



UCLA Adaptation of the University of California at Irvine Pioneer Program

University of California Irvine pioneered Cultural Competency in the UC System. UCLA's Course will be fashioned after UCI with the appropriate moderations to facilitate the demands that are specific to UCLA's unique needs as based on the singularity of UCLA compared like institutions of higher learning.

UCI – Objectives: This course revolves around the four previously mentioned concepts of awareness, attitudes, behaviors as well as clinical and communication skills. Students should keep these concepts in mind as they evaluate information presented in this course.

UCLA – Objectives: Attitude, bias and preconception inarguably attenuates health-care effectiveness in society. Previous awareness of this mitigating factor has been limited to cultural parameters. However, there are multifarious populations in the United States that are equally as distinctive in terms of their need for an increased awareness from the medical community that have gone without the benefit of outreach efforts, prior to this program being proposed by UCLA.

Hence, the concept of **“collective concerns,”** and **“omnicompetence”** to encompass and extend increased awareness to all people regardless of the specific factor underlying the breach in access and awareness between their constituency and medical community. Examples of such groups would be women who have raised their families that are now returning or joining the medical community for a new career, functional disordered populations, e.g. Interstitial Cystitis, Functional Bowel Disorders, Syndrome Obesity Sufferers, Anorexics, Recovering Substance Dependant Populations, dysfunctional children from solid home environments that cannot acclimate into the social system. For example, children of the extremely wealthy, can be severely impoverished in other aspects of their lives. Development of awareness and understanding of the role that such manifestations of contemporary USA society plays in the multiplex of acculturation issues as well as medicine is integral to effective health care management.

Additionally it is the intention of UCLA to inaugurate a novel approach aimed at increasing sensitivity to the issues of White US Nationals by breaking that group down to its specific European roots, because it is our belief that there is a discernable difference between an Irish-American Family and an Italian Family for example. It is our belief that it is as equally egregious to ignore the acculturation issues of White US Nationals by failing to acknowledge the distinctions of European cultural heritages and subsequent issues, as it is to ignore the cultural concerns of Black and Hispanic US Nationals.

Parsimoniously, UCLA's goal and aim is: **“Once and for all, to consider and incorporate all in the Health Care matters and concerns of all, for the benefit and health of all.”**

UCI Awareness Statement: The materials presented should make one more cognizant of the impact of culture on patients' health and illness status as well as the delivery of medical treatment by health care providers. The course will examine different values, customs, thought and behavior patterns, as well as other factors, which distinguish one culture from another. The goal is to understand how these cultural factors affect health, illness, and the giving and receiving of health care. In developing a knowledge base regarding different ethnic groups, it is important not to stereotype, since the information presented may not necessarily pertain to all members of that particular group.



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Advisory Committee for Collective Concerns in Medicine

UCLA’s Awareness Statement: Same-but expanded to Collective Populations and aimed at achieving omnicompetency.

UC-I Statement on Attitudes: The influence of attitudes, biases, and preconceptions regarding different ethnic groups impact health care effectiveness; the development of awareness and understanding of the role that culture plays in medicine is integral to effective health care management.

UCLA’s Statement on Attitudes: Same but expanding understanding cultural populations to understanding “Collective Populations” because of the mandate on UCLA and like institutions to serve in the vanguard of expanding human awareness. Thus, the contemporary need is a much broader and more diversely articulated outreach to groups not previously included in the definition of underrepresented population outreaches.

UCI Statement on Behavior: Students in this course are encouraged to make the cognitive connections between their behavior and their awareness, knowledge, and attitudes.

UCLA’s Statement on Behavior: Same-but expanded to Collective Populations and aimed at achieving omnicompetency.

UCI Statement on Clinical and Communication Skills: The awareness, knowledge, attitudes, and behaviors that one develops will have little practical value unless one integrates and applies them into his/her clinical practice. An integral part of providing culturally competent healthcare is the ability to communicate effectively with patients. Effective communication includes the ability to listen, understand, explain, and discuss treatment options with sensitivity and competence.

UCLA’s Statement on Clinical and Communication Skills: Same-but expanded to Collective Populations and aimed at achieving omnicompetency.

Dr. Gordon’s Personal Statement on “Underrepresented Populations,” “Cultural Competency,” Medical Education and Clinical Practice in the United States:

Context is crucial to comprehension. In the case of allopathic medicine in the U.S., we need to consider what America is, or more over, what America is not. America is not Europe; it is not Eastern or Western Asia, it is not Australia, South or Central America, Africa, Canada, or Mexico. America is all of them. Likewise, the topical choices of educating our medical professionals must reflect that diversity. It must also reflect the cultural issues brought on the disparity between a static human biology and a rapidly changing technology. Thus, we must consider populations such as people changing careers late in life, women who have raised their families and now are returning to higher education and/or the clinical workplace, emotionally and developmentally challenged individuals stabilized with medications, etc. Ultimately our perspective must be one derived from the collective perspective of a highly complicated, and richly promising nation. Definitively, that can only be the U.S.A. It is sub optimal and disingenuous to extend empathy for the issues of one element of society and ignore those of the opposite. It is not appropriate or promotional of our goal as a public institution of higher learning to decide whose issues are valid, and whose are not. Our job is to remove any all obstruction preventing the institution from providing the best education possible. Let us not forget UCLA is a public Institution, and hence responsible to the public, which is all of us, no matter how white or black, how rich or poor, how fit or frail.



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True some members of “ethnic minorities” have different issues than some members of the “non-ethnic majority”. However, the real issue, in providing the most optimal education environment for researchers, physicians, and other clinical personnel is addressing, any and all, obstructive issues in order to produce the most competent medical professionals. It is harder to be America than any other nation, and that affects society at every level including providing public education. With many diseases at global epidemic status, the issue is to survive. If humans are to survive this crucial evolutionary juncture, the “Gettysburg” of the struggle for human health will take place in America. More importantly, we will win or lose the battle in America.