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## Cultural Awareness in EMS Training and Practice

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**Abstract:** The demographic of the United States of America has shifted drastically over recent decades. The influx of immigrants and growing cultural diversity has sparked a social revolution, seeking to provide equal opportunities and services for all citizens regardless of race, background, or culture. However, national institutions have been unable to keep up with the rapidly changing demographics. In particular, individuals of ethnically diverse backgrounds continue to have lower levels of access to and poorer quality of treatment from the health care industry. Cultural competence has been identified as a tool to combat this issue, and has been implemented and studied across the medical field. However, in the area of emergency medical services, where first responders often work in large, culturally diverse areas and are the first medical personnel to treat patients, little research has been done on the presence or effectiveness of cultural competence training. This study attempts to fill that gap by performing first-hand ethnographic research at a metropolitan hospital. Findings will benefit the health care industry by assessing the current state of cultural competence in EMS education and practice, and identifying areas for improvement to provide better care to the nation's diversifying population.

## Introduction

Over recent decades, the demographic of The United States of America's population has drastically changed. An influx of immigrants from across the globe is working to make America an even more diverse melting pot of cultures and traditions. Between the years of 1990 and 2013, the number of immigrants rose from 7.9% to 13.1% of the country's total population (Zong and Batalova, 2015). And this trend is not slowing down; it is projected that by the year 2060, nearly 12% of the population will be Asian, 18% will be Black or African American and 30% will be of Hispanic origin (Colby & Ortman, 2015). All considerable increases over the 6%, 14%, and 17% each of these minority groups made up of the population as of 2014 (Colby & Ortman, 2015).

While this unprecedented assortment of cultures and races is what many believe makes the country great, there are many challenges that accompany it. America struggles to keep up with the population growth, as minority groups are subject to less access and inferior quality of services from the country's institutions (Smedly, Stith, & Nelson, 2003). In no institution is this gap more apparent (or detrimental) than the discrimination and unequal care immigrants and minorities receive from the country's health care services. Health care provider's inability to provide equal and proper care for patients of minority groups has become a glaring problem over recent years. Minority populations have lower levels of access to quality health care (Disparities in health care quality among racial and ethnic groups, 2012), and even when individuals of minority groups possess equal levels of income and insurance, their quality of care is inferior (Smedly, Stith, & Nelson, 2003).

Due to such apparent disparities, providing quality health services for all individuals regardless of background has become the focus of the health care industry. This idea is nowhere more important than in EMS services. Paramedics and EMTs are often the first health care providers to care for patients, and commonly serve in large areas of great cultural diversity. Thus proper training in culturally competent care is existential for such professions. My central question will seek to investigate the amount and effectiveness of such training in EMS training courses.

### Background

In order to begin providing quality health services for individuals of different backgrounds, communication styles, and beliefs, health care professionals must first understand the impact of cultural barriers on delivering quality care and be provided with the tools to overcome these barriers (Betancourt, Green, & Carrillo, 2002). Once providers are made aware of these disparities, they're able to acclimate and improve their abilities to work with such individuals. The recent trend of cultural competence training has been identified as an effective way of educating health care providers of these disparities (Renzaho, Romios, Crock, & Sønderlund, 2013). Cultural competence in health care is the ability for institutions to provide quality care to individuals of all backgrounds, values, and beliefs, by overcoming social, cultural, and linguistic barriers (Betancourt, Green, & Carrillo, 2002). Without practicing culturally competent care, health care providers are unable (and often unaware of their inability) to properly treat individuals who belong to minority groups. Cross-cultural barriers inhibit otherwise qualified professionals from providing proper and equal care to minority

groups. Hence, in order to avoid these pitfalls and better the health care conditions for minorities, health care providers must work to achieve higher levels of cultural competence among all of their employees through training and education.

In no place is this script stronger than in emergency medical services. EMS providers are the first health care providers to the scene of an incident and often serve large underserved areas where incidents and injuries are more prone to occur. Thus cultural competence training for EMS providers is imperative to make educated decisions under pressure and provide proper, quality treatment to individuals of different cultures, backgrounds, and beliefs. And while there is substantial literature on cultural competence training for physicians (Fernandez et al., 2004; Boutin-Foster, Foster, & Konopasek, 2008), nurses (Casillas et al., 2015; Roberts, Warda, Garbutt, & Curry, 2014), and several other health care professions, there is limited literature on the presence and effectiveness of cultural awareness education in EMS training courses.

## Methods

I propose to investigate the presence (or lack-there-of) and impact of cultural competence education in emergency medical services training courses, along with the effectiveness and importance of cultural competence in the practice of EMS services. This investigation will take place at Hennepin County Medical Center; Minnesota's premier Level 1 Adult Trauma Center located in the state's largest metropolitan city: Minneapolis, MN. With a population of over 400,000 (United States Census Bureau, n.d.), significant Black and Asian populations (United States Census Bureau, n.d.) and the nation's largest Somali population

(United States Census Bureau, 2008-2012), Minneapolis provides a sizeable, diverse metropolitan backdrop to perform the study. Such a demographic will make for an ideal setting to observe and study the role of cultural awareness in an EMS training program and the hospital's EMS services.

To study this topic, I will perform ethnographic research, which investigates the culture and state of a community/institution by interacting and experiencing the community/institution first-hand (LeCompte & Schensul, 1999). The primary avenue through which this ethnographic research will be conducted is my personal participation and thorough observation of an EMT-Initial Certification course at Hennepin County Medical Center. While personally participating in a first responder training course given at a hospital that serves several minority populations, I will personally document and experience any culturally related content. I will document all forms of formal and informal training, and work to identify how often and effectively the training course acknowledges the differences among the types of patients first responders serve.

While enrolled in an EMT-Basic educational course, HCMC's Doug Gesme (EMS Chief of Operations), Ross Chavez (EMS Referral Source Liaison), and Andrew Bancroft-Howard (EMS Deputy Chief – Operations and Hiring Manager) have offered to assist me in my project. Furthermore, they have offered to connect me with anyone else within Hennepin County Medical Center that may be able to assist me with this project after I arrive to Minnesota in early May. With the help of these connections, I will be able to observe and collect data on the topic through a variety of first-hand experiences. I will organize interviews with current first responders and inquire about how dealing with individuals from different cultures has impacted

their work experience, and how they felt they were prepared in their training courses to deal with such circumstances. Furthermore, I will hold interviews with HCMC education faculty to inquire how the literature and general content of EMT (and all first responder) education courses has changed over the years, and how HCMC works to educate its students on the different communities of patients they serve.

Along with interviews, I will participate in ambulance ride-alongs to experience first-hand the communities with which first responders interact with on a daily basis. Through these experiences I will observe and document how cultural training translates to the field, and whether or not I, as a student of an HCMC EMT training course, feel the course has properly prepared me for the situations I experience. Pending discussion with HCMC, I also hope to eventually interview patients on how they felt their EMS personal were trained and handled their situation.

### Expected Results

Using information collected through observations, interviews, and first hand experiences, I will look closely at cultural competence in emergency medical services. I will use works such as "Concept paper: Cultural competence: Solutions and strategies for emergency medical services" (Jones, 2007) (which outlines the importance of cultural competence training for EMS providers and effective training approaches) to analyze my findings at HCMC and document how effective current EMS training programs are in teaching cultural competence and whether this training translates to the field.

Ultimately, from this research, I plan to create a paper that summarizes how cultural competence is reflected in the experience of an EMT initial certification course. I will also utilize my experiences from my ethnographic research to reflect on the effectiveness of these courses and how cultural training translates to the field.

Furthermore, I hope to continue this research topic past this summer. As a certified EMT, I plan to practice my EMT training and continue to observe the role of cultural competence in EMS training and services in a variety of different metropolitan cities across the U.S. during my college summers. During these experiences I will work closely with hospitals to document the current state of cultural competence in EMS education and practice across the country.

### Conclusion

Growth of several minority populations has greatly diversified the demographic of the United State's population. However, the country's institutions have been unable to keep up with the transformation, as individuals of ethnically diverse populations are often subject to less access and poorer quality of services. Nowhere is this issue more apparent or pernicious than in health care. One recent trend that has been identified as a method to improve the level of care for minority individuals has been the concept of cultural competence education (Renzaho, Romios, Crock, & Sønderslund, 2013). However, while several studies have documented the role of cultural competence training for physicians (Fernandez et al., 2004; Boutin-Foster, Foster, & Konopasek, 2008), nurses (Casillas et al., 2015; Roberts, Warda, Garbutt, & Curry, 2014), and several other health care professions, little research has been



done to study cultural competence training in regards to EMS personnel. And given the fact that first responders often work in diverse metropolitan areas, and are the first to provide care for patients, nowhere does such training seem more necessary. Thus this research project will aim to experience the role of cultural competence training in EMS educational courses and evaluate how effectively the training translates to the field.

On a more personal level, I feel this research project will provide me with the opportunity to investigate an issue that I have become particularly interested in over the past year. Through my participation in an American Diversity and First Year Seminar course that focused heavily on disparities in institutional care for America's minority populations, I have become interested in a topic that I was previously undereducated in. I am excited about the prospect of engaging in ethnographic research about this topic in the field of medicine (which is the field I hope to enter for my professional career). I know that the things I learn and experiences I gain from conducting this research will shape me for the better in my future career aspirations and, more importantly, make me a more educated and conscious individual.

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