National Center for
Cultural Competence
*Georgetown University Center for
Child and Human Development*

Applying Cultural and Linguistic Competence to a Framework for Creating Learning Spaces for the Enhancement of Experiential Learning

Experiential learning is described as learning activities which directly engage the learner in the phenomenon being studied, and provide opportunities for reflection on those experiences (Cantor, 1995). Kolb and Kolb (2005) provide a useful model that delineates four elements of experiential learning. This learning model involves an integrated cycle of activities that include:

1) concrete experience,

2) abstract conceptualization,

3) reflective observation, and

4) active experimentation.

The learning process, according to the Kolb model is best understood as a spiral or cycle. The learner will experience each of the activities again and again in a process that is responsive to both what is being learned and the setting within which the learning takes place. This document applies cultural and linguistic competence to the elements of the Kolb and Kolb model.

This document is a supplement to *Experiential Learning: Cultural and Linguistic Competence Checklist for MCH Training Programs*. http://nccc.georgetown.edu/documents/nccc_Learning_checklist_P4.pdf

Kolb and Kolb (2005)	Cultural and Linguistic Competence
Respect for learners and their experience "Refers not only to a direct experience related to a subject matter under study but also to the total experiential life space of the learner" (p. 207).	**Respect for learners and their experiences** The literature provides evidence that students from racially and ethnically diverse groups (other than non-Hispanic White) feel isolated when they are few in numbers, and that they are more likely to experience bias, stereotyping, and discrimination, both socially and academically, within university settings. Experiential learning is affected, negatively or positively, by the social-cultural climate of the total learning environment. MCH faculty should have the: • awareness to inquire about the experiences of students not only in the classroom but also on campus and in living situations; • capacity to attend to factors that negatively impact the learning environment, to the extent feasible; • knowledge of the cultural diversity within the institution; and • knowledge of resources and relationships with groups on campus and in the surrounding community to support students. *This component of the Kolb & Kolb experiential learning enhancement framework relates to two of the five elements of cultural competence at the individual level—the capacity (1) to acquire cultural knowledge and (2) to view behavior within a cultural context.*
Begin learning with the learner's experience of the subject matter All new knowledge and understanding evolve from a person's prior experiences, beliefs, and values. "Beginning with these or related concrete experiences allows the learner to re-examine and modify their previous sense-making" or, in other words, their understandings and beliefs when presented with new information and concepts (p. 207).	**Begin learning with the learner's experience of the subject matter** Students bring to the MCH Training Program their worldview, mental models, and myriad experiences related to their own cultures, race, ethnicity, and language(s) spoken, compared with those of others that may be similar or different from theirs. MCH faculty should have the capacity to elicit and explore the worldviews or cumulative cultural knowledge of their students as a component of experiential learning. This exploration is a necessary pre-requisite to and foundation for teaching and implementing cultural and linguistic competence. *This component of the Kolb & Kolb experiential learning enhancement framework relates to two elements of cultural competence at the individual level: (1) acknowledge cultural differences, and (2) understand your own culture.*

Kolb and Kolb (2005)	Cultural and Linguistic Competence
Create and hold a hospitable space for learning Learning requires facing and embracing difference. To some, encountering difference can be challenging or even threatening. The learning space must encourage the expression of difference and provide safety and psychological support to address these challenges. "Creating and holding a learning space requires a climate or culture of support that the learner can trust to 'hold' them over time" (p. 207).	**Create and hold a hospitable space for learning** Many in U.S. society are reticent about discussing difference, particularly difference attributed to race, ethnicity, class, gender, sexual orientation, gender identity and expression, religiosity/spirituality, and other cultural variables. The discourse about the expression of difference that is attributed to ethnocentrism, bias, stereotyping, prejudice, discrimination, oppression, racism, and other "isms" is often avoided all together, particularly by some in public health settings. MCH faculty should intentionally plan for and provide a safe refuge for learning about difference and its manifestations in the health and well-being of populations (e.g., social determinants of health, disparities, life course, public health policy and practice, health inequities). Faculty should model their comfort with addressing these areas in their teaching and supervision. For MCH faculty, this area of knowledge and skill set are an integral aspect of integrating cultural and linguistic competence into experiential learning. *This component of the Kolb & Kolb experiential learning enhancement framework relates to three elements of cultural competence at the organizational level: (1) manage the dynamics of difference, (2) institutionalize cultural knowledge, and (3) adapt to the diversity and cultural contexts of communities (i.e., organizational values, policies, structures, practices).*
Make space for conversational learning The educational process should make space for "good conversations." Making space then provides the opportunity to reflect and derive meaning from experiences, which ultimately improves the effectiveness of experiential learning. These types of conversations are "more likely to occur in spaces that integrate thinking and feeling, talking and listening, leadership and solidarity," and "recognition of individuality and relatedness." Creating learning teams as part of a course promotes effective learning (p. 208).	**Make space for conversational learning** There are few opportunities for structured conversations during which students can share their perspectives about race, ethnicity, culture, and related issues in a safe and authentic manner. Identifying approaches to explore cultural difference in open, honest, and supportive ways, and charting a course for change, remain among the most difficult, yet necessary paths on the journey to achieve cultural and linguistic competence. As part of experiential learning, MCH faculty should (1) intentionally plan and facilitate these conversations and (2) be prepared to address the range of feelings and emotions that may be expressed in a constructive manner. *This component of the Kolb & Kolb experiential learning enhancement framework relates to three elements of cultural competence at the organizational level: (1) manage the dynamics of difference, (2) institutionalize cultural knowledge, and (3) adapt to the diversity and cultural contexts of communities (i.e., organizational values, policies, structures, practices).*

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Make space for development of expertise "Effective learning requires not only factual knowledge, but the organization of these facts and ideas in a conceptual framework and the ability to retrieve knowledge for application and transfer to different contexts." The experiential learning model describes this cyclical approach to learning and developing expertise. "Space needs to be created in curricula for students to pursue such deep experiential learning in order to develop expertise" related to their life and career goals (p. 208).	**Make space for development of expertise** Within the health care and public health arenas, there are many conceptualizations and definitions of cultural competence and linguistic competence. It is essential that faculty: (a) reach consensus on what cultural competence and linguistic competence mean within the context of their training programs; (b) provide both a definition and framework to guide the integration of cultural and linguistic competence into the core functions of the MCH Training Program (i.e., curricula, research, publications, supervised practicum, community engagement); (c) support students who want to concentrate their studies on cultural and linguistic competence; and (d) establish relationships with other faculty and universities if this expertise does not lie within the MCH Training Program, academic department, and collaborating programs and disciplines within the institution. *This component of the Kolb & Kolb experiential learning enhancement framework relates to elements of cultural competence at the individual level—(1) acquire cultural knowledge and skills, and (2) organizational level—conduct self-assessment and institutionalize cultural knowledge.*
Make space for acting and reflecting The learning cycle must provide opportunities to express and test action and reflect upon this experience. Many in programs in higher education are much more focused on impressing information on the mind of the learner than on opportunities for the learners to express and test in action what they have learned" (p. 208). The old adage of "learning by doing" and the plan, do, study, act (PDSA) model of quality improvement exemplify this approach to experiential learning.	**Make space for acting and reflecting** Interacting with, providing services to, engaging, or conducting research with diverse populations and communities can be daunting, particularly for students who have not had previous experiences with these groups or settings. A routine practice within MCH training programs should include a structured process for students to be actively involved in such efforts and to reflect upon their learning experiences individually, in learning teams, and with their mentors and MCH faculty. Such practices should assure safety and provide a respectful atmosphere at all times. Careful consideration should be given to how reflection opportunities are structured to ensure that students are able to consider and delve into perspectives, mental models, and worldviews that differ from their own, their chosen discipline, and those of public health policy and practice. For example, public health policy and practice places emphasis on prevention. There are members of cultural groups whose worldview about time is present oriented, and planning for or predicting what will happen in the future is not embraced—even for health purposes. So health messages that

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	indicate certain behaviors will reduce the risk of a specific health condition may or may not resonate. Such health messages will need to be tailored to address cultural beliefs and practices of the intended audience. *This component of the Kolb & Kolb experiential learning enhancement framework relates to elements of cultural competence at the individual level—(1) engage in self-assessment, and acquire cultural knowledge and skills; and (2) organizational level—value diversity, and institutionalize cultural knowledge.*
Make space for feeling and thinking "Educational institutions tend to develop a learning culture that emphasizes the learning mode most related to their educational objectives," which may not include addressing how the learner feels about a certain topic, issue, or concept. A number of researchers offer compelling "evidence that reason and emotion are inextricably related in their influence on learning and memory…. Negative emotions such as fear and anxiety can block learning, while positive feelings of attraction and interest may be essential for learning" (p. 208).	**Make space for feeling and thinking** As a general rule, health professionals are taught to avoid displaying their emotions and to hold their feelings intact. However, issues associated with race, ethnicity, gender, class, disparities, equity, and the "isms" can evoke deep emotions at a conscious or unconscious level. MCH faculty need to be fully aware of this dynamic and prepared to address both feeling and thinking related to cultural and linguistic competence in experiential learning. *This component of the Kolb & Kolb experiential learning enhancement framework relates to elements of cultural competence at the individual level—(1) understand your own culture, and view behavior within a cultural context; and (2) organizational level—manage the dynamics of difference.*
Make space for inside-out learning Refers to linking educational experiences to the learner's interests, which kindles intrinsic motivation and ultimately increases learning effectiveness. Learning spaces that emphasize extrinsic over intrinsic reward may compromise learning that is intrinsically driven (p. 209).	**Make space for inside-out learning** Students may have a strong interest in pursuing a specific area related to cultural and linguistic competence, health disparities, or health equity that may not closely align with established curricula of the MCH Training Program. Such students may be encouraged to conform or table the interest because it cannot be easily accommodated, or faculty do not have the expertise to supervise this area of study. MCH faculty should explore creative ways to encourage and support those students who have interests in cultural and linguistic competence and related areas. The MCH Training Program should have policies, structures, and practices that enable unique learning opportunities through other departments, adjunct or affiliated faculty, other universities, and formal mentoring. *This component of the Kolb & Kolb experiential learning enhancement framework relates to elements of cultural competence at the organizational level: (1) conduct self-assessment, and (2) institutionalize cultural knowledge.*

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Make space for learners to take charge of their own learning Refers to "making space for students to take control of and responsibility for their learning," including learning from their own experience (active vs. passive learning). "Students can be empowered to take responsibility for their own learning by understanding how they learn best and the skills necessary to learn in regions that are uncomfortable for them" (p. 209).	**Make space for learners to take charge of their own learning** Defined areas of awareness, attitudes, knowledge, and skills for cultural and linguistic competence should be included throughout the training program's curriculum and supervised practicum. In addition to these, students should be encouraged to self-select an area for growth related to cultural and linguistic competence to work on over time. The outcomes of these areas for growth can be shared with other students to explore similarities and differences in learning experiences and augment the overall impact of experiential learning within groups. For example, many students choose to study abroad for opportunities for cross-cultural exchange. However, in many instances, such learning experiences can be closer to home in communities and with cultural groups with whom students are unfamiliar. Because program faculty may not be present in all settings, expectations should be clearly delineated and formal agreements should be reached for clinical and practicum experiences supervised by health professionals who are external to the MCH Training Program. *This component of the Kolb & Kolb experiential learning enhancement framework relates to elements of cultural competence at the (1) individual level—acquire cultural knowledge and skills, and (2) organizational level—manage the dynamics of difference and institutionalize cultural knowledge.*

Cantor J. *Experiential Learning in Higher Education: Linking Classroom and Community*. ASHE-ERIC Higher Education Report No. 7. Washington, DC: The George Washington University, Graduate School of Education and Human Development; 1995.

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About the National Center for Cultural Competence

The National Center for Cultural Competence (NCCC) provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC is a component of the Georgetown University Center for Child and Human Development and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation, contributes to knowledge through publications and research, creates tools and resources to support health and mental health care providers and systems, supports leaders to promote and sustain cultural and linguistic competency, and collaborates with an extensive network of private and public entities to advance the implementation of these concepts. The NCCC provides services to local, state, federal, and international governmental agencies, family and advocacy support organizations, local hospitals and health centers, health care systems, health plans, mental health systems, universities, quality improvement organizations, national professional associations, and foundations.

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