

Maximize Cultural Competency in Care Delivery: An Introduction to Quality Interactions Resource Center (QIRC)

- All attendees will be automatically muted and in listen-only mode for the duration of the presentation
- Participation is highly encouraged!
 - The speaker will take questions all throughout the presentation so please feel free to submit questions using the chat function.
 - Please submit your responses to the polls during the presentation.
 - Don't forget the satisfaction survey following the webinar.
- All slides and the audio recording will be made available on our website following the presentation
 - <http://www.nyp.org/pps/resources/pps-webinars>

- *Our speaker:*

Nina Guercio is a Talent & Development Consultant within Human Resources at NewYork-Presbyterian Hospital



QUALITY INTERACTIONS ©

A Cultural Competence Resource Site
For NYP DSRIP PPS

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

[Home](#)[Ethnic Origins](#)[Religions](#)[Foundations](#)[Clinical Issues](#)[Difficult Situations](#)[Language & Interpretation](#)

Please Log In

Enter your unique Login ID and password to access the Quality Interactions Resource Center.

Username

Password

☒ Remember Me

Cultural Competency at Your Fingertips

Welcome to the Quality Interactions Resource Center. This quick-access reference site provides essential information to help you improve patient communications and manage daily cross-cultural challenges. Explore the site to learn more about specific cultural/ethnic groups, common cross-cultural issues, or cultural competency concepts by clicking the links below.

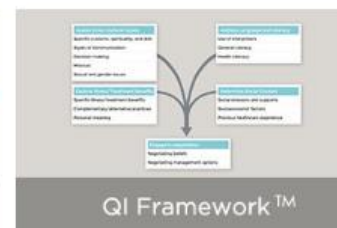
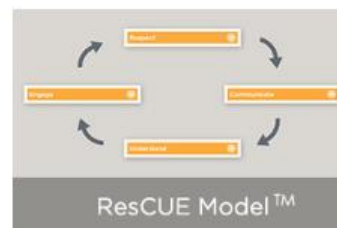
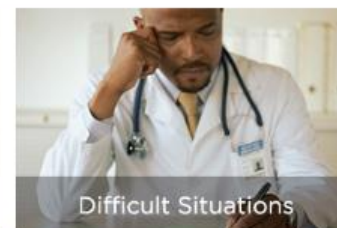
Ethnic Origins



African American/Black Ghana • Haiti • Jamaica • Nigeria	American Indian/Alaskan Native
Arab American/Middle Eastern Iran • Iraq • Lebanon • Saudi Arabia	Asian American/Pacific Islander China • India • Korea • Pakistan • Philippines • Vietnam
European American/White Bosnia • Russia	Hispanic/Latino Cuba • Dominican Republic • Mexico • Puerto Rico

Religions

 Buddhism	 Christianity
 Hinduism	 Islam
 Judaism	 Sikhism



1. Tabs
2. Center
3. Bottom tiles

Difficult Situations

Home

Ethnic Origins

Religions

Foundations

Clinical Issues

Difficult Situations

Language & Interpretation



Difficult Situations

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Difficult Situations

Difficult situations with a customer/member can often be rooted in cross-cultural issues. While the suggestions in this section can be helpful with any individual, they are particularly relevant to interactions with customers/members from diverse sociocultural backgrounds who may be less familiar with the Western medical model.

[Is the patient refusing a test or procedure?](#)

[Is the patient non-adherent to medications?](#)

[Is the patient surrounded by multiple family members who are making medical decisions complicated?](#)

[Is the patient demanding a test, procedure, or medication that may not be indicated?](#)

[Does the patient miss appointments or often come late?](#)

[Does the patient present multiple unusual or unexplained symptoms?](#)

[Does the patient seem not to understand their illness or management plan?](#)

[Does the patient make you feel angry or frustrated?](#)

For more information on cross-cultural issues discussed in this section, visit the [QI Framework: A Person-Based Approach to Cross-Cultural Care™](#).

Difficult Situations

[Refusing Test/Procedure](#)

[Non-adherence](#)

[Family Decision-Making](#)

[Demanding Test, Procedure, or Medication](#)

[Missed/Late Appointments](#)

[Unusual/Unexplained Symptoms](#)

[Illness/Treatment Comprehension](#)

[Managing Your Frustration](#)

Clinical Issues

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Clinical Issues



Difficult Situations



Language & In

Clinical Issues

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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 individual's 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

Clinical Issues

Cancer Care

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

Child Rearing

Chronic Disease Management

Disability

Emergency Care

End-of-Life/Palliative Care

Fetal Maternal Health: Prenatal

Fetal Maternal Health: Birthing

Fetal Maternal Health: Postpartum

Genetic Counseling

Informed Consent

Language & Interpretation

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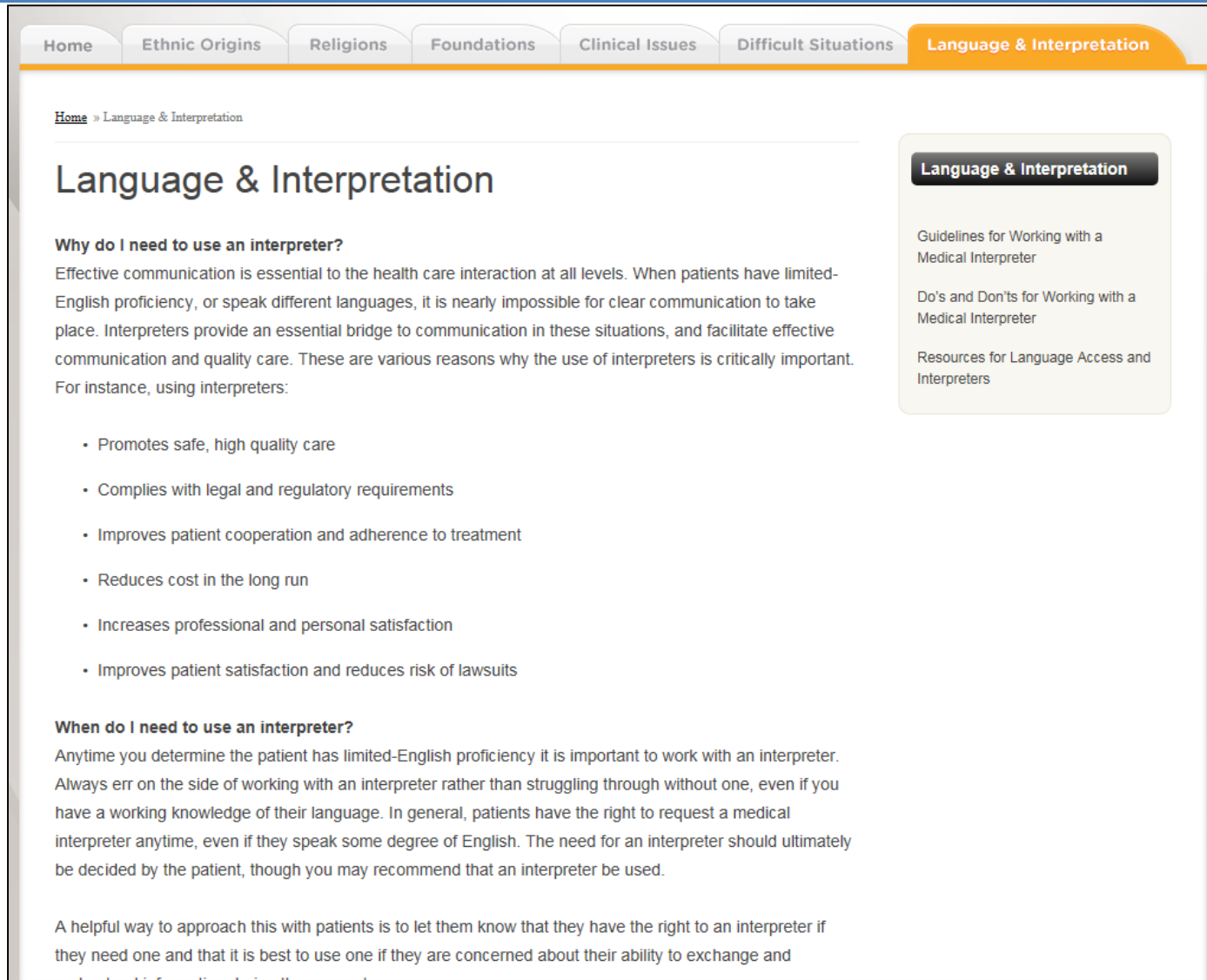
Clinical Issues

Difficult Situations

Language & Interpretation



Language & Interpretation



The screenshot shows a website with a navigation bar at the top containing links: Home, Ethnic Origins, Religions, Foundations, Clinical Issues, Difficult Situations, and Language & Interpretation (which is highlighted in orange). Below the navigation bar, the breadcrumb trail reads 'Home » Language & Interpretation'. The main heading is 'Language & Interpretation'. The content area is divided into two columns. The left column contains the text 'Why do I need to use an interpreter?' followed by a paragraph explaining the importance of interpreters in healthcare, and a bulleted list of reasons. The right column contains a sidebar with a heading 'Language & Interpretation' and three links: 'Guidelines for Working with a Medical Interpreter', 'Do's and Don'ts for Working with a Medical Interpreter', and 'Resources for Language Access and Interpreters'. The bottom of the page shows the start of a new section titled 'When do I need to use an interpreter?'.

Home » Language & Interpretation

Language & Interpretation

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 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 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 work with an interpreter. Always err on the side of working with 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 you may recommend that an interpreter be used.

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

Language & Interpretation

- Guidelines for Working with a Medical Interpreter
- Do's and Don'ts for Working with a Medical Interpreter
- Resources for Language Access and Interpreters


Ethnic Origins

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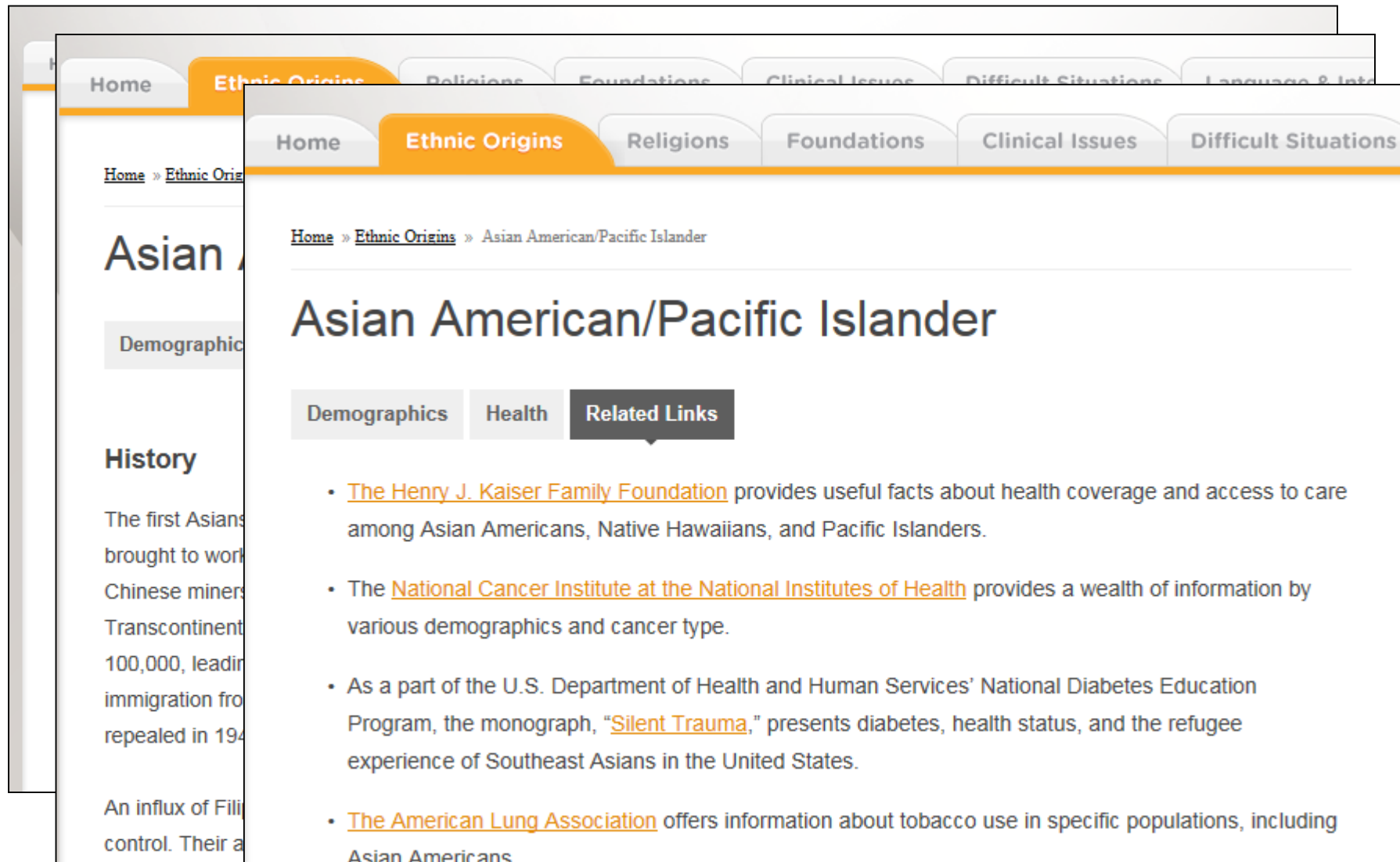


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Ethnic Origins




Religions

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Religions

Religions

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 ▶

Religions

Buddhism

Christianity

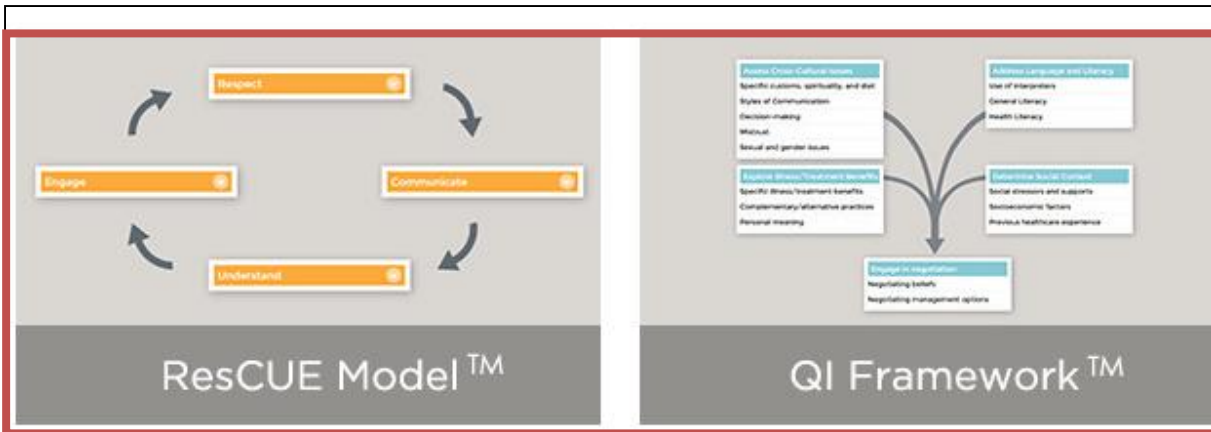
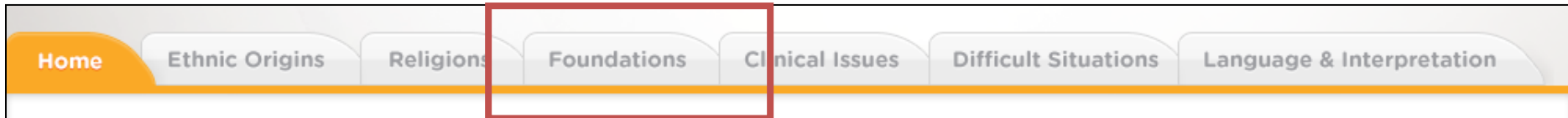
Hinduism

Islam

Judaism

Sikhism

Models



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

The screenshot displays the 'Quality Interactions' software interface. At the top, there is a navigation bar with a 'MAIN MENU' button and links to 'Introduction', 'Cultural Competence Q&A', 'The ResCUE Model', and 'Case Vignettes'. Below this, the patient's name 'Nassir Ahmad' is shown. A progress indicator shows five steps, with the fifth step, 'Background', currently selected. The 'Background' section contains a portrait of Mr. Nassir Ahmad and a text box describing him as a 42-year-old businessman from Egypt who has been seeing Dr. Carter for several years. It notes that he is demanding, arrives early (30 minutes before his appointment), and is currently in pain. A 'continue' button is located at the bottom of the text box. Below the portrait, there is a 'Communication with Patient' section with a plus sign and a minus sign. To the right of this section is a 'Transcripts' icon and a 'Patient Select' button. At the very bottom, there is a footer with links to 'Training Overview/Accreditation' and 'General Information', and a copyright notice: '© 2010, Medveten Cross Cultural Group. All Rights Reserved.'

- ❑ **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
 - ▣ a specific patient
- Consider how to use the site for onboarding new staff
- What “respectfully curious questions” might you ask of your patients going forward?
 - ▣ An excellent brainstorming activity for teams!

QUESTIONS?





**Thank you for
participating!**



Presenter Biography

Nina Guercio is a Talent & Development Consultant within Human Resources at NewYork-Presbyterian Hospital. She has over 15 years of experience in the field of Human Resources, and has leveraged her personal passion for diversity, inclusion and cultural competence in various projects at the hospital. She has a B.A. in Education from Brown University and an M.A. in Social-Organizational Psychology from Columbia University.



Special thanks to our guest volunteer!

Ebbony McPhatter

Operations Supervisor
Care Coordination Department
St. Mary's Health Care System for Children

Upcoming Webinars from NYP PPS and Collaborators:

Register Here: <http://www.nyp.org/pps/resources/pps-webinars>

Pharmacotherapy for Tobacco Cessation: Practice & Policy

Wednesday, March 22, 2017 1:00 PM - 2:00 PM EST

The webinar will feature **Dr. David Albert, DDS, MPH**, NYP PPS Tobacco Cessation Project Lead & Medical Director for the NYP Fort Washington Dental Clinic.

Society, Culture and Race in Clinical Care

Wednesday, March 29, 2017 from 1:00 PM - 2:00 PM EST

This presentation will be led by **Bradley Matthys Moore, PhD**, Research and Partnerships Manager at The Lenox Hill Neighborhood House.

An Overview of the Health Home Serving Children

Tuesday, April 4, 2017 from 11:00 AM - 12:00 PM EST

This webinar will feature **Jodi Saitowitz, LCSW**, Executive Director of The Collaborative for Children and Families.

Special Webinar Announcement from GNYHA/NYLAG LegalHealth:

Understanding the Current Immigration Landscape for Patients

Thursday, March 30, 2017 from 3:00 - 4:30 PM EST

Register: <https://join.onstreammedia.com/register/92762188/qaqm3zw>

We want to hear from you! Please contact ppsmembership@nyp.org with any feedback.