

Developing Diversity Curricula

Instructors

When teaching curricula as difficult and controversial as diversity, instructors must be aware of barriers that might hinder the learning process. This includes student indifference to the topic, active resistance, and student complaints to other students and faculty. Mechanisms that might aid this process include the following:

- (1) Provide support & structure in the course
- (2) Enforce confidentiality within the classroom & within group discussions outside of class
- (3) Do not force participation
- (4) Encourage student interaction
- (5) Focus material on developing awareness of students' own issues and reactions
- (6) Incorporate content on a broad range of diversity (i.e. race, gender, culture, sexuality, age, etc.)
- (7) Evaluation and grades should not be based on 'political correctness' or amount of change within a student

Instructors should strive to utilize numerous teaching methods such as small-group discussions, self-assessment surveys, simulations, speakers, etc.

Diversity Curricula

Curricula content should address health care, health research and health policy in relation to the following¹:

- (1) **Knowledge:** inform students about culturally appropriate practices; educate on matters of cultural diversity. Students should be able to explain the continuum of cultural competence at the system or organization level and factors needed to evaluate an organization's place. Also, they should be able to describe and give examples of damaging, institutionalized cultural attitudes within healthcare organizations and possible solutions to these problems. Students can critique current health policy decisions in terms of their effects on health care access and care practices.
- (2) **Attitudes:** ability to respect and value ethnic and cultural differences. This should include student self-assessments of their own beliefs, values and perspectives. Students should be able to recognize and work to reduce the influence of historical and current practices and regulations in healthcare organizations. Stereotyping and overgeneralization should be avoided, and medical myths related to ethnicity or cultural affiliation need to be recognized.
- (3) **Skills:** students should be able to formally assess their individual cultural beliefs and values about health among different populations. Communication skills should be addressed in order to implement effective education strategies and interaction among diverse individuals.

Specifically for cultural diversity, generic and specific aspects should be addressed including Cultural awareness, Cultural Knowledge, Cultural Sensitivity, and Cultural Competence. Objectives should

¹ Xakellis, G. Brangman, S.A., Hinton, W.L., et al. Curricular Framework: Core Competencies in Multicultural Geriatric Care. *JAGS*. January 2004. 52(1): 137-142.

include building acceptance of diversity from listening to others' experiences and evaluating one's own experiences and beliefs; curricula should move away from a passive approach in which students do not confront their own beliefs and stereotypes.²

Resources

Resources for teaching cultural diversity are as follows³:

- (1) **Batts V. Modern Racism: New Melody for the Same Old Tunes.** This offers examples of numerous ways in which modern racism has become more covert and hidden but still exists in our professional and personal lives. Topics discussed include interpersonal and institutional racism and the impact of covert racism of whites toward minority groups, including internalized oppression.
- (2) **Multicultural Process of Change: Assumptions and Definitions.** This publication includes a comprehensive vocabulary of diversity terms and ground rules that can be used in diversity discussions and dialogues. Group exercises are included and focus on a working knowledge (vocabulary) and concepts of target and non-target groups. Also, exercise goals encourage students to understand the many forms of overt and covert oppression as well as the levels and types of oppression inflicted on target groups.
- (3) **Cultural Competence for Health Care Professionals Working with African-American Communities: Theory and Practice.** This book suggests ways to develop medical and health promotion services that are anchored to specific cultural/ethnic patient populations. This focuses mainly on community interaction.
- (4) **An Intercultural Sensitizer for the Health Professions: Culture and the Clinical Encounter.** This book presents incidents that highlight the importance of cultural differences in clinical encounters.
- (5) **Multiculturalism in the College Curriculum: A Handbook of Strategies and Resources for Faculty.** Written for instructors, which provides specific and practical suggestions for making small additions and changes to be used in allied health disciplines.
- (6) **Assessing Diversity Courses.** An internet resource that describes considerations in evaluation of diversity courses and how it differs from most college course student evaluations.

² Schaber, Patricia. Opening the Self to an Exploration of Diversity: An Introductory In-Class Activity. *Occupational Therapy in Health Care*. 2004. 18(4): 85-92.

³ Bamberg, R., Pitts, B.B., Maloney, E.M. Curriculum Resources for Cultural Diversity Education. *Journal of Allied Health*. Summer 2002. 31(2): 117-120.