

Date and Time	9/25/15	Meeting Title	NYP PPS Clinical Operations Committee
Location	Milstein 1HN-151	Facilitator	Dr. Emilio Carrillo, Angela Martin
Go to Meeting	https://global.gotomeeting.com/join/158738573	Conference Line	Dial +1 (646) 749-3122 Access Code: 158-738-573

Invitees	
Chair: Angela Martin (VNSNY)	Chair: Emilio Carrillo, MD (NYP)
Alissa Wassung (God's Love We Deliver)	Crystal Jordan (Harlem United)
David Pomeranz (Hebrew Home)	Ana Garcia (NYC DOHMH) – Web
David Chan (City Drug & Surgical)	Maria Lizardo (Northern Manhattan Improvement Corporation)
Jean Marie Bradford, MD (NYPSI)	Susan Wiviott (The Bridge)
Eva Eng (Arch Care)	
Jonah Cardillo (St. Mary's Hospital for Children)	

Meeting Objectives	Time
1. Welcome and introduce Lauren Alexander, Manger, DSRIP Community Relations	5 mins
2. Demo of Quality Interactions, Inc. - Andres F. Echeverri	20 mins
3. Discussion of Cultural Competency and Health Literacy Strategy	30 mins
4. Identify Action Items for Next Meeting	5 mins

Action Items				
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Attendees	
Chair: Angela Martin (VNSNY)	Crystal Jordan (Harlem United)
David Chan (City Drug & Surgical)	Ana Garcia (NYC DOHMH)
Jose Caseres (City Drug & Surgical)	Maria Lizardo (Northern Manhattan Improvement Corporation)
Jean Marie Bradford, MD (NYPSI)	Susan Wiviott (The Bridge)
Eva Eng (Arch Care)	Mary Hanrahan (NYP)
Lauren Alexander (NYP)	Victor Carrillo (NYP)
Nina Guercio (NYP)	Samuel Merrick (NYP)
Lisa Zullig (God's Love We Deliver)	

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Committee members to send feedback to Lauren Alexander re: the cultural competency strategy by Fri, October 2, 2015	Committee members	9/25/2015	10/2/2015	In progress

Minutes:

- A. Martin opened the meeting.
- A. Martin introduced L. Alexander, new Manager for DSRIP Community Relations.
- A. Martin noted that today's meeting would be focused on finalizing the Cultural Competency and Health Literacy Strategy and looking at a tool called Quality Interactions that might be useful to the PPS for education and training around cultural competency.
- N. Guercio introduced Andres F. Echeverri and Alex Green of Quality Interactions. Quality Interactions is a web-based resource for cultural competency training and information that is designed to enhance cross-cultural communication. A. Green provided a demo of the Quality Interactions Resource Center, which is an online reference site that presents cultural origins, beliefs, practices, and common issues that can arise in cross-cultural communication in healthcare.
- Questions during the demo were focused on whether the site included information on the following topics:
 - Behavioral health?
 - Chronic disease management?
 - Folk remedies?
 - Palliative care?

There was also a question about who the tool was intended for and whether it was geared towards front line staff in addition to clinical staff.

- Discussion after the demo was focused on the following:
 - D. Chan asked who would be trained first and how would the training take place. A. Martin suggested a train-the-trainer model.
 - S. Wiviott commented that the tool was very clear and easy-to-understand and thought it would be helpful in working with the mental health population. She agreed with a train-the-trainer model.
 - J. Bradford was interested in how the tool was previously used by NYP. E. Eng was interested in how staff were trained to use the tool. There was also a question about whether usage could be tracked. J. Carrillo provided a history.
 - A. Garcia and M. Hanrahan made the distinction between providing training on how to use this resource vs. training on how to interact with patients in a culturally-appropriate manner and the importance of including both types of training in the cultural competency strategy.
- A. Martin reviewed the revised Cultural Competency and Health Literacy Strategy. She asked Committee members to send all feedback to L. Alexander by Fri, October 2, 2015. She also indicated that preview access to Quality Interactions would be shared if members wanted to explore the site further.
- A. Martin closed the meeting.

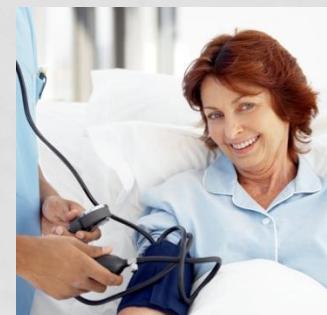
Background: Much of the NYP PPS service area is comprised of linguistically isolated and culturally diverse ethnic and racial minorities. In response, the NYP PPS has adopted a patient-centered approach to cultural competency, known as the “Culture of One,” which is aligned with the National Quality Forum’s (NQF) Cultural Competency framework (Reference: A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency, NQF, April 2009). As part of the Culture of One, the NYP PPS realizes that the burden of clear communication and understanding is placed on the provider, not the patient. A patient’s unique culture defines the illness experience and the target of effective treatment and care. On the other hand, the culture of a population determines the characteristics of successful public health and community health interventions

Cultural Competency / Health Literacy Goal: The goal of the NewYork-Presbyterian Performing Provider Cultural Competency and Health Literacy Strategy is to develop a PPS-wide approach that acknowledges that the burden of clear communication and understanding is placed on the provider, not the patient. A patient’s unique culture defines the illness experience and the target of effective treatment and care. As such the Strategy will specifically focus on: **(a)** identifying key priority groups experiencing health disparities through a community needs assessment, **(b)** identifying factors to improve access to quality primary, behavioral, and preventive care, **(c)** enhancing communication with the attributed population, **(d)** deploying assessments/tools to assist patients with self-management, **(e)** improving provider and community-based organization’s cultural competency, and **(f)** leveraging community-based interventions to reduce health disparities and improve outcomes.

Strategy: For Medicaid beneficiaries attributed to the NYP PPS and collaborators participating in the network, the NYP PPS will focus on:

- a. **Identifying key priority groups experiencing health disparities through a community needs assessment**
 - i. The PPS will conduct a formal community needs assessment every three years, as required by New York State and/or the Attorney General.
 - ii. The Clinical Operations Committee (and ratified by the Executive Committee) will make recommendations on the re-allocation of programmatic resources to address identified populations.
 - iii. The PPS will collaborate with longstanding CBOs in communities to enhance understanding of community needs.
- b. **Identifying factors to improve access to quality primary, behavioral, and preventive care**
 - i. The PPS Clinical Operations Committee (and ratified by the Executive Committee) will make recommendations on enhancing access to quality care.
 - ii. The PPS will capture the necessary data to refine cultural competency and health literacy strategies, including (1) disparity sensitive outcomes, (2) measures associated with cultural competency, and (3) participation in relevant training.
- c. **Surveying partners on their cultural competency and health literacy needs so that the PPS can provide support and resources as needed, including**
 - i. If and how partners currently provide cultural competency and health literacy training
 - ii. How partners currently handle health literacy in their organization
 - iii. How partners provide interpretation services to their clients
 - iv. Survey Project Leads on their needs related to the individual projects (i.e. discharge summaries available in other languages)

- d. **Enhancing communication with the attributed population**
 - i. The PPS will assist members with their interpretation needs.
 - ii. The PPS will develop a training/tip sheet on how to effectively interact with an interpreter.
- e. **Deploying assessments and tools to assist patients with self-management**
 - i. The PPS will develop patient portal content, including specialized, relevant, multi-lingual content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults.
 - ii. The PPS will build on existing community forums to conduct outreach to the community around the self-management of conditions in a manner that addresses cultural, linguistic and literacy factors.
- f. **Improving provider and community-based organization's cultural competency and health literacy strategies**
 - i. The PPS will adopt the "Culture of One" program to meet the distinct needs of the community and attributed beneficiaries. This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping.
 - ii. A webinar based on the "Culture of One" curricula will be developed and delivered. A series of live webinars will be conducted and a recording will be made available through the PPS Web site. In-person follow-up at staff meetings will take place to address any questions that staff may have.
 - iii. An online eLearning resource on cultural competency, such as Quality Interactions, will be made available to member organizations of the PPS. A webinar will be provided on how to use the resource.
 - iv. Standards for health literacy will be developed for PPS members, for both written and verbal communication. Project Leads will be trained on health literacy standards and given access to a health literacy consultant to address any questions that arise around creation of written materials. Materials/training on health literacy techniques for delivering verbal information, such as the Teach Back method, will also be made available.
 - v. A cultural competency/health literacy page of the NYP PPS Web site will be developed with materials, trainings, resources and assessment tools for PPS members. Tools to assist patients with self-management of conditions will be included. A general resource section as well as project-specific sections will be created.
 - vi. An overall guiding document for PPS members which outlines best practices for the provision of cultural and linguistically appropriate care will be developed. An attestation process for PPS members to acknowledge the guiding principles will be created.
- g. **Leveraging community-based interventions to reduce health disparities and improve outcomes**
 - i. The PPS will co-invest in an ASCNYC-hosted Peer Training Institute, which will be a PPS center for CHW, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members. Providers will learn to avoid the pitfalls of "false fluency" and of using family interpreters or bilingual providers as ad hoc interpreters.
 - ii. Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations



QUALITY INTERACTIONS ©

A CULTURAL COMPETENCE RESOURCE SITE
FOR NYP EMPLOYEES



WHO IS JOINING THE WEBINAR?

Campus

- ACN/Clinics
- Allen
- CUMC
- MSCHONY
- Weill Cornell
- Westchester

Function/Dept

- Nursing
- Support Services
- Lab
- Rehab Medicine
- Pharmacy
- Quality
- Finance
- ...many others!

TODAY'S WEBINAR

Purpose:

- An orientation of the Quality Interactions© Resource Site

Learning Objectives: You will

- Learn how to access and utilize information needed immediately (day-to-day needs)
- Learn how to explore the site's resources for long term development and skill building
- PRACTICE using the site

About Us**Strategic Initiatives****Vision and Values****We Put Patients First****NYP in the Media...****NYPress****Senior Leaders** ▾**Awards & Recognition****NYPgreen****HERCULES****Facts and Statistics****2012 Kick-Off****Infonet Photo Gallery****Infonet Video Gallery****NYP YouTube Channel** ▾**News and Announcements**

Monday, June 04, 2012

Monthly Messages from Senior Leadership Posted on Infonet

At our monthly Key Personnel meetings, our Senior Leaders share important messages with the management team. Going forward,

MAIN MENU[Home](#) > Put Patients First

We Put Patients First

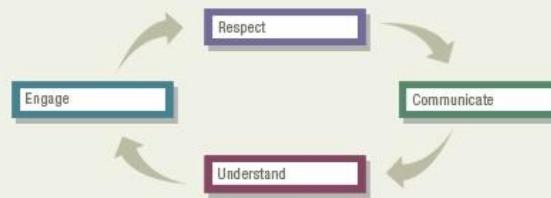
NewYork-Presbyterian Hospital is committed to ensuring that all patients receive outstanding, compassionate care and excellent service from every member of our team. To support this commitment, we have developed a comprehensive strategy called We Put Patients First. This strategy builds upon the success of our previous quality improvement efforts of the past and introduces new elements to the work of our institution. The evolution of these efforts, as well as additional information, can be found on this site. For 2011, the Hospital has set a target of 86.0, as measured by the National Quality Forum's Patient Experience Index. This is one of the measures of our success. We are confident that we can reach this goal with your continued support and the support of your colleagues. We Put Patients First with your continued support and the support of your colleagues. We Put Patients First with your continued support and the support of your colleagues. We Put Patients First with your continued support and the support of your colleagues.

Key Contacts

- Jaclyn Mucaria, Senior Vice President, Ambulatory Care and Patient Experience - 7652 iam9024@nyp.org

Cultural Competency Resource Center ▾

Model for cultural competency and diversity



Framework for cultural competence in clinical care

Assess Cross-Cultural Issues
Specific customs, spirituality, and diet
Styles of communication
Decision-making
Mistrust
Sexual and Gender Issues

Explore Illness/Treatment Beliefs
Specific illness/treatment beliefs
Complementary/alternative practices
Personal meaning



Engage in Negotiation
Negotiating beliefs
Negotiating management options

Address Language and Literacy
Use of interpreters
General literacy
Health literacy

Determine Social Context
Social stressors and supports
Socioeconomic factors
Immigration/previous care experience



SPECIFIC ETHNIC
ORIGINS & RELIGIONS

Clinical Cross-Cultural Issues

- ▶ Birthing
- ▶ Cancer Care
- ▶ Care of LGBT Patients
- ▶ Chronic Disease
- ▶ Disability
- ▶ Emergency Care
- ▶ End-of-life
- ▶ Genetic Counseling
- ▶ Informed consent
- ▶ Intensive Care
- ▶ See All

Cultural Competence News

The most recent press from Quality Interactions. [Read now](#)

Difficult Patient Situation?

Click to find out the cross-cultural issue.

- ▶ Does your patient present multiple unusual or unexplained symptoms?
- ▶ Is your patient non-adherent to medications?
- ▶ Does your patient miss appointments or often come late?
- ▶ [See all Difficult Patient Situations](#)

NOTE: While these suggestions can be helpful with any patient, they may be particularly so for patients from less familiar cultural backgrounds.

Ask the Expert

Take advantage of this opportunity to ask your question to physician experts Dr. Joseph Betancourt and Dr. Alexander Green regarding cultural competency in healthcare. You will receive direct feedback as well as be able to browse our library of recent question and answers.

Definitions

- ▶ Cultural Competence
- ▶ Cross-cultural negotiation
- ▶ Ethnicity
- ▶ Explanatory model
- ▶ Race
- ▶ [See all Definitions](#)

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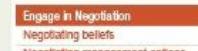


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Framework

Rollover a section to reveal an overview, click on a section to explore the topic further.



FRAMEWORK

CLINICAL ISSUES

THE RESCUE MODEL

DIFFICULT SITUATIONS



[BACK TO FRAMEWORK](#)

Specific Illness/Treatment Beliefs

[FRAMEWORK](#)

Overview

When patients symptoms, and patient's explanations how they understand explanatory model and exotic, and extremely useful illness may

Common sense explanatory models can cause various patients can still may lead people simply misunderstand sugar. There is "truth" from a perspective and can often be off or on hypothesis

Specific Illness/Treatment Beliefs

Overview



In the case of Mr. Yang, he with Eastern medicine and illness for him. As a result, condition. This is the way

Specific Illness/Treatment Beliefs

Overview

Case Vignette

Cross-Cultural Skills

Exploring the Meaning of the Illness

1.

What do you think has caused the problem?

Gets at the patient's beliefs about the cause of the illness, probably the most fundamental and important aspect of the explanatory model.

2.

What do you call the problem?

Especially useful when you suspect the patient believes a particular folk illness to be causing the symptoms. Another way to phrase this would be, *"Do you have a name for this sickness (in your language)?"*

3.

Why do you think it started when it did?

Can help link the illness to certain events in the patient's life that may be important elements of the explanatory model.

4.

What do you know about the illness and how it works?

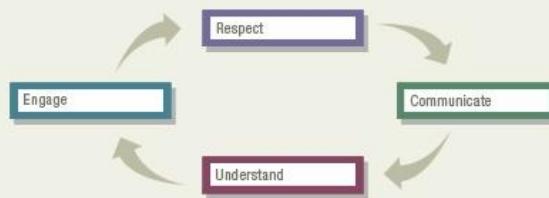
Gets at the patient's deeper understanding of the illness and how it affects him or her.

5.

How severe is the illness? How worried are you about it?

Assesses how worried patients are about an illness.

► Model for cultural competency and diversity



► Framework for cultural competence in clinical care

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SPECIFIC ETHNIC ORIGINS & RELIGIONS

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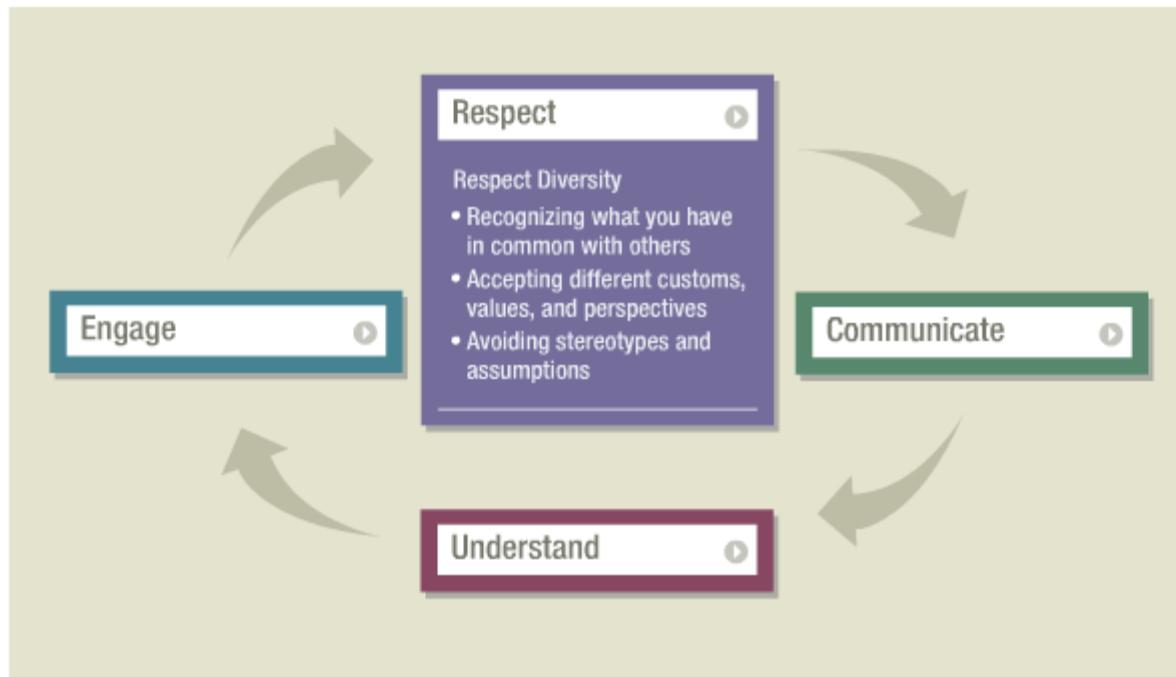
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The ResCUE Model

The ResCUE model centers on the idea that the individuals themselves are your best source of information about their cultural perspectives. Instead of learning information and making assumptions about various cultural groups and their beliefs and behaviors, this approach focuses on the development of a set of attitudes and skills that are especially useful in cross-cultural interactions.



FRAMEWORK

CLINICAL ISSUES

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SPECIFIC ETHNIC
ORIGINS & RELIGIONS



EXPLORE
REFERENCES

[BACK TO THE RESCUE MODEL](#)

Respecting Diversity

Culture is complex - there is more to it than where a person comes from or how they look. Culture is also shaped by things like age, gender, work, religion, education, social status, sexual orientation and hobbies.

The more you learn about a person, the easier it is to see how they are like you. Learning more about people who are different, will also help you to respect their differences. Try not to stereotype or make guesses about people. Instead keep an open mind to what they may be like. Better yet ask questions to find out for yourself.

Key Concepts and Tips:

- Don't think of culture as 'exotic' or about 'others'. We all belong to many cultures
- Don't judge people based on their culture being different than your own
- What we see on the surface of a person is just the tip of the iceberg - below the surface are many important aspects of a person's personal culture
- Be curious and ask about people's [cultural perspectives and customs](#)
- Respect the fact that it's not easy to adapt to the ways of a new country or culture
- Recognize what you have in common with others
- Avoid stereotypes and assumptions - for example, try to avoid thinking "these patients..."

[FRAMEWORK](#)[CLINICAL ISSUES](#)[THE RESCUE MODEL](#)[DIFFICULT SITUATIONS](#)[SPECIFIC ETHNIC
ORIGINS & RELIGIONS](#)[EXPLORE
REFERENCES](#)

Clinical Issues

Cancer Care

Cultural issues are particularly relevant when dealing with a diagnosis of cancer. Cancer is feared in all cultures but has different meanings and nuances based on the patient and family's cultural background, religion and level of health literacy, and may be considered a taboo subject.

Care of Lesbian, Gay, Bisexual and Transgender (LGBT) Patients

Accurate statistics on the numbers of lesbian, gay bisexual or transgender (LGBT) individuals in the United States are challenging to cite due to the sensitivity question and complexity of possible responses. People may self-identify as gay or bisexual, they may have sex with members of the same sex or both sexes but not identify as gay or bisexual, or they may not yet have come to terms with their own sexuality, among many other possibilities.

Child Rearing

Child rearing customs vary widely across cultures and can be a source of tension due the sensitive nature of the issue. Immigrant and minority parents and their family members may adhere tightly to their cultural traditions or they may adapt to the cultural norms of the society around them.

Chronic Disease Management

The management of chronic diseases such as diabetes, congestive heart failure, asthma, and even HIV/AIDS is one of the most challenging and important aspects of modern medicine. This is true for all patients, but particularly for immigrants and minorities who face additional barriers to effective care.

Disability

People with disabilities represent a large and growing sector of the population that need health care services. While over 54 million Americans have been identified as being disabled, the true number of people with a disability is unknown. At some point, almost everyone experiences a disability as they age.

Emergency Care

A patient's or family's understanding of what constitutes 'an emergency' may vary widely based on their familiarity with the health care system, health literacy, previous health care experience, time-orientation, and access to care. All of these may be influenced by the patient's cultural background.

► FRAMEWORK

► CLINICAL ISSUES

► THE RESCUE MODEL

► DIFFICULT SITUATIONS



SPECIFIC ETHNIC
ORIGINS & RELIGIONS



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[BACK TO CLINICAL ISSUES](#)

Cancer Care

 FRAMEWORK

Cancer Care

Cancer Care

0v

Ex

II

[Overview](#)[Examples](#)[Tips](#)

In addition to strategies described in more detail in the [framework for cross-cultural care](#), the following are a few tips for culturally competent cancer care.

- ▶ Ask patients if they observe any religious or traditional customs or practices that you should know about
- ▶ Ask about the patient's beliefs, fears and understanding of the cancer they have ([ESFT model](#)) so that you can develop a management plan for them that takes into account their cultural preferences and perspectives
- ▶ If families want to withhold the diagnosis from the patient, consider asking the patient whether they wish to relinquish their 'right to know' to a designated proxy. Consider avoiding the term 'cancer' when describing the illness.
- ▶ Always use professional interpreters (or telephonic interpretation) when there is a [language barrier](#) - ask patients if they feel they need an interpreter, or use one if you feel one is necessary. Don't rely on family members to interpret.
- ▶ Address any fears or concerns they might have about treatment options.

Model for cultural competency and diversity



Framework for cultural competence in clinical care

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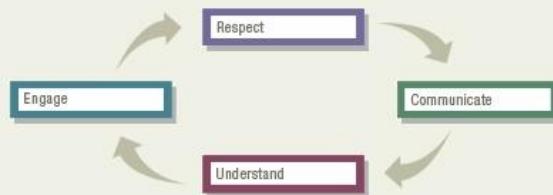
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Difficult Patient Situations

Click below to find out if there is a cross-cultural issue

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Is your patient refusing a test or procedure?

When a patient is reluctant to undergo a test or procedure of some type, it may mean that there is a cross-cultural issue that needs to be explored. By asking some open-ended questions, you may discover the root of the patient's refusal. While this won't always lead to the patient accepting the recommendation, it can certainly help direct the negotiation.

1. Ask about the patient's **understanding** of the procedure or of the illness itself.
2. Was the procedure explained in terms the patient could understand (with a professional interpreter if there is any **language** difficulty at all, at an appropriate level of **literacy** avoiding jargon and complex terms)? Ask patient to explain their understanding of the procedure back to you to ensure comprehension.
3. Does the patient have any specific **fears** or **concerns** about the procedure?
4. Does the patient trust you, the health care professionals who will be performing the test or procedure, or the health care system as a whole? Assess whether there have been any negative health care experiences which have made the patient **mistrustful**.
5. Are there any **financial concerns** about the procedure?
6. Are there important **decision makers** in the family (or community) that should be consulted?
7. Could the patient have **cultural/religious objections** to the possibility that the test or procedure will be performed by someone of the opposite sex?
8. Once you get key information, engage in **negotiation**

Is your patient non-adherent to medications?

Is your patient surrounded by multiple family members who are making medical decisions complicated?

Is your patient demanding a test, procedure, or medication that may not be indicated?

► FRAMEWORK

► CLINICAL ISSUES

► THE RESCUE MODEL

► DIFFICULT SITUATIONS



SPECIFIC ETHNIC
ORIGINS & RELIGIONS

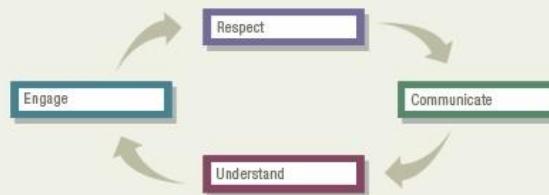


EXPLORE
REFERENCES

Click on the plus sign to expand the section



Model for cultural competency and diversity



Framework for cultural competence in clinical care

Assess Cross-Cultural Issues
Specific customs, spirituality, and diet
Styles of Communication
Decision-making
Mistrust
Sexual and Gender Issues

Explore Illness/Treatment Beliefs
Specific illness/treatment beliefs
Complementary/alternative practices
Personal meaning



Engage in Negotiation
Negotiating beliefs
Negotiating management options

Address Language and Literacy
Use of Interpreters
General Literacy
Health Literacy

Determine Social Context
Social stressors and supports
Socioeconomic factors
Immigration/previous care experience

Difficult Patient Situation?

Click to find out the cross-cultural issue.

- ▶ Does your patient present multiple unusual or unexplained symptoms?
- ▶ Is your patient non-adherent to medications?
- ▶ Does your patient miss appointments or often come late?
- ▶ See all Difficult Patient Situations**

NOTE: While these suggestions can be helpful with any patient, they may be particularly so for patients from less familiar cultural backgrounds.

Ask the Expert

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Clinical Cross-Cultural Issues

- ▶ Birthing
- ▶ Cancer Care
- ▶ Care of LGBT Patients
- ▶ Chronic Disease
- ▶ Disability
- ▶ Emergency Care
- ▶ End-of-life
- ▶ Genetic Counseling
- ▶ Informed consent
- ▶ Intensive Care
- ▶ See All**

Cultural Competence News

The most recent press from Quality Interactions. [Read now](#)

Aa Definitions

- ▶ Cultural Competence
- ▶ Cross-cultural negotiation
- ▶ Ethnicity
- ▶ Explanatory model
- ▶ Race
- ▶ See all Definitions**

Ethnic Origins Map

Roll over the ethnic groups listed below to see their origins on the map. Click to further explore.



- African American / Black
- Arab American / Middle Eastern
- European American / White
- American Indian / Alaskan Native
- Asian American / Pacific Islander
- Hispanic / Latino

Select a group

NOTE: It is important to avoid assumptions about individuals based on general group information. These are very broad groupings, each with multiple subgroups based on country, religion, geography, and other ethnic characteristics. The material in this section will provide links to tips on how to explore cultural issues further with individuals.

[BACK TO ETHNIC ORIGINS MAP](#)

American Indian / Alaska Native

[ETHNIC ORIGINS MAP](#)

American Indian / Alaska Native

American Indian / Alaska Native

Ov

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of t
trib
furtIn t
the[Overview](#)[Cultural Info](#)[Related Links](#)

Key Clinical References

For more information on American Indian and Alaska Natives' access to care:

- ▶ <http://www.nih.gov/about/researchresultsfortherpublic/HealthDisparities.pdf>

For more information on American Indian and Alaska Natives' diabetes, kidney, and digestive diseases:

- ▶ <http://diabetes.niddk.nih.gov/dm/pubs/amlatrisktype2AI/amerindrisk.pdf>

For more information on complementary or alternative approaches to health:

- ▶ http://www.cancer.org/docroot/ETO/content/ETO_5_3X_Native_American_Healing.asp?sitearea=ETO

For more information about specific countries and their languages, religions, cultural issues, and health, please go the MGH Medical Interpreter Services website

- ▶ <http://www2.massgeneral.org/interpreters/bits.asp>

Religion

The following information should only be used as a set of general guidelines about religion and health care. Individuals who identify with a specific religion may adhere firmly, loosely, or not at all to these religious beliefs and rituals. This information should not substitute for asking each individual for their own beliefs and preferences.



Buddhism

Buddhists believe in reincarnation until the absence of desire is attained. They do not believe in God as creator, and worship is the acknowledgement of an ideal. Buddhism still embraces ➤



Christianity

In looking at the Christian faith we will consider five major groupings, noting variations in practice: Catholics, Orthodox (Eastern, Greek), established churches (Episcopal, Lutheran), ➤



Hinduism

Hinduism is probably the oldest of the recognized living religions. It embraces a galaxy of gods and goddesses. Basically Hindus believe in an ultimate Great Spirit, Brahman or Atma. ➤



Islam

The word "Allah" is the Arabic word for God. Muslims, Christians and Jews worship one God. The roots of the three religions go back to the time before Abraham, who is the common link. ➤



Judaism

Judaism is the first of the great monotheistic religions of the world. Jewish law, which includes the Ten Commandments, has become the basis of the religion. Numerous other laws or ➤



Sikhism

Sikhism is more than a reform of Hinduism, it is an independent religion. They have retained the Hindu concept of reincarnation until true understanding and unity with the divine is ➤

ETHNIC ORIGINS MAP

RELIGION

USEFUL WEBSITES/LINKS

E-NEWSLETTERS

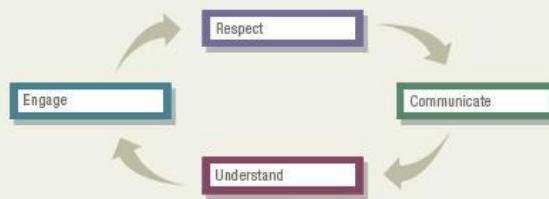


SPECIFIC ETHNIC ORIGINS & RELIGIONS



EXPLORE REFERENCES

Model for cultural competency and diversity



Clinical Cross-Cultural Issues

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- ▶ Care of LGBT Patients
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- ▶ Informed consent
- ▶ Intensive Care
- ▶ See All

Framework for cultural competence in clinical care

Assess Cross-Cultural Issues

Specific customs, spirituality, and diet
Styles of communication
Decision-making
Mistrust
Sexual and Gender Issues

Explore Illness/Treatment Beliefs

Specific illness/treatment beliefs
Complementary/alternative practices
Personal meaning



Engage in Negotiation

Negotiating beliefs
Negotiating management options

Address Language and Literacy

Use of interpreters
General literacy
Health literacy

Determine Social Context

Social stressors and supports
Socioeconomic factors
Immigration/previous care experience

Difficult Patient Situation?

Click to find out the cross-cultural issue.

- ▶ Does your patient present multiple unusual or unexplained symptoms?
- ▶ Is your patient non-adherent to medications?
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- ▶ Race
- ▶ See all Definitions

Language & Interpretation

[Overview](#)[Guidelines](#)[Related Links](#)

Why do I need to use an interpreter?

Effective communication is essential to the health care interaction at all levels. When patients have limited-English proficiency, or health care professionals and patients speak different languages, it is nearly impossible for clear communication to take place. Interpreters provide an essential bridge to communication in these situations, and facilitate effective communication and quality care. These are various reasons why the use of interpreters is critically important. For instance, using interpreters:

- Promotes safe, high quality care
- Complies with legal and regulatory requirements
- Improves patient cooperation and adherence to treatment
- Reduces cost in the long run
- Increases the clinician's professional and personal satisfaction
- Improves patient satisfaction and reduces risk of lawsuits

When do I need to use an interpreter?

Anytime you determine the patient has limited-English proficiency it is important to use an interpreter. Always err on the side of using an interpreter rather than struggling through without one, even if you have a working knowledge of their language. In general, patients have the right to request a medical interpreter anytime, even if they speak some degree of English. The need for an interpreter should ultimately be decided by the patient, though clinicians and other health care staff may recommend that a patient use an interpreter.

A helpful way to approach this with patients is to let them know that they have the right to an interpreter if they need one and that it is best to use one if they are concerned about their ability to exchange and understand information in the clinical encounter.

If the patient speaks some English but it is unclear how well, ask the patient:

- How well do you speak English - Very well, well, or not well?

If the patient responds "not well," an interpreter is appropriate.

If the response is "very well," interpretation is probably unnecessary.

If the response is "well," ask a second question:

- In what language do you prefer to receive your medical care?

Why not use family members or friends as interpreters?

Over the last twenty years, health care interpreting has developed into a profession guided by a National Code of Ethics and Standards of Practice. While the evidence against using family members and friends to interpret is clear, this practice is still widely used. However, it is a dangerous practice to rely upon untrained interpreters (especially family members) to interpret medical or health information for the following reasons:

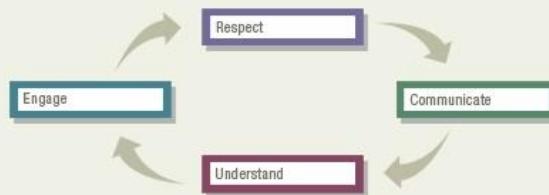


SPECIFIC ETHNIC
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CLINICAL CASE STUDY: MOHAMMAD

- **Mohammad** is a devout Muslim from Afghanistan who had surgery for stomach cancer
- He is now refusing the chemo recommended by his physician
- Mohammad's daughter thinks he fears that the kind of chemo offered will prevent him from observing daily prayer
- She also wonders if a professional translator might have avoided the misunderstandings



NON-CLINICAL CASE: TELEPHONE



Patient (with a deep accent): Hello...

Staff: Hello...do you speak English?

Patient: Yes...

Staff (raising voice, speaking slowly): OK THEN...HOW CAN I HELP YOU??

Patient: Yes, I would like to schedule an appointment.

What is the problem with how this was handled?

How can the Resource Site help?

NON-CLINICAL CASE: IN PERSON



- **Mr. Nassir Ahmad** is a 42 year old businessman originally from Egypt. He has been seeing Dr. Carter for several years.
- He can be demanding and somewhat challenging to deal with sometimes. He often arrives early for his appointments.
- Today he comes 30 minutes before his scheduled visit. He is apparently having some pain.
- He approaches very close to the receptionist and asks how long it will be before the doctor sees him.

HOMEWORK

- Use the Quality Interactions© Cultural Competence Resource Site to research
 - a population served by your unit or clinic
 - an issue relevant to your unit or clinic
- Based on the information we've reviewed, what "respectfully curious questions" might you ask of your patients going forward?
 - An excellent brainstorming activity for teams!

QUESTIONS?





Thank you for
participating!

Patient Centered Communication: Quality Interactions© Resource Site

Communicate the In-Service

Say: Enhancing and maintaining the Hospital's Culture of Safety ensures that we are all responsible for providing a high quality and patient safe environment.

Say: By knowing how culture influences patients' needs and knowing how our personal biases influence communication, we can better understand and practice effective patient centered communication.

Say: Utilizing the Patient Centered ResCUE Model (**R**espect, **C**ommunicate, **U**nderstand, **E**ngage) will help staff to provide effective communication.

Why is the In-Service Important?

Say: The purpose of this training is to demonstrate one of the resources available to NYP staff in their efforts to understand and meet the unique needs of each individual patient.

Say: Several patient populations are at risk to experience decreased patient safety, poor health outcomes and lower quality care due to ineffective communication.

Say: The Joint Commission requires health care organizations to provide patient centered communication, and NYP is committed to this as well.

In-Service Directions

1. Sit with staff at a computer and launch the Infonet to show them how to access the Quality Interactions© Cultural Competency Resource Site.

Do: Take staff to a computer and open the Infonet Home Page. Click on the "We Put Patients First" link on the far left; then click on the last link of the WPPF page to open the Resource Site.

Transition: You will be automatically logged into this site from any hospital computer except wireless devices.

2. Show staff the "Clinical Cross-Cultural Issues" page.

Do: Click on the "Clinical Cross-Cultural Issues" box on the far right of the page.

Say: Here you will find an alphabetized list of illnesses and clinical disciplines. Each explores the variety of cultural and other relevant issues that are important to understand in a healthcare setting. The emphasis is on a patient-based approach (the "Culture of One") to cross cultural care and the skills required to manage cross-cultural challenges.

Do: Click on one of the items on the list to review the content and guidance provided.

Say: The resources are organized in tabs that provide: an overview; specific examples; and specific tips. If you need information *quickly*, simply go to the tab that says "Tips".

Transition: Let's say you want to understand specifically how a patient's ethnicity or religion could impact the way in which how you communicate, or they types of questions to ask of a patient.

3. Show staff the "Specific Ethnic Origins & Religions" page.

Do: Click on the "Specific Ethnic Origins & Religions" icon, which looks like a map, on the right.

Say: This section features 6 major racial and ethnic groups. Click on the group that most closely matches the

identity of the patient.

Explain: The pages are organized into tabs that provide: a high-level overview of the group; cultural information, including healthcare related information such as common health conditions or alternative approaches to health; and resources for more information.

Do: Click on one of the groups on the list to demonstrate the resources. It may be helpful if you choose a population frequently served by your unit.

Say: We can also get information on several major religions if we click on the "Religions" link on the right side.

Explain: Select any of the religions by clicking on the name and read a concise overview about that religion's rituals and beliefs, which could be crucial for a healthcare-related scenario.

Do: Click on one of the religions on the list to demonstrate the resources. It may be helpful if you choose a population frequently served by your unit.

4. Show staff the "Difficult Patient Scenarios" page.

Do: Click on the "Home" link at the bottom of the page; then click on the "Difficult Patient Scenarios" box at the bottom left.

Say: This section features eight scenarios of cross-cultural interactions and walks through how an employee might handle these situations better.

Explain: Select any of the scenarios that best match your experience by clicking on the plus sign to expand the section. The tips are in a bulleted format along with related resources, including hot links that lead you to other parts of the website for advice and guidance.

Do: Click on one of the patient scenarios on the list to demonstrate the resources.

5. Show staff the "Language & Interpretation" page.

Do: Click on the "Language & Interpretation" link on the menu at the top of the page.

Say: This section provides pointers on how to work effectively with live or telephone interpreters, and working with patients whose first language is not English.

Explain: The page has three tabs that provide: a high level overview about language and interpretation; guidelines for working with interpreters; and resources for more information.

Do: Browse through the tabs to demonstrate the resources.

6. Show staff the cultural competence frameworks.

Do: Click on the "Home" link at the bottom of the page.

Say: Employees who want to enhance their knowledge and practice of culturally competence care are encouraged to review the frameworks on the home page.

Explain: The ResCUE model at the top is for all employees and features four key behaviors we can use to build respect and stronger patient communication skills. Click on any of the parts for a detailed description with the key concepts and tips.

Do: Click on one of the four parts to demonstrate the resources.

Say: The other model is for those who provide clinical care allows you to explore each of the key issues of the Patient-Based Approach.

Explain: If you scroll over and click on any of the key issues, they expand to provide: an overview of that component of the framework; a case vignette that brings it to life; and key cross-cultural skills that are needed to create the best encounter possible.

Conclusion: Understanding how we each play a role in the culture of safety and knowing where to go to improve one's skill can better position us for providing a high quality and patient safe environment.

Culture of One: *Taking Culture into Account in Professional Interactions*

We Put
Patients First





Introductions

As we go around the room, please share:

- Your name
- Your role in the hospital
- What you hope or expect to get out of this training



Course Objectives

- Understand what culture is and why it is important in healthcare delivery
- Become more aware of one's own cultural background and how that influences communication with patients
- Recognize at least three of the core cultural issues relevant to healthcare settings
- Understand the importance of the patient's explanatory model
- Practice a model for effective patient-centered cross-cultural communication



What to Expect Today's Agenda

- Welcome/Introduction
- Culture, Healthcare, and **The Culture of One**
- The Patient-Centered ResCUE Model
 - Respect Diversity
 - Communicate Clearly
 - Understand Differences
 - Engage the Individual
- Practice Opportunity



Group Agreements

- Respect other opinions and perspectives
- One microphone
- Manage your technology
- Speak from the “I”
- Ouch... oops...
- Others?

Culture, Healthcare, and the **Culture of One**





What Is Culture?

- Culture is a shared system of values, beliefs and learned patterns of behavior, not simply defined by race or ethnicity.





What Shapes Culture?

Culture is shaped by many factors such as:

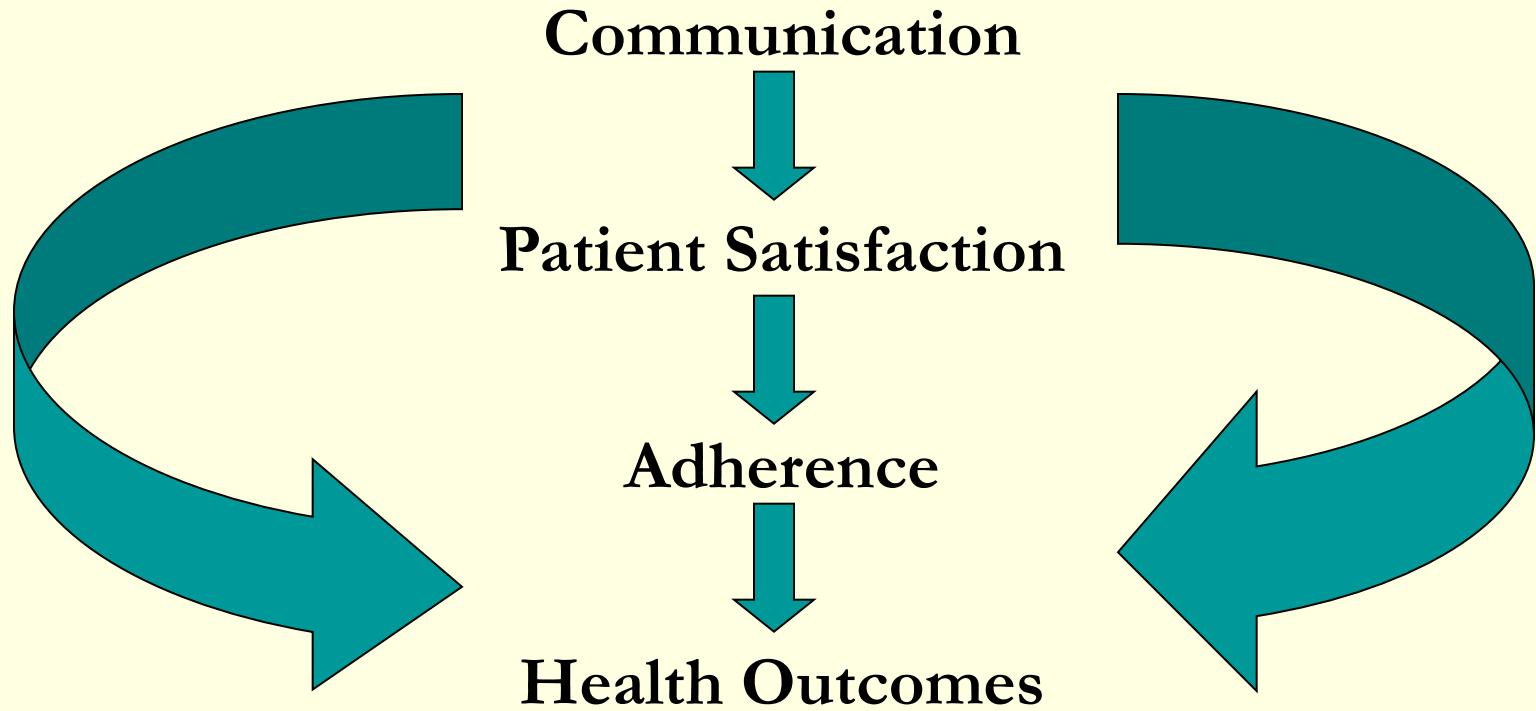
- Race
- Ethnicity
- Location
- Education
- Income
- Religion
- Migration
- Gender identity
- Gender expression
- Sexual orientation
- Employment
- Marital status
- Family status
- Ability status

Our life experiences, including the influence of parents, teachers, friends, peers, and the impact of the media and technology, influence our culture as well.



What Is the Role of Culture in Healthcare?

Culture plays an integral role in communication.



(Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2003)

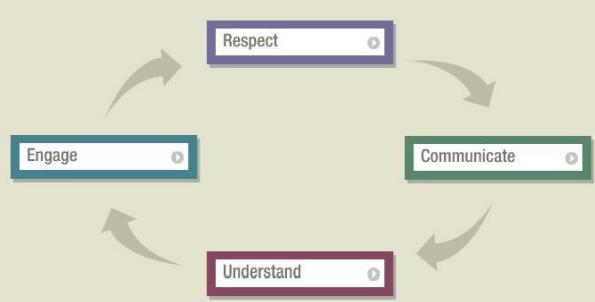


Patient-Centered Approach to Culture

In patient-centered care, we do not focus on the culture of a population.

We focus on the **Culture of One**.



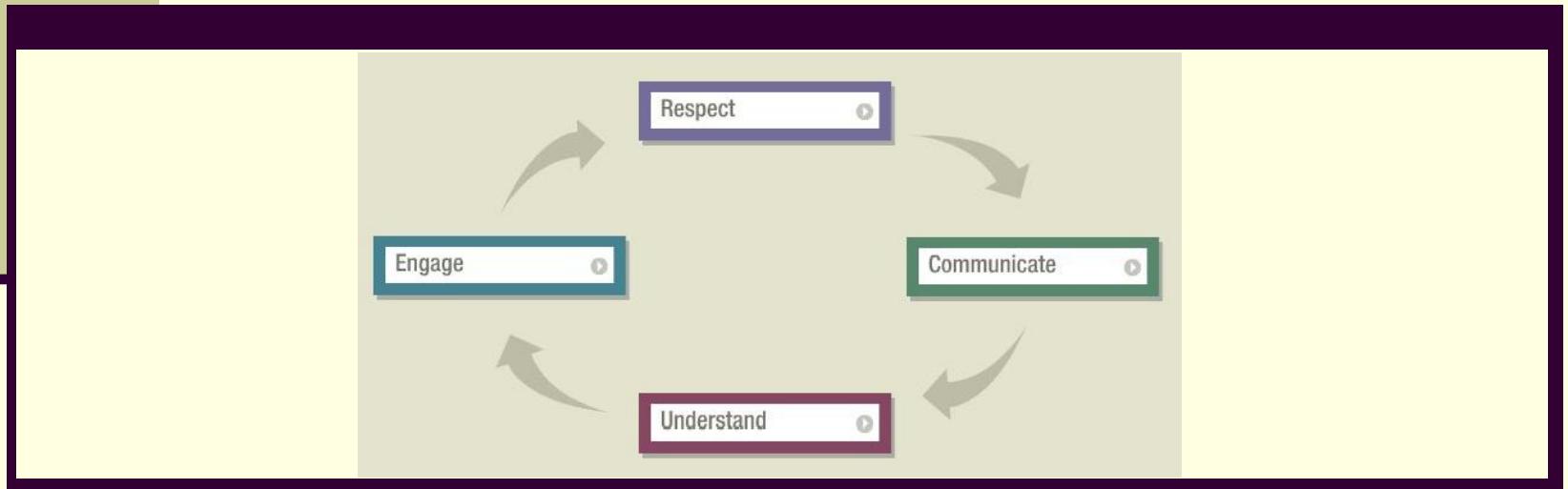


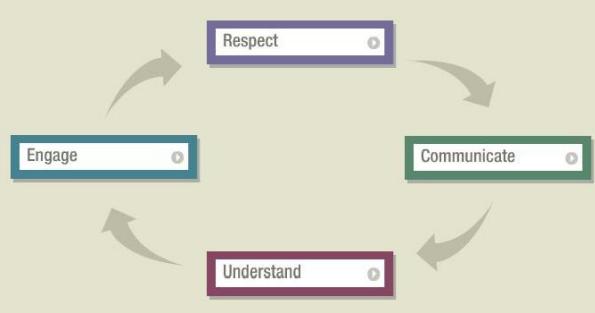
Explore the Culture of One

Consider issues that may be important to the patient:

- **Communication Styles:** *How does patient communicate? What is preference for formality, touch, eye contact?*
- **Mistrust/Prejudice:** *Does patient mistrust health care system?*
- **Autonomy, Authority, Family Dynamics:** *How does patient make decisions? Who is in charge?*
- **Role of Physician/Caregiver:** *What does patient expect? What is your role?*
- **Traditions, Customs, Spirituality:** *How do these factors influence patient?*
- **Sex/Gender Issues:** *How central are these to patient?*

Patient-Centered ResCUE Model

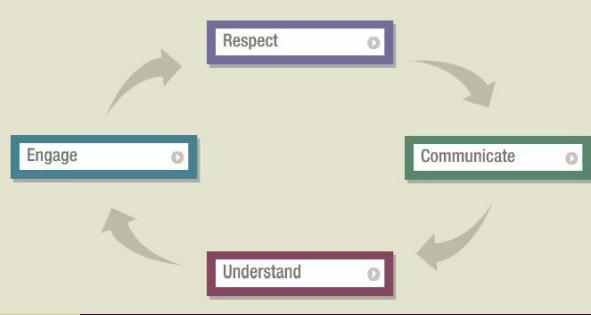




Respect Diversity

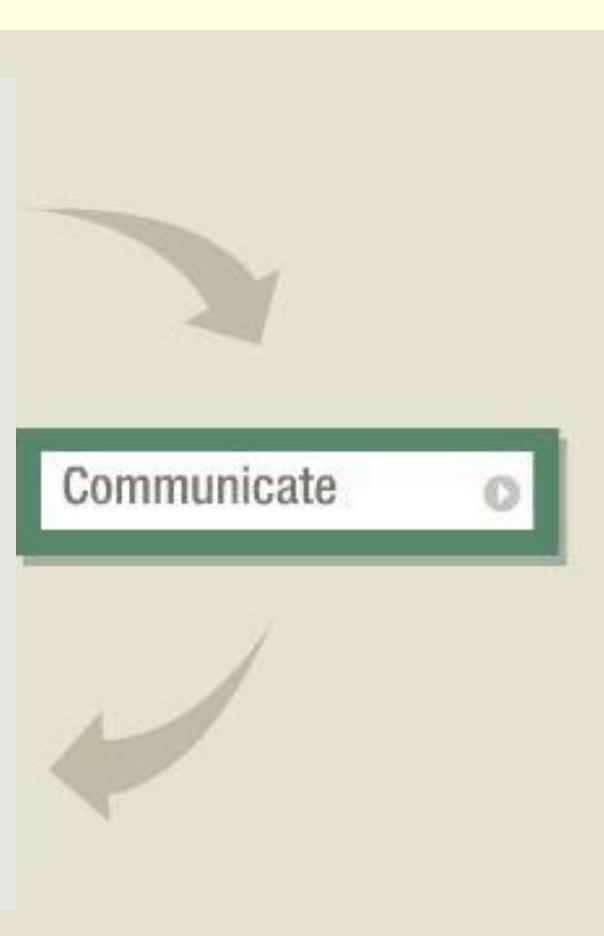
Respect

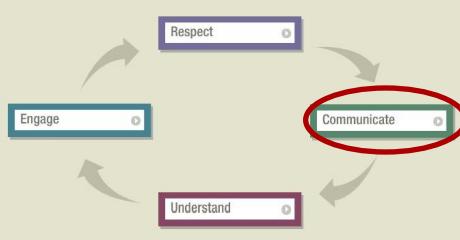
- Be self-aware
- Recognize commonalities with others
- Accept different customs, values, perspectives
- Avoid stereotypes and assumptions



Communicate Clearly

- Speak clearly and effectively
- Address language barriers and use interpreter services
- Work with patients with limited literacy skills
- Ask open-ended questions
- Use the Teach Back technique





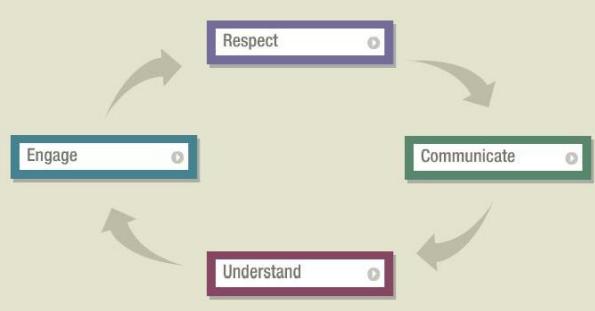
Interpreter Services at NYP

Our Program

- Remote (*telephonic*) interpreters
- Interpreters provided by Interpreter Services
- Interpreters on staff
- Westchester – “Language Bank” and staff interpreters

Who should not be used

- Untrained bilingual staff
- Family members – unless specifically requested by the patient and provider approves of decision
- Minors – should NEVER be used



Teach Back Technique

- The Teach Back technique is a useful communication skill that checks the patient's understanding and memory of important pieces of information.
- The technique is useful when sharing information about a diagnosis, treatment, or procedure.
- Teach Back consists of the following steps:
 - Explain
 - Teach Back
 - Assess
 - Repeat (if needed)

Respect

Engage

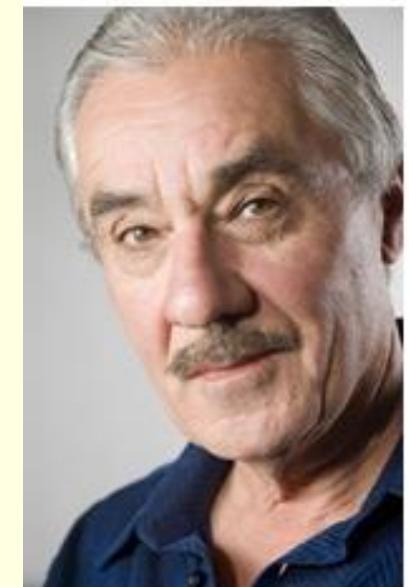
Communicate

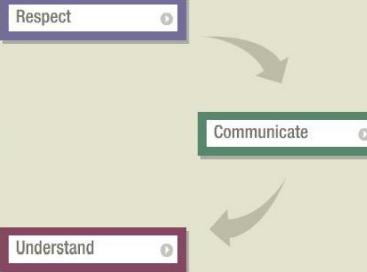
Understand

Case Study:

Mr. Perroni

- Mr. Perroni is a 64 year-old Italian man who speaks English fairly well.
- He was turned away from a scheduled colonoscopy because of inadequate preparation.
- He said he did his best in following the preparation instructions, but found many of the words to be complicated.
- Ultimately, he did not dilute the laxative with enough water.

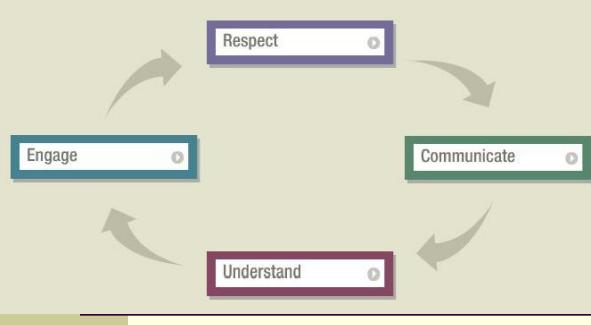




Case Study: Response

**What went wrong?
What was the impact?
What can we do more effectively?**

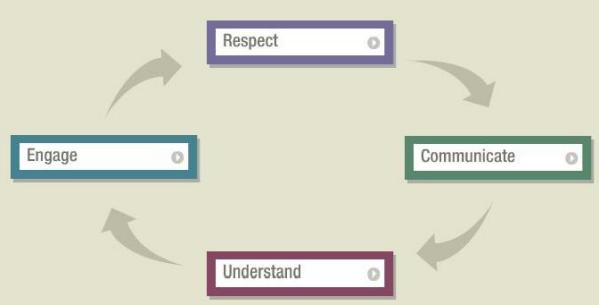
- Mr. Perroni's written communication needs were not adequately addressed.
- Patient dissatisfaction and loss of trust may occur due to ineffective communication.
- Repeat procedures cause inefficiencies within NYP by misusing resources.
- **Always assess whether a patient can truly understand information provided to them.**



Understand Differences

- Understand the types of customs, values, and perspectives that can lead to cross-cultural tension
- Know yourself and your own cultural perspectives
- Learn about others and their cultural perspectives
- Explore the **Culture of One** and the patient's explanatory model

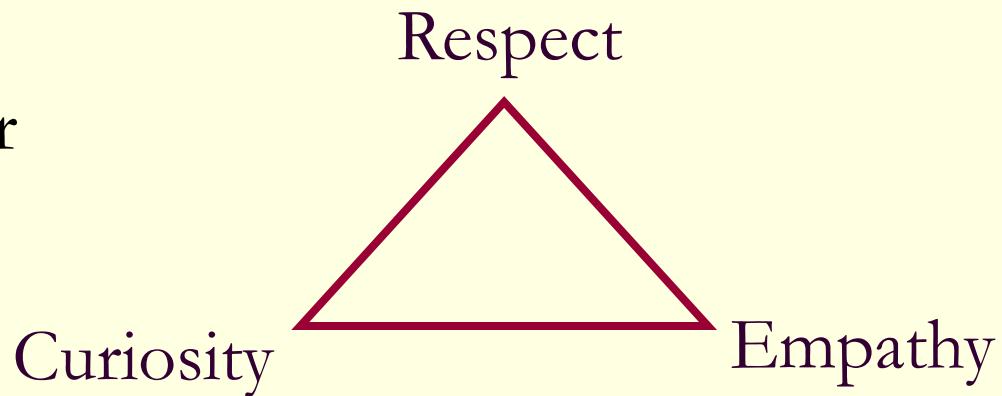
Understand



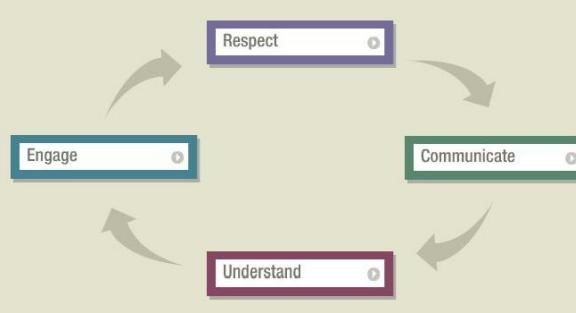
Treat Patient as Their Own Expert

- What do you think caused your problem?
- Why do you think it started when it did?
- How does it affect your life?
- What worries you the most?
- How should it be treated?

ASK “respectfully curious questions”
to utilize the NYP values of
Respect and Empathy



(adapted from Carrillo, Green, Betancourt '99)



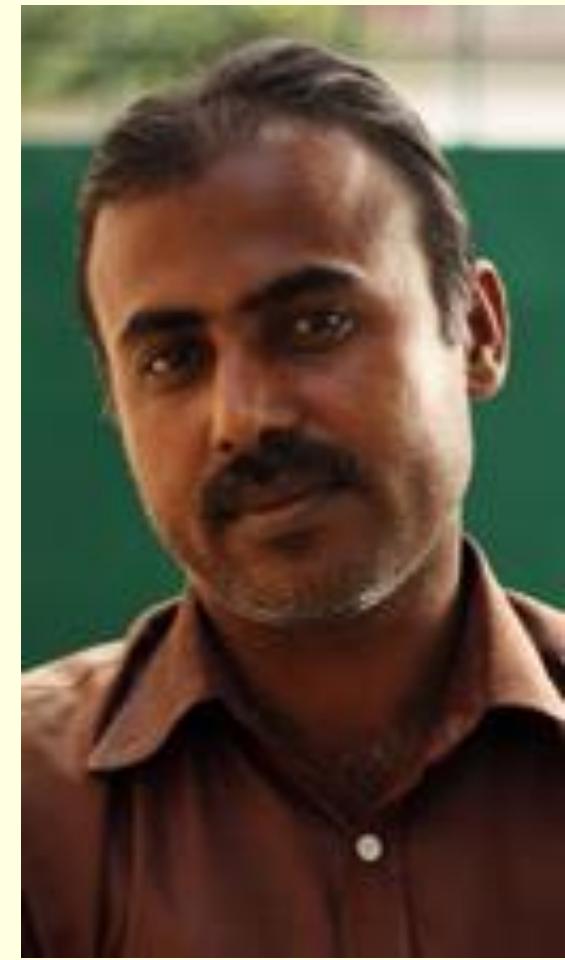
Engage the Individual

-
- Acknowledge cultural diversity
 - Explore personal biases
 - Explain things clearly and simply
 - Negotiate differences across cultures
 - Settle on a mutually agreed-upon course of action

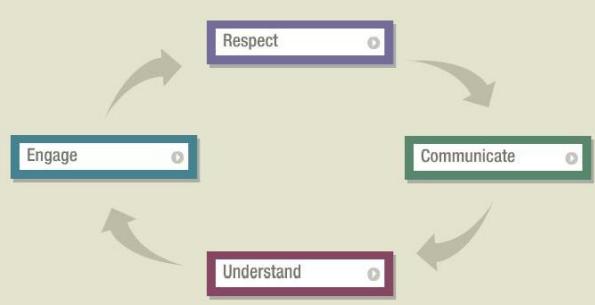
Case Study:

Sanjeev

- Sanjeev, a 49 year-old man from India, is being treated for a chronic bone infection. He isn't improving as well as expected.
- The wound was checked several times and cultures showed the antibiotic was effective. The doctor asked if he was taking anything else besides the antibiotic.
- Sanjeev said he was taking a holistic remedy to help with infections. While using this, he would often skip taking his antibiotic. He felt that it was better for him to take a break from medications.



Case Study: Response



**What went wrong?
What was the impact?
What can we do more effectively?**

- Sanjeev's views on holistic medicine were not initially explored, delaying his healing process.
- Ask open-ended, non-judgmental questions about complementary, alternative, and folk remedies.
- Remedies may not seem effective, but negotiation is necessary since there is a difference in perspective.
- Settle on a medically appropriate course that takes the patient's perspective in mind.

Summary and Close: Putting it All Together





Exploring the Culture of One

QUALITY INTERACTIONS

Cross-Cultural Issues | Language & Interpretation | Definitions | Additional Resources

Enter search term | SEARCH

► Model for cu

Identifies areas to explore with patients and questions to ask

Helps understand customs, cultures and perspectives based on ethnic origins and religion



Available on InfoNet under We Put Patients First tab

Assess Cross-Cultural Issues

- Specific customs, spirituality, and diet
- Styles of Communication
- Decision-making
- Mistrust
- Sexual and Gender Issues

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- Birthing
- Cancer Care
- Care of LGBT Patients
- Chronic Disease
- Disability
- Emergency Care
- End-of-life
- Genetic Counseling
- Informed consent
- Intensive Care
- See All

Cultural Competence News

The most recent press from Quality Interactions. [Read now](#)

Difficult Patient Situation?

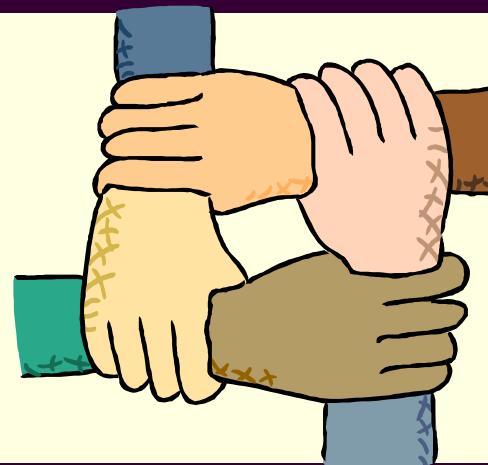
Click to find out the cross-cultural issue.

Ask the Expert

Aa Definitions

Thank you for your
participation!

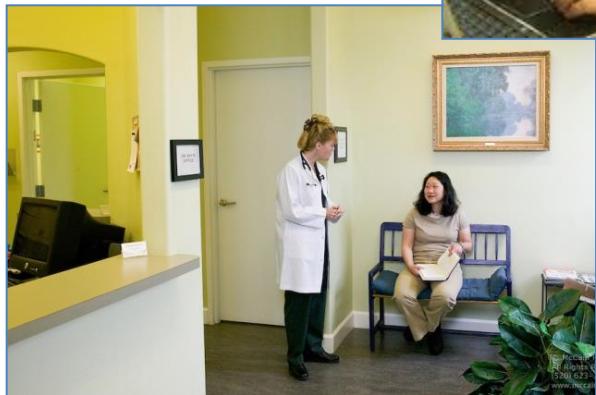
We Put
Patients First



Questions? Contact Us! cole411@nyp.org

 NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Culture of One: Taking Culture into Account in Professional Interactions



Course Objectives

At the conclusion of this course you will be able to:

- Understand what culture is and why it is important in healthcare delivery
- Become more aware of one's own cultural background and how that influences communication with patients
- Recognize at least three of the core cultural issues relevant to healthcare settings
- Understand the importance of the patient's explanatory model
- Practice a model for effective patient-centered cross-cultural communication

Group Agreements

- Respect other opinions and perspectives
- One microphone
- Manage your technology
- Speak from the "I"
- Ouch... oops...
- Others?

What is Culture?

Culture is a _____ system of _____, _____, and _____ patterns of behavior, not simply defined by _____ or _____.

What Shapes Culture?

List some the factors that can shape one's culture:

1) _____

9) _____

2) _____

10) _____

3) _____

11) _____

4) _____

12) _____

5) _____

13) _____

6) _____

14) _____

7) _____

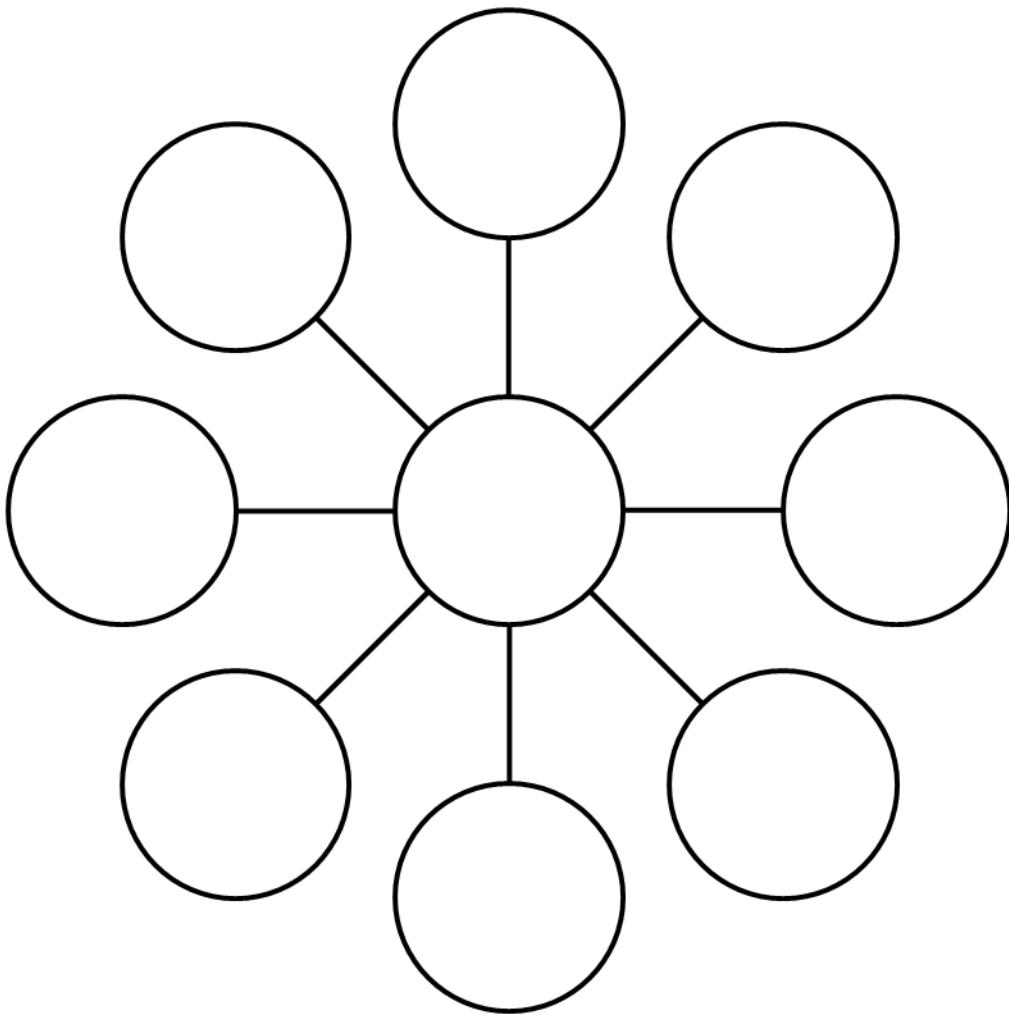
15) _____

8) _____

16) _____

What Shapes Culture?

Place your name in the center circle of the image below. In each of the circles below, write down different factors that have influenced your culture in important ways.



Understand Your Own Complexity

Create a statement that shows how you are more complex than your cultural identity might initially suggest. You can frame the statement by filling in the following sentence: "I am (a/an) _____, but NOT (a/an) _____." An example could be "I am a man, but NOT a sports fan" or "I am Catholic, but NOT conservative." You can use the space below to write down your statement.

I am (a/an) _____, but NOT (a/an) _____.

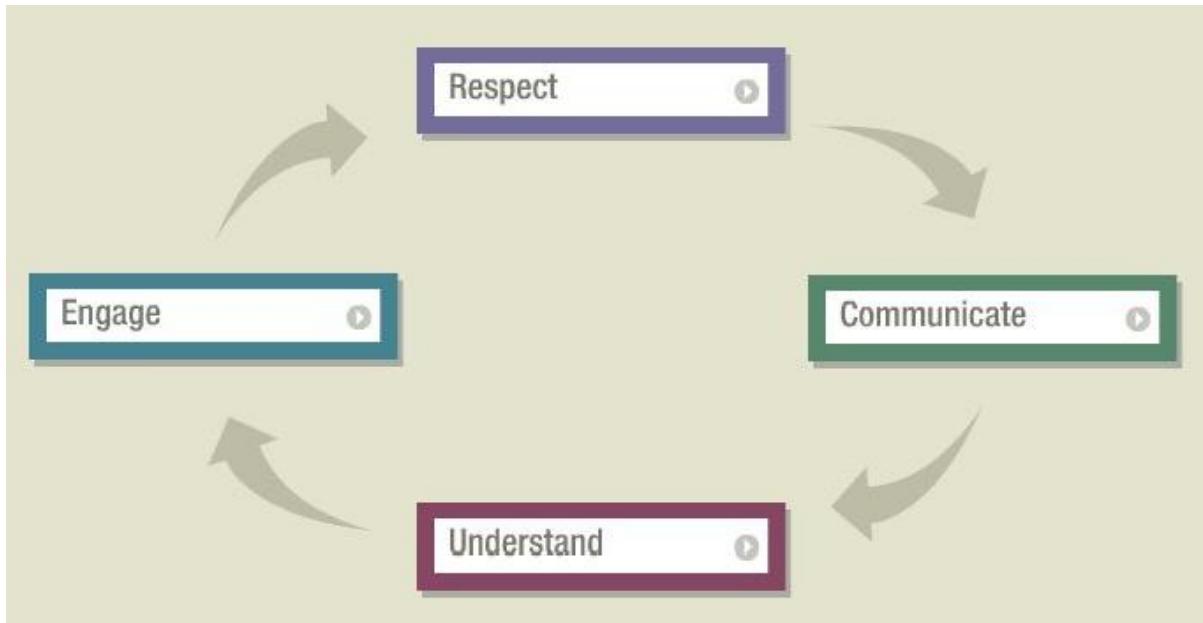
Culture of One and Healthcare

How to identify the cross-cultural issue?

When you see a patient from a different sociocultural background that you may not be familiar with, consider a broad set of core cross-cultural issues that may be important for that individual in the healthcare environment.

Styles of Communication: <i>How does the patient communicate?</i>	This includes issues relating to eye contact, physical contact, and personal space; deferential vs. confrontational style; and stoic or expressive communication of symptoms.
Mistrust and Prejudice: <i>Does the patient mistrust the health care system?</i>	Recognize mistrust and its effects and strive to build trust by reassuring the patient of your intentions.
Autonomy, Authority, and Family Dynamics: <i>How does the patient make decisions?</i>	Determine the role of family vs. individual in decision making, as well as the role of community leaders or spiritual leaders in important decisions.
Role of Physician: <i>What does the patient expect? What is your role?</i>	Identify the patient's expectations regarding his or her health care and views on alternative medicine.
Traditions, Customs, and Spirituality: <i>How do these factors influence the patient?</i>	These include issues regarding medical procedures (e.g. drawing blood), rituals pertinent to the medical encounter, and culturally specific diet or preferences.
Sex and Gender Issues: <i>How central are these issues to the patient's life?</i>	These include attitude toward the physical examination (e.g. is it influenced by the sex of the physician), shame or embarrassment in discussion of sexual issues, and differences in gender-related behavior or sexual orientation.

ResCUE Model for Patient Interactions



Respect and value cultural diversity	Communicate clearly in cross-cultural interactions
<ul style="list-style-type: none"> • Be _____ • Recognize _____ with _____ • _____ different customs, values, perspectives • Avoid _____ and _____ 	<ul style="list-style-type: none"> • Speak _____ and effectively • Address language barriers and use _____ • Work with patients with limited _____ skills • Ask _____ questions • Use the _____ technique
Understand and explore cultural differences	Effectively engage an individual in a cross-cultural
<ul style="list-style-type: none"> • Understand the types of customs, values, and perspectives that can lead to cross-cultural _____ • Know _____ and your own cultural _____ • Learn about _____ and their cultural perspectives • Explore the Culture of One and the patient's _____ 	<ul style="list-style-type: none"> • Acknowledge cultural diversity • Explore personal _____ • Explain things clearly and _____ • _____ differences across cultures • Settle on a mutually agreed-upon _____ of _____

Skills and Resources

Requesting an Interpreter

<u>Hospital</u>	<u>Number</u>	<u>Hours of Operation</u>
All Hospitals: Telephonic Interpreting Service <i>Note: separate number for NYP/LM</i>	1-800-876-3059 Access Code Required 1-800-523-1786	24 hours a day/ 7 days a week
Allen Hospital	Beeper# 8-4321 (Spanish Only) 212-305-9607 (all other languages)	Mon-Fri, 9:00AM-5:00PM During non-business hours contact administrator on call
Columbia University Medical Center MSCHONY Ambulatory Care Network/CU	212-305-9607	Mon-Fri, 9:00AM-5:00PM During non-business hours contact administrator on call
Lower Manhattan	212-312-5034	Mon-Fri, 9:00AM-5:00PM After hours: call the nursing supervisor
Weill Cornell Medical Center Ambulatory Care Network/WC	212-746-4397	Mon-Fri, 9:00AM-4:30PM During non-business hours contact administrator on call
Westchester	914-997-5955, Beeper # 7160, or 914-997-8659, Beeper #030	Mon-Fri, 9:00AM-5:00PM After hours: call the nursing supervisor

Teach Back Technique

The Teach Back technique is a useful communication skill that checks the patient's understanding and memory of important pieces of information.

The technique is useful when sharing information about a diagnosis, treatment, or procedure.

Teach Back consists of the following steps:

1. Explain
2. Teach Back
3. Assess
4. Repeat (if needed)

Skills and Resources

Ask Questions; Listen to Learn

Treat the patients as an expert about themselves and ask ‘respectfully curious questions’ can enhance your understanding about each individual, including how they perceive their illness and the kind of treatment they expect

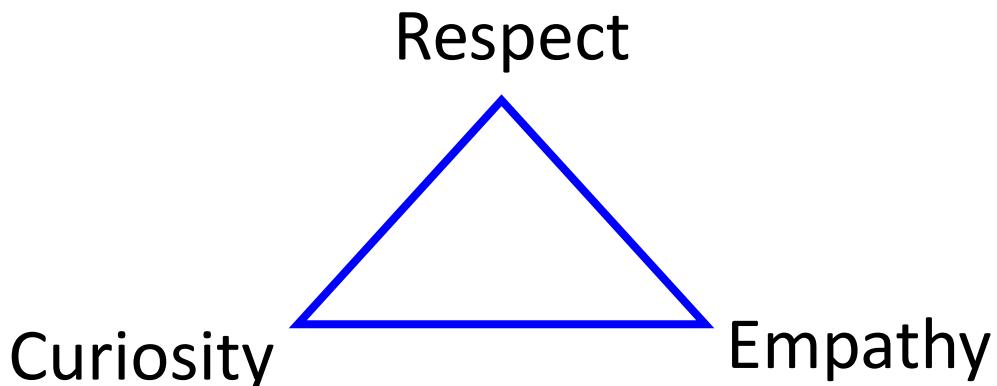
Questions that can help you understand the patient’s explanatory model:

- What do you think caused your problem?
- Why do you think it started when it did?
- How does it affect your life?
- What worries you the most?
- How should it be treated?

(Kleinman, Eisenberg, & Good '78)

What respectfully curious questions should you ask?

Critical Factors for Respectfully Curious Questions:



(adapted from Carrillo, Green, Betancourt '99)

Skills and Resources

Quality Interactions Resource Site

Identifies areas to explore with patients and questions to ask

Helps understand customs, cultures and perspectives based on ethnic origins and religion

Available on InfoNet under We Put Patients First tab

The screenshot shows the Quality Interactions website. At the top, there's a navigation bar with links for Cross-Cultural Issues, Language & Interpretation, Definitions, Additional Resources, and a search bar. A large central box contains a circular flow diagram with four steps: Engage, Respect, Communicate, and Understand, with arrows indicating a clockwise cycle. To the right of this diagram is a sidebar titled 'Clinical Cross-Cultural Issues' which lists various topics like Birthing, Cancer Care, and Chronic Disease. The main content area also includes sections for Assessing Cross-Cultural Issues, Explore Illness/Treatment Beliefs, Address Language and Literacy, Determine Social Context, and Engage in Negotiation. At the bottom, there are buttons for 'Difficult Patient Situation?', 'Ask the Expert', and 'Definitions'.

Case Study

- Mr. Perroni is a 64 year-old Italian man who speaks English fairly well.
- He was turned away from a scheduled colonoscopy because of inadequate preparation.
- He said he did his best in following the preparation instructions, but found many of the words to be complicated.
- Ultimately, he did not dilute the laxative with enough water.



What is the main issue and how can it be resolved?

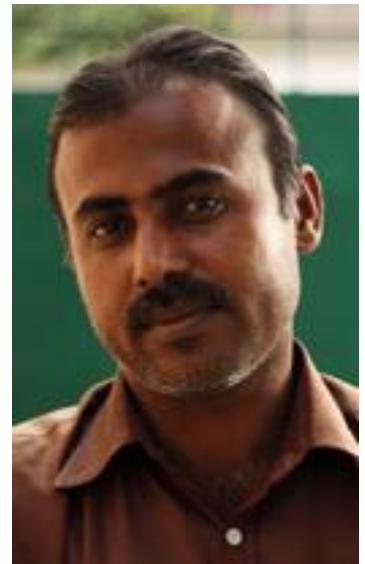
What went wrong?

What was the impact?

What can we do more effectively?

Case Study

- Sanjeev, a 49 year-old man from India, is being treated for a chronic bone infection. He isn't improving as well as expected.
- The wound was checked several times and cultures showed the antibiotic was effective. The doctor asked if he was taking anything else besides the antibiotic.
- Sanjeev said he was taking a holistic remedy to help with infections. While using this, he would often skip taking his antibiotic. He felt that it was better for him to take a break from medications.



What went wrong?

What was the impact?

What can we do more effectively?

What went wrong?

What was the impact?

What can we do more effectively?

Notes:

Personal Commitment to Change Journal

Don't Let A Good Idea Get Away

It is common knowledge that if you use an idea within 24 hours of hearing it, you are more likely to integrate it permanently. Therefore we encourage you to write down ideas after each module.

1. Respect and Value Diversity

Specific Changes to Implement	Where OR With Whom	By When

2. Communicate Clearly in Cross-Cultural Interactions

Specific Changes to Implement	Where OR With Whom	By When

Personal Commitment to Change Journal

3. Understand and Explore Cultural Differences

Specific Changes to Implement	Where OR With Whom	By When

4. Effectively Engage Individuals in Cross-Cultural Interactions

Specific Changes to Implement	Where OR With Whom	By When