

Competence Working with Diverse Populations Conducting Risk Assessment in the Emergency Department

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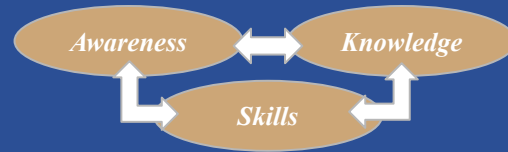
Introduction

- ❖ Multicultural competence and humility are necessary for effective care in healthcare settings (Hook & Davis, 2019).
- ❖ Multicultural competence is comprised of self-awareness, knowledge of clients' cultural background/experiences, and skills to adapt interventions (Sue et al., 1982). Cultural humility is comprised of both an intrapersonal and interpersonal dimension. It involves an awareness of one's limitations to understand cultural worldviews and a posture of respect and curiosity that is other-oriented (Hook et al., 2013).
- ❖ Research has shown that cultural humility has been linked to positive outcomes when working with culturally diverse individuals and groups (Davis et al., 2018).
- ❖ Working with diverse populations requires clinicians to be aware of multicultural considerations, cultivate cultural competence, and foster cultural humility.

AIM: Examine self-reported multicultural competence in graduate students conducting risk assessments in emergency departments.

Methods

Defining cultural competence:



- ❖ Participants: The sample included 17-doctoral-level clinical psychology students, who hold a master's degree and are active members of the Crisis Consultation Team; assessing for risk to self, risk to others, and psychosis in the Emergency Department. 59% of students identified having less than one year of experience and 41% of students reported having more than one year of experience on the team. To protect and respect the privacy and confidentiality of the participants, demographic information regarding gender and ethnicity was not gathered
- ❖ Instrument and Procedure: Using the Multicultural Awareness, Knowledge, and Skills Survey (MAKSS), a 60-item self-survey (D'Andrea et al., 1991), participants reflected on their multicultural counseling awareness, knowledge, and skills.

Results

- ❖ A repeated-measures ANOVA resulted in a significant main effect ($p = .009$) revealing differences among the means of the three MAKSS subscales. A one-way ANOVA revealed that awareness scores were significantly higher than the skills subtest ($p = .007$).
- ❖ Additionally, a between-subject main effect ($p = .04$), indicated that clinicians with less experience responded significantly lower than those on the team for more than a year.
- ❖ There was no interaction of group and subscales ($p = .66$), revealing that both groups responded to the subtest questions in a similar way.

Discussion:

- ❖ The overall results suggest students who had more experience reported higher levels of awareness, knowledge, and skills. However, regardless of how many years of experience a student had, the results indicated a self-reported deficit in translating multicultural awareness into practical skills.
- ❖ Programs may need to focus on fostering multicultural skills with hands-on experience. These outcomes can be utilized to assess training models, incorporating multicultural awareness, knowledge, and skills; thus, enhancing treatment applicability and provide some direction for multicultural training.