HealthStream Regulatory Script

[Cultural Competence: Providing Culturally Competent Care]

Version: [12.02.04]

Lesson 1: Introduction
Lesson 2: Cultural Competence in the Patient-Provider Interaction: Examining Assumptions
Lesson 3: Cultural Competence in the Patient-Provider Interaction: Guidelines and Best Practices
Lesson 4: Diagnosing Accurately Across Cultures
Lesson 5: Cross-Cultural Care and Patient Compliance
Lesson 1: Introduction

Welcome to the introductory lesson on cultural competence.

In the healthcare setting, cultural competence refers to the ability to provide appropriate and effective medical care and services to members of various cultural groups.

This ability rests on a set of attitudes, skills, policies, and practices that make it possible for providers and organizations to understand and communicate with their patients on an in-depth level.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.
The culturally competent provider is able to learn, understand, and appreciate the health-related characteristics of both:

- Culturally diverse patient groups, in general
- Each unique patient and family, in particular

These characteristics include any values, beliefs, attitudes, behaviors, practices, or other factors that may:

- Affect a patient's health.
- Influence or affect the delivery of healthcare.

**Diagram:**

![Diagram showing the relationship between Patients and Providers with characteristics such as Values, Beliefs, Attitudes, Behaviors, Practices, and Health and delivery of healthcare, as well as Culturally competent care.]

Point 2 of 6
### Introduction: Using Cultural Understanding

The culturally competent provider uses his or her understanding of patient values, beliefs, and practices to:

- Improve the quality and efficacy of medical care for all patients.
- Correct differences in health status among cultural groups.

By contrast, failure to provide culturally competent care contributes to:

- Less-than-optimal care for many patients
- Elevated rates of disease and mortality among certain populations, due to social, economic, and cultural factors

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<table>
<thead>
<tr>
<th>Cultural Competence</th>
<th>Lack of Cultural Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved healthcare</td>
<td>Suboptimal healthcare for many</td>
</tr>
<tr>
<td>Equalization of health status across groups</td>
<td>Disparities in health status</td>
</tr>
</tbody>
</table>
This course is the second in a two-part series designed to teach you the key elements of cultural competence, as a starting point for you to:

- Optimize your care and services for all patients.
- Maintain compliance with laws and recommendations related to the delivery of culturally competent medical care.

This second course in the series focuses on best practices for delivering medical care and services in a culturally competent manner.

To get the most out of this course, you should have a working knowledge of the information presented in Part 1 of the series (Cultural Competence: Background and Benefits).
<table>
<thead>
<tr>
<th>Course Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After completing this course, you should be able to:</strong></td>
</tr>
<tr>
<td>• Identify the assumptions you make about patients from culture groups other than your own.</td>
</tr>
<tr>
<td>• Recognize guidelines and best practices for improving the quality of your interactions with cross-cultural patients.</td>
</tr>
<tr>
<td>• Recall the components and overall goal of a trans-cultural patient assessment.</td>
</tr>
<tr>
<td>• Use the acronym ADHERE to improve patient compliance with treatment recommendations.</td>
</tr>
</tbody>
</table>
This introductory lesson presents the course rationale, course goals, and course outline.

Lesson 2 explores the importance of cultural competence in the patient-provider interaction and introduces the three-column exercise for examining assumptions about patients from different cultural groups.

Lesson 3 presents guidelines and best practices for improving interactions between providers and their cross-cultural patients.

Lesson 4 discusses the importance of cultural competence, including important diagnostic techniques when working cross-culturally.

Finally, lesson 5 details issues related to cultural competence and patient compliance.
Welcome to the lesson on examining assumptions to achieve cultural competence in the patient-provider interaction.

**Lesson Snapshot**
- Cultural Competence in the Patient-Provider Interaction: Examining Assumptions
- Quality of the interaction
- Improving the quality of the interaction
- Three-column exercise
  - An example
  - Using the exercise

**FLASH ANIMATION: 2001.SWF/FLA**
### Objectives

After completing this lesson, you should be able to:

- Recognize the relationship between 1) quality of the patient-provider interaction and 2) overall quality of patient care.
- Use the three-column exercise to examine your unconscious assumptions and improve the quality of your interaction with patients.
The quality of the interaction between the patient and the provider is a significant factor in determining overall quality of care.

When the interaction between the patient and the provider is positive:

- The patient is better able to communicate his or her medical history and symptoms to the provider, resulting in more accurate diagnoses.
- The patient is more likely to feel trust and respect for the provider, increasing the likelihood of compliance with the recommended course of treatment.
- The patient is more likely to feel satisfied with the encounter, knowing that the provider respects him or her as an individual, a member of a family, and a member of a cultural group.
Improving the Quality of the Interaction (1)

As discussed in Part 1 of this series (**Cultural Competence: Background and Benefits**), cultural competence is often lacking in the practice of medicine today.

Many providers --- whether consciously or subconsciously --- rely on stereotypes and their own biases to guide the delivery of healthcare.

**How can we move from stereotypes and biases to cultural competence, thereby improving the quality of our interaction with patients?**
We must bring our stereotypes, biases, and assumptions to the surface, and examine them.

By doing this, we can:

- Learn to appreciate how our unconscious thinking and assumptions affect the way we treat patients.
- Create new ways of thinking, to increase the quality of our patient care.

One very effective way of examining our assumptions is through the three-column exercise, as shown on the following screens.
Three-Column Exercise

To use the three-column exercise, first choose a situation in which you were treating a patient from a culture group different from your own.

Choose a problematic situation, in which you had difficulty communicating effectively with the patient, providing quality care, and/or securing patient compliance.

Now, divide a piece of paper into three columns:

- In the right-hand column, record your conversation with the patient.
- In the left-hand column, record your thoughts during the consultation.
- In the middle column, write down what the patient might have been thinking during the consultation.

For an example of the three-column exercise, continue on to the next screen.
Let's consider the example of Mr. L, a 62-year-old immigrant, who has lived in the United States for six years.

Mr. L has just been diagnosed with high blood pressure. The doctor in this example attempted to explain the prescribed treatment: dietary changes, exercise, and medication.

Although the doctor thought her consultation went well, she later discovered that Mr. L had not complied with any of her treatment recommendations.

She wrote out a three-column exercise, to get a better idea of where things might have gone wrong.

The first part of her exercise appears on the following screen.
<table>
<thead>
<tr>
<th>What I (the doctor) was thinking</th>
<th>What Mr. L might have been thinking</th>
<th>What Mr. L and I (the doctor) said</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish I had an interpreter – I’m sure Mr. L won’t understand a word I say!</td>
<td></td>
<td>Doctor: Hello, Mr. L. How are you today? Mr. L: I am fine, thank you.</td>
</tr>
<tr>
<td>Why isn’t he looking at me? That seems strange. Perhaps he doesn’t trust me. Well, I’d better just go ahead and explain about the diagnosis.</td>
<td>This doctor seems okay, though I wish she would stop staring at me. It wouldn’t be respectful for me to make eye contact with a doctor!</td>
<td>Doctor: Mr. L, do you understand what we mean by high blood pressure? Mr. L: Yes, doctor.</td>
</tr>
<tr>
<td>Great! He already understands high blood pressure. We can just move on to discussing the medication.</td>
<td>What does she mean, “high blood pressure”? What is “pressure”?</td>
<td>Doctor: I’m glad you understand your condition. So, you must know how important it is that we treat it properly. You will need to take a pill every day. Okay? Mr. L: Yes, Doctor. Okay.</td>
</tr>
<tr>
<td>Well, this is turning out to be a lot easier than I thought! His English is actually quite good.</td>
<td>I wouldn’t want to show disrespect by saying “no” to the doctor, but I don’t think I will take any pills. I don’t even know what this “high blood pressure” is.</td>
<td>Doctor: Good. Remember, it’s very important that you take your medication every day. I will write you a prescription. Do you have a pharmacy where you can get the prescription filled? Mr. L: Yes, Doctor. Thank you.</td>
</tr>
</tbody>
</table>
After completing your three-column exercise, ask yourself the following questions:

- What was my primary goal for this interaction? Did I achieve my goal?
- What was the patient’s likely primary goal? Did he or she achieve his or her goal?
- What assumptions did I make about the patient or the interaction? How did these assumptions contribute to the outcome?
- Why didn’t I say what I was thinking (in the left-hand column)?
- What kept the patient from saying what he or she was thinking (in the middle column)? What could I have done differently, to find out more about the patient’s assumptions and thoughts?
- What assumptions do I tend to make about patients from this culture? From other cultures?
- What are the pros and cons of letting my assumptions guide my interactions with patients?
- What prevents me from avoiding assumptions and guiding my patient interactions differently?
You might wish to share your three-column exercise with colleagues, and ask for their input and feedback.

Use their feedback --- and your own answers to the above questions --- to improve the cultural competence and quality of your healthcare delivery.

<table>
<thead>
<tr>
<th>What you were thinking</th>
<th>What the patient might have been thinking</th>
<th>What you and the patient said to each other</th>
</tr>
</thead>
</table>

**Three-Column Exercise**

- Self-reflection
- Feedback from colleagues
- Improved cultural competence and healthcare delivery
The three-column exercise is an effective way of examining stereotypes, biases, and assumptions that can adversely affect the patient-provider relationship.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRUE / FALSE INTERACTION</strong></td>
<td></td>
</tr>
<tr>
<td>Correct answer: A</td>
<td></td>
</tr>
<tr>
<td>Feedback for A: Correct. This statement is true.</td>
<td></td>
</tr>
<tr>
<td>Feedback for B: Incorrect. This statement is true.</td>
<td></td>
</tr>
</tbody>
</table>

a. True
b. False
You have completed the lesson on examining assumptions to improve the quality of cross-cultural interactions between patients and providers.

Remember:

- The quality of the interaction between the patient and the provider is a significant factor in determining overall quality of care.
- The three-column exercise is a useful tool for exposing and examining underlying assumptions, and finding ways to improve the quality of your interaction with patients.
Welcome to the lesson on guidelines and best practices for improving cross-cultural interactions between patients and providers.
<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
<tr>
<td>- List and describe practices that can help you avoid problems and misunderstandings when interacting with cross-cultural patients.</td>
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</tbody>
</table>
### Avoid Misunderstanding

The three-column exercise, described in the previous lesson, can be used to help improve the quality of the cross-cultural interaction between patients and providers.

Certain practices, however, can help you avoid some of the problems and misunderstandings that might lead to a three-column exercise.

These best practices relate to:
- Avoiding the potential pitfalls of nonverbal communication
- Following the patient’s lead
- Formulating questions
- Using repetition
- Interacting with the patient’s family
- Using a medical interpreter

Let’s take a closer look at each.
Avoiding Pitfalls of Nonverbal Communication

Nonverbal communication varies across cultures. Therefore, it is important to focus on what the patient says, and to be very cautious in interpreting forms of nonverbal communication such as:

- Facial expressions
- Eye contact
- Head movement
- Hand and arm gestures
- Personal space
- Touching

On the following screens, let's take a closer look at each form of communication, focusing on:

- Examples of how cross-cultural misinterpretation may occur
- Tips on how best to use (or not use) that form of communication cross-culturally
### Pitfalls of Nonverbal Communication: Facial Expressions and Eye Contact

#### Facial expressions

**Example of potential for misinterpretation:** Smiling indicates happiness in many cultures. In China, however, people smile when discussing something sad or uncomfortable.

**Tip:** Avoid using facial expressions/gestures to gauge a patient's level of emotional or physical comfort, especially with regard to physical pain. This may lead to overestimation or underestimation of pain, depending on whether the patient values emotional expression or stoicism [glossary].

#### Eye contact

**Example of potential for misinterpretation:** Direct eye contact is expected in some cultures, but considered rude or disrespectful in other cultures.

**Tip:** Do not force a patient to make direct eye contact. Do not assume that a patient who refuses to make direct eye contact is hostile, resistant, or uninterested.
<table>
<thead>
<tr>
<th>Head movement</th>
<th>Hand/arm gestures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example of potential for misinterpretation:</strong> The head movements for “yes” and “no” differ across cultures.</td>
<td><strong>Example of potential for misinterpretation:</strong> A gesture with a friendly meaning in one culture may have a vulgar or offensive meaning in another.</td>
</tr>
<tr>
<td><strong>Tip:</strong> Do not assume that a head movement indicates “yes” or “no.” Ask for verbal clarification.</td>
<td><strong>Tip:</strong> Do not use hand or arm gestures when communicating cross-culturally.</td>
</tr>
</tbody>
</table>

![Image: 3006.GIF](image.png)
### Personal space

**Example of potential for misinterpretation:** Sitting/standing close is commonplace in certain cultures, but considered rude or threatening in other cultures.

**Tip:** Follow the patient's lead. During a consultation, if the patient moves his or her chair closer, feel free to do the same.

### Touching

**Example of potential for misinterpretation:** Certain cultural groups are comfortable with casual contact, while others are not.

**Tip:** Follow the patient's lead. During a consultation, if the patient touches you casually, feel free to do the same.
Following the Patient’s Lead

When it comes to cultural competence, it may not always be best to treat patients according to how you would want to be treated.

Remember that culture dictates the rules for respectful, caring behavior.

Ask direct questions and pay attention to the patient to determine:

- What the patient expects, wants, and needs from you
- How the patient expects that care to be delivered
Formulating Questions

When asking questions cross-culturally --- especially when caring for a patient with limited English proficiency (LEP) --- be sure to avoid yes/no questions.

Start questions with the words *who, what, when, where, why,* and *how.*

To answer such questions, the patient must have a basic understanding of the question itself.

If the patient’s answer seems vague or does not quite match the question, rephrase the question and try again.
Using Repetition

During a cross-cultural interaction, if the patient responds to a question by saying, *what? pardon?, or could you repeat that?*, it is likely that he or she heard you, but did not understand the question.

Rephrase and try again.

In general, it is a good idea to ask the same question (or give the same information) two or three times, using different words and phrases each time.
Interacting with the Patient’s Family

As you learned in Part 1 of this series (Cultural Competence: Background and Benefits), many culture groups place a high value on family and family obligation, leading to a desire for family involvement in patient care.

Instead of insisting on rigid adherence to visiting hours and patient autonomy and self-care, make accommodations for family involvement.

Remember that involving the family may be one way to help secure patient compliance with treatment recommendations. For example, dietary changes may be easier for the patient if the whole family is involved and supportive.

Conversely, be aware of cultural prohibitions against family involvement. For example, in many cultures, men are excluded from any of the activities related to pregnancy or childbirth. In these cultures, it may be more appropriate to involve the patient’s mother, mother-in-law, sister, aunt, etc.
Using a Medical Interpreter

As discussed in Part 1 of this series (Cultural Competence: Background and Benefits), Title VI of the Civil Rights Act of 1964 mandates that any health- or social-service organization that receives federal funding must provide effective language assistance to any patient/client with limited English proficiency (LEP).

Using a medical interpreter can be a key element in providing such assistance, whenever you are not 100% fluent and effective in the patient's language.

Let’s take a look at the following elements of using a medical interpreter:

- Choosing an interpreter
- Your relationship with the interpreter
- The consultation
- When a professional is not available
A medical interpreter should be a professionally trained individual with the following minimum qualifications:

- The interpreter must be bilingual.
- The interpreter must be able to understand both the provider and the patient.
- The interpreter must be able to make messages entirely clear in the two relevant languages.
- The interpreter must know and understand his or her role, including the responsibilities and limitations of that role.
- The interpreter should understand basic anatomy and physiology, and should have a basic understanding of diseases, medical terms, and procedures.
- The interpreter should be able to translate medical terminology to everyday language, understandable to the patient.
A medical interpreter also should:

- Know which words are taboo in the culture/language of the patient, and which words to use as appropriate alternatives.
- Be familiar with the common health beliefs and practices of the culture group associated with the language of the patient.
- Understand the "triadic" (the dynamic resulting from his or her inclusion in the medical encounter), and know how to handle this dynamic professionally and effectively.
- Be able to help both the provider and patient understand and examine any **nuances** [glossary] or hidden socio-cultural assumptions in the language used by the other.
- Be of the same sex as the patient, whenever possible.

A good medical interpreter appreciates taboo, nuance, and assumption, as well as the literal translation of words from one language to another.
Try to work with the same interpreter over time, to establish an effective, comfortable relationship that enables you to work together as a team.

Before each consultation requiring interpretation, meet briefly with the interpreter:

- Explain the medical situation and provide any relevant background information.
- Let the interpreter know that you are prepared for him or her to interrupt when necessary (e.g., to ask you to slow down, to ask you to repeat something that he or she missed, to ask you to define unfamiliar words or concepts).
- Agree on how to start the consultation.

After each consultation requiring interpretation, meet briefly with the interpreter:

- Ask the interpreter for his or her assessment of how things went.
- Ask the interpreter whether he or she has any questions or comments about the patient-provider communication process.
When using a medical interpreter during a consultation:

- Form a triangle, so that you and the patient can address one another directly (both visually and verbally), and the interpreter can support you both.
- Address the patient, not the interpreter (e.g., look at the patient and ask, “What do you think caused this sickness?” Do NOT look at the interpreter and say, “Ask the patient what she thinks caused this sickness.”)
- Do not say anything you do not want the patient to hear. Expect the interpreter to translate everything.
- Choose your words carefully, to fully convey your meaning. Avoid the use of gestures, which a skilled interpreter will not attempt to translate.
- Use language the interpreter can easily translate and convey to the patient (i.e., avoid jargon, technical terminology, idioms, abstract language, and metaphors/similes).
When using a medical interpreter during a consultation, also:

- Speak briefly, allowing time for interpretation. It is usually best to pause, at a natural spot, after one long sentence or two or three shorter sentences.
- Ask only one question at a time, to avoid confusing the patient, and to be certain to match each response to the appropriate question.
- If you get an unexpected negative response, or the response does not seem to match the question, repeat your question or comment in different words.
- Remember that facial expressions and gestures may be misleading (as discussed previously). Avoid assumptions about nonverbal communications, and make sure you find out exactly what the patient is trying to say.

Be certain to allow enough time for an interpreted session!

Remember that everything will have to be said twice, and that a word or two in one language may require a long explanatory paraphrase in another.
Using a Medical Interpreter: Friends and Family Members

The Office for Civil Rights Policy Guidance (OCRPG), issued in 2000, clarifies aspects of Title VI.

According to the OCRPG, providers must **not** use a patient’s friends or family members as interpreters. Because medical interpretation requires a high level of skill and training, medical interpretation by friends and family members does **not** guarantee the patient meaningful access to healthcare services.
In an emergency situation, a professional interpreter may not be available. In this case, you may have no choice but to ask a friend or family member of the patient to interpret. If so:

- Explain that the friend/family member should repeat **exactly** what the patient says, except in English (friends/family members often try to “help” by modifying what patients and/or providers say).
- Use short, simple sentences, and the simplest vocabulary possible.
- Ask the friend/family member to repeat your statements back to you before making the interpretation, to ensure that they understand what to translate.
- Ask the patient to confirm that he or she understands what you are saying.

**When using a nonprofessional interpreter in an emergency situation, rely on:**

- Short sentences
- Simple vocabulary
- Repeat-back from interpreter
- Confirmation from patient
You are interacting with a patient from a different culture. Which of the following is a culturally competent practice?

- a. Using the patient’s facial expressions to gauge physical pain
- b. Using hand and arm gestures to help clarify the meaning of your spoken words
- c. Following the patient’s lead regarding personal space and casual physical contact
- d. Forcing the patient to make eye contact with you, to ensure that you have his or her attention

### MULTIPLE CHOICE INTERACTION

Correct answer: C

Feedback for A: Incorrect. Avoid using facial expressions/gestures to gauge a patient’s level of emotional or physical comfort, especially with regard to physical pain. This may lead to overestimation or underestimation of pain, depending on whether the patient values emotional expression or stoicism. The correct answer is C. Follow your patient’s lead when it comes to personal space and casual physical contact.

Feedback for B: Incorrect. Because gestures with friendly meanings in one culture may have vulgar or offensive meanings in another, it is best to avoid the use of hand or arm gestures when communicating cross-culturally. The correct answer is C. Follow your patient’s lead when it comes to personal space and casual physical contact.

Feedback for C: Correct. Follow your patient’s lead when it comes to personal space and casual physical contact.

Feedback for D: Incorrect. Because direct eye contact is expected in some cultures, but considered rude or disrespectful in other cultures, never force a patient to make eye contact with you. The correct answer is C. Follow your patient’s lead when it comes to personal space and casual physical contact.
You are interacting with an LEP patient in a non-emergency situation. Which of the following would be an appropriate choice for an interpreter?

<table>
<thead>
<tr>
<th></th>
<th>Multiple Choice Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>A professional medical interpreter, on staff at the hospital</td>
</tr>
<tr>
<td>b.</td>
<td>The patient's younger sister, who accompanied the patient to the consultation</td>
</tr>
<tr>
<td>c.</td>
<td>The patient's best friend, a bilingual individual who also accompanied the patient to the consultation</td>
</tr>
<tr>
<td>d.</td>
<td>Any of these</td>
</tr>
<tr>
<td>e.</td>
<td>None of these</td>
</tr>
</tbody>
</table>

**Correct answer:** A

Feedback for A: Correct. A medical interpreter should be a professionally trained, highly skilled, well-qualified individual. Under Title VI, friends and family members are not considered adequate medical interpreters. They should not be asked to provide interpretive services, except under extreme circumstances.

Feedback for B: Incorrect. The correct answer is A. A medical interpreter should be a professionally trained, highly skilled, well-qualified individual. Under Title VI, friends and family members are not considered adequate medical interpreters. They should not be asked to provide interpretive services, except under extreme circumstances.

Feedback for C: Incorrect. The correct answer is A. A medical interpreter should be a professionally trained, highly skilled, well-qualified individual. Under Title VI, friends and family members are not considered adequate medical interpreters. They should not be asked to provide interpretive services, except under extreme circumstances.

Feedback for D: Incorrect. The correct answer is A. A medical interpreter should be a professionally trained, highly skilled, well-qualified individual. Under Title VI, friends and family members are not considered adequate medical interpreters. They should not be asked to provide interpretive services, except under extreme circumstances.

Feedback for E: Incorrect. The correct answer is A.
Summary

You have completed the lesson on cultural competence in the interaction between the patient and the provider.

Remember:

- Because nonverbal communication varies widely across cultures, it is important to always 1) focus on what the patient says, and 2) be very cautious in the interpretation of nonverbal cues.
- Culture dictates the rules for respectful, caring behavior. Therefore, it is not always best to treat a patient according to how you would want to be treated. Instead, follow the patient’s lead.
- In cross-cultural patient interactions, avoid yes/no questions. Use open-ended (who, what, where, when, why, how) questions instead.
- When providing care to a patient from a different culture, be prepared to rephrase questions and try again. In general, it is a good idea to ask the same question (or give the same information) two or three times, in different ways.
- Be prepared for family involvement when working with culture groups that place a high value on family and family obligation.
- Using a medical interpreter can help you comply with Title VI, whenever you are not 100% fluent and effective in a patient’s language.
- A medical interpreter should be a professionally trained, highly skilled, well-qualified individual. Friends and family members should NOT serve as interpreters, except under extreme circumstances.
- Create a solid working relationship with your interpreter.
- Following certain key guidelines during an interpreted consultation can help you optimize the delivery of medical care.
Welcome to the lesson on making accurate diagnoses when working cross-culturally.
## Objectives

After completing this lesson, you should be able to:

- List the components of a trans-cultural patient assessment.
- Identify the goal of each component of the trans-cultural patient assessment.
- Recall selected examples of diseases and conditions more common in certain cultural groups.
As discussed in Part 1 of this series (Cultural Competence: Background and Benefits), miscommunication and misunderstanding between providers and their cross-cultural patients can lead to inaccurate or incomplete history taking, ultimately resulting in misdiagnosis.

When working cross-culturally, a trans-cultural patient assessment is critical, to ensure full understanding and support accurate diagnoses.

Throughout the trans-cultural assessment, be certain to avoid making any assumptions about the patient's ideas and views.

Instead, pursue a line of questioning that allows you to learn --- from the patient --- how he or she thinks, feels, acts, and believes.
Components of the trans-cultural assessment include questions related to the patient’s:

- Cultural affiliations
- Values
- Cultural sanctions and restrictions
- Communication patterns
- Health-related beliefs and practices, including how the patient views his or her current illness
- Nutrition
- Socioeconomic status
- Affiliation with organizations providing cultural or religious support
- Educational background

Let’s take a closer look at each of these components.

<table>
<thead>
<tr>
<th>Components of the trans-cultural patient assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural affiliations</td>
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<tr>
<td>Values</td>
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<tr>
<td>Cultural sanctions and restrictions</td>
</tr>
<tr>
<td>Communications patterns</td>
</tr>
<tr>
<td>Health-related beliefs and practices</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Socioeconomic status</td>
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<tr>
<td>Organizational affiliation</td>
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<tr>
<td>Educational background</td>
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</tbody>
</table>
Components of the Assessment: Cultural Affiliations

In this part of the assessment, ask questions aimed at establishing:

- Where the patient was born
- Where the patient has lived at different time periods in his or her life
- With which cultural group(s) the patient feels a connection
In this part of the assessment, ask the patient questions to determine:

- How his or her culture views birth, death, and aging
- Who traditionally provides healing and healthcare in his or her culture
- Who would be best suited to provide healthcare to him or her (e.g., male vs. female provider, older vs. younger provider, etc.)

### Components of the trans-cultural patient assessment:

<table>
<thead>
<tr>
<th>Cultural affiliations</th>
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</table>
Components of the Assessment: Cultural Sanctions and Restrictions

Use this part of the assessment to explore:

- Whether the patient’s culture values emotional expression or reservation
- How men and women in the patient’s culture express modesty
- Which parts of his or her body the patient feels modest about, and how best to respect that modesty
<table>
<thead>
<tr>
<th>Components of the Assessment: Communication Patterns</th>
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<tr>
<td>When discussing communication patterns, ask questions to find out:</td>
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<tr>
<td>• Which language(s) the patient speaks at home</td>
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<td>• Which other language(s) the patient speaks or reads</td>
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<tr>
<td>• Which language the patient would like to use to communicate with their healthcare providers</td>
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<tr>
<td>• Whether the patient needs an interpreter, and, if so, whether anyone should be excluded from consideration as a potential interpreter (e.g., members of the opposite sex, etc.)</td>
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<tr>
<td>• Whether the patient feels comfortable with eye contact</td>
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<tr>
<td>• How the patient feels about seeing a provider of a different cultural background</td>
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<tr>
<td>• Whether the patient would feel more comfortable discussing health issues with a provider of the same cultural background</td>
</tr>
</tbody>
</table>

**Components of the trans-cultural patient assessment:**

- Cultural affiliations
- Values
- Cultural sanctions and restrictions
- Communications patterns
- Health-related beliefs and practices
- Nutrition
- Socioeconomic status
- Organizational affiliation
- Educational background
In this part of the assessment, explore the patient’s health-related beliefs and practices, with questions regarding:

- Who would care for a sick patient at home
- How the patient’s culture views people with emotional or mental problems
- Whether the patient engages in any spiritual or supernatural practices (e.g., prayer, folk medicine, voodoo, etc.) to stay healthy or combat illness
Specific questions addressing the patient’s health-related beliefs and practices related to his or her current complaint might include:

- What do you call your illness?
- What do you think caused it?
- Why do you think it started when it did?
- How does your illness affect you? What problems has it caused?
- How bad is your illness? How long do you think it will last?
- What do you fear most about your illness?
- What kinds of treatment have you tried for your illness? What other kinds of treatment do you think you should have?
- What do you hope to get out of treatment?

Remember: do not make any assumptions about the patient’s attitudes and beliefs regarding health, sickness, and treatment. Let the patient teach you! Encourage him or her to be open and honest, by listening respectfully. Do not ridicule attitudes or practices inconsistent with Western medicine!
Components of the Assessment: Nutrition

In this part of the assessment, ask questions regarding:

- Whether the patient eats certain foods for health or illness
- With whom the patient usually eats
- What the patient’s family usually eats
- How the patient defines “ideal” body shape and size
- How the patient sees his or her own body
- Whether the patient follows any dietary restrictions or proscriptions (e.g., abstaining from meat, alcohol, etc.)
- Whether the patient’s diet changes at specified times (e.g., religious holidays, etc.)
To explore the patient's socioeconomic status, ask questions regarding:

- Which members of the family the patient views as most important
- Which members of the family are empowered to make healthcare decisions for themselves and/or other family members
- What sources of support are available for the family

Components of the trans-cultural patient assessment:

<table>
<thead>
<tr>
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<tr>
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<td>Nutrition</td>
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<td><strong>Socioeconomic status</strong></td>
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<td>Educational background</td>
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</table>
Components of the Assessment: Organizational Affiliations

Ask the patient:

- Whether he or she belongs to any culturally-affiliated organizations (e.g., NAACP [glossary], church)
- Whether participation in culturally-affiliated organizations affects his or her health or healthcare
- What role religion plays in his or her health and illness
- Which people are healers in his or her religion
- Whether his or her culture performs special rites or blessings for people with serious or terminal illnesses

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Disease Incidence

When diagnosing cross-culturally, also be sure to consider the diseases/conditions more common in the patient's cultural group.

For example:

- Ashkenazi Jews have an increased incidence of Tay-Sachs disease.
- Lactose intolerance is relatively common among African-Americans, Native Americans, and Asians.
- Hispanics, African-Americans, and Native Americans have high rates of diabetes.
- Hispanics and African-Americans have high rates of hypertension.
During the “values” component of a trans-cultural patient assessment, which of the following statements/questions would be appropriate, according to the criteria of cultural competence?

- a. Most people in your culture group have great respect for age. You’d probably prefer an older healthcare provider.
- b. Women are often the traditional healers in your culture group. Do you prefer female healthcare providers to men?
- c. I know that death is a taboo subject in your culture. Nevertheless, I recommend that we work on end-of-life planning, perhaps an advance directive.
- d. All of these questions/statements reflect the principles of cultural competence.
- e. None of these questions/statements reflects the principles of cultural competence.

**MULTIPLE CHOICE INTERACTION**

Correct answer: B

Feedback for A: Incorrect. These statements reflect two assumptions 1) that the patient holds the value of respect for age, common in his or her culture, and 2) that this value necessarily translates to greater comfort with an older provider. Either or both of these assumptions may be incorrect! Do not assume. Instead, ask! The best answer is B. A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.

Feedback for B: Correct. A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.

Feedback for C: Incorrect. These statements reflect 1) an assumption that the patient accepts his or her culture’s taboo on speaking of death, and 2) lack of respect for this taboo, if the patient does accept it. Both assumptions and lack of respect for cultural values are indicative of a lack of cultural competence. The best answer is B. A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.

Feedback for D: Incorrect. The best answer is B. A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.

Feedback for E: Incorrect. The best answer is B. A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.
Lactose intolerance is relatively common among:

- a. Asians
- b. Native Americans
- c. African-Americans
- d. All of these
- e. None of these

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Not quite. The best answer is D. Lactose intolerance is relatively common in all of these culture groups.

Feedback for B: Not quite. The best answer is D. Lactose intolerance is relatively common in all of these culture groups.

Feedback for C: Not quite. The best answer is D. Lactose intolerance is relatively common in all of these culture groups.

Feedback for D: Correct. Lactose intolerance is relatively common in all of these culture groups.

Feedback for E: Incorrect. The best answer is D. Lactose intolerance is relatively common in all of these culture groups.
You have completed the lesson on diagnosing accurately across cultures.

Remember:

- When working cross-culturally, a trans-cultural patient assessment is critical, to 1) ensure full communication/understanding and 2) support accurate diagnoses.
- Throughout the trans-cultural assessment, avoid making any assumptions about the patient. Pursue a line of questioning that allows you to learn — from the patient — how he or she thinks, feels, acts, and believes.
- The trans-cultural patient assessment has a number of components, each designed to elicit a different type of information from the patient. Familiarize yourself with each component and its goal.
- When diagnosing cross-culturally, keep in mind the diseases/conditions more common in the patient's culture group.
Welcome to the lesson on issues related to cultural competence and patient compliance.
<table>
<thead>
<tr>
<th>Objectives</th>
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<tr>
<td>After completing this lesson, you should be able to:</td>
<td>NO IMAGE</td>
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<tr>
<td>• List the ways in which cultural and linguistic gaps can decrease the likelihood of patient compliance with medical advice.</td>
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<tr>
<td>• Recognize how to use the acronym ADHERE to help improve patient compliance when working cross-culturally.</td>
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</table>
Patient compliance --- the extent to which a patient follows medical advice and takes medication as directed --- is always a challenge. This challenge can be even greater when the patient and provider come from different cultures and/or speak different languages, due to cultural and linguistic gaps that may lead to:

- Failure of the provider to effectively communicate information about the patient's health problem
- Failure of the provider to effectively communicate the purpose and importance of treatment
- Failure of the provider to effectively communicate his or her credibility, empathy, interest, and concern to the patient --- resulting in lack of patient trust in the provider and his or her recommendations
<table>
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<tr>
<th>Communication and Understanding</th>
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<tr>
<td>In short, poor patient compliance in cross-cultural situations can be a product of poor communication and misunderstanding.</td>
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<tr>
<td>As with all elements of cultural competence, the key to improving patient compliance is effective communication and clear understanding between provider and patient.</td>
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![Diagram](IMAGE: 5004.GIF)

- Effective communication and understanding
- Improved patient compliance
In lessons 2 and 3, we looked at several ways to promote communication and understanding in the patient-provider interaction. Following these guidelines can help you gain the trust of your patients, and increase the likelihood of compliance. In addition, the acronym ADHERE provides specific methods for improving patient-provider communication, when it comes to patient compliance. These methods include:

- Acknowledge/ask
- Discuss
- Handle
- Evaluate/examine
- Recommend/review
- Empower

Let’s take a closer look at each.
**ADHERE step 1: Acknowledge the need for treatment and ask the patient about previous treatment.**

In this step, you and the patient:
- Agree that treatment is necessary.
- Establish mutual goals and desired outcomes of treatment.

When asking the patient about previous treatment, be certain to do so in a culturally sensitive, respectful way. Encourage honesty and openness by avoiding judgmental or negative comments about any previous or current non-Western approaches to treatment.
ADHERE step 2: **Discuss** potential treatment strategies and options, including potential consequences of non-treatment.

During this discussion, listen carefully and respectfully to what the patient has to say.

Be willing to negotiate, to arrive at a mutually acceptable treatment plan, taking into account the patient’s:
- Values and beliefs, including his or her viewpoint on the cause(s) and consequence(s) of his or her illness
- Lifestyle, including daily schedule and responsibilities

**To encourage compliance, any treatment plan must incorporate --- and not contradict --- a patient’s core values and beliefs.**

As applicable, remain open to the possibility of incorporating traditional medicine into the treatment plan. This can encourage patient trust and acceptance.
ADHERE step 3: **Handle** any patient questions or concerns.

Answer any questions the patient might have regarding the treatment plan (e.g., cost, side effects, etc.).

Raise questions of your own, based on your understanding of the patient.

For example:
- Should we consider less expensive options?
- This medication may make you sleepy. Will this be a problem?
ADHERE step 4: **Evaluate** the patient's understanding of the proposed treatment. Use this evaluation to help **examine** potential barriers to compliance.

In this step, role-playing can be a useful tool. Have the patient imagine that you are a member of his or her family. Ask the patient to explain his or her health problem and treatment plan.

A role-play of this sort gives you the opportunity to:
- Identify and clear up any misunderstandings the patient may have.
- Identify and address barriers to compliance related to the patient’s social and family context.

Continue on to the next screen for an example of the evaluate/examine step.
Evaluate/Examine: An Example

| Treatment plans often include dietary changes. Unfortunately, dietary changes can be especially difficult to make, because of the close relationship between food and culture. For instance, certain patients may have trouble reducing sugar intake, because sweets and desserts are an important part of the diet in their culture. |

**Example:** You ask Rosa to role-play explaining her health problem and treatment plan to her mother, Anita. During this role-play, Rosa explains that Anita visits most days of the week, bringing sweets for her grandchildren and a dessert for the family dinner. Anita would be offended if Rosa refused to share a dessert that she had prepared.

To actively engage Rosa in finding solutions to this potential problem, ask:

- What could you say to your mother?
- Could you ask your mother to bring a dessert only once a week?
- How could you refuse a sweet without offending your mother?

**Actively involve the patient in the evaluation/examination step of ADHERE.**

---

**IMAGE: 5010.GIF**
<table>
<thead>
<tr>
<th>Recommend/Review and Empower</th>
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<tr>
<td><strong>ADHERE</strong> step 5: After clearing up any misunderstandings, and addressing potential barriers to compliance, <strong>review</strong> and <strong>recommend</strong> the treatment plan.</td>
</tr>
<tr>
<td><strong>ADHERE</strong> step 6: Finally, <strong>empower</strong> the patient, by asking the patient to commit to following through on the regimen you have <strong>acknowledged</strong> the importance of, <strong>discussed</strong>, <strong>negotiated</strong>, <strong>examined</strong>, <strong>reviewed</strong> and <strong>recommended</strong>.</td>
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</table>
Which of the following is most likely to increase patient compliance with a recommended treatment plan?

- a. Disregarding the patient’s core values and beliefs when formulating the treatment plan
- b. Insisting that the patient make dietary changes, without considering the reaction of his or her family members
- c. Informing the patient that his or her non-Western alternatives to the recommended plan are a waste of time and money
- d. Incorporating traditional healing rituals into the treatment plan, if the patient indicates that traditional methods are important to him or her

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Incorrect. To encourage compliance, any treatment plan must incorporate --- and not contradict --- a patient’s core values and beliefs. The best answer is D. Cultural competence demands that providers remain open to the possibility of incorporating traditional medicine into the treatment plan, if not specifically contraindicated. This can encourage patient trust and acceptance.

Feedback for B: Incorrect. Dietary changes can be especially difficult to make, because of the close relationship between food and culture. If a patient’s recommended treatment plan includes dietary change, it is important to consider the potential reaction of family members; whether this reaction might create a barrier to patient compliance; and, if so, how the patient might address this barrier. The best answer is D. Cultural competence demands that providers remain open to the possibility of incorporating traditional medicine into the treatment plan, if not specifically contraindicated. This can encourage patient trust and acceptance.

Feedback for C: Incorrect. The culturally competent provider encourages honesty and openness by avoiding judgmental or negative comments about non-Western approaches to treatment. The best answer is D. Cultural competence demands that providers remain open to the possibility of incorporating traditional medicine into the treatment plan, if not specifically contraindicated. This can encourage patient trust and acceptance.

Feedback for D: Correct. The best answer is D. Cultural competence demands that providers remain open to the possibility of incorporating traditional medicine into the treatment plan, if not specifically contraindicated. This can encourage patient trust and acceptance.
You have completed the lesson on issues of cultural competence and patient compliance.

Remember:
- Patient compliance is always a challenge.
- The challenge can be even greater when working cross-culturally, due to the greater potential for miscommunication and misunderstanding.
- Use the acronym ADHERE to help improve patient compliance when working cross-culturally: acknowledge/ask, discuss, handle, evaluate/examine, recommend/review, empower.
## Course Glossary

<table>
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<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td></td>
<td>stoicism</td>
<td>indifference or lack of reaction to pleasure or pain</td>
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<td></td>
<td>connotation</td>
<td>suggested meaning</td>
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<td></td>
<td>nuance</td>
<td>subtlety</td>
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<td></td>
<td>NAACP</td>
<td>National Association for the Advancement of Colored People</td>
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<tr>
<td></td>
<td>linguistic</td>
<td>related to language</td>
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[Cultural Competence]

Pre-Assessment

1. Which of the following is most likely to ensure compliance with Title VI of the Civil Rights Act of 1964?
   a. Providing emergency medical services to a member of a minority culture group
   b. Speaking slowly and loudly when providing medical services to a recent immigrant
   c. Using a professional medical interpreter when providing medical services to an LEP patient
   d. Clarifying the meaning of words for LEP patients by using a variety of hand gestures and facial expressions

Correct: Using a professional medical interpreter when providing medical services to an LEP patient
Rationale: Title IV mandates that any health- or social- service organization that receives federal funding must provide meaningful language assistance to any patient/client with limited English proficiency (LEP). Using a professional medical interpreter is one way to achieve this.

2. The quality of the patient-provider interaction is not a significant variable affecting diagnostic accuracy.
   a. True
   b. False

Correct: False
Rationale: When the patient-provider interaction is negative, the patient is less willing and able to communicate his or her medical history and symptoms to the provider, increasing the likelihood of an inaccurate diagnosis.

3. You are caring for a patient from a culture different than your own. The patient speaks English, but slowly, with many mistakes and a heavy accent. You speak only English. In this situation, which of the following questions is phrased most appropriately?
   a. Do you speak English at work?
   b. What language do you speak at home?
   c. Would you like me to speak more slowly?
   d. Are you comfortable speaking English with me?

Correct: What language do you speak at home?
Rationale: Although all of the questions are important, most should be rephrased. In the situation described, yes/no questions should be avoided. Ask open-ended questions (using the words who, what, when, where, why, and how), such that the patient must have a basic understanding of the question itself in order to answer. For example, instead of asking, “Are you comfortable speaking English with me,” ask: “What language do you prefer when communicating with a healthcare provider?”

4. You are caring for a patient from a culture different than your own. The patient has requested an interpreter. During this consultation, which of the following questions/statements would be most appropriate?
a. *What do you call your sickness* [addressed to the patient]?
b. *Please ask the patient what she thinks caused her sickness* [addressed to the interpreter].
c. Either of these is equally appropriate.
d. Neither of these is appropriate.

Correct: *What do you call your sickness* [addressed to the patient]?
Rationale: When using an interpreter, address the patient, both visually and verbally, just as you would in the absence of an interpreter.

5. You are caring for a patient from a culture different than your own. During the trans-cultural patient assessment, the patient reveals that she believes that both prayer and voodoo can affect human health. Which of the following questions/statements would be most appropriate, from a standpoint of cultural competence?
   a. *Prayer has its place, but is not very effective in treating pneumonia.*
   b. *Please tell me about the types of treatment you have tried for this sickness.*
   c. *It is important for you to understand that infection is caused by germs, not voodoo.*
   d. *Do you understand that your way of thinking will interfere with your ability to get better?*

Correct: *Please tell me about the types of treatment you have tried for your sickness.*
Rationale: It is never useful to criticize or discount a patient’s health-related beliefs and practices. The goal of the trans-cultural assessment is to learn more about the patient, by asking pertinent questions, then listening carefully and respectfully to the answers. The goal is NOT to shut down communication and understanding by judging, ridiculing, or discounting the patient’s beliefs!

6. For optimal outcomes, a treatment plan must be acceptable to:
   a. The patient
   b. The provider
   c. Both of these
   d. Neither of these

Correct: Both of these
Rationale: It is always important to negotiate a mutually acceptable treatment plan.

7. You are treating a 53-year-old patient with heart disease. You recommend that he lower his intake of fat. The patient explains that it would be difficult for him to do so, because his wife is in charge of the cooking—a typical female role in his culture—and she tends to cook traditional foods, high in fat and salt. How could you respond to your patient’s concern, in an effective, culturally competent way?
   a. *Doesn’t your wife care about your health?*
   b. *You may need to start cooking your own meals; I can give you some cookbooks.*
   c. *How do you think your wife might feel about making low-fat substitutions two or three days a week, if you explain the importance of this change?*
   d. All of these represent potentially effective, culturally competent responses.
   e. None of these is an appropriate response.
Correct: How do you think your wife might feel about cooking low-fat meals twice a week, as a start?
Rationale: Dietary changes can be among the most difficult to make, because of the close relationship between food and culture. Therefore, when a patient’s treatment plan includes dietary changes, it is critical to consider the potential social/cultural/familial barriers to these changes, and address them in a realistic, culturally sensitive way. In this case, for instance, it is probably most realistic to expect that the patient’s wife will continue to cook his meals, and that she does, in fact, care about her husband’s health. Therefore, help ensure compliance by negotiating a solution with elements likely to promote buy-in from the patient’s wife: 1) explanation of the importance of the dietary change, and 2) gradual change, rather than an entirely new diet overnight.

8. A professional medical interpreter must be 100% fluent and effective in the language of the patient, but does not need to be familiar with the common health beliefs and practices of the culture associated with that language.
   a. True
   b. False

Correct: False
Rationale: To be as effective as possible, a professional medical interpretation should have an understanding of the common health beliefs and practices of the culture group associated with the language of the patient.

9. Many providers --- whether consciously or subconsciously --- rely on cultural stereotypes and their own biases to guide the delivery of healthcare.
   a. True
   b. False

Correct: True
Rationale: This statement is true. Many providers --- whether consciously or subconsciously --- rely on cultural stereotypes and their own biases to guide the delivery of healthcare, reflecting a lack of cultural competence.

10. Making casual contact is a universal best practice for communicating support to patients, when language barriers prevent verbal expressions of concern.
    a. True
    b. False

Correct: False
Rationale: While certain cultural groups are comfortable with casual contact, others are not. Casual contact may offend or frighten members of some culture groups.
Question Title: Question 1

Question: When asking question cross-culturally --- especially when caring for a patient with limited English proficiency --- it is best to simplify the interview by relying on yes/no questions.

Answer 1: True
Answer 2: False

Correct Answer: False

Answer Rationale: In this situation, yes/no questions should be avoided. Ask open-ended questions (using the words who, what, when, where, why, and how), such that the patient must have a basic understanding of the question itself in order to answer.

Question Title: Question 2

Question: A professional medical interpreter should know which words are taboo in the culture/language of the patient, and should be familiar with appropriate alternatives.

Answer 1: True
Answer 2: False

Correct Answer: True

Answer Rationale: This statement is true.

Question Title: Question 3

Question: When using a medical interpreter during a consultation, you should:

Answer 1: Pause frequently for interpretation.
Answer 2: Use medical jargon and terminology as much as possible.
Answer 3: Use idioms and metaphors, to help convey your message.
Answer 4: Use hand gestures as much as possible, to clarify your meaning.

Correct Answer: Pause frequently for interpretation.
Answer Rationale: When using an interpreter, speak in short bursts, allowing time for interpretation. It is usually best to pause, at a natural spot, after one long sentence or two or three shorter sentences.

Question Title: Question 4

Question: During a trans-cultural patient assessment, which of the following questions/statements would be most appropriate, from a standpoint of cultural competence?

Answer 2: In your culture, many people are vegetarians. Do you eat meat?
Answer 3: Because of your cultural background, your family must encourage you to eat many sweets.
Answer 1: If you want to be healthy, you will need to stop eating all of the high fat, high-salt foods common in your culture.
Answer 4: As a member of your culture, you probably consider your body size and shape to be ideal, when, in fact, you are rather overweight.

Correct Answer: In your culture, many people are vegetarians. Do you eat meat?

Answer Rationale: When working cross-culturally, be aware of your own biases and assumptions. Instead of assuming (e.g., that a patient eats many sweets, or many high fat, high-salt foods) --- ask! A culturally competent provider uses generalizations as a starting point for asking questions, to find out whether a given individual patient fits the generalizations for his or her culture group.

Question Title: Question 5

Question: Tay-Sachs disease occurs at elevated rates among:

Answer 1: Indian Sikhs
Answer 2: Ashkenazi Jews
Answer 3: Middle Eastern Muslims
Answer 4: Anglo-American Protestants

Correct Answer: Ashkenazi Jews

Answer Rationale: Ashkenazi Jews have an increased incidence of Tay-Sachs disease.

Question Title: Question 6

Question: Relatively high rates of diabetes are seen among:

Answer 1: Latinos
Answer 3: Native Americans
Answer 2: African-Americans
Answer 4: All of these
Question Title: Question 7

Question: Patient compliance with medical advice is more likely when the provider effectively communicates to the patient:

Answer 1: Information about the patient’s condition
Answer 2: The purpose and importance of treatment
Answer 3: Credibility, empathy, interest, and concern
Answer 4: All of these
Answer 5: None of these

Correct Answer: All of these

Answer Rationale: Effective communication of all of these messages is important for patient compliance.

Question Title: Question 8

Question: Asking about previous treatment is an important step in the communication process that can increase the likelihood of patient compliance with current treatment recommendations.

Answer 1: True
Answer 2: False

Correct Answer: True

Answer Rationale: This statement is true.

Question Title: Question 9

Question: To encourage compliance, any treatment plan must incorporate --- and not contradict --- a patient’s core values and beliefs.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale:  This statement is true.

Question Title: Question 10

Question:  Role-playing can be a useful tool for both 1) evaluating a patient’s understanding of a proposed treatment plan, and 2) identifying potential barriers to compliance.

Answer 1:  True
Answer 2:  False

Correct Answer: True

Answer Rationale:  This statement is true.