience individualized schedule for participants and will preclude and follow visits to community, bateys, and sex worker *negocios*. All Reaction Sessions and Orientations will take place within the CFLR Conference Room (which is equipped with PowerPoint capability) and/or the CFLR Volunteer and Student space. CFLR coordinator will

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

provide all materials needed including case studies via e-mail or electronic cloud services (i.e. DropBox, etc.).

The coordination of the cultural exchange groups will be a shared responsibility by the CFLR Program Coordinator and program participants. The coordinator will facilitate the activities, refreshments, space and materials for the first session, ensuring an adequate space for the interactive language activity. In addition to assigning pairings during the initial sessions, the Coordinator will facilitate the planning of future events sessions and its location during this moment. Space and time will be selected based on participants' schedules and availability. CFLR Program Coordinator will be responsible for notifying all participants as to the location of sessions. After initial sessions, relationships will form and participants will be proactive in determining event activities and timing.

Health and Safety Plan

Though the health and safety plan will mainly focus on participants' mental health, it will also touch upon the physical and personal safety risks inherent in visiting the Dominican Republic and the specific sites in question during the experience. Though the potential impact from exploring the cultural identity (of sensitive issues in race, class, for example) as well as the quantity and type of reflection may incur provide minimal risk; nevertheless, appropriate safeguards will be employed.

According to the NAFSA's Guide to Education Abroad (2005), "health refers to the physical, psychological, and spiritual condition of the individual", whereas safety refers to an individual person or to groups of persons (p. 480). As part of the CFLR Student Program, before

and upon arrival to the Dominican Republic, all students and visitors receive a safety and security orientation. In particular, this orientation provides guidance and information about culturally accepted methods to manage these risks. During this initial orientation, students will be informed of the goals, expectations, and setting for all activities, including norms that will not only address the cultural humility / competency component, but the interaction between diverse students during the duration of the program.

Students will be directly supported by the Student and Volunteer Coordinator, with additional supervision from the CFLR Executive Director. In addition to the fact that a safe space will be created for each session, students will be encouraged to check-in with the Student and Volunteer Coordinator individually, their project supervisor and other CFLR staff in order to express any concerns. Though student participation in the cultural competency / humility curriculum will be strongly recommended, their participation will also be completely voluntary and subject to the demands of program activities. Journaling will only be shared voluntarily.

IFAP will receive institutional support from within Columbia University. Through this orientation, students will also receive a program handbook, which includes a “Guide to Community Programs,” with advice, recommendations, and suggestions for home visits, visits to sex worker establishments, and *bateys*. Visits allow students to put into context the realities of the clinic’s target population and also observe the breadth of the activities that we conduct in the community. Through these visits, students and volunteers come to understand more fully the challenges that clients face, while also learning about the community component of comprehensive health services.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Visits to community programs provide the opportunity for students and volunteers to see the extension of the work of the clinic, not necessarily to observe the life of the participant or community. As such, students' role should be an extension of their role as interns and volunteers, though they will not directly engage with the population of the visits. Students will receive site-specific orientations prior to their visit. During program activities, participants will always be accompanied by at least one member of program staff – normally the key health promotor – and visits will be vetted by CFLR staff for any security or mental health risks. Any orientation or processing event, whether formal or informal, will only include CFLR staff.

Within the “Assumption of Risk Waiver”, program participants will be informed of the general risks involved. Each participant will sign and submit participant agreement and conditions/risk forms in which they will: accept personal responsibility for their decisions and actions; understand the commitments of travel and visits outside of the CFLR campus; give serious consideration to health and safety circumstances in their decision to participate; be encouraged report any pertinent allergies, medical and mental health conditions; document valid health insurance policy; agree to abide by all American and Dominican Republic laws and CFLR policies, rules, regulations, protocols and guidelines of the program; and, understand their personal obligation for all immunizations and medical prophylaxis; concede permission for any medical treatment and designate an emergency person of contact; and assume full responsibility for any risks or loss, or personal injury, including death that may be sustained, or any loss or damage to property owned, as a result of training. Although programmatic staff will provide

support, in the event of life threatening injury or illness, or death, the family or point of contact will be responsible for the costs of medical evacuation.

Crisis Management

Clínica de Familia La Romana maintains an emergency plan, which includes coordination with the local authorities for appropriate response as well as alerts. This plan will be used in all activities and events related to this curriculum. In case of any mental health crisis situation, CFLR will follow the direction of the CFLR Executive Director and IFAP Global Health Program Director while possibly incorporating the assistance of the CFLR Clinical Psychologist. Together, these agencies will contact virtual and off-site resources located in La Romana and Columbia University Medical Center.

As RRE will encourage students to participate in visits outside of the CFLR campus, shared cell phone service between CFLR staff will allow CFLR health promoters to remain in contact with the CFLR Student and Volunteer Coordinator and communicate any physical or mental health crisis immediately. As stated in its Handbook, Clínica de Familia also maintains an internal phone tree for emergencies. By this means, all staff, students and visitors will be alerted and advised of impending emergencies, plans of action, suspended activities and/or closures.” According to its manual, in case of medical emergency, students and visitors will be directed and/or transported to the nearest and recommended health centers for medical care (Centro Medico Central Romana or Centro Medico Canella I). CFLR also will also follow Columbia University Medical Center protocols which include contact with IFAP Program Coordinator and Director and with emergency medical assistance agencies.

Budget

Budget considerations are minimal. The IFAP co-curriculum will be implemented within the existing structure of the IFAP Global Health Program. This program, as an extension of the Clinica de Familia La Romana, is a non-profit NGO which reinvests any savings into the attention of the most vulnerable patients and clients. As such, it will not support additional expenses due to cost constraints. The program curriculum is aimed to be primarily dialogic and reflective in nature, and thereby a low-cost program. All CFLR Global Health Program costs, except for room and board and program / supervision fee which are charged directly to students, are currently assumed by the cost structure of CFLR. Student costs, which are comparable to other international health electives, include, all of which is utilized for the maintenance of the same. According to the Executive Director, these costs greatly preclude any additional expenditure.

The IFAP Program Coordinator and CFLR Student and Volunteer Coordinator will perform the above duties within the activities of their current roles and no other staff will be needed to provide the activities mentioned within the curriculum. Community visits, which form the basis of part of this curriculum's reflection, are already part of the larger CFLR budget and students will accompany home visitors on planned trips. The cost of any activities related to the Cultural Exchange Group related activities will be nominal and assumed by the group participants. Materials for program participants will be free electronic files or located through Internet services. For future consideration, the co-curriculum may utilize GPI as an evaluation

metric. In order to utilize the GPI as a pre-and post-test, the cost would be USD\$1000 (Iowa State University of Science and Technology, 2015).

Evaluation Plan

Assessment and evaluation of the RRE will determine the quality, efficiency and importance of the program and to program improvement within the larger CFLR global health curriculum. The evaluation will also contribute to ongoing, program monitoring efforts to enhance students' learning development, amplify learning of skills imparted in the experience, and could contribute to the greater and long term goals of professional skill development for medical professionals. The current needs assessment will be installed as a permanent feature of the program and will be completed annually as part of the CFLR program's global evaluation efforts.

Currently, the student program collects program evaluations about each element of the global health program with open-ended questions about their cultural immersion and orientation (see Appendix K). Also, the program evaluation serves as a general satisfaction survey, which is subject to the unique experiences of the student. The evaluation addresses a multitude of experiences, including the integration of clinical, community, personal and professional experiences. Though useful for this curriculum, this evaluation is not specific to the particular components of this curriculum.

Subsequently, assessment and evaluation strategies must be appropriate to the activities; integrated, progressive and developmental nature of the curriculum, timing and logistics. After

the reaction sessions, students will receive brief check-in questions via email or an electronic survey system to assess student satisfaction and clarity of concepts. Using a scale of responses, these satisfaction surveys will evaluate the group discussion facilitation, content and themes. As students might address potentially emotionally charged issues, these brief surveys will also ensure a safe space and also allow for adjustment in program design. At the completion of the program, students will receive the cultural exchange group survey, which assesses students' satisfaction with the activities, coordination and cultural competency and information themes covered by the sessions (see Appendix L). Each of these methods will motivate adjustment of particular details within these components of the cultural competency curriculum.

In order to assess students' learning, pending their permission, students will be asked to provide a portfolio of journal entries and/or a final reflective essay in order to represent key lessons and concepts learned, results, and relationships formed. Reflections will be thematically analyzed according to Richard Kiely's (2004) "transforming forms" (Political, Moral, Intellectual, Cultural, Personal and Spiritual), critical dimensions which can be utilized as outcomes for transformative learning. Kiely writes that "transforming forms represent the specific types of worldview shifts that study participants experience from their participation in the international service-learning program" (Kiely, 2004, p. 10).

"Transforming forms" particularly mark the "ongoing and significant changes" which occur in the areas above (Kiely, 2004, p.10). Together with "envisioning" and the "chameleon complex" (which denote students possibilities and efforts for action), they constitute an "emerging global consciousness" (Kiely, 2004, p.10). Through the utilization of this analysis,

journal entries will be compared to an initial question for the amount and different types of “transforming forms” as well as analyzed for the types of Mezirow’s reflectivity which students will answer as a part of pre-reading and orientation.

During the duration of the program, students will be encouraged to provide feedback, comments, and questions on any theme at any time. In addition, during weekly programmatic check-ins, students will also be allowed a space to verbally comment on their experience within the activities of the curriculum. With support from IFAP and CFLR staff, the Program Coordinator will respond, interact and further orient students. At the completion of the Global Health Program Experience, in coordination with IFAP and CFLR supporting staff, the CFLR Program Coordinator will analyze the multiple sources of evaluation input to contribute to overall evaluation of the program and its integration within the CFLR Global Health Curriculum.

With the implementation of this curriculum, the CFLR Global Health Program also may consider a more quantitative evaluation method, according to its program objective for cultural competency. The program will also consider the use of the Global Perspective Indicator (GPI), which aims towards “global holistic human development” (GPI Introduction) and a possible use of GPI as a pre-and post-test for this curriculum. Its implementation will depend upon budget and time constraints.

However, GPI is ideal for a short-term experience, and based upon theorists including Baxter Magolda for intercultural maturity, GPI measures holistic, intercultural development in cognitive, interpersonal and intrapersonal domains. It includes subscales in each respective area of: knowing and knowledge, identity, affect; social responsibility, and social actions. As its

introduction states, “the GPI measures how students think, view themselves as people with cultural heritage, and relate to others from other cultures, backgrounds and values. It reflects how students are responding to three major questions: How do I know? Who am I? And, how do I relate to others?” (Iowa State University of Science and Technology, 2015). The GPI’s general student form and study abroad form would serve as assessments and is helpful for program development. Its parameters are ideal and present an excellent evaluation matrix for the type of change that the curriculum hopes to create. As its creators state, the responses to the GPI are most useful when those responsible for creating the environment to foster development with a global perspective meet to discuss the evidence and consider how adjustments in the environment would most likely enhance a globally oriented holistic human development.

Conclusions

Reflect, React, Exchange provides the opportunity to augment the learning experience of students in the Global Health Program as they will be able to reflect more deeply on their daily experiences; consider more expansively the cultural identity; and, ultimately contribute to students’ transformation of perspective. It attempts to address these themes with integrated and holistic activities that will reinforce already existing observation. Perhaps, the most important objective of RRE is that it hopes to create an initial and new space within the current curriculum and pedagogy.

The RRE co-curriculum represents a redux and fresh incursion for a long-held objective of the CFLR Global Health Program. RRE recalibrates the previous curriculum to start where students are, to begin with their direct experience as medical students and international health

elective participants, then, focuses on the distinct and dissonant experiences which could mark their perspective during their time in country. The overall goal is to begin to generate greater awareness within students and staff.

The future implementation of the RRE faces possible limitations. Given the multivalent and complex nature of culture, the intensive schedule of activities for students' completion of the components of the program, RRE creates a flexible structure for students' reflection. However, the curriculum depends upon the commitment and interest of self-motivated students. Equally, the curriculum, students, and staff, will benefit from greater investment in the diversity and cross-cultural training of IFAP and CFLR in the greater facilitation of diversity and cultural humility dialogue. As previously highlighted, cultural competency is undergoing a change in philosophy towards cultural humility. In light of this fact, CFLR stands on a liminal point – armed with relevant theory but, like colleagues, in new territory to develop practice with evaluative processes and outcomes.

The CFLR Global Health Program has great potential for transformative education which has only begun to be realized along with the development of this curriculum. Within the context of Columbia University programs, RRE provides a very small pilot and continuation of themes addressed within the SSGA sessions . According to Ana Jimenez, former IFAP Director, and contributor to this program, the development of this curriculum represents an initial step and could motivate a future continuation of SSGA themes. Potential exists to continue similar development and a more complex review CFLR pre-orientation, orientation, and experience curriculum.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

With future iterations and integration within the multiple activities of the Global Health Program, RRE can also target cross-cultural skills and knowledge, in addition to attitudes. Kripalani (2006) provides possible avenues for growth, especially in the training and facilitation of culturally respectful techniques to work with patients. The facilitation of this co-curriculum offers the opportunity to generate interest in the themes explored, but also sow interest in the infusion of these themes via the processing of student's rotation experiences and other educational moments like CFLR student medical education, for example. Within the current programs of CFLR, the development of this space also motivates a connection to the existing cultural competency committee, which was created for the professional development of CFLR staff. The development of the RRE, and particularly, the application of Kiely's transformational learning model and outcomes, could be the first step into greater research efforts for the CFLR student program as it relates to student outcomes for international health electives.

Reflect, React, Exchange represents professional development in both the execution and achievement of outcomes. As RRE aims towards its objectives, the curriculum also sharpens the CFLR Global Health Program objectives. With a richer experience, informed and challenged by reflective and dialogic practice, medical students also hone skills which will prepare them for a diversity of situations and patients within the consultation room. Through the potential interaction with CFLR staff, the Reflect, React, Exchange works to form the relationships and partnership skills which not only can enhance care, but contribute to greater and deeper understanding in the Clinica de Familia La Romana Global Health Experience.

BIBLIOGRAPHY

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

AIDSTAR-One. (2012) *Case Study Series: HIV in the Land of Baseball and Bachata.*

Arlington, VA: Ed Scholl. Retrieved from:

[http://www.clinicadefamilia.org.do/wordpress/wpcontent/uploads/2012/07/AIDSTAR
One_CaseStudy_Clinica-de-Familia-La-Romana.pdf](http://www.clinicadefamilia.org.do/wordpress/wpcontent/uploads/2012/07/AIDSTAR-One_CaseStudy_Clinica-de-Familia-La-Romana.pdf)

Balandin, S., Lincoln, M., Sen, R., Wilkins, D.P., & Trembath, D. Twelve Tips for Effective International Clinical Placements. (2007). *Medical Teacher*. Vol 29. P. 872-877. Doi: 10.1080/0142159070184364.

Bender, A. & Walker, P. (2013) The obligation of debriefing in global health education. *Medical Teacher*, 35: e1027-e1034. DOI: 10.3109/0142159X.2012.733449

Bennett, M. J. (2004). Becoming interculturally competent. In J.S. Wurzel (Ed.) *Toward multiculturalism: A reader in multicultural education*. Newton, MA: Intercultural Resource Corporation.

Brockington, J.L., Hoffa, W.M., & Martin, P.C., (Eds.). (2005). *NAFSA's guide to education abroad for advisers and administrators* (3rd ed.). Washington, DC: NAFSA.

Culatta, R. (2015). Transformative Learning (Jack Mezirow). Retrieved from:

<http://www.instructionaldesign.org/theories/transformative-learning.html>

Cushman, L.F., Delva, M. Franks, C.L., Jimenez-Bautista, A., Moon-Howard, J., Glover., J,

Begg, M.D. (2015). Cultural Competency Training for Public Health Students:

Integrating Self, Social and Global Awareness Into a Master of Public Health

Curriculum. *American Journal of Public Health*. 105 (S1), p. S132-S140.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

[cumcobgynpeds]. (2010, September 30). *Columbia University Department of Peds – Global*

Health/AIDS Program [Video File] Received from:

https://www.youtube.com/watch?v=4l_IF2EfTko

Global Health Experience for Students and Volunteers. (2015). Unpublished internal document.

Clinica de Familia La Romana.

Griffin, T. M. (2008). Effective Intercultural Communication. In C.B. Halverson & A.

Tirmizi, (Eds.), *Effective multicultural teams: Theory and Practice* (p. 173-210).

Breingsville, PA. Spring Science Publishing.

Halverson, Claire B. (2008). Social Identity Group and Individual Behavior. In C.B. Halverson

& A. Tirmizi, (Eds.), *Effective multicultural teams: Theory and Practice* (43-79).

Breingsville, PA. Spring Science Publishing.

Henry, S. (2008). *Cultural Resource Binder La Romana Clinical Rotation*. Unpublished internal

document. In collaboration with IFAP, Mailman School of Public Health and College of Physicians and Surgeons at Columbia University.

Drain P.K., Holmes K.K., Skeff K.M., Hall T.L., & Gardner P. (2009). Global health training

and international clinical rotations during residency: current status, needs, and

opportunities. *Academic Medicine*, 84 (3), p. 320–325.

Epprecht, Marc. (2004) Work-study abroad courses in international development studies: Some

ethical and pedagogical issues. *Canadian Journal of Development Studies*, 25(4), p. 687-

706.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Fantini, A E (2000 a). A central concern: Developing intercultural competence, in SIT

Occasional Papers Series, Inaugural Issue (About Our Institution).

<http://www.sit/publications>>

Fantini, A. (2005). Assuring Quality in Intercultural Educational

Programs. *Interspectives*20(8). Retrieved from:

<http://www.google.com/url?sa=t&rct=j&q&esrc=s&source=web&cd=1&ed=0CAQF>

[AA&url=http%3A%2F%2Fwww.cisv.org2FEasySiteWeb%2FGatewaLink.aspx%Fal](http://www.cisv.org/EasySiteWeb/2FGatewaLink.aspx%Fal)

[d%3D1958&ei=ip2IVL3zJY_GsQSCx4_wBA&usg=AFQjCNGfg1](http://www.google.com/url?sa=t&rct=j&q&esrc=s&source=web&cd=1&ed=0CAQF)

[NkPoCZA2Djc5S_qkPIKSEbg&bvm=bv.81456516,d.cWc](http://www.google.com/url?sa=t&rct=j&q&esrc=s&source=web&cd=1&ed=0CAQF)

Guerin, T.T. (2014). Relationships Matter: The Role for Social-Emotional Learning in an

Interprofessional Global Health Education. *Journal of Law Medicine and Ethics*. p. 38

-44.

Global Health Experience for Students and Volunteers. (2015). Unpublished internal document.

Clinica de Familia La Romana.

Hammer, Mitchell R. (2005). The Intercultural Conflict Style Inventory: A conceptual

framework and measure of intercultural conflict resolution approaches. *International*

Journal of Intercultural Relations, 29(6), p. 675-695.

Holmes, D., Zayaes, L.E., & Koyfman, A. (2012). Student Objectives and Learning Experiences

in a Global Health Elective. *Journal of Community Health*. Vol 37. P. 927-934. DOI:

10.1007/s10900-012-9547-y

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Holmes, D., Zayas, L. E., & Koyfman, A. (2012). Student objectives and learning experiences in a global health elective. *Journal of Community Health, 37*(5), 927–934.

<http://doi.org/10.1007/s10900-012-9547-y>

Holland, T. and Holland, A. [Tim Holland]. (2011, April 5). *First, Do No Harm*. [Video File]

Received from: <https://vimeo.com/22008886>

Iowa State University of Science and Technology. (2015). GPI. <http://www.gpi.hs.iastate.edu/>

Khan, O.A., Guerrant, R., Sanders, J., Carpenter, C., Spottswood, M., Jones, D.J., ... Wright, S.

Global Health Education in U.S. Medical Schools. (2013). *BMC Medical Education, 13*

(3), p. 1-7. <http://www.biomedcentral.com/1472-6920/13/3>

Kiely, R. (2004). A chameleon with a complex: searching for transformation in international service-learning. *Michigan Journal of Community Service Learning, 10*(2), 5–20.

Kiely, R. (2005). A transformative learning model for service-learning: A longitudinal case study. *Michigan Journal of Community Service Learning, 12*(1), 5–22. Retrieved from

<http://quod.lib.umich.edu/m/mjcs/3239521.0012.101?rgn=main;view=fulltext>

Kiely, R. (2015, May). *Service Learning and Global Engagement: An Engagement of*

Transformative Learning Processes and Outcomes. Power Point presentation presented at the meeting of NAFSA, Boston, MA.

King, P.M, and Baxter Magolda, M.B. (2011). Student learning. In J. Schuh, S. Jones and S.

Harper (Eds.), *Student services: A handbook for the profession* (5th ed.; 207-225). San

Francisco, CA: Jossey Bass (Jossey Bass Higher and Adult Education Series)

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Kripalani, S., Bussey-Jones, J., Katz, M. G., & Genao, I. (2006). A prescription for cultural competence in medical education. *Journal of General Internal Medicine*, 21(10), 1116–1120. <http://doi.org/10.1111/j.1525-1497.2006.00557.x>
- Nishigori, H., Otani, T. Plint, S. Uchino, M. & Ban, Nobuturo. (2009). I Came, I Saw, I Reflected: A Qualitative Study into Learning Outcomes for Japanese and British Medical Students. *Medical Teacher*. Vol. 31. P. 196-201.
- Petrosoniak, A., McCarthy A., Varpio, L. (2010). International health electives: thematic results of student and professional interviews. *Medical Education* 2010 (44), p. 683-689. doi:10.1111/j.1365-2923.2010.03688.x
- Reporte Annual 2014 – Clinica de Familia La Romana. (2014). Unpublished internal document. Clinica de Familia La Romana.
- Sue, D.W. & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice*. (6th ed). New Jersey: John Wiley & Sons. ISBN: 978-1118022023. p. 5-31, 287-311.
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.
- Thompson, M.J., Huntington, M.K., Hunt, D., Pinsky, L.E. & Brodie, J.J. (2003). Educational Effects of International Health Electives on U.S. and Canadian Medical Students and Residents: A Literature Review. *Academic Medicine*. 78 (3), p. 342-347.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Tirmizi, S. A. (2008). The Impact of Culture in Multicultural Teams. In C.B. Halverson & A. Tirmizi, (Eds.), *Effective multicultural teams: Theory and Practice* (43-79). Breingsville, PA. Spring Science Publishing.
- Wang, V. and King, K. (2006). “Understanding Mezirow’s Theory of Reflectivity from Confucian Perspectives: A Model and Perspective” *Radical Pedagogy*. (8), 1, Spring, 2006. Retrieved from:
http://www.radicalpedagogy.org/radicalpedagogy.org/Understanding_Mezirows_The_ry_of_Reflectivity_from_Confucian_Perspectives__A_Model_and_Perspective.html
- Waters and Asbill (August 2013). Reflections on Cultural Humility. *CYF News*. Retrieved from American Psychological Association website:
<http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>
- Weigl, R.C. (2009). Intercultural competence through cultural self-study: A strategy for adult learners. *International Journal of Intercultural Relations*. 33(4), p. 346-360.

Appendices

Appendix A – IDI Cultural Competency Continuum

IDI Cultural Competency Continuum. [Online Image]. (2014) Retrieved from:<http://www.theinclusionsolution.me/diversity-training-works-part2/>

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Orientation	High-level description	What people at this orientation might believe
Denial	An orientation that likely recognizes more observable cultural differences (e.g., food) but, may not have an interest in understanding deeper cultural differences (e.g., conflict resolution styles), and may avoid or withdraw from cultural differences.	<ul style="list-style-type: none"> • “Live and let live, that’s what I say.” • “I am not really interested in learning about another religion. Why would I?” • “All big cities are the same – lots of buildings, and too many cars and people. I avoid them.”
Polarization	A judgmental orientation that views cultural differences in terms of “us” and “them”. This can take the form of: Defense: An uncritical view toward one’s own cultural values and practices and an overly critical view toward other cultural values and practices. Reversal: An overly critical orientation toward one’s own cultural values and practices and an uncritical view toward other cultural values and practices.	<ul style="list-style-type: none"> • “Why do they drive on the wrong side of the road?!” • “I wish these people would just talk the way we do.” • “These people don’t value life the way we do.” • “These people are so sophisticated, not like the superficial people back home.”
Minimization	An orientation that highlights cultural commonality and universal values and principles that may also mask deeper recognition and appreciation of cultural differences.	<ul style="list-style-type: none"> • “The only race that matters is the human race.” • “The color of a person’s skin doesn’t matter to me. I’m color-blind.” • “When you really get to know people, they’re all pretty much the same.”
Acceptance	An orientation that recognizes and appreciates patterns of cultural difference and commonality in one’s own and other cultures.	<ul style="list-style-type: none"> • “I always try to study about a new culture before I go there.” • “The more cultures you know about, the better comparisons you can make.” • “Where can I learn more about Mexican culture to be effective in my communication?”
Adaptation	An orientation that is capable of shifting cultural perspective and changing behavior in culturally appropriate and authentic way while preserving one’s own cultural values and norms.	<ul style="list-style-type: none"> • “To solve this dispute, I’m going to have to change my approach.” • “I can maintain my values and also behave in culturally appropriate ways.” • “Let’s talk about our different life experiences to understand how we might be able to come to a mutual resolution.”

Appendix B – Mezirow’s Definition and Types of Reflectivity

- **Reflectivity:** an awareness of a specific perception, meaning, behavior, or habit;

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- **Affective reflectivity:** awareness of how the individual feels about what is being perceived, thought, or acted upon;
- **Discriminant reflectivity:** the assessment of the efficacy of perception, thought, action or habit;
- **Judgmental reflectivity:** making and becoming aware of value judgments about perception, thought, action or habit;
- **Conceptual reflectivity:** self-reflection which might lead to questioning of whether good, bad or adequate concepts were employed for understanding or judgment;
- **Psychic reflectivity:** recognition of the habit of making percipient judgments on the basis of limited information;
- **Theoretical reflectivity:** awareness that the habit for percipient judgment or for conceptual inadequacy lies in a set of taken-for-granted cultural or psychological assumptions which explain personal experience less satisfactorily than another perspective with more functional criteria for seeing, thinking or acting (as cited in Jarvis, 1987, p. 91).

Appendix C – Transformative Service Learning Process Model

Theme	Meaning
Contextual Border Crossing	There are personal (i.e., biography, personality, learning style, expectations, prior travel experience, and sense of efficacy), structural (i.e., race, class, gender, culture, ethnicity, nationality, sexual orientation, and physical ability), historical (i.e., the socioeconomic and political history of Nicaragua and US-Nicaragua relations within larger socioeconomic and political systems), and programmatic factors (i.e., intercultural immersion, direct service-work and opportunities for critical reflection and dialogue with diverse perspectives, and curriculum that focuses on social justice issues such as poverty, economic disparities, unequal relations of power) which intersect to influence and frame the way students experience the process of transformational learning in service-learning.
Dissonance	Dissonance constitutes incongruence between participants' prior frame of reference and aspects of the contextual factors that shape the service-learning experience. There is a relationship between dissonance type, intensity, and duration and the nature of learning processes that result. Low to high intensity dissonance acts as triggers for learning. High-intensity dissonance catalyzes ongoing learning. Dissonance types are historical, environmental, social physical, economic, political, cultural, spiritual, communicative, and technological.
Personalizing	Personalizing represents how participants individually respond to and learn from different types of dissonance. It is visceral and emotional, and compels students to assess internal strengths and weaknesses. Emotions and feelings include anger, happiness, sadness, helplessness, fear, anxiety, confusion, joy, nervousness, romanticizing, cynicism, sarcasm, selfishness, and embarrassment.
Processing	Processing is both an individual reflective learning process and a social, dialogic learning process. Processing is problematizing, questioning, analyzing, and searching for causes and solutions to problems and issues. It occurs through various reflective and discursive processes such as journaling, reflection groups, community dialogues, walking, research, and observation.
Connecting	Connecting is learning to affectively understand and empathize through relationships with community members, peers, and faculty. It is learning through nonreflective modes such as sensing, sharing, feeling, caring, participating, relating, listening, comforting, empathizing, intuiting, and doing. Examples include performing skits, singing, dancing, swimming, attending church, completing chores, playing games, home stays, sharing food, treating wounds, and sharing stories.

Appendix D – Needs Assessment Questions

Background:

1. What is (or was) your role in the Clinica de Familia Global Health Experience?
 - Student supervisor
 - Student / participant
 - CFLR or IFAP Program Coordinator
 - CFLR or IFAP Program Director
 - CFLR Administration
2. During which year did you attend or facilitate the Clinica de Familia Global Health Experience?
3. [For students] How would you define your Spanish language proficiency^{1*}?

[For participants] The Experience:

4. How much time did you dedicate to reflection during one week of the CFLR Global Health Experience?
5. Describe your experience with cultural competency in the CFLR Global Health Experience.
6. What activities of the CFLR Global Health Experience addressed cultural competency in your experience?
7. Which methods were utilized to teach or increase cultural competency during your experience? Check all that apply:
 - a. Lecture
 - b. Discussion
 - c. Case Review

¹ **LANGUAGE PROFICIENCY CRITERIA:** *Fluent:* native speaker or very advanced non-native speaker; can take a medical history and understand everything a patient and relatives say; can give a lecture on a familiar subject in the language, as easily as in your native language; can write a report with correct grammar. *Conversant:* can understand much of what's going on, but would not be able to give a lecture without practice; can communicate, administer questionnaires, and instruct patients on taking medicines; can write notes in Spanish, fill out forms. *Intermediate:* can order food and get around, but help is needed in detailed communication, such as comforting a family member, following guidelines in the non-native language, or participating in a meeting; can follow an adult conversation much of the time. *Beginner:* can form some sentences and understand simple comments or commands; an interpreter is needed for most interactions.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- d. Immersion
 - e. Interviews
 - f. Project / research implementation and design
 - g. Clinical observations / Rotations
 - h. Interviews
 - i. Other: _____-
8. Which themes, related to cultural competency were addressed, in your Clinica de Familia Global Health Experience?

[For participants, administrators and supervisors] Recommendations:

9. How satisfied were you with cultural competency curriculum in the Global Health Program? (Answers will be given on a scale from 1=Not Satisfied to 5=Very Satisfied)
10. How much time would you recommend to be spent on reflection during one week of the CFLR Global Experience?
11. Which activities would you recommend for future students and practitioners to address cultural competency in the CFLR Global Health Experience?
12. Which methods should be added teach or increase cultural competency during your experience? Check all that apply:
- a. Lecture
 - b. Discussion
 - c. Case Review
 - d. Immersion
 - e. Interview
 - f. Project / research implementation and design
 - g. Clinical observations / Rotations
 - h. Interviews
 - i. None
 - j. Other: _____-
13. Which themes, related to cultural competency, should be addressed in a Clinica de Familia Global Health Experience?
14. If you were to (re)design the Clinica de Familia Global Health Experience curriculum, as it relates to cultural competency, what would be your recommendations?

15. What additional resources are needed to improve cultural competency curriculum in the CFLR Global Health Experience?
16. What are emerging needs in cultural competency training that could be addressed by this particular CFLR experience?
17. Please provide any other additional comments or suggestions.

Appendix E- Curriculum Outline

Reflect, React, Exchange Curriculum Outline.

RRE is designed for all medical students participating during the CFLR Global Health Experience summer experience. This summer experience will last for approximately 9 weeks, from mid-June to early August. Through introduction and exposure to theoretical foundations and reflection on incorporation of student experience in clinical observations, self-reflection of reactions to personal identity and program community visits, and the processing of interactions with professionals and staff, this program aims to motivate a greater sense of empathy in cross-cultural settings.

RRE will explore themes such as: defining cultural humility / competence, medical tourism, cultural frameworks and cultural / social identity, intercultural sensitivity, Dominican and Haitian cultural elements, and more. The co-curriculum is carefully constructed with a mixture of methods and coordination to promote and create a space for students' proactive reflection and investigation through experiential, integrated and holistic learning experience.

Pre-Orientation Materials:

Activities

- Students will be **strongly** encouraged to watch:
 - “The Danger of a Single Story” by Chimamanda Ngozi Adichie
 - “Don’t Ask Me Where I’m From, Ask Me Where I’m Local” by Taiye Selasi
 - “What Makes Us Sick, Look Upstream” by Rishi Manchanda
- Students will be **required** to watch:
 - “First Do No Harm: A Qualitative Research Documentary”
- Students will be **required** to complete:
 - “Who Are We? The Cultural Biography Exercise #1
- Other recommended viewings:
 - “Este Es Mi Batey- Historias de Superacion”
 - “Citizens of Nowhere”
 - “Reportaje en Zona 5: Explotacion y Turismo Sexual en la Republica Dominicana” and “ Nuria Piera: Trabajadores Sexuales en R.D”

Week 1

Ongoing CFLR Global Health Experience Activities during Week 1:

CFLR Global Health Experience Orientation (ongoing)

Cultural Humility and Medical Tourism Introduction: (45 Minutes) Purpose

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

The lecture will emphasize the importance of cultural competency / humility as it introduces students to social elements and cultural identities which can be dramatically different and challenging.

Type of Activity: Lecture

Activities:

- Review structure, student, program expectations for CFLR Global Health Experience
- Introduce terminology and concepts of cultural humility and medical tourism
- Present segments of “First, Do No Harm” and review student reactions from “First, Do No Harm” pre-viewing
- Present co-curriculum program structure, materials, and future activities

Purpose: The lecture will emphasize the importance of cultural competency / humility as it introduces students to social elements and cultural identities which can be dramatically different and challenging.

The lecture’s purpose is to provide orientation to their cultural integration and introduce to the dynamics which will be addressed through the co-curriculum and their personal reflection.

Materials: University of Texas Medical Branch (UTMB) PowerPoint Presentation; “First Do No Harm”; Journal Entries, Sample Student Schedule

Journal Entries: Week 1-2

Type of Activity: Journal Entry

Activities:

- Continue to reflect upon concepts of Cultural Humility and Medical Tourism Lecture
- Document and describe initial impressions of Dominican and Haitian culture and elements of CFLR Global Health experience.
- Plan the use of the journal entries in order to study, reflect and research elements of cultural humility throughout the CFLR Global Health Experience.

Purpose: The goal of the journal entries will be for students to become more aware by recognizing, identifying, and developing a deeper and more complex understanding of the impact of social and cultural identities while processing their daily interactions and experiences.

Materials: CFLR Global Health Program Application Motivation Statements; “First Do No Harm”; Journal Entries, Sample Student Schedule

Community Home Visit Reaction Session: (45 Minutes) Purpose

Type of Activity: Reaction Session

These sessions will be integrated with site-specific orientation to community home visits. In this site-specific orientation, students will understand proper etiquette, safety and security, and mores for home visits; better understand activities of community health promotors as an integral part of CFLR holistic care; and, understand objectives of the particular visit, in coordination with CFLR health promotor staff.

Activities:

- Prepare for, reflect and process emotional and conceptual responses to community health visits with CFLR promotors.
- Clarify particular elements of terminology, history, and context of CFLR culture and Dominican society
- Incorporate themes of student and clinical medical education and connect individual cultural experiences of participants, CFLR staff, and CFLR clients to larger contexts and backgrounds.
- Create a space to begin to explore the impact of social identities, including concepts of power, privilege, and social determinants of health.

Purpose: The purpose of the reaction session will be to foment student and deepen students' initial experiences and reflections. Students will be able to review the experiences and reactions of other students as well as aid each other in processing information and understanding. These sessions will serve as additional motivation for Journal entries.

Week 2

Ongoing CFLR Global Health Experience Activities during Week 2:

Expanding Cultural Concepts: (45 Minutes) Purpose

Type of Activity: Journal Entry

The lecture will draw from students' initial experiences and reflections as well as experimentation with cultural concepts. It will introduce new elements through interactive practice and group discussion.

Activities:

- Continue and expand upon concepts within “Personal Security Concepts and Values” [see attached Orientation Themes and Concepts]
- Utilize “2008 Cultural Competency Curriculum” Case studies to begin to analyze and deepen understanding with abstract conceptualization and active experimentation
- Introduce, share and process as a group the lived experiences of CFLR student volunteers.

- Develop safe space to address intersectionality of identities and impact.

Purpose: The purpose of this lecture is create a comparison and contrast of the Dominican and US cultures as well as expand concepts to analyze and understand culture. In the process, students will reflect upon and gain awareness of the formation of and specific impact and importance of worldviews, their identities and the identities in their experience which are at work within their daily, clinical experience in the Clinica

Materials: CFLR 2008 Cultural Competency Curriculum: “Case Studies,” “Iceberg Theory” “Cultural Frameworks”; “First Do No Harm”; Journal Entries,

Cultural Exchange Group I: (2 Hours) Purpose

Type of Activity: Cultural Exchange

This initial session of the cultural exchange group will allow students to meet their partners, build trust and connection to new colleagues, and explore first impressions with elements of the Dominican and Haitian culture. In order to connect more with themes and persons in social settings, the event will take place away from the Clinica and Casa Internacional and in the home of one of the colleagues.

Activities:

- Invite students and CFLR professional to meet and to form relationships.
- Create a safe and productive space for learning and the mutual exploration of cultural concepts.
- Review language and particular elements of Dominican residential life with a fun, interactive exploration activity. .

Purpose: The purpose of this activity will be to develop informal, cultural learning relationships, allowing students and participants to experiment with concepts of cultural humility, explore and try out different learned elements of culture, as well as experience and adjust for ambiguity.

Sex Worker *Negation* Community Health Promotion Visit: (45 Minutes) Purpose

Type of Activity: Reaction Session

These sessions will be integrated with site-specific orientation to sex work *negocio* visits. In this site-specific orientation, students will understand safety and security, contextual information on sex tourism in La Romana and the Clinica’s clinical attention and community health prevention programs, in coordination with CFLR health promotor staff.

Activities:

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Prepare for, reflect and process emotional and conceptual responses to sex worker *negocio* visits with CFLR promotors in bateys. Particular attention will be placed upon medical tourism and CFLR public health attention to vulnerable populations.
- Clarify particular elements of terminology, history, and context of CFLR culture and Dominican society
- Incorporate themes of student and clinical medical education and connect individual cultural experiences of participants, CFLR staff, and CFLR clients to larger contexts and backgrounds.
- Create a space to begin to explore the impact of gender and poverty. Continue to explore the impact of social identities, including concepts of stigma, discrimination, and social determinants of health.

Purpose: The purpose of the reaction session will be to foment student and deepen students' initial experiences and reflections. Students will be able to review the experiences and reactions of other students as well as aid each other in processing information and understanding. These sessions will serve as additional motivation for Journal entries.

Materials: Journal Entries

Week 3

Ongoing CFLR Global Health Experience Activities during Week 3:

Batey Community Home Visit Reaction Session: (45 Minutes) Purpose

Type of Activity: Reaction Session

These sessions will be integrated with site-specific orientation to community home visits. In this site-specific orientation, students will understand proper etiquette, safety and security, and mores for visits to bateys; historical and contextual information on batey life; brief background on Haitian immigration; and particular details of the visit, in coordination with CFLR health promotor staff.

Activities:

- Prepare for, reflect and process emotional and conceptual responses to community health visits with CFLR promotors in *bateys*. Particular attention will be placed upon medical tourism and appropriate participation and involvement with
- Clarify particular elements of terminology, history, and context of CFLR culture and Dominican society
- Incorporate themes of student and clinical medical education and connect individual cultural experiences of participants, CFLR staff, and CFLR clients to larger contexts and backgrounds.

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Create a space to begin to explore the impact of socio-economic class and poverty, race, and national identity. Continue to explore the impact of social identities, including concepts of power, privilege, and social determinants of health.

Purpose: The purpose of the reaction session will be to foment student and deepen students' initial experiences and reflections. Students will be able to review the experiences and reactions of other students as well as aid each other in processing information and understanding. These sessions will serve as additional motivation for Journal entries.

Cultural Exchange Group II: (45 Minutes) Purpose

Type of Activity: Cultural Exchange

This cultural exchange group will emphasize the importance of cultural competency / humility as it continues to introduce students to social elements and cultural identities which can be dramatically different and challenging. Students and professionals will be motivated to form relationships through deeper conversation and self-presentation

Activities:

- Continue to motivate students and CFLR professional to meet and to form relationships.
- Create a safe and productive space for learning and the mutual exploration of cultural concepts.
- Allow time and opportunity for students and CFLR professionals to review "Cultural History / Biography Activity" through individual introductions and group discussion.

Purpose: The purpose of this activity will be to develop informal, cultural learning relationships, allowing students and participants to experiment with concepts of cultural humility, explore and try out different learned elements of culture, as well as experience and adjust for ambiguity.

Materials: "Cultural History / Biography Activity": "Case Studies," "Iceberg Theory" "Cultural Frameworks"; "First Do No Harm"; Journal Entries,

Journal Entries: Week 3-6

Type of Activity: Journal Entry

Ongoing CFLR Global Health Experience Activities during Week 4-8:

Activities:

- Experiment with and utilize concepts of Cultural Humility and Medical Tourism Lecture and through interaction with staff, especially in Cultural Exchange Group II
- Analyze and review prior and current experiences through cultural frameworks and different dynamics of social identity. Encourage realizations which can stoke progression

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

on Bennett's Intercultural Sensitive Scale from Minimization to Acceptance and Adaptation

- Review original perceptions and motivations and encourage deeper analysis with **intersectionality of identities**

Purpose: The goal of the journal entries will be for students to become more aware by recognizing, identifying, and developing a deeper and more complex understanding of the impact of social and cultural identities while processing their daily interactions and experiences.

Materials: CFLR Global Health Program Application Motivation Statements; "First Do No Harm"; Journal Entries, Sample Student Schedule

Week 4 - 9

Journal Entries: Week 6-9

Type of Activity: Journal Entry

Activities:

- Students will be encouraged to reflect upon and evaluate their growth in themes of cultural humility throughout the totality of the CFLR Global Health Experience
- Students will be motivated to reflect on the multifaceted identities of patients, staff, and students in the CFLR Global Health experience. Review original perceptions and motivations and encourage deeper analysis with **intersectionality of identities**

Purpose: The goal of the journal entries will be for students to demonstrate developed abilities of reflection, analyze and summarize their approach throughout their global health experience.

Materials: CFLR Global Health Program Application Motivation Statements; "First Do No Harm"; Journal Entries, Sample Student Schedule

Appendix F- Materials List

- “First, Do No Harm, A Qualitative Research Documentary”

First, Do No Harm provides the reflections of University of Toronto medical students and African public health officials on the global health experiences of medical students in Africa. Including global health program directors, the documentary highlights ethical and cultural dilemmas with students’ motivations and approach for study. Global and public health officials and experts provide advice for incoming students.

- “Price of Sugar”

The Price of Sugar takes place in bateyes in the Eastern coast of the Dominican Republic. The Price of Sugar exposes students to some of the powerful interests, which surround and control the production of sugar cane. The film will provide a visual introduction to the area of the bateyes as well as socioeconomic context.

- Motivation Statements from Application

In brief essays of no fewer than 400 words and no more than 600 words on students are asked to explain their motivations for participation with Clinica de Familia La Romana. In addition to special skills, interests or experiences, students define their personal and professional goals as well as experience with the language and culture of the Dominican Republic

- 2008 Cultural Competency Excerpts

Case Studies taken from a Cultural Competency Resource Binder (Henry, 2008). Case studies review didactic material taken from Hofstede’s cultural frameworks and the Iceberg Theory of culture.

- SIT Cultural Biography Activity (see Appendix I)

- “The Danger of a Single Story” by Chimamanda Ngozi Adichie

While telling her story of her relationship to others, Ngozi Adichie warns against generalizations and stereotypes from popular images. Warning against conflation and oversimplification, Ngozi Adichie encourages a vision of identity with awareness which comes from multiple perspectives, persons, and starting points.

- “Don’t Ask Me Where I’m From, Ask Me Where I’m Local” by Taiye Selasi

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

Using as a point of departure, the challenge of defining herself and others by their country of origin, Selasi interrogates and explores the complexities of multinational and multicultural identity. Selasi highlights the oversimplification which is often caused and instead leads the viewer to the “rites, routines, and restrictions” which more explicitly detail the lived experiences of culture, social identity, privilege and power.

- “What Makes Us Sick, Look Upstream” by Rishi Manchanda

Manchanda highlights a different form of medicine – looking “upstream” – or considering the contextual factors which influence health. Shifting the perspective of typical medical practice from the genetic to community factors, Manchanda describes the importance and processes of a community health model in a US context.

- “Where to Train the World’s Doctors: Cuba” by Gail Reed

Gail highlights the ELAM model, which invited medical students from all over the world to train in Cuba. There, poor students who will later provide attention for their communities have become some of the most outstanding medical students in primary care, with a model focused on public health and community care.

- “Reportaje en Zona 5: Explotacion y Turismo Sexual en la Republica Dominicana” and “Nuria Piera: Trabajadores Sexuales en R.D”

These two television interviews and reports by noted Dominican journalists, Laura Castellanos and Nuria Piera, provide key context for sex work in the Dominican Republic, noting some of the major issues including legality, rights, public health, and connection to other areas of Dominican society, politics economics – like tourism and work.

- “Citizens of Nowhere”

The result of 3 years of research and 3 months of filming, this documentary tells the story and plight of Haitian immigration to the Dominican Republic from various perspectives both in Haiti and in the Dominican Republic.

- “Este Es Mi Batey- Historias de Superacion”

A promotional video for the Asociación Scalabriniana al Servicio de la Movilidad Humana (ASCALA), an organization that works in bateyes in the Eastern part of the Dominican Republic. As this documentary portrays the testimonials and literacy efforts, students will be able to visualize and hear of some of the educational challenges of residents

in bateyes. This project was financed with support from the High Commission to the United Nations for Refugees (ACNUR), United Nations Children’s Fund (UNICEF), and United Nations Development Program (UNDP).

- “Esclavos de la Caña”

This brief video documents the work of Movimiento Socio-cultural de Trabajadores Haitianos (MOSCTHA) and Solidaridad con los trabajadores y trabajadoras de países empobrecidos (SOTERMUN), presenting an example of the health conditions and interventions which take place in bateyes. It also briefly presents the recent situation over Haitian / Dominican documentation

Appendix G – Reflective Journal Prompts

Reflective Journal Prompts

Weeks 1 – 2

1. Choose and describe an element of Dominican and Haitian culture or language which is new to you.. What was your experience and interaction?? How did you feel about it? Also describe who you learned with and how that may have affected your knowledge gained. **Affective Reflectivity**
2. Describe your initial reactions to your arrival to La Romana and the Dominican Republic? What surprised you? What did you find interesting? What was expected and what was not expected? What did you find as different? What did you find as the same? **Judgmental Reflectivity** What were your perceptions before arriving to country? Which ways have they been effective or not? **Discriminant Reflectivity**
3. Upon seeing “First, Do No Harm” reflect on your reaction and role as a emerging role as student intern and volunteer in CFLR. **Affective Reflectivity**
4. How will you structure your journal? Within the themes of cultural competency / humility, what will you focus upon?

Weeks 3-6

1. This week, there was an opportunity to review together an aspect of your “Cultural History” In the story of your colleague, what stood out to you? How was the dynamics of the identity that they recognized? Did you see any similarities or differences? Did it make you think differently about your perceptions of that identity? How so? Or not? **Affective Reflectivity, Conceptual Reflectivity, Psychic Reflectivity**
2. Initial moments in country are always mixed with moments of the unexpected. Have there been any moments like these in your initial relationships or interactions? Please describe. Attempt to go deeper and analyze through a frame of reference / identity (eg. race, nationality, language, class, region, etc.). Explore why (or why not) your actions were effective. **Judgmental Reflectivity ; Discriminant Reflectivity Theoretical Reflectivity**
3. Review and reflect upon your initial personal statement for your time in La Romana. What do you make of your motivations after the first weeks in La Romana and upon

Conceptual Reflectivity experiencing the program? Is it still valid? Why or why not?
Psychic reflectivity; How will you advance these aims or not?

5. Which ways might your identity shape your perceptions and interactions with others in the DR? Are there ways that you can adjust for? Which ways might it connect you? Which ways might it separate you? **Judgmental reflectivity, Conceptual Reflectivity, Psychic Reflectivity, Theoretical Reflectivity?**
4. Attend a local event or activity and write about the event and your perspective on what happened and why it was unique. Which skills and abilities were necessary to make more connection with the participants? What characteristics created a lack of connection? **Discriminant reflectivity, Judgmental reflectivity**
5. What questions or larger issues come to mind when you think about your current moments in country? Which areas would you like to study and reflect upon more? Who would you like to meet in order to compare and contrast your perspective. How do you explain what you are observing, b? **Theoretical reflectivity, Psychic reflectivity, Judgmental reflectivity**
6. Through these weeks, you have become more immersed in your role as a student volunteer and project collaborator. Reflect on the dynamics of your or your colleague's personal and professional roles. **Discriminant reflectivity**

Weeks 6-9

6. What might it mean to be a patient at CFLR? Reference an experience from your clinical observations and extracurricular visits. In particular, analyze the experience in light of power, privilege? **Theoretical reflectivity**
7. Describe and analyze a health disparity that you see either as a result of one of your community visits or consultations. In what ways does your identity and position shape your understanding and ability to work with others? **Judgmental reflectivity, Conceptual Reflectivity, Psychic Reflectivity, Theoretical Reflectivity?**
8. According to Waters and Asbill (2013), key components of cultural humility include self-reflection; addressing power imbalances; and developing partnerships with people and groups who advocate for others. While mentioning your identities, how can you or not aspire to these aims? How not? How in particular do you hope to accomplish this or not?

Judgmental reflectivity, Conceptual Reflectivity, Psychic Reflectivity, Theoretical Reflectivity?

9. Which abilities have you employed to adapt to your context in La Romana? In which ways have you grown over your experience? **Judgmental reflectivity, Conceptual Reflectivity, Psychic Reflectivity, Theoretical Reflectivity?**
10. What are some stereotypes you may hold about the culture you are going to be studying? What are social norms? What are some social norms that we know? about the country? **Judgmental reflectivity**
11. Which spoken values are important for your colleagues? To you? What are critical worldviews taken for granted?

Appendix H – Sample Reaction Session

Background:

In this session, students will process and reflect upon their visit to the home of an HIV patient in a *batey*. *Bateyes* are under-resourced sugarcane cutting communities, often with poor housing, tenuous roads, distant schools, and little access to electricity. The land and physical structures of the *bateyes* around La Romana are owned by the local sugar cane company, which is part of a multi-million dollar corporation. As seasonal work continues attract Haitian immigrants to *bateyes* in hope of better opportunity, *bateyes* sites of syncretism between Haitian and Dominican cultures.

As a part of the global health internship, students will be guided by a home visitor to one of these communities as a significant percentage of CFLR’s patient population comes from these areas, which surround La Romana. In addition to an introduction to these cultural and historic themes about the Dominican Republic and Haiti and physical exposure to this landscape, the visit also serves as the opportunity to come to know the structural challenges of these most vulnerable patients. Students will only observe the health promoter as they realize an objective for the particular visit: dispatching medication, educating patients and families, or providing social support. Students will normally conduct this visit during their second week after students have received initial orientation and induction to the life of the CFLR, La Romana, and the Dominican Republic. Then, this 1-hour session would take place on the day after the home visit. This unit will be supplemented as students view *The Price of Sugar* before the session and after their visit to the *batey*. According to IMDB.com, *The Price of Sugar* follows a charismatic Spanish priest, Father Christopher Hartley, as he organizes some of the hemisphere’s poorest people, challenging the powerful interests profiting from their work. This film raises key questions about where the products we consume originate, at what cost they are produced, and ultimately where our responsibility lies.” Students will incorporate journal reflections in class discussion.

Identify Desired Results	
<p>Established Goals</p> <ul style="list-style-type: none"> • Students will better understand the structural realities for <i>batey</i> residents. • Students will better manage terminology and cultural/historical concepts of sugar cane industry. • Students will problematize their role as global health interns through the lens of socio-economic class. • Students will analyze their emotions and responses to situations of poverty, inequality, and globalization. 	
<p>Essential questions to be considered:</p> <ul style="list-style-type: none"> • What factors shape the lives of <i>batey</i> residents? • Before, during and/or after your visit: As an intern, what is your role in the situation that you visited? Or, do you play a role? How do you influence the situation <i>or not</i>? • How do you relate to the situation and environment that you visited? What is your socioeconomic background and how does it play into this equation? • What is your emotional reaction? What are the consequences of these reactions? • What other issues, theories, or concepts did the visit bring up for you? • How could you incorporate what you 	<p>What understandings are desired?</p> <ul style="list-style-type: none"> • <i>Batey</i> residents are profoundly and intimately shaped by multivalent factors of structural violence. • The actions of global citizens – whether their role be intentional, innocuous, or unaware - have tangible effects on individuals and communities in global and local contexts • Emotions and responses can help or hinder agency of persons in situations like <i>batey</i> residents; • Multiple facets of identity can contribute to or hinder efforts in relieving and/or exacerbating global inequality. This session features socio-economic class influences what and how we perceive, and subsequently our actions.

<p>have experienced in the community and learned during the session within your global health internship experience and daily practice as a medical student?</p>	
<p>What key knowledge and skills will students acquire: *(as cited in Wang, Victor and King, 2006)</p>	
<p><i>Students will know...</i></p> <ul style="list-style-type: none"> • Key Terms: egs. <i>zafra</i>, (cane-cutting season); <i>braceros</i> (cane-cutters), <i>bueyes</i> (oxen). • Historical / cultural information: egs. average salary; education, immigration; Dominican history and current events • Relationship to global industries and globalization • Socioeconomic position as an intern and individuals and communities whom they serve 	<p><i>Students will be able to...</i></p> <ul style="list-style-type: none"> • Utilize “Affective reflectivity: awareness of how the individual feels about what is being perceived, thought, or acted upon;” • Utilize * “Discriminant reflectivity: the assessment of the efficacy of perception, thought, action or habit; • Utilize * Theoretical reflectivity: awareness that the habit for percipient judgment or for conceptual inadequacy lies in a set of taken-for-granted cultural or psychological assumptions which explain personal experience less satisfactorily than another perspective with more functional criteria for seeing, thinking or acting • Begin to analyze to connect local situations to global contexts.
<p>Determine Acceptable Evidence</p>	
<p>What evidence will show that students understand???</p>	
<p style="text-align: center;">Performance Tasks</p> <p>In Class Discussion – Before the session, students will respond to first 4 essential questions and then read sections /submissions of their journals to other participants. In group and facilitated discussion, students will be led to question and extrapolate the feelings and perspective of others and of</p>	

themselves. Together, students will brainstorm possible methods to apply learning about bateyes and socioeconomics to their participation in clinical rotations and student projects, thereby answering the last essential question. Through these combined efforts, at the end of the session, students will have arrived at a more nuanced concept of identities, emotions and responses, and the impact of their actions.

What other evidence needs to be collected?

Journaling - Students will detail and describe their experience in the home visit, including emotions, reactions and responses. Students will also be responsible for commenting on pre-session material, including the documentary on the *bateys*, *The Price of Sugar*, with similar essential questions. These materials will serve as baseline material to begin the conversation above.

Plan Learning Experience

What sequence and learning experiences will equip students to engage with, develop, and demonstrate the desired understandings?

WHERE TO

1. *2 Mins*: Entry question: Students will provide descriptions and initial reactions of visit to HIV patient in *batey* **H**
2. *5 Mins*: Key terminology and cultural information about bateyes is clarified from the descriptions provided by health promoter **E**
3. *2 Mins*: Introduce essential questions and key performance tasks. **W**
4. Students will read submissions from their journals on reactions to the experience. **H**
5. Facilitator and group will interrogate, rephrase and explore reactions of each participant. Facilitator will also guide group participants to explore consequences of their emotions.
Combined time for Steps 4&5: 3 Mins x 5 Participants (15 Mins)
6. Students will read journal submissions on *The Price of Sugar*. Facilitator will invite students to connect / apply / explore its concepts in relation to their roles and the current situation, contemplating their roles as global citizens, medical students, and global health practitioners, among others. **R**

7. From these concepts, facilitator will guide students to brainstorm possible, current actions which connect emotions, skills, and recent learning to their internship experience. **R**
8. Group discussion will evaluate each idea given, positionality and identity of student **T**

Combined time for Steps 6&7: (25 Mins)

Appendix I– Who Are We? Cultural Biography Exercise #1

WHO ARE WE?

THE CULTURAL BIOGRAPHY EXERCISE #1

Purpose

1. To explore specific cultural influences, beyond being “American” or your primary cultural identity.
2. To discover what aspects most influence who we are.
3. To draw out potential biases that will influence the field study research.

Assignments

As AD calls out general categories, students will note in their notebooks what is specifically true in their individual case or for their family or community. Example:

Nationality?

Region where student grew up? (US?: Northeast, South, Pacific Northwest, etc.)

Type of community? (Urban, rural, suburban, etc.)

Ethnic background of parents?

Education of parents?

Family composition

Religion

Sex/gender

Socio-economic class?

Race?

Elementary/High School? (Public, Private, Boarding, Inner-city, etc.)

College/University?

Physical abilities/disabilities?

Sexual orientation

Political position? (None, liberal, conservative, radical feminist, etc.)

Other?

After noting the above and soliciting other possible categories, students should take time individually to think about, of all identifying characteristics on the list, what are the most important to them and/or have had the most influence on who they are today. On how they think, what they believe, what they value. The group is then divided into small groups of 3 or 4. Students will share their reflections with their group. (They do not need to share the whole list with the group.) After 30 or 40 minutes (10 minutes/student), the larger group will reconvene in order to share insights and learnings.

Questions

1. Which of the above characteristics have had the most influence in making you who you are? Which do you most strongly identify with? Do these characteristics create a “lens” through which you see the world?
2. Do you belong to any group that could be characterized as a sub-culture, a group with its own language or vocabulary, values, customs, etc.? (e.g. “minority” group?, deaf community?, gay?, ethnic community?) How has this influenced you? Your belief/values?
3. Will the characteristics you feel most identify you affect your field research? Do they create a lens through which you look at the world?

Appendix J– Sample Survey of Cultural and Social Interest Questionnaire

Sample Cultural and Social Interest Questionnaire

1. Please tell us some of the activities within of Dominican or American language, culture or life which you would like to experience, either in La Romana or in other places. Provide us with specific names, places of interest, foods, or events.

2. Please tell us a little about your personality. In which situations do you feel comfortable in sharing with others? Describe the personality of a close friend or to which you feel comfortable.

3. What are some of your favorite activities or hobbies? Which ones would you like to participate in or share with a member of a different culture?

4. Please indicate by marking in order of preference (1 = highest and 3 = lowest) what may your preference for some of the activities we have offered in the past

- | | |
|----------------------------------------------|------------------------------------------|
| ___ Game Night | ___ Attending a Sports Event - (Sport??) |
| ___ Cooking Demonstration | ___ Participating in Sports Event |
| ___ Tour of Local Hospital | ___ Beach Trip |
| ___ Art Exhibition or Similar Cultural Event | ___ Trip to Local Museum |
| ___ Cultural conversation | ___ Trip to Local or National Park |
| ___ Visit to Local Restaurant | ___ Language Conversation |
| ___ Spanish classes | ___ Departmental Meetings |
| ___ Compartir with Colleague at their home | ___ Arts and Crafts Moment |

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

___ Participation in NGO Event ___ Exercise / Gym

___ Dance Training ___ Concert

5. Check which elements of the Dominican or American culture excite you the most?

___ Food ___ Festivals and Holidays ___ Sports

___ Language ___ Traditions and Customs ___ Academics

___ Religion ___ Style of Life ___ Technology

___ Government ___ Hobbies ___ Nightlife

___ Dance ___ Places of Interest / Travel ___ Current Events

6. Please indicate your ability to support any social or cultural event?

- ___ Free Event
- ___ 0 – 100 Pesos
- ___ 100- 250 Pesos
- ___ 250 – 500 Pesos
- ___ 500- 1000 Pesos
- ___ 1000- 2000 Pesos
- ___ 2000 Pesos +

7. Please indicate in which ways that you believe the Clinica should support social and cultural activities?

- ___ Providing Transportation
- ___ Provide Information / Resources
- ___ Provide Food
- ___ Entrance or Tickets to Events
- ___ Provide the Cost of Transportation
- ___ Cover Security Pluses

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Provide Space
- Provide Materials for an event
- Time within weekly schedule for event
- Money
- All of the above.
- None – As participants, I should supply all costs.

5. What amount of time during the week do I have available for a social / cultural activity?

- 0 – 30 Minutes
- 30 Minutes – 1 hour
- 1 hour – 1 ½ hours
- 2 hours or more
- Any time works for me!

6. I would prefer for my partner paired partner to be:

- Male or Female Other Does Not Matter
- Younger or Older Does Not Matter
- Talkative Quiet Reserved Outgoing
- Multi faceted Focused Studious Social

8. Which elements of global and cultural competencies would you like to develop:

- Language proficiency
- Empathy
- Emotional Resilience
- Cultural Mediation
- Noticing Cultural Differences
- Reflection

Appendix K– Global Health Participant Evaluation

Global Health Experience Participant Evaluation

Name:

Date:

Your evaluation of the Global Health Experience with Clínica de Familia will help us continue to improve and strengthen our student and volunteer program. Please be as honest and open as possible with your feedback. **Please submit this evaluation BEFORE your departure from La Romana, along with your final presentation and deliverable.**

1. How was your experience in each of the following areas? Did the global health experience meet your expectations? Do you have any recommendations for improvement of any of these aspects of the program?
 - a) Global Health Experience participant manual
 - b) Orientation in the US
 - c) Orientation in the DR
 - d) Rotation Experience:
 - Clinical observations
 - Project
 - Community visits/observation (negocios, home visits, school *charlas*, etc.)
 - Staff meetings/conferences (Thursday mornings)
 - Student Continuing Medical Education (Tuesday mornings, if applicable)

Running Head: REFLECT, REACT, EXCHANGE: A CULTURAL COMPETENCY CO-CURRICULUM

- Staff Continuing Medical Education (Wednesday mornings)
 - e) Spanish Classes (if applicable)
 - f) Cultural immersion experience
 - g) Casa Internacional housing
 - h) Program Support and Logistics – Did you receive the support and assistance that you needed from the following individuals? What additional support would have been useful?
 - Project Supervisor
 - Student/Volunteer Coordinator
 - Other clinic staff
2. Do you feel you reached your overall goals? Which obstacles did you face and how were you able to overcome them?
 3. Would you recommend this program to other students? Why or why not?
 4. Any other comments or observations regarding your experience.

Prior to leaving La Romana, please email the following documents:

1. This participant evaluation
2. Final PowerPoint presentation of project (if applicable)
3. Deliverable/final product of project

Email all of these documents to:

Appendix L – Cultural Exchange Satisfaction Survey

Name of Participant:

Name of Pair:

9. Please indicate which activities you participated in with your partner and rate according to of your satisfaction (0= worst; 5 = Excellent)

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Game Night | <input type="checkbox"/> Attending a Sports Event - (Sport??) |
| <input type="checkbox"/> Cooking Demonstration | <input type="checkbox"/> Participating in Sports Event |
| <input type="checkbox"/> Tour of Local Hospital | <input type="checkbox"/> Beach Trip |
| <input type="checkbox"/> Art Exhibition or Similar Cultural Event | <input type="checkbox"/> Trip to Local Museum |
| <input type="checkbox"/> Cultural conversation | <input type="checkbox"/> Trip to Local or National Park |
| <input type="checkbox"/> Visit to Local Restaurant | <input type="checkbox"/> Language Conversation |
| <input type="checkbox"/> Spanish classes | <input type="checkbox"/> Departmental Meetings |
| <input type="checkbox"/> <i>Compartir</i> with Colleague at their home | <input type="checkbox"/> Arts and Crafts Moment |
| <input type="checkbox"/> Participation in NGO Event | <input type="checkbox"/> Exercise / Gym |
| <input type="checkbox"/> Dance Training | <input type="checkbox"/> Concert |
| <input type="checkbox"/> None of the Above`` | <input type="checkbox"/> Other |
| <input type="checkbox"/> Did not enjoy any activity | |

10. Please rank your satisfaction with the following coordination activities:

- c. Sufficient time was allotted for each cultural exchange activity.
Strongly Disagree Disagree No Opinion Agree Strongly Agree
- d. Overall choice of themes of conversation and activities were helpful
Strongly Disagree Disagree No Opinion Agree Strongly Agree

- e. Each participant was allowed to share in a respectful manner.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

- f. Through the cultural exchange activities and discussions, I was able to reflect more about personal identities and those of others

Strongly Disagree Disagree No Opinion Agree Strongly Agree

- g. Through the cultural exchange activities and discussions, I was able to learn more about the location, patient population and themes at hand

Strongly Disagree Disagree No Opinion Agree Strongly Agree

- h. Through the cultural exchange activities and discussions, I was able to reflect more about personal identities and those of others

- i. **Strongly Disagree Disagree No Opinion Agree Strongly Agree**

11. Please rank your satisfaction with the following coordination activities:

- a. Overall Pairing with Partner

Strongly Dislike Dislike No Opinion Like Strongly Like

- b. Choice of Activities

Strongly Dislike Dislike No Opinion Like Strongly Like

- j. General Facilitation by CFLR Volunteer Coordinator

Strongly Dislike Like No Opinion Dislike Strongly Dislike

- k. Coordination of Activities

Strongly Dislike Dislike No Opinion Like Strongly Like

- l. Economics and Budget: Were activities within your range?

Strongly Dislike Dislike No Opinion Like Strongly Like

General Comments:

