Recommended Resources for

Culturally Competent Healthcare

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Communication

Health Literacy: Help Your Patients Understand

Weiss, Barry D. MD. (2003). *Health Literacy: Help Your Patients Understand.* [A Manual for Clinicians & DVD]. American Medical Association & Pfizer Inc. Retrieved from http://www.healthsystem. virginia.edu/internet/som-hlc/interpreter-module.doc

Cost: Free
Video Duration: 23 minutes
How to Access: http://www.ama-assn.org/ama/no-index/about-ama/8035.shtml

"Communication, essential for the effective delivery of healthcare, is perhaps the most powerful tool in a clinician's arsenal. Unfortunately, there is often a mismatch between a clinician's level of communication and a patient's level of comprehension. In fact, evidence shows that patients often do not understand medical information given to them by clinicians. This lack of understanding can lead to medication errors, missed appointments, adverse medical outcomes, and even malpractice lawsuits" (Introduction, A Manual for Clinicians p. 4).

As the complexity of medical care treatment options and terminology increases, the number and types of challenges for patients with low health literacy also increase. Healthcare providers often assume that patients have the ability to fully understand discussions about their diagnosis, treatment options, prescriptions, etc. *Health Literacy: Help Your Patients Understand* provides healthcare professionals with tools to help establish an open, friendly atmosphere, increase patients' understanding, and improve interactions with their clients. The Health Literacy kit includes an instructional video, a manual for clinicians, CME credit, and additional resources for further education and activities. The *Manual for Clinicians* presents problems faced by individuals of limited health literacy in the U.S., and provides practical suggestions on how to enhance communication with patients to improve their comprehension of medical information and compliance. The video content demonstrates the issues that may emerge in medical settings due to low health literacy by using case studies of actual physicians and real patients. It offers effective techniques and suggestions for when dealing with patients with low health literacy. After reviewing this tool kit, users should be able to comprehend a range of health literacy problems that emerge in health care settings and suggest strategies to improve communication and create a welcoming environment.

Included in the *Manual for Clinicians* are helpful figures and tables that list key points and checklists for improving communication between physicians and patients. Table 7 (p. 15) lists behaviors and responses that might indicate limited health literacy, including:

- Frequently missed appointments
- Incomplete or inaccurate forms
- Poor follow up with medical examinations and appointments
- Unable to name medications or explain their purpose
- Making up excuses for not reading information

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See Table 15, p. 32, to review a checklist for formatting written material to be more easily understood by patients with low health literacy. A few suggestions from this checklist follow:

- Don't provide too much information; limit information to one or two main points.
- Use short paragraphs.
- Use large font.
- Use headings, subheadings, and bulleted lists to separate large sections of text.

Health Literacy Program can be contacted at 312-464-4200 or visit their web site at www.amafoundation.org/go/healthliteracy

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Key Practices in Culturally Alert Counseling: A Demonstration of Skills

McAuliffe, Garrett. (2008). *Key Practices in Culturally Alert Counseling: A Demonstration of Skills.* [Resource Guide & DVD]. Los Angeles: Sage Publications.

Cost: $63.95
Video Duration: 1 hour
How to Access:
http://www.sagepub.com/booksProdDesc.nav?contribId=531725&prodId=Book231660

The resource guide and DVD, *Key Practices in Culturally Alert Counseling: A Demonstration of Skills,* provide professionals and students with skills to implement cultural competency in their field of practice. The DVD demonstrates many skills that can be used along with tips and key points to consider when encountering people of diverse cultures. The three themes of culturally alert counseling are accessibility, assessment, and intervention.

Section 1: Accessibility

Three ways to enhance accessibility: be approachable, adapt language, and show trustworthiness. Agencies should be located in places that are easy for clients to get to. Office hours should be adapted to working people and parents. The atmosphere should be welcoming, incorporating décor that represents different cultural groups. Staff members must also be culturally sensitive. Respond to the client's first language and offer an interpreter. Make sure that materials reflect the languages prevalent in the community. Ask patients how to correctly say their names and use inclusive language. Demonstrate trustworthiness by building rapport, being empathic to cultural situations that might make the client feel uncomfortable, demonstrating cultural knowledge, and broaching cultural differences between the counselor and the client.

Section 2: Assessment

Four ways to use culturally alert assessment: listen for culture, do a cultural genogram, practice culturally sensitive diagnosis, and utilize cultural awareness tests. When listening for culture, address general issues and those that may be related to external and internalized oppression.

Section 3: Intervention

Ways to intervene in a culturally alert manner: address internalized oppression, adapt common counseling interventions to utilize the narrative approach, engage in advocacy, and recognize indigenous healing practices. Counselors should help clients find strengths in their cultures and form a more positive cultural identity. The video illustrates two common interventions: a practical, problem-solving approach and inclusion of the family and community. The narrative approach involves stating the problem as a cultural story, discovering the cultural foundation for the story, disclosing better judgment, re-storying and forming new cultural foundations. Engaging in advocacy can remove individual or social barriers. Indigenous healing practices need to be appreciated by the counselor.

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The resource guide includes excerpts from the counseling sessions demonstrated on the DVD, but is it best to watch the DVD first to take optimal advantage of the content provided in the resource guide. *Culturally Alert Counseling* provides valuable counseling skills information that can be used to teach students or help experienced professionals enhance their existing skill set. Skills emphasized in the series include listening with empathy, creating an open environment, adapting language, and overcoming cultural barriers.

The resource guide has three chapters: Culturally Alert Accessibility, Culturally Alert Assessment, and Culturally Alert Intervention. The DVD provides examples of skills. An abridged outline of the resource guide follows (Introduction, Resource Guide, v-vi).

1. Culturally Alert Accessibility
    - A. Be Approachable
    - B. Adapt Language
    - C. Show Trustworthiness
2. Culturally Alert Assessment
    - A. Listen for Culture
    - B. Practice Culturally Sensitive Diagnosis
    - C. Use Tests with Cultural Awareness
3. Culturally Alert Intervention
    - A. Address Internalized Oppressions
    - B. Modify Frequent Counseling Interventions to Culture
    - C. Utilize the Narrative Approach
    - D. Engage in Advocacy
    - E. Recognize and Refer to Indigenous Healing Practices

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Mental Health: A Guide for Latinos and Their Families

Brandenburg, C. (Executive Producer), & Braun, S.R. (Guidebook Author). (2009). *Mental Health: A Guide for Latinos and Their Families* [DVD & Health Guide]. Conrad and Associates & American Psychiatric Association.

Cost: Free
Video Duration: 30 minutes
How to Access: email apa@psych.org or call APA Toll-Free: 1-888-35-PSYCH (888-357-7924)

"Mental Health: A Guide for Latinos and Their Families" is a resource for healthcare providers and Latinos to learn about mental illnesses and unique aspects of Latino culture in the U.S. The information provided is intended to inform viewers about mental health issues in Latinos and to address common misperceptions. The guidebook and 30-minute DVD include stories from real mental health patients and suggestions from experts in the field of mental health. The resources describe various mental illnesses, including anxiety, depression, schizophrenia, and attention deficit disorder. The role of various treatments for patients is explored, including psychotherapy, support groups, medication, alternative therapies and electroconvulsive therapy. Provides information on finding high quality mental healthcare and the role of family members, tips for successful recovery, and other resources.

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Valuing Diversity: Multicultural Communication

Schrank, L.W. (Producer), &Phyfer, D. (Director). (1995). *Valuing Diversity: Multicultural Communication* [Motion picture]. Lake Zurich, IL: Learning Seed.

Cost: $99.00
Video duration: 19 min
How to Access: http://www.childdevelopmentmedia.com/diversity-culture/61210a.html

Valuing Diversity depicts a young Caucasian woman working as a cashier at a grocery store. As people come through her checkout aisle, we hear her thoughts and feelings about each individual. This video provides information to help overcome basic communication barriers that arise when someone has a poor understanding of diversity and/or is disinterested in learning about others. *Valuing Diversity* shows how individuals who tend to gravitate towards people who are similar to themselves are more likely to stereotype and judge others negatively. This video explains ethnocentrism and the negative effect it has on communication with people from other cultures. *Valuing Diversity* also describes the importance of avoiding stereotypes and gives tips on how to avoid stereotypes, communicate with people who do not speak English as their first language, and understand differences in body language.

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Medical Interpreters

Communicating Effectively Through an Interpreter

Roat, C. & Braganza, M. [Producers] (2005) *Communicating Effectively Through an Interpreter*. [Motion Picture] USA: The Cross Cultural Health Program.

Cost: $150
Video Duration: 28 min
How to Access: http://www.xculture.org/catalog/product_info.php?cPath=22&products_id=29

Communicating Effectively Through an Interpreter is an educational video designed to help providers choose an appropriate interpreter, recognize the signs of professional and unprofessional interpretation, work effectively with a trained interpreter, and guide an untrained interpreter.

The video has 4 parts:

1. Introduction: This section explains that working with patients who speak other languages can be frustrating, but interpreters and translators can provide critical help. Translators decipher the meaning of written words from one language to another. Interpreters translate spoken words. This section also explains the importance of utilizing a well trained medical interpreter as opposed to an untrained interpreter or a family member.

2. Problems with an untrained interpreter: The untrained interpreter depicted in this scenario omitted information, added information, and changed the meaning of both the patient's and doctor's parts of the conversation. This untrained individual also deleted cultural references, which limited the doctor's understanding of what the illness means to the patient. This person added her own opinions, had side conversations, and offered advice. She was obtrusive and took charge of the meeting. She also used the third person and had the patient and the provider talk through her, making the interpreting an intrusive filter instead of a bridge. The provider did not help guide the interpreter and inappropriately allowed this untrained individual to take control of the session.

3. How a professional interpreter works: Before the session, the trained interpreter set up the ground rules for a professional relationship. When interpreting, the interpreter sat behind the patient and spoke in the first person. Unlike the untrained interpreter, the trained medical interpreter assumed an unobtrusive presence to allow the patient and the doctor to speak to each other. His interpretation was accurate, without any omissions, additions, opinions or advice. He also contributed cultural perspectives for the doctor's benefit.

4. Guiding an untrained interpreter: This section suggests advice for guiding untrained interpreters. It is important for the doctor to remain in control and place the interpreter in the background. The doctor should speak directly to the patient. The doctor should initiate a pre-session and tell the interpreter to use short sentences, ask one question at a

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time, and avoid slang or jargon. The doctor should also state that it is important for the interpreter not to omit any information or have side conversations with either the doctor or the patient.

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Qualified Interpreting for Quality Health Care

A training video for clinical staff on how to work with interpreters.

Healthcare Interpreter Network & Kaiser Permanente [Producer] (2009) *Qualified Interpreting for Quality Health Care – a training video for clinical staff on how to work with interpreters*. [Motion picture] USA: Health Care Interpreter Network. Retrieved October 8, 2009 from http://www.hcin.org/Resources/TrainingDVDforClinicalStaff/tabid/168/Default.aspx.

Cost: Free Online, $5 to order
Video Duration: 19 min.
How to Access: http://www.hcin.org/Resources/TrainingDVDforClinicalStaff/tabid/168/Default.aspx

This video explains why it is important to have qualified interpreters in health care settings and gives guidelines for interpreters.

Background
The diversity of the U.S. population is increasing dramatically. Practitioners frequently encounter patients with limited English proficiency and those for whom English is a second language. Problems with communication often lead to adverse events. Patients who can't speak English, can't hear, or are distanced from the practitioner by their cultural differences generally encounter more barriers to obtaining quality health care. Effective communication is essential for providing optimal care. Relying on family members or bilingual coworkers is not a solution. Professional interpreters and translating services are needed to effectively communicate with patients who have limited English proficiency.

Interpreting in a Health Care Setting
Special training programs are available for medical interpreters. An interpreter should follow basic protocols including the following components:
- Adhere to complete confidentiality
- Repeat everything said by both providers and patients
- Don't add, omit or change the meaning of messages
- Insist that the doctor speak directly to the patient, not to the interpreter
- Speak in first person
- Ask the doctor pauses after each short phrase to give the interpreter time
- Interpreter should request clarification when needed

Interpreters should consider cultural issues and avoid stereotyping or generalizing. They should also be sure to clarify any cultural issues that may affect communication with the patient.

Face-to-face interpreting is ideal, but it is not always feasible. Several technologies are used to facilitate remote medical interpreting. Interpreting by telephone should be done using a speaker phone or dual handsets. Video interpreting allows for ready access to facilitated communications in many languages. Interpreters are also able to recognize and use visual cues with video

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interpreting. When using video interpreting, the health care provider must be sure to orient the interpreter to the situation and note the interpreter's name and ID in the patient's medical record.

Cultural Competency Scenarios

Cross Cultural Health Care Case Studies

Horky S. et al. [Developers] (2009) *Cross Cultural Health Care Case Studies*. [Educational toolkit]. USA: Pediatric Pulmonary Centers. Retrieved November 3, 2009 from http://support.mchtraining.net/ national_ccce/.

Cost: Free
Video Duration: 5 hours
How to Access: http://support.mchtraining.net/national_ccce/

Cross Cultural Health Care Case Studies is an educational toolkit that teaches valuable skills and techniques to improve cultural awareness. By completing this course, the learner will be exposed to differences among cultures. These differences reveal potential problems that may arise in a pediatric setting. Course participants gain a better understanding of their patient's background and cultures that will allow them to communicate and design better treatment plans. Each story contains a case, a multimedia lecture, background information, and learning activities. There is also an introduction to core concepts in cultural competence and a lesson on health disparities.

Core Concepts in Cultural Competence
This presentation provides an introduction to cultural competence. A definition of cultural competence is presented, as well as the primary factors that can influence how the doctor interacts with the patient from a cultural point of view. These factors include social influences, cultural influences, and health beliefs. Finally, the video explains how to proceed when working with families.

Case Study 1: Lanesha Johnson
Lanesha Johnson is a 12 year old African American girl with asthma. This story will help learners investigate and define social, emotional, and cultural factors that affect the patient and her treatment. It provides suggestions for what the healthcare provider can do to improve the situation. In addition, techniques are demonstrated for using questions and interventions to gather family history.

Case Study 2: Diane Mathis Case
This case is about a hospital in a small community that had a sudden increase in Somali patients. The CEO of the hospital did not initially develop a Somali interpreter service and had to use a language line as a quick fix until they could train Somali medical interpreters. After this lesson,

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learners will be able to identify the legal responsibility to provide interpretation to patients, describe the range of medical language interpretation options, and list best practices.

Case Study 3: Alejandro Flores
Alejandro is a young Hispanic boy with uncontrolled asthma. His story allows participants the opportunity to witness how different cultural and family beliefs can conflict with traditional western medicine. Learners will be able to gain knowledge of concepts and issues related to normative cultural values and complementary and alternative medicine (CAM), and consider how they affect medical decision-making. In addition, learners will consider culturally appropriate interventions for Hispanic children with asthma.

Case Study 4: Rivka Cohen Case
Rivka is a young Hasidic Jewish girl with cystic fibrosis. This story explains the concepts and issues related to cultural and religious factors and how they affect medical decision-making and disease management. After this case study, learners will be able to explain the cultural and religious beliefs of Hasidic Jewish patients and how they may influence a family's decision to conceal medical information. In addition, learners will consider appropriate medical interventions based on patients' cultural and religious affiliations.

A Day in the Sleep Clinic
This lesson explains health disparities based on socioeconomic status, race, ethnicity, and culture and provides ways to address or eliminate health disparities. After this lesson, learners will be able to define health disparities, discuss disparities in receiving healthcare and health outcomes, describe how the healthcare system contributes to health disparities, and determine ways to minimize or eliminate health disparities.

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Cultural Issues in the Clinical Setting
Facilitator's Guide and Videos

Gilbert, J. (Project Director), & Gerber, R. (Script writer). (2003). *Cultural Issues in the Clinical Setting* [Motion picture]. United States: Kaiser Permanente.

Cost: $15
Video Duration: 70 minutes
How to Access: Complete and mail order form: http://erc.msh.org/provider/OrderCulCom.DOC

Cultural Issues in the Clinical Setting contains two discs with a collection of scenarios and a facilitator's guide. The scenarios present common problems in the clinical setting due to clashing of different cultures, communication barriers, and misconceptions of ideas and beliefs. The Facilitator's Guide is designed to promote discussion and understanding of each issue. By watching the videos and following along with the guide, the learner will achieve a better understanding of cultural competency in the clinical setting and how it impacts patient care. The series also promotes communication skills and knowledge of epidemiology. Each scenario contains the facilitator's notes, epidemiology notes, and brief questions to prompt discussion. The facilitator's guide includes additional articles such as, "General Guidelines for Providers Using Interpreters in a Medical Setting," "10 Tips for Delivering Culturally Competent Care," "Common Problems with Untrained Interpreters," and "Potential Areas of Cross-Cultural Misunderstandings in Health Care."

Cultural Issues in the Clinical Setting Video Series A

Scenario 1a&b: Diabetic Compliance/ Latino
A Spanish-speaking woman with diabetes mellitus arrives at a doctor's appointment with her family. The women's family members assume responsibility for interpreting between the English-speaking doctor and the woman. The family does not provide an accurate interpretation and the doctor does not receive pertinent information about the woman's problems. Consequently, the physician does not treat the patient properly. The patient's mother in law doesn't like the diet she has been put on for diabetes because it is contrary to her cultural cooking and eating habits. The doctor is not properly informed or prepared. The woman previously was given a diet list in English, and she doesn't want to waste the doctor's time to ask for a new one in Spanish.

The next scenario shows how a culturally skilled doctor would deal with this patient. First, before entering the room, the doctor proactively asks a nurse fluent in Spanish to interpret, even though the patient's cousin was prepared to act as the interpreter. When the patient and physician are properly introduced, the mood in the room becomes more comfortable and open. The interpretations are correct and the doctor is fully aware of all the patient's concerns. The interpreter informs the physician of any cultural issues that are affecting the patient's treatment plan. The physician and patient speak directly to each other and the interpreter speaks in the first person. The physician respects the patient's cultural eating habits, and he suggests many

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changes that are more likely to be acceptable to this family. A Spanish diet sheet is provided to the patient.

Scenario 2: Sickle Cell in the Emergency Room
A young African American male is in much pain when he enters the hospital. The doctor's medical assessment was directed by stereotyping; the doctor assumed that the patient had been shot. The doctor doesn't know that the actual cause of the patient's pain is a sickle cell crisis. The patient does not have his sickle cell disease ID card with him, and the doctor refuses to give the patient the painkillers he desperately needs. The health care providers accuse the patient of having a drug problem and they suggest detoxification. The patient ends up leaving the hospital without receiving any treatment.

Scenario 3: Pediatric Asthma
A young Caucasian girl with asthma presents for care with her parents. The doctor is Iranian. She has a strong accent, but her English is perfect; her tone and style are direct. The mother is not compliant with the doctor's guidelines about not smoking, not allowing cats in the house, and requiring her daughter to use her inhaler before playing softball. The mother expresses dislike for the doctor and they end up arguing. The family requests an American doctor because they don't believe that the Iranian doctor understands them. A professional colleague suggests that the Iranian doctor work on her communication skills.

Scenario 4: Somatic Complaint
A Cambodian woman complains of pain and fatigue, but the Caucasian doctor does not find anything wrong. The physician's only suggestion is that she has the flu. The woman expresses concerns that she has parasites inside her. Initially, the doctor thinks that the possibility of the woman having parasites is an outlandish possibility. The patient is emotional and gives a brief background of her experience with parasites in the refugee camps. The doctor provides reassurance, and also offers to run tests to put the woman at ease.

Scenario 5: Prostate Cancer
A female doctor recommends that a male patient have a PSA test. After receiving the results, the doctor recommends further examination. The patient is intimidated about the prostate exam, uncomfortable talking to the doctor about his sexual activity, and nervous about the possibility of having prostate cancer. The doctor pressures the patient to have the prostate exam performed and begins preparing before the patient has consented. The patient leaves the appointment prematurely and does not get the examination.

Scenario 6: Gay and Lesbian Adolescents
A teenage boy who is struggling with his sexual orientation presents to be tested for sexually transmitted diseases. The boy is worried that the doctor will judge him. The doctor demonstrates empathy, and encourages the patient to be honest and open. The physician does not assume the boy has a girlfriend, and he uses the term "partner." In addition, the physician stresses confidentiality and he reduces the boy's anxiety. This doctor clearly understands that this is an emotional time for the boy. The doctor expresses acceptance, and he normalizes the boy's emotional uncertainty. The doctor provides a safe environment for the boy to discuss his sexual orientation and sexual activity. The doctor also addresses the emotional concerns that the

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boy was experiencing such as depression and stress. The doctor refers the patient to a support group and a counselor. Because the doctor was able to build rapport and trust, he was able to address potential health risks by arranging for the boy to be tested for sexually transmitted diseases.

Series B: Beyond Obstetrics: 5 Cultural Perspectives

Scenario 1: Lesbian Parents: Not Your Typical Pregnancy
A lesbian couple presents for a pregnancy checkup. The doctor sets a negative tone by expressing joy for the pregnant woman's husband. The women disclosed that she and her female partner are a couple who will be parenting this baby together. They state that they want the partner to have the same rights and respect as would typically be afforded to a baby's father, such as allowing her to be present in the delivery room, allowing her full hospital visiting rights, accepting their durable power of attorney, and having their names cited as parents on the baby's birth certificate. The couple requests an explanation of how the hospital will handle these matters. The doctor tells the couple that they should ask a lawyer, and that the clinic will treat their pregnancy like any typical pregnancy.

Scenario 2: Hmong: A Woman Prepares for Childbirth
A Hmong woman has a check up for her pregnancy, and her mother comes along to the appointment. The mother wants a traditional Hmong birth, but the doctor is not open to this. They explain what is involved in a traditional birth among Hmong people, including the importance of burying the placenta. The daughter also explains generational conflicts in Hmong families. The daughter sees the value in both traditional and western perspectives. The daughter and her mother express interest in keeping the placenta after birth, but the doctor will not allow it.

Scenario 3: Iranian: An Acculturation Crisis
This scenario contrasts culturally competent patient care offered by one physician with that of another physician who simply refuses to relate to a culturally different patient. The case points out that the culture of the patient may not be as important as the methods used to explore and support a family's cultural beliefs and traditional health beliefs. The viewer should note how the culturally effective physician shares how she was able to help an Iranian patient by listening intently to gain an understanding of the family background and by using empathy statements. This patient was satisfied with medical care that embraced, rather than rejected, the influence of cultural background. Unfortunately, the culturally ineffective physician was unable to appreciate the importance of her colleague's more flexible approaches.

Scenario 4: Latino: A Big Baby is on its Way
A Latino woman is going through a very painful birth. The doctor finds out through her sister that the woman has untreated gestational diabetes, and that she has missed many prenatal appointments. The woman needs a cesarean section. Unfortunately, a birth plan was never discussed, and now there is a communication barrier in a crisis situation. The sister tries to explain the cesarean section, but the woman refuses to have one. The nurse is rude and disrespectful.

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Scenario 5: Somali: Female Circumcision

A young pregnant Somali woman has genital mutilation and scar tissue, which are unfamiliar to the doctor and nurse. The woman senses the doctor's judgmental attitude and feels ashamed. The doctor explains that the scar tissue makes having a vaginal birth unsafe for the baby and a cesarean section will need to be performed. The pregnant woman didn't want the cesarean section because it would leave a permanent change on her body. She also expresses the importance of reinstating the vaginal closure after the birth because this is an essential part of her culture. The doctor expresses his frustration with trying to understand different cultures to a colleague. The colleague tells the doctor that she needs to learn about different cultures and not judge her patients. The colleague decides to help the Somali woman with her delivery.

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Multicultural Health Series
Facilitator's Guide and Videos

Lesser, J. (Producer), & Gerber, R. (Director). (2005). *Multicultural Health Series* [Motion picture]. Los Angeles, CA: Kaiser Permanente, & The California Endowment.

Cost: $70
Video Duration: 88 minutes
How to Access: Complete and mail order forms:
http://www.ggalanti.com/books/order%20form_series2.pdf
http://www.ggalanti.com/books/order%20form_series3.pdf

The *Multicultural Health Series* helps viewers understand how different cultures analyze and understand various issues pertinent to health care. The video contains ten scenarios that represent individual case studies. By watching the video and following along with the facilitator's guide, participants will increase their self-awareness, understand the impact of culture on health care, improve communication skills, and be able to define and explain cultural competence. Each scenario contains facilitator's notes, questions with answers, handouts for participants, and relevant background information. Also included are additional resources.

Multicultural Health Series Videos

Module 1: Walking in Beauty
A Navajo man has been diagnosed with cancer. He and his granddaughter arrive at an appointment to discuss his operation. The nurse is friendly, but the patient keeps to himself. The patient believes his sickness and cancer were caused by an imbalance in his life. The doctor cannot relate to this explanation, and he does not take the time to understand the patient's way of life. The appointment is kept very formal and factual. The granddaughter tries to explain her father's cultural beliefs. The doctor explained the risks of the surgery, which concerned the patient. The patient believes that the doctor is not being a caring healer. The outcome is that the patient lacks trust in the doctor, and he therefore refuses to sign any consent forms.

Module 2: Day of Rest
An Orthodox Jewish family comes into the hospital on the Sabbath because they are expecting a baby. The husband explains their Jewish beliefs openly and honestly. The hospital staff, however, is put off by the couples' strict Jewish practices. The staff are uninformed about the Jewish Sabbath and they don't understand its' importance to the family. The staff members try to help the family adhere to their religious laws in the hospital, but their words and actions communicate negative and insincere messages to the family.

Module 3: Changes
A geriatric male patient is disturbed when he learns that his family doctor has been replaced with a much younger Indian female physician. The patient expresses his concern to the physician, specifying her young age and accent as problematic. The doctor reassures the patient that she is a highly qualified physician. She adds that she will do everything she can to help him feel more comfortable by speaking as clearly as she can. The physician is honest and open and she even

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offers the patient the option of going to another doctor. The physician asks the patient for a chance to provide the best possible care, with the caveat that if he is not satisfied, he should seek another provider. By offering the patient some control and options about his medical care, he overcomes initial biases and can appreciate this physician's style and her professional expertise.

Module 4: Voice Inside the Phone
A doctor is hesitant to use a new clinic service for accessing an interpreter on the phone. He thinks the service will be impersonal and time-consuming. When the doctor uses the phone interpreter service with an Armenian mother and her son, both the doctor and the patient are fully satisfied and grateful that they could communicate effectively. After this positive experience, the doctor believes that using the phone interpreter service is preferable to potentially compromising patient care due to doctor-patient language barriers.

Module 5: Rebirth
A Malaysian family must deal with the choice of ending life support for their brain dead daughter. The daughter had not previously discussed her wishes with loved ones if a life-threatening event were to happen. Because of their Buddhist beliefs, the process of ending life support might be considered murder, even if it is mercy killing. Karma is an important part of their beliefs, and therefore this is a very tough decision. The doctor does a good job bringing in a bioethics expert to help discuss the decision in a way that respects their religious background. The bioethicist suggests involving a Buddhist monk and offers to make arrangements to bring the daughter's body back to Malaysia.

Module 6: Pocketful of Medicine
A Columbian couple has an appointment to discuss the wife's diabetes. It is a struggle for the woman to stay on the diet because of the food typically eaten by her family. The woman is taking many pills, which are considered to be natural cures in her native country, in addition to using American medicine. The woman was also accidentally taking her husband's heartburn medication. The couple explains that they can speak and read English and Spanish, but they have trouble understanding the medication labels. The doctor is respectful of their use of home remedies and does not ridicule their health beliefs. Instead, the physician reviews what medications the woman is taking to be sure the actions of the medicines do not interfere with each other.

Module 7: Proof
An Indian woman comes in with bruises all over her body. Doctors are told that the woman does not speak English, but her husband and mother-in-law do. The woman's family interprets incorrectly, and they do not allow the woman to speak for herself. The woman is having trouble getting pregnant and the husband says that she may be hurting herself because she misses her home in India. The doctor suggests fertility treatment and counseling but the family insists on handling matters themselves. The nurse privately suggests to the doctor that, given the bruises, it may be possible that the woman was abused. The doctor does not explore this warning due to his fears of intruding into personal family matters. Further, the doctor did not prioritize exploring the patient's safety by speaking to the woman alone or with a medical interpreter. The module ends with the woman begging the nurse for help. The family escorts the woman out of the hospital.

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Module 8: Between Two Worlds
A couple from Afghanistan is not adapting well to healthcare in the United States. They are recent immigrants, and they are not accustomed to having access to their medications. At the clinic in Afghanistan, the couple had to look sick in order to be treated. Based on that experience, the woman stopped taking medicine before doctor appointments and saved extra medicine at home. When the doctor notices this unusual medication usage, he calls the couple in for an appointment. The doctor took the time to relate to and talk to the couple about non-health care topics. This respectful approach led to a discussion of their major concerns related to the woman's asthma and gaining reassurance that the medications are being taken properly.

Module 9: Lupe's Dilemma
A pregnant Mexican woman has STDs because her boyfriend has been cheating on her. Lupe is scared to confront him, but the doctor takes the time to respectfully relate to the woman and share the importance of the boyfriend getting checked for STDs. The doctor's support and respect give the woman enough strength and motivation to talk to her boyfriend.

Module 10: Lost Opportunities
When an African American patient finally presents for a checkup, the Caucasian doctor tries to talk about his risks for having another heart attack. The patient seems to know it all, and the doctor doesn't seem to give the patient's views much consideration. The doctor suggests that the patient is not making healthy lifestyle choices. The patient says that he is not frequently taking his medication for hypertension. The patient does not appreciate the seriousness of his condition and the doctor is critical of this perspective. The patient and physician do not agree on the severity of the patient's health risks.

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Quality Care for Diverse Populations

Bullock, K., Epstein, L.G., Lewis, E.L., Like, R.C., South Paul, J.E., & Stroebel, C. (2002) *Quality Care for Diverse Populations* [Motion Picture]. American Academy of Family Physicians. Ingenius.

Cost: Free
Video Duration: 44 minutes
How to Access: http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo/videos.html

Quality Care for Diverse Populations is a collection of scenarios representing encounters that health care workers are likely to experience. The series includes five vignettes with learning objectives, selected cultural determinants to consider, background information, a video synopsis, and tools to help utilize the information. The facilitator's guide consists of pre-test and post-test questions and suggested strategies to encourage discussion. The program offers the opportunity to gain CME credits.

Quality Care for Diverse Populations Videos

Scenario 1: Limited English Proficiency
A pregnant 23 year old Hispanic American/Latino woman arrives at her prenatal appointment. Due to her limited English, the Caucasian male doctor has arranged for an interpreter to come to the appointment. After viewing this scenario, learners will be able to discuss health care issues that are specific to the Latino culture, use the BATHE interpreting tool, discuss the "do's and don'ts" of working with medical interpreters, and explain how to give more culturally and linguistically competent health care to patients who do not speak English.

Scenario 2: Obesity and Adolescence
A young Muslim African American boy has an appointment with the doctor. The boy was referred by his school health center because of a weight problem. After discussing issues and concerns in the boy's life, the doctor appreciates the difficulties that confront the boy as a result of being overweight and Muslim. The boy has difficulty relating to the female physician. Eventually, the physician is able to effectively communicate with the boy about the risk of diabetes. Information is also included on caring for Muslim patients. This scenario helps learners discuss medical and psychological complications of obesity in the African American culture, explain unique aspects of the doctor-patient relationship when the patient is an adolescent, use the LEARN tool to facilitate effective communication, discuss cultural factors related to obesity and how they can be a barrier to communication and compliance, and explain the effects on religious beliefs on treatment decisions.

Scenario 3: Women's Health and Sexual Orientation
An Asian American physician is meeting with a young African American woman for a physical exam. Through conversation in this health care setting, the patient shares that she is in a serious intimate relationship with another woman. Despite their cultural and racial differences, the doctor is able to effectively communicate the importance of testing the woman and her partner for STDs and HIV. "More Important Facts" and "Mental Health" tools are provided with this

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vignette. This scenario helps providers be sensitive and understanding regarding the sexual orientation of the patient, including talking to patients about the impact of homophobia, repression, and prejudice on access to health care and health behaviors, discussing different types of family structure and how it can affect medical care for GLBT patients, explaining health risks, disparities and strategies for improvement for GLBT patients, and discussing components of sexual history that are relevant for GLBT patients.

Scenario 4: Immigrant Health Care
An African American male doctor and a Vietnamese female patient discuss the patient's symptoms of weakness, vomiting, and diarrhea. The physician uses cultural assessment mnemonic tools to elicit information from the patient and appropriately address cultural issues. Extensive background information on Asian American culture is also included with this video. This scenario teaches learners how to discuss barriers to communication with patients whose first language is not English. The scenario demonstrates how traditional faiths, such as Buddhism, play a role in Vietnamese patients' ideas about health care, describes the importance of family in the Vietnamese culture, explains stressors caused by immigration and problems that can arise during a medical exam, uses the ETHNIC and BATHE mnemonic tools to evaluate patients from different cultures, and helps learners increase their understanding of alternative therapies.

Scenario 5: Cross-Cultural End of Life Care
A Navajo man and his wife arrive at his appointment with a Caucasian female doctor to discuss a recent operation. The doctor attentively listens to the wife when she communicates for her husband, paying close attention to non-verbal communication cues. The doctor provides information about the man's health condition in the third person and allows the man and his wife to come to their own conclusions. This vignette helps learners understand traditional native cultural practices and how to be sensitive to them, considering the importance of honoring traditional Native-American cultural communication patterns, demonstrates use the four-step method for a culturally appropriate approach to facilitate decision making, and explains the importance of non verbal communication in health care. The four step process includes: 1) assessing the patient's readiness, 2) setting the stage for the discussion, 3) speaking indirectly, in the third person, about potential medical problems, 4) being open to religious or indigenous healers to assist the patient, if requested.

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They Bring the World: Refugees in Louisville

Ricketts, L. [Producer] (2008) *They Bring the World: Refugees in Louisville* [Motion picture]. USA: Passport Health Plan.

Cost: Free (Abbreviated version online: http://www.youtube.com/watch?v=xZYI0_gU-o8)
Video Duration: 16 minutes
How to Access: Email Lucy Ricketts at lucy.ricketts@amerihealthmercy.org

This video features the stories of six former refugees who now serve as medical interpreters in Louisville, Kentucky. Each person explains why and how they came to the U.S., their struggles assimilating into American culture, and the world experiences they bring. Due to Louisville, Kentucky's strong refugee resettlement population, they have a larger component of foreign-born residents than would be expected when compared to the rest of the U.S.

The main messages of this video are: 1) Refugees bring world experience that benefits other people in the U.S., irrespective of the level of education they achieved. 2) It is very important to have qualified medical interpreters to ensure that people who don't know English receive adequate health care. Some benefits to using a medical interpreter include: increased understanding of the condition and treatment by the patient, increased understanding of the patient's symptoms by the doctor, reduced stress, and patient empowerment.

The interviewed refugees are a man from Bosnia, a woman from Vietnam, a man from Iraq, a man from Somalia, a woman from Russia, and a man from Cuba. "This video is a great tool for both staff and professional training when discussing refugees, why they come to the United States, and the contributions they make to an increasingly diverse America." (Lucy Rickets, Producer). Along with the video comes a viewers guide with discussion questions and updates on the interviewed individuals.

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Worlds Apart

Facilitator's Guide and Videos

Grainger-Monsen, M., & Haslett, J. (Video modules), & Betancourt, J., Carrillo, J.E., & Green, A. (Facilitator's Guide). (2003). *Worlds Apart* [Documentary]. Boston, MA: Fanlight Productions.

Cost: $399.00
Length: 47 min
How to Access: http://www.fanlight.com/catalog/films/912_wa.php

Worlds Apart is a documentary series that shows how real people and real physicians deal with cultural barriers. The four stories portrayed in this video capture challenging decisions that patients had to make and how doctors and health care workers confronted the cross-cultural issues. The facilitator's guide provides more tools and suggestions to better understand diversity in the health care setting. Each case contains a brief synopsis, medical and cultural background information, questions to promote discussion about different concerns in the story, and related resources.

Scenario 1: Mohammad Kochi's Story:
After surgery to remove a tumor Mohammad, an Afghan man, is brought to the hospital by his older daughter. Although his younger daughter had interpreted in previous medical appointments, the man and his older daughter did not understand that he has a life-threatening cancer that requires specific ongoing treatment. Mohammad's religious beliefs and practices are integrally related to the treatment regimes he will accept.

Scenario 2: Justine Chitsena's Story:
Justine is a young girl who was born with a hole in the wall that separates the two atrial chambers of her heart. Physicians recommend repairing the congenital heart disease surgically in the interest of Justine's long term health. However, the family's strong Buddhist beliefs impact the decision on whether to go ahead with the surgery. After Justine's grandmother and mother perform traditional healing practices, they are more open to considering the surgery.

Scenario 3: Robert Phillip's Story:
This is a story about an African American man's experience of going through dialysis and waiting for a kidney transplant. Robert shares the struggles he has experienced in navigating the health care system, including his perspective that African Americans are treated by health care providers as if they are less-worthy of receiving an organ transplant than other patients.

Scenario 4: Alicia Mercado's Story:
Alicia is a mature Puerto Rican woman who came to live in America when she was quite a bit younger. Recently evicted from her apartment, Alicia is unable to effectively manage her medical conditions, which include asthma, diabetes, and hypertension. Alicia has missed medical appointments, and she believes she takes too much medication. When the doctor communicates with Alicia about the other struggles in her life, Alicia is more willing to take control of her health.

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Health Disparities

Addressing Racial and Ethnic Disparities to Improve Quality

Greysen, S. & Siegel B. [Presenters] (2009) *Educational Video and Presentation for Addressing Racial and Ethnic Disparities to Improve Quality* [Instructional Video]. USA: Center for Health Care Quality at the George Washington University Medical Center and Robert Wood Johnson Foundation. Retrieved November 3, 2009 from http://www.rwjf.org/newsroom/product.jsp?id=44448#content.

Cost: Free
Video Duration: 20 minutes
How to Access: http://www.rwjf.org/newsroom/product.jsp?id=44448#content

Background

This video addresses disparities in health care quality, specifically in cardiovascular care, to demonstrate how to identify and reduce disparities. It explains how individual differences in patients and disparities lead to unequal healthcare. The video identifies some reasons for healthcare disparities:

- health care access through health insurance
- clinical presentation (how patients explain their health problems)
- educational level
- poverty level
- language

Cardiovascular Care Scenario

Heart disease is a leading cause of death among minorities. There are known treatments and measures of quality in providing cardiac health care. Even after correcting for income, education level, insurance status and other demographic and socioeconomic differences, disparities still exist among different racial groups. A study on clinical decision making presented videotaped patients with differences only between age, gender, and race. Although the patients' clinical presentations were the same, the physicians offered different medical recommendations. An additional study surveyed how physicians perceive disparities.

Conclusions

The main message of this video is that disparities are a failure in quality of health care. The presenter then defines the six aspects of quality health care: safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness. When everyone receives high quality care, the differences in quality will be minimized or eliminated.
Suggestions to increase quality of healthcare:

- Educate physicians and other healthcare workers.
- Acknowledge that disparities exist (don't deny the facts).
- Don't make assumptions about minority populations
- Eliminate fear of findings
- Provide clinical guidelines and standardized orders for physicians

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- Follow-up care after discharge

Slides and text that go along with the video can be downloaded from the website and modified for individual use.

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Working Together to End Racial and Ethnic Disparities: One Physician at a Time

(2005) Working Together to End Racial and Ethnic Disparities: One Physician at a Time [Toolkit] American Medical Association.

Cost: $10.00 for AMA members and $15 for nonmembers
Length: 22 min
How to Access: call (800) 621-8335
This toolkit includes a DVD with interviews from physicians, nurses, and patients discussing health disparities. A physician explains that minority patients have poorer health outcomes than White patients. These health disparities cannot be tolerated. Factors that contribute to health disparities are time limitations, language, socio-cultural beliefs, trust, and health literacy. Physicians need to evaluate their practices to determine how they may (inadvertently) contribute to health disparities.

Section 1: Patient Involvement
This section illustrates that minority patients are less informed of treatment options and receive fewer appropriate medical services than non-minority patients. It is important for physicians to take the time to speak with their patients about their illness and be sensitive to their cultural needs. This section also demonstrates the importance of involving patients in the decision making process for improving healthcare outcomes.

Section 2: Perceptions and Trust
This section explains the importance of speaking to a patient in his/her native language. It also discusses the fact that minority patients are more likely to mistrust the health system. Physicians need to be aware of any biases or stereotypes they have toward patients of different minority groups.

Section 3: Assumptions
An African American man talks about an experience he had in which he did not receive the correct amount of pain medication. He felt that the doctor was disrespectful and assumed that the man was a drug addict. The physician's bias delayed appropriate medical attention to the patient's problem and increased the patient's mistrust of the healthcare system. The physician needed to recognize the presence of a cycle of mistrust between himself and the patient and take steps to eliminate it.

Section 4: Culture and Communication
This section explains the importance of using communication tools that are developed for specific minority populations. In addition, it is crucial for health professionals to develop

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cultural competence and recognize cultural beliefs that may affect how minority patients communicate with them.

Section 5: Beyond the Physician
This section shows that it is important for everyone working in the healthcare setting to be culturally competent.

Section 6: Addressing Disparities

- Physicians should introduce themselves, give good eye contact, and use good listening skills
- Physicians and staff should be well trained in cultural diversity
- Hire bilingual/bicultural staff
- Use the "Explanatory Model of Illness"
- Develop tools to use for specific populations

In addition, a CD-ROM explains components of health disparities, such as cultural competence and health literacy. The toolkit also has a facilitation guide to help health care professionals improve the quality of care for all patients.

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Unnatural Causes

Adelman, L (Creator & Executive producer), & Smith, L.M. (Co-Executive producer). (2008). *Unnatural Causes* [Documentary series]. San Francisco, CA: California Newsreel.

Video Duration: Each episode is 29-56 minutes long
Cost and Access Information:
Unnatural Causes can be purchased from California Newsreel online at www.newsreel.org or by calling toll free, 877-811-7495. Prices are as follows:

- $295 for colleges, universities, corporations, and government agencies. If five or more DVDs of *Unnatural Causes* are purchased at the same time (alone or in combination with any other California Newsreel titles), each copy will be discounted to $199.
- $79.95 for high schools, public libraries, and nonprofit, community-based organizations (such as church groups and civic organizations).
- $49 per DVD for orders of 50 or more. Please call 877-811-7495 to place bulk orders.

Unnatural Causes confronts misconceptions about our health and discusses the root causes of health inequities. With research and studies, *Unnatural Causes* suggests that, not only do bad habits, health care, and genetics affect our well-being, but social conditions greatly impact our health as well. Watching the *Unnatural Causes* series promotes participants' insightful and critical reflection. Many of the issues are meant to be evaluated; they will affirm or conflict with our previous thoughts. The series is hopeful by emphasizing positive opportunities. The learned information can help stimulate actions we can take to reduce health disparities.

The objectives, listed on the website, for *Unnatural Causes* are:

1. Increase public awareness of the alarming socioeconomic and racial disparities in health and their human and financial costs.
2. Promote understanding of the ways in which class, racism, and disempowerment can get under the skin and influence health outcomes.
3. Inject social and economic policy into discussions of health, and evaluate social and economic policies by their impact on health.
4. Demonstrate that the damaging effects of health disparities are not limited to the poor and people of color but impact everyone – including the white middle and upper classes.
5. Draw public and policy-maker attention to innovative community-based initiatives for health equity.
6. Provide a new health "story," one that ties the conventional American frame of individualism to a new language of connectedness, in which social justice is fundamental to health and wellbeing.
7. Communicate hopeful solutions that draw public and policy maker attention to innovative and community-based initiatives for health equity.

Episodes:

1. In Sickness and In Wealth (56 min.): How does the distribution of power, wealth and resources shape opportunities for health?
2. When the Bough Breaks (29 min.): Can racism become embedded in the body and affect birth outcomes?

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3. Becoming American (29 min.): Latino immigrants arrive healthy, so why don't they stay that way?
4. Bad Sugar (29 min.): What are the connections between diabetes, oppression, and empowerment in two Native American communities?
5. Place Matters (29 min.): Why is your street address such a strong predictor of your health?
6. Collateral Damage (29 min.): How do Marshall Islanders pay for globalization and U.S. military policy with their health?
7. Not Just a Paycheck (30 min.): Why do layoffs take such a huge toll in Michigan, but cause hardly a ripple in Sweden?

Each episode contains information on the background of the subject, a summary, objectives, and themes. Some of themes are:

- The social environment as a source of chronic stress.
- Genetic reductionism and the myth of innate racial difference.
- The interplay of race and class.

Related articles and websites are available along with interviews and podcasts with producers, filmmakers, and experts on each issue. An "Action Center" has information on what you can do to help, an event calendar, inspiring stories, and even an Action Toolkit. The toolkit provides facilitation tips, background, sample agendas, and guidelines for planning an effective screening.

Handouts and tools:

- What Is Health Equity?
- 10 Things to Know about Health
- Amazing Facts
- Publicity materials
- Health Equity Quiz
- Policy Guide

The health equity database includes material (documents, articles, handouts, etc.) on topics such as: Childhood / Early Life, Chronic Stress, Education, Food Security, Genetics, Jobs & Work Housing / Neighborhoods, Income & Wealth, Race / Racism, & Social Inclusion. The database also includes case studies and activities that help learners discover the underlying causes of health inequities in the U.S.

Discussion Guide

This guide contains suggested pre- and post-viewing activities, comprehension and discussion questions for each program, and practical follow-up actions for participants. This guide includes a wide range of questions and activities to engage many types of audiences in dialogue, including:

- Reflecting writing activities
- Personal reactions questions
- Key concepts questions (*What is the difference between individual health and population health? What social and economic conditions described in the film support and encourage healthy choices?)*

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- Focusing on Your Community questions

Each episode includes:

- The Mystery – This is a one-sentence summary of a question producers were trying to answer in the episode that can be used as a pre- or post-viewing prompt.
- Comprehension Questions – The documentary series presents information that may be new to viewers. Learners can use these questions after viewing to make sure they understand the core program content or beforehand to suggest a viewing focus.
- Discussion Questions – These open-ended questions help participants deepen their understanding of the issues, and in some cases, of the social and economic conditions that shape health in their communities.
- Suggested Activities – Use these activities after viewing to help participants delve more deeply into key concepts. Or, use the activities before and after exercises to help people articulate current beliefs and consider how the program affirms or challenges these beliefs.
- Web Site Tips – Tips highlight features on the companion website (www.unnaturalcauses.org) that help viewers further explore main themes.
- Key References – These include key publications/research and a summary of statistics from each episode.

** Modified from the series' website (http://www.unnaturalcauses.org/).*

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Training Courses

A Physician's Practical Guide to Culturally Competent Care

Office of Minority Health. *A Physician's Practical Guide to Culturally Competent Care*. Retrieved November 22, 2009 from https://cccm.thinkculturalhealth.org/.

Cost: Free
Video Duration: N/A
How to Access: To register: https://cccm.thinkculturalhealth.org/

A Physician's Practical Guide to Culturally Competent Care is a training course for physicians and health care professionals interested in learning about cultural competence. The course contains an introduction to the curriculum and three themes: culturally competent care, language access services, and structuring culturally competent care. Each theme has a pre-test, three modules and a post-test. Each module contains the following components: case introduction, self-exploration questions, learning points, suggestions on applying the content of the module to medical practice, and ideas from other participants about cultural competency issues. Key points and important facts are also provided in each module. Individuals who complete this course have the opportunity to get nine CME credits.

Theme 1: Culturally Competent Care

Module 1: Overview of Culturally Competent Care focuses on the rationale for cultural competency, the benefits of cultural competency, and the Culturally and Linguistically Appropriate Services (CLAS) Standards.

Module 2: Cultural Competency Development defines cultural competency, explains fact-centered and attitude/skill-centered approaches, and describes frameworks for developing cultural competency.

Module 3: Patient-Centered Care and Effective Communication defines patient-centered care, explains the difference between disease and illness, and presents models for effective physician-patient communication.

Theme 2: Language Access Services

Module 1: Importance of Language Access Services (LAS) discusses the importance of language in cross-cultural health care, legal requirements and obligations for health care providers in ensuring LAS for their patients, and business and practice issues in providing LAS.

Module 2: Models to Provide Language Access Services includes information on types of LAS, including interpersonal communication, an overview of interpretation, and written language and translated materials.

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Module 3: Working Effectively with an Interpreter discusses the interpretation (triadic interview) process and provides guidance for how physicians can work effectively with interpreters.

Theme 3: Structuring Culturally Competent Care

Module 1: The Importance of Environment/Climate discusses training, assessments, and strategic planning to determine current status and develop a plan for improvement in delivering culturally and linguistically appropriate services.

Module 2: Accessing Your Community includes information about the importance of data collection and analysis, data collection resources, and the use and management of data.

Module 3: Building Community Partnerships provides information about forming partnerships in the community to assist in enhancing cultural competency and providing culturally and linguistically appropriate services.

Module overviews are from the Think Cultural Health website.

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Monograph on Cultural Competency

Heron, S., Kazzi, A., Martin, M. [Eds.] *Monograph on Cultural Competency*. University of Virginia School of Medicine. Retrieved November 13, 2009 from http://www.med-ed.virginia.edu/courses/culture/ index.cfm.

Cost: Free
Duration: N/A
How to access: http://www.med-ed.virginia.edu/courses/culture/index.cfm.

This monograph contains several educational chapters to teach the principles of cultural competency while caring for patients in the Emergency Department (ED). Real-life case scenarios of individuals from several cultural groups who presented to the ED are included. Each case scenario includes medical, family and social history, review of symptoms, physical exam results, discussion questions, and a case outcome. A list of resources is also included.

Chapters

1. **Training of Medical Professionals and the Delivery of Health Care as Related to Cultural Identity Groups**
   This article discusses a study that assessed differences in the types and quality of health care in the U.S. The goals of the study were to assess ethnic differences in the quality of health care, evaluate sources of disparities, and make recommendations for interventions to eliminate disparities. The paper focuses on the key findings of the study.

2. **The Value of Ethnic and Racial Diversity in Academic Medicine**
   This article discusses the changing demographics in the United States and the importance of diverse healthcare providers and culturally sensitive services. The article provides evidence for health care disparities, the history of minorities in the medical profession, and the role of minority medical professionals in eliminating health disparities. In addition, recommendations to help medical schools improve minority education are included.

3. **EM Faculty Caring for Multicultural Patients**
   This article defines the concept of culturally competent faculty, reviews the literature on the role of Emergency Medicine (EM) Faculty, provides recommendations for improving the cultural competence skills of EM Faculty, and describes a law that requires cultural competency training as a requirement to receive State Medical Licensure.

4. **Educating Students and Residents to Provide Culturally Competent Care: A Review of Models, Educational Methods**
   This article explains the need for and current problems in cultural competency education. It also considers different models for teaching cultural competency.

5. **Interpreter Services in Emergency Medicine**
   This paper reviews the advantages and disadvantages of using ad-hoc interpreters and professional interpreters. It also explains the prevalence of non-English speaking patients in the U.S. and the negative effects of language barriers on health care delivery.

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6. **The Patient-Physician Clinical Encounter**
   This article presents background information to support the importance of a successful clinical encounter, keeping in mind that the goal of the clinical encounter is to establish trust, educate, and increase the likelihood for patient follow-up and compliance. It explains common pitfalls in physician-patient encounters, such as stereotyping. This article also presents a 5 step process to successfully achieve a positive patient-physician encounter. This process includes: being aware of bi-directional culture, establishing a respectful partnership between the patient and physician, providing education about the diagnosis, creating a discharge plan that the patient understands, and checking for complete patient understanding.

7. **Spiritual Care Services in Emergency Medicine**
   This article defines spiritual differences and how cultural values affect health-related beliefs. The importance of healthcare providers being aware of spiritual differences and offering spiritual care is delineated. Detailed descriptions of several different religions are included.

8. **Cultural Competency on Lesbian, Gay, Bisexual or Transgender (LGBT)**
   This article provides information for emergency medicine clinicians to help them communicate with LGBT patients and their families. Information and resources about specific health care issues relevant to LGBT patients is also included.

9. **Racial and Ethnic Disparities in the Emergency Department: A Public Health Perspective**
   This article discusses why racial and ethnic disparities impede the process of improving health in the U.S. The article includes background information on health disparities, a description of the racial and ethnic structure of patients and healthcare providers in the ED, explanations of diseases seen in the ED that commonly have racial and ethnic disparities, and recommendations on addressing disparities in the ED.

Cases

1. **African-American Community**
   An African American infant is brought to the ED with a fever and is pulling at her ear. The baby is wrapped in many blankets, which the doctor believes is excessive. The grandmother becomes very hostile and has to be removed from the ED. When physician-family communication was improved, the infant was appropriately treated.

2. **Cambodian Refugee Community**
   A 65 year old Cambodian man comes to the ED after coughing up blood. There are no Cambodian interpreters and the family doesn't speak English fluently. The doctor attempts to ask the patient some questions through interpretation by the man's son, but concrete answers do not emerge. The doctor found a Cambodian interpreter and was then able to treat the patient. A local folk healer also visited the hospital before and after the treatment.

3. **Sickle Cell Crisis**
   A 22 year old African American man comes to the ED with a sickle cell crisis and in need of pain medication. The vignette points out that doctors often under treat pain due to

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stereotypes about African-Americans. The doctor appropriately interacted with the patient and treated his pain.

4. **Mongolian Spots**
   A 15 year old Latino female brings her baby boy to the ED because she noticed bruises after the baby spent the weekend with her boyfriend. The bruises were Mongolian spots. The doctor provided the couple with information about Mongolian spots.

5. **Death Telling and Cultural Competency**
   An 85 year old African American man comes to the ED in cardiac arrest. The family does not have an advanced care plan. The patient dies in the ED and the family is upset that some other family members and friends had to leave the room when his death was disclosed. The doctor apologized to the family and offered to discuss any concerns.

6. **Child Abuse/Coin Rubbing**
   An Asian woman brings her 5 year old daughter to the ED because she has a fever and a cough. The doctor considers several diagnoses including coining, child abuse, hemophilia, vitamin K deficiency, and others. The doctor uses a trained interpreter to find out that coining was practiced. The child was treated for her fever and allergies.

7. **El Brujo**
   A 43 year old Puerto Rican man was brought to the ED after being in a car accident. The patient believes the accident happened because he was cursed by a witch. He also says that he can see dead people in the ED. (These are common beliefs in his religion). The doctor allows the patient to discuss his religious beliefs. The doctor and the patient communicate effectively and the doctor was able to provide treatment.

8. **Toxic Ingestion**
   A 3 year old Asian boy comes to the ED in respiratory distress. The boy's grandmother says that she found him with labored breathing and wheezing 20 minutes ago. She also noticed that her "nganga" bag had been opened on the floor. A bark-like substance was found in the boy's mouth during the physical exam. Through effectively communication with the grandmother and the toxicologist, the doctor was able to identify the substance and treat the boy appropriately.

9. **Adolescent Indian Male Sikh**
   A 17 year old Indian male comes to the ED after being beaten up. He has a headache and a cut on his scalp. He will not tell the doctor what happened. The mother gets very upset when the physician starts cutting the boy's hair, which is forbidden in their culture. The doctor used empathy and was able to get the teen to open up. The doctor cleans and closes his scalp wound without cutting his hair.

10. **Intimate Partner Violence in the Gay Community**
    A 19 year old male comes to the ED because of painful rectal bleeding and the physical exam reveals bruises. The patient is gay and very hesitant to explain how he got the rectal laceration. He explains that he drinks heavily and does illicit drugs on the weekends with his

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partner. The doctor elicits the details of the patient's injuries in a supportive manner and counsels him on substance abuse and partner violence. The man agrees to see a social worker. The doctor gives him instructions on relieving the rectal pain.

11. The HLF ("Histrionic Latin Female")

A 52 year old Latina woman comes to the ED complaining of chest pain. The senior resident laughs and says that she is a Histrionic Latin Female. The patient has been in and out of the ED for the last two weeks for several complaints and has had many diagnostic tests. She is given medication for anxiety and sent home. The woman returns a few days later and is found to have a fixed lateral wall defect. She is admitted to Cardiology and treated.

12. West Indian/Caribbean

A 65 year old man from Jamaica comes to the ED with his wife. He has been losing weight and is more tired than usual. They have tried herbal remedies but these didn't help. The doctor is unable to elicit meaningful information from the patient, minimizes the severity of his complaints, and asks them to set up an outpatient evaluation. Later, they discovered that he had anemia due to chronic blood loss from the GI tract. The doctor gives the man multivitamins and iron supplements.

13. Chest Pain

A 50 year old African American woman comes to the ED with intermittent chest pain. She is angry because she feels that her pain was not taken seriously in a past visit to the ED. Now, she distrusts the medical system. The woman requests medication for pain. An EKG is performed and the patient is found to have an acute myocardial infarction. She undergoes surgery and has a good outcome. This case study illustrates several issues that impact health disparities in African Americans.

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Quality Interactions

Betancourt, J., Green, A., & Carrillo, J. [Developers] (2004). *Quality Interactions*. [Instructional video] USA: Manhattan Cross Cultural Group. Retrieved November 3, 2009 from http://www.qualityinteractions.org/index.html.

Cost:
CME Credit: $139, 6 hours
Doctor: $99, 2.5 hours
Non Clinical Staff: $69, 1 hour
Case Manager: $99, 2.5 hours
Nurse: $99, 2.5 hours

Video Duration: Varies
How to access: http://www.qualityinteractions.org/index.html.

Quality Interactions is an interactive, case-based, e-learning program that aims to develop knowledge and skills to provide quality care to culturally diverse patient populations.

After the program, the learner should be able to:

- Discuss importance of cultural competence to the delivery of high quality healthcare.
- Outline social and cultural issues that are relevant to the care of diverse patients.
- Improve effectiveness of cross-cultural communication.
- Develop appropriate management strategies that take into account patients' cultural perspectives and preferences.

Main Sections

1. Pre-test on material covered in course
2. Introduction: brief overview of fundamentals of cross-cultural care
    - Defines key concepts
        - Why is cultural competence in healthcare important?
        - What is culture?
        - What is cultural competence?
        - Patient-based approach
    - FAQ section with answers to commonly asked questions
3. Cultural competence Q & A: interactive question and answer section that builds rationale for cultural competence in healthcare
    - Outlines the business, medical and legal case for the need for cultural competence in health care
    - Provides multiple choice questions to answer with feedback
4. Patient cases: contains three real patient scenarios that are interactive and allow you to solve clinical and cross cultural challenges.
    - User friendly and easy to navigate
    - There is an appointment book with each of the patient cases
    - Steps for each case
        1. Review of patient information

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2. Gather initial history (choose questions and interact with patient who will give a reaction to the questions)
    - Features:
        - Teaching points, feedback and web links
        - Communication meter based on questions you choose to ask
        - Clock that monitors time of visit (cross culturally effective questions will save time)
        - Transcript of everything discussed in the scenario
        - Socio-cultural information: general demographics, language, employment, and immigration information about the population in each case. This information does not make generalizations, but instead provides factual population based information.
3. Review physical exam
4. Determine differential diagnosis 1: consider medical diagnoses and socio- cultural issues
    - Lots of teaching in differential diagnosis sections
5. Create a working hypothesis: in own words
6. Gather more history: ask more questions
7. Determine differential diagnosis 2
8. Conclude visit: choose an appropriate management plan, will get feedback on effectiveness
9. Summary: key concepts, cross-cultural negotiation strategies, references,
10. Feedback on how effectively you communicated with patient and information about what happened in patient's actual case. Framework of patient based approach to cross cultural care and review of which approaches were used in this case.

5. Post Test: The learner takes a post-test which is the same as the pre-test. Afterwards, the learner is provided with answers to questions and explanations. A 70% score is needed on the post-test to receive continuing education credits.

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