

Clendening Summer Fellowship Application 2012

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**Developing Cross-Cultural Competency to Serve the Healthcare Needs of the
Bhutanese Refugee Population in Kansas City, Kansas**

Introduction:

The primary goal of this project is to gain skills necessary to be a more effective and responsive health care provider for Bhutanese refugees. Lessons learned then will be shared with other healthcare practitioners.

Specific objectives of this project include the following:

1. Develop Nepali language skills.
2. Volunteer with the local Bhutanese community.
3. Shadow a physician in a clinical setting with Bhutanese patients.
4. Participate in a mental health project designed to assist the Bhutanese community in Kansas.
5. Learn about Bhutanese refugee experiences during their expulsion from Bhutan, during their time in refugee camps in Nepal, and as they establish their lives in Kansas City, Kansas.
6. Share lessons about cultural competency with other healthcare practitioners.

Background:

In August of 2011, three weeks after my first day of medical school, I met a Bhutanese woman at the student-run Jaydoc free clinic. We spoke through a translator for over an hour, however I left the clinic that night feeling bewildered by a communication barrier that seemed greater than just a language gap. We met the patient's immediate need that night; nevertheless, I felt as if I had asked the wrong questions and that I did not properly understand how she expressed thoughts about her body, her pain, or her emotions. Although I was listening intently and was engaged, there was an obvious gap in my own cultural competency. I did not know about Bhutanese culture, spiritual beliefs, or traditional medicine, and I knew nothing about the Bhutanese refugee community in Kansas City. Soon after the Jaydoc experience, I was shadowing in labor and delivery at KUMC and witnessed a similar patient interaction. Two kind, compassionate doctors were using a telephone translation service to talk to a new mother. Yet again, I left the room with a lingering feeling that there had been barriers to communication that went beyond language.

Through these patient interactions, I felt that I needed to learn more about the Bhutanese community and their experiences in order to be an effective healthcare provider. This will be important when I become a physician, but it is also relevant now as a student while volunteering at the JayDoc free clinic, working with patients in the hospital at KUMC, and interacting with parents at the proposed school-based health clinic sites in Kansas City, Kansas.

In October of 2011, not long after meeting the Bhutanese women, I attended the INMED International Institute of Medicine Conference in Kansas City, Kansas, and met Dr. Joseph LeMaster when he gave a presentation about healthcare for the Bhutanese community in Kansas. Dr. LeMaster, my mentor for the Clendening fellowship, worked in Nepal for over two decades, is fluent in Nepalese, and is an advocate for the Bhutanese community in Kansas. With Dr. LeMaster's guidance, I developed a summer project that will enable me to improve my cultural competency and then share the lessons learned.

In the early 1990s the Bhutanese government engaged in systematic "ethnic cleansing" of approximately one sixth of its population, a minority group of Bhutanese who were Hindu and spoke Nepalese. Over 100,000 people fled to Nepal and lived in temporary refugee camps under the protection of the Office of the United Nations High Commissioner for Refugees (UNHCR).

After nearly twenty years of living in the camps, hope of repatriating back to Bhutan dwindled. In 2007, refugees began to permanently resettle in third countries, such as Australia, Sweden etc., and the United States agreed to permanently resettle 60,000 of the 100,000 Bhutanese. In recent years approximately 400 Bhutanese refugees, approximately seventy-five families, have moved to Kansas City, Kansas, area.

Cultural competency can be defined as awareness, attitude, knowledge, and skills: “(a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills [such as language]. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures” (Martin & Vaughn).

Ultimately, the litmus test for this project's success will be the quality of my interactions with Bhutanese patients following this summer project. My hope is that the invisible veil that I felt between the patients and myself will be lifted.

Project Description and Methods:

1. Develop Nepali language skills:

Textbooks and other media will be used to learn written and spoken Nepali. By the beginning of June I will have acquired basic language skills. I will then work with a conversational partner, preferably someone who can improve her English skills as I benefit from her help in learning Nepali. (There may be other refugee communities that speak Nepali, in which case the language skills will also be helpful.)

2. Volunteer with the local Bhutanese community:

I will volunteer at a Bhutanese community garden throughout the summer. It will allow to meet Bhutanese people socially and allow my family to be involved in the project, but more importantly, it will provide the opportunity to be of service.

3. Shadow a physician in a clinical setting with Bhutanese patients:

Dr. LeMaster sees Bhutanese patients in the family practice clinic on Wednesday afternoons, and I will be able to shadow him. Though patient interactions are in Nepalese, I will be able to observe nonverbal communication and then ask questions following the patient encounters.

4. Participate in a mental health project that has been developed to assist the Bhutanese community in Kansas:

Dr. LeMaster recently initiated a mental health project housed at the Wyandot Mental Health Center called, “Chautari: Increasing Access to Mental Healthcare and Community Support for Bhutanese Refugees.” The Bhutanese are one of Kansas’ ethnic groups at highest risk of suicide and psychological distress. This is in part related to the torture, rape and other experience during the “ethnic cleansing” and forced expulsion from Bhutan. Psychological distress may also be related to experiences from the refugee camps in Nepal or from the stress of adapting to life in the United States. The goal of the Chautari project is to provide culturally appropriate and effective mental health care for the Bhutanese community in Kansas.

Through the Chautari project, I will be able to participate in data collection and analysis of the focus groups and interviews to assess the progress of the Chautari project. Prior to medical school, my main professional interest focused on refugee protection and resettlement, and I have some experience with qualitative data collection and analysis. My Master’s thesis was, “A Needs Assessment of Somali Refugees in London, England, in 2000 and the Role of Community Associations in Meeting Those Needs.” That summer I traveled to seven Somali community associations throughout London and spoke to Somalis about their resettlement experiences. In 2000 I participated in a needs assessment for the Georgia Refugee Resettlement Program in which I transcribed interviews, analyzed data, and contributed to the final report called, “Refugee Needs Assessment for State of Georgia Department of Humans Services Section, Refugee Resettlement Program.”

In addition, in the summer of 2003 I completed an internship with the International Rescue Committee’s Protection SURGE Capacity Project and United Nations Liaison Office in Geneva, Switzerland. The SURGE project provided short-term refugee protection workers throughout the world in collaboration with the Office of the United Nations High Commissioner for Refugees.

5. Learn about Bhutanese refugee experiences during their expulsion from Bhutan, during their time in refugee camps in Nepal, and as they establish their lives in Kansas City, Kansas:

Much has been written about the experiences of the Bhutanese refugees. Articles from the 1990's document treatment of the Bhutanese during expulsion from the country, including accounts from Amnesty International and Human Rights Watch. During the two decades of camp life in Nepal, articles were written about mental and physical health in camps. More recently articles have been written about Bhutanese resettlement experiences in various countries. My intention is to read broadly and learn as much as possible about the religion, culture, and experiences of this population.

6. Develop means for sharing lessons about cultural competency with other healthcare practitioners.

My hope is that the experiences and knowledge gained from this summer will provide me with the tools that I need to serve Bhutanese people that I meet. The goal is not to stereotype patients as “Bhutanese” or “refugee” and see them through one lens; rather, there are specific things that it would be helpful to know when working with someone who is from this background. Empathy and communication both come more easily when there is a basic understanding, and with deeper knowledge, one is perhaps more able to treat the patient as a whole person rather than “other” or “foreign.” The lessons that I learn about cross-cultural competency will be shared in two ways. First, I will develop a brief course for healthcare practitioners who want to learn more about the Bhutanese and how one can provide more effective healthcare for them. Second, I will write an article that shares the same information in a different format.

Timeline:

April 1-

- Begin learning Nepali language
- Attend Bhutanese community meeting
- Begin attending meetings of grad students in Family Medicine (see what they are working on, what resources are available, etc.)

May 15th-

- Begin weekly meetings with Nepali language conversational partner.
- Begin volunteering in the community garden.
- Begin shadowing community health worker on home visits.
- Begin shadowing Dr. LeMaster in clinic.
- Meet with person at INMED regarding cross-cultural competence training.
- Approach office for continuing education about requirements for certifying a course.

June 1-July 30

- Participate in round tables regarding mental health project. Transcribe interviews and contribute to analysis.
- Complete article and submit for publication
- Complete Bhutanese cultural competency course, submit for approval, and schedule at least one presentation.

There are many questions that arise that could be explored at the level of doctoral theses, but are not within the scope of this project. This summer project will not delve into many of the larger questions about the experiences of Bhutanese refugees. Nevertheless, as time permits, I will research those topics to broaden my understanding of the experiences of Bhutanese refugees. I am curious about traditional Bhutanese medicine and the kind of health care that was available in the camps. I want to know if women are having different experiences from men as they adapt to life in the US, and how the children are faring in the local schools. I am also curious about gender-based violence that women may have experienced during the expulsion from Bhutan and in the camps. Through this project I hope to learn more about the realities of people's experiences, their coping mechanisms, the current stresses that they face, and whether or not mental health programs are able to meet those needs.

Many parts of the refugee resettlement experience have a similar refrain, no matter what country a person moves from. While one can make generalizations, it is important to realize that there are aspects of the Bhutanese experience in Kansas that are unique; the community has its own challenges and strengths that shape the resettlement experience. I hope to gain a greater

understanding by meeting people, hearing their stories, and listening to their successes and their struggles.

Budget:

Grant funding will be used for language learning materials and for travel to and from KUMC, the community garden, and Wyandot Center. The remainder of the grant will be used to supplement living expenses for the duration of the project.

Conclusion:

In conclusion, as a medical student one quickly realizes that there are many aspects of a medical education that cannot be covered in a lecture hall or an anatomy lab. The Clendening Summer Fellowship provides a rare opportunity to explore and learn in ways that are personal and transformative. In *A Room of One's Own*, Virginia Woolfe suggested that every woman writer needs the luxury of time, space and financial resources in order to be productive and tap her potential. Clendening provides a unique “room of one’s own” to budding physicians by providing sufficient time and resources for a student to explore, be creative, and learn in ways that will allow us to become better physicians. With the help of the fellowship, I will have the unique opportunity to learn about the Bhutanese community so that I can become a more effective and responsive health care provider for the Bhutanese patients that I meet.

Resources:

1. www.bhutanerefugees.com
2. www.inmed.us- website of the Institute for International Medicine
3. www.kansasbhutanesecommunity.org
4. “The Pursuit of Home: The Bhutanese Refugee Situation in Kansas City”- a video of members of the Kansas Bhutanese Community talking about life in Bhutan and expulsion from their home country.
5. “Cross Cultural Competencies and Objectives,”
http://www.valdosta.edu/~karowlan/Cross-Cultural_Compencies1.htm

6. Mercedes Martin & Billy Vaughn (2007). "Strategic Diversity & Inclusion Management" magazine, pp. 31-36. DTUI Publications Division: San Francisco, CA (As cited in Wikipedia).