Cultural competency is the accepted term in the Western world for the ability of organizations, systems, and professionals to function effectively in intercultural situations. Cultural competence is considered a central strategy in dealing with health disparities and the use of services on the basis of cultural differences (Shuster, Ohana, & Agmon-Snir, 2013).

Fleckman, Dal Corso, Ramirez, Begalieva, and Johnson (2015) claimed that cultural competence implies health professionals can fully recognize another culture, while intercultural competence (ICC) implies that this is a mutual process. Health professionals need a commitment toward intercultural competence and skills that demonstrate flexibility, openness, and self-reflection to enable cultural learning. Increasing health disparities across the globe have led to a wide array of governmental and educational initiatives. Each initiative responds to the need to better prepare students and healthcare providers to promote a more culturally competent healthcare system (Zanetti, Dinh, Hunter, Godkin, & Ferguson, 2014).

Israel copes with cultural diversity and ongoing migration. Immigrant countries in the Western world, particularly the US, Australia, New Zealand and England, are leading the development in legislation, enforcement, standardization, education and training in all aspects of cultural competence in health services. In Israel, the adoption of the Ministry of Health Director-General's circular "Adaptation and cultural and linguistic accessibility in the health system" (2/2011) together with efforts to reduce health inequality and the momentum of accreditation, have accelerated cultural competence among organizations and service providers (Dayan & Biderman, 2014).

Israeli society is multi-cultural and includes populations of veteran and new immigrants and groups with unique characteristics, such as Arabs and ultra-Orthodox Jews; the varying characteristics of heterogeneous groups in Israeli society and the different languages they speak can cause many disparities, including health gaps. Through linguistic accessibility and cultural adaptation, the effect of these gaps on the quality of medical care received by Israeli patients may be reduced (Yachimovich-Cohen, 2018).

Few studies have been carried out to examine the effects of a cultural competence educational program for nursing students, with small and short-term samples (Cho Chung, Han, & Seo, 2017). There is little standardization over programs and a lack of conceptual clarity mainly in the context of educating health professionals. Accreditation requirements across specialties remain general and highly variable. Further, in spite of many calls to action, there lacks consensus for implementation and evaluation of training curricula (Fleckman et al., 2015).

Equity in health ensures every person is given an equal opportunity to realize his full health status potential. “Equality in health in every policy” is a bridge between health care workers and parallel public systems and encourages team work and partnerships. This makes a significant contribution to reducing the large social gaps in the society in
which we live and transforms us, the health workers, into a community contributing to social change (Avni & Averbuch, 2017a). The goal is to promote social change and increase cultural competence. Specific project goals include, in the short term, expanding the toolbox available to nursing educators to train the students who will be the clinicians of the future to deal with inequity within multicultural populations, and in the long term, to reduce gaps and inequity in the training institutions, increase exposure and awareness of cultural competency among faculty members, and adapt the learning environment to the cultural and social needs of students and lecturers.

**Methods:**

The university, an institution with the mission of training the future generation of nurses in Israel, seeks to be culturally competent and produce graduates with cultural diversity knowledge, awareness, and skills for culturally competent treatment. This university is the site of the training program to introduce multiculturalism into the curriculum of the nursing BA degree (n=498, including students from: generic - 431, RN-completion – 52, high school-to-college – 15).

Up until now I have conducted preparatory activities to facilitate implementing activities in the department. I presented the equity trustee program to the council of faculty staff, held several conversations with the interpersonal skills course coordinator to involve her in the project by distributing videos and training kits to the students attending her courses. I prepared the interpersonal skills syllabi (for 1st year to 3rd years nursing students) with training kit videos and adapted the video clips to be relevant to the content. I also met on several occasions with the head of the academic unit for clinical studies to decide on activity for 4th year students.

My goal was to increase cultural awareness among academic staff and students. I spoke to 14 lecturers of interpersonal skills (1st year to 3rd years nursing students), during two meetings, and explained my role as a multicultural trustee in the department. I offered them films on the subject of multiculturalism in line with their course content. All facilitators agreed with the need to expand their own awareness and their students’ cultural competency, and accepted the offer (1st year – 76 students, 2nd year– 100 students, 3rd year– 110 students).

Films, presentations, and relevant lesson plans were accompanied by notes on how and when to integrate them, so as to overcome technical and logistical difficulties. A total of seven films, presentations, lesson plans, and relevant tools for bridging gaps in therapy sessions were distributed.

A multicultural program was prepared for 4th year. The online course includes a presentation of multiculturalism in health with interactive tasks: watching two films, answering questions, examples of tools that help bridge gaps during course sessions, procedures and materials on multiculturalism for activities in the clinical field.

**Results:**

I intend to conduct a survey among lecturers and students at the end of the year to evaluate the change in the curriculum, and if necessary, will implement changes in light of the results. I have already replaced two films due to student comments.

This project is ongoing, and results will be tabulated before the conference session.

**Conclusion:**
I also hope to prepare online modular kits for students in 2nd and 3rd years, in line with those already prepared for 4th year students.

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**Title:**

Making the Switch: A New Multicultural Curriculum for Improving Clinical Care and Reducing Health Disparities

**Keywords:**

cultural competency, health equity and multicultural curriculum education

**References:**


Abstract Summary:

With Israel’s great cultural diversity, Israeli health professionals must increase their cultural competency so as to improve quality of medical care. This presentation describes efforts to introduce multiculturalism, leading to improved cultural competency, into the curriculum for nursing students in one training school in Israel.

Content Outline:

Background

1. Cultural competency is the accepted term in the Western world for the ability of organizations, systems, and professionals to function effectively in intercultural situations. Cultural competence is considered a central strategy in dealing with health disparities and the use of services on the basis of cultural differences (Shuster, Ohana, & Agmon-Snir, 2013).

2. Fleckman, Dal Corso, Ramirez, Begalieva, and Johnson (2015) claimed that cultural competence implies health professionals can fully recognize another culture, while intercultural competence (ICC) implies that this is a mutual process. Health professionals need a commitment toward intercultural competence and skills that demonstrate flexibility, openness, and self-reflection to enable cultural learning.

3. Increasing health disparities across the globe have led to a wide array of governmental and educational initiatives. Each initiative responds to the need to better prepare students and healthcare providers to promote a more culturally competent healthcare system (Zanetti, Dinh, Hunter, Godkin, & Ferguson, 2014).

4. Israel copes with cultural diversity and ongoing migration. Immigrant countries in the Western world, particularly the US, Australia, New Zealand and England, are leading the development in legislation, enforcement, standardization, education and training in all aspects of cultural competence in health services. In Israel, the adoption of the Ministry of Health Director-General’s circular "Adaptation and cultural and linguistic accessibility in the health system" (2/2011) together with efforts to reduce health inequality and the momentum of accreditation, have accelerated cultural competence among organizations and service providers (Dayan & Biderman, 2014).

5. Israeli society is multi-cultural and includes populations of veteran and new immigrants and groups with unique characteristics, such as Arabs and ultra-Orthodox Jews; the varying characteristics of heterogeneous groups in Israeli society and the different languages they speak can cause many disparities, including health gaps. Through linguistic accessibility and cultural adaptation, the effect of these gaps on the quality of medical care received by Israeli patients may be reduced (Yachimovich-Cohen, 2018).

6. Few studies have been carried out to examine the effects of a cultural competence educational program for nursing students, with small and short-term samples (Cho Chung, Han, & Seo, 2017). There is little standardization over programs and a lack of conceptual clarity mainly in the context of educating health professionals. Accreditation requirements across specialties remain general and highly variable. Further, in spite of many calls to action, there lacks consensus for implementation and evaluation of training curricula (Fleckman et al., 2015).

7. Equity in health ensures every person is given an equal opportunity to realize his full health status potential. “Equality in health in every policy” is a bridge between health care workers and parallel public systems and encourages team work and partnerships. This makes a significant
contribution to reducing the large social gaps in the society in which we live and transforms us, the health workers, into a community contributing to social change (Avni & Averbuch, 2017a).

**Specific Aim**

My goal was to increase cultural awareness among academic staff and students. I spoke to 14 lecturers of interpersonal skills (1st year to 3rd years nursing students), during two meetings, and explained my role as a multicultural trustee in the department. I offered them films on the subject of multiculturalism in line with their course content. All facilitators agreed with the need to expand their own awareness and their students’ cultural competency, and accepted the offer (1st year – 76 students, 2nd year– 100 students, 3rd year– 110 students).

**Methods**

1. The university, an institution with the mission of training the future generation of nurses in Israel, seeks to be culturally competent and produce graduates with cultural diversity knowledge, awareness, and skills for culturally competent treatment. This university is the site of the training program to introduce multiculturalism into the curriculum of the nursing BA degree (n=498, including students from: generic - 431, RN-completion – 52, high school-to-college – 15).

2. The goal is to promote social change and increase cultural competence. Specific project goals include, in the short term, expanding the toolbox available to nursing educators to train the students who will be the clinicians of the future to deal with inequity within multicultural populations, and in the long term, to reduce gaps and inequity in the training institutions, increase exposure and awareness of cultural competency among faculty members, and adapt the learning environment to the cultural and social needs of students and lecturers.

3. Up until now I have conducted preparatory activities to facilitate implementing activities in the department. I presented the equity trustee program to the council of faculty staff, held several conversations with the interpersonal skills course coordinator to involve her in the project by distributing videos and training kits to the students attending her courses. I prepared the interpersonal skills syllabi (for 1st year to 3rd years nursing students) with training kit videos and adapted the video clips to be relevant to the content. I also met on several occasions with the head of the academic unit for clinical studies to decide on activity for 4th year students.

**Instruments**

1. Films, presentations, and relevant lesson plans were accompanied by notes on how and when to integrate them, so as to overcome technical and logistical difficulties. A total of seven films, presentations, lesson plans, and relevant tools for bridging gaps in therapy sessions were distributed.

2. A multicultural program was prepared for 4th year. The online course includes a presentation of multiculturalism in health with interactive tasks: watching two films, answering questions, examples of tools that help bridge gaps during course sessions, procedures and materials on multiculturalism for activities in the clinical field.

**Future Activities**

I intend to conduct a survey among lecturers and students at the end of the year to evaluate the change in the curriculum, and if necessary, will implement changes in light of the results. I have already replaced two films due to student comments. I also hope to prepare online modular kits for students in 2nd and 3rd year students, in line with those already prepared for 4th year students.

First Primary Presenting Author

Primary Presenting Author
Author Summary: I have over 40 years of nursing experience. Most of my experience is in the community, working with patients from birth to older persons. Activities have included working with health promotion and disease prevention programs for well-baby clinics, psychiatric nursing in the community, preventing re-hospitalization of elderly with chronic diseases, and assisting with the implementation of new neighborhood-based projects.