Implicit Bias and Cultural Competence Training Strategy Case Study

At a glance

A large academic health system, serving a diverse population, sought a partner to create and deliver Cultural Competence education, emphasizing Implicit Bias and Cross-Cultural Communication. The Exeter Group created content, applied the most effective methods of delivery, and incorporated a customized post-training process for reinforcement.

The Client

Urban Academic Health System comprising three medical centers, a health sciences university, and numerous outpatient care facilities

8,000+
Employees

2,500+
Students

The Engagement

- Completed customized, instructor-led training for 1,200+ leaders
- Facilitated interactive sessions between administrators, faculty and clinicians
- Developed a process to reinforce training and capture application post-training

The Challenge

The organization's new Diversity & Inclusion strategy identified cultural competence education as a critical component. The approach was to train the leadership first.

The organization requested impactful, engaging, and thought provoking-content, and dynamic delivery that recognized varying learning styles.

Solutions

1

Solution One

Exeter first assessed the organization's level of cultural competency (using our COA360 tool) to establish a baseline.

2

Solution Two

We identified several strengths and opportunities to include in the training curriculum.

3

Solution Three

Exeter also included research and best practices in the module. Additionally, we developed a process to reinforce the information post-training.

The Results

Exeter identified gaps in the system's overall level of cultural competency by deploying our proprietary assessment tool, the COA360. Findings from the survey informed training content areas in which they were deficient, as well as helped identify solutions that fell outside of training.

Exeter and the client collaborated on a phased training schedule for 300 leaders, beginning with the Executive Council and flowing through leaders (director-level and above). Some homogenous participant groups (practicing physicians, operations leaders, deans) were formed to address specific content areas. As a result of positive feedback and favorable ratings given by trainees, Exeter was engaged to deliver training to an additional 900 leaders (managers and supervisors) through the system's next fiscal year.

THE EXETER GROUP

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