

Cultural Competency Talking Points

Important to be sensitive to the cultural and religious beliefs of the communities we serve.
If patients know we respect them as people, they're more likely to trust us, to follow through with prescribed therapies/treatments. They're more likely to tell us what they need when they need it.

Awareness

Conflicts occur when we forget that our relationship with the person is our primary focus
We forget the patient's values and beliefs must guide our treatment plans
When patients are not respected or heard
When patients don't understand/agree with what we're prescribing/ordering
Patients may fail to tell us they're not following treatment protocols
Patients may prefer alternative healing methods (folk medications, herbs, shamans, witch doctors)
Our treatment plan may go against their cultural or religious beliefs
Patients may not trust us because of past injustices/beliefs

Avoid Stereotyping

What kinds of treatment do you expect?
What do you need to get well?
Do you expect your caregivers to include you as part of the healthcare team?
Do you want your family involved in your care or do you prefer privacy?

When you're critical of another person's values/beliefs, when you think your way is best = Prejudice
All have human biases – natural. It's the way we categorize information quickly. We make assumptions based on personal values, beliefs and experiences.
Pay attention to self-talk
Notice your first reaction to the patient
When you catch yourself thinking thoughts that jeopardize patient-provider communication, stop!
Focus on the person.

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Gathering Information

When you walk into the patient room, your goal is to connect with the person and build a relationship of trust by demonstrating that you care.

Ask about proficiency with English and country of origin

Make sure professional interpreter available

Let patient know you're interested in his/her cultural and religious beliefs

Notice patient's thoughts about the disease and body language

E = Discover patient's explanation of the illness.

- What do you think caused your problem?
- What is the most troubling aspect of the illness? How long do you think it will last?
- Listen to the patient's perception of the problem

T = Ask about other treatments tried or expected.

- Ask about herbal remedies he/she may be taking.
- Ask what the patient hopes to receive from this treatment.

H = Ask about healers the patients may have consulted

- Have they consulted other healers to treat this condition
- Some cultures believe disease is a form of punishment, a loss of soul or due to curses

N = Negotiate options that are mutually acceptable – the ones that meet the patient's needs

- Goal is to create dialogue – sharing of information
- Explain your perception of the problem and suggested treatment
- Acknowledge the similarities and differences between your perceptions
- As for feedback "What would interfere with your adherence with treatment recommendations?"
- Explain why you think it's important to also consider this type of treatment
- Ask patient to repeat what he/she thinks is expected
- Be cautious about explaining a negative prognosis or possible side effects/complications. Some cultures would prefer not to know – even though you may think it's best to know all possible options

I = Ask about alternative interventions – medications, alternative treatments, psychosocial support - the patient is using or has used.

- If possible, incorporate cultural folk medications and folk beliefs into the treatment

C = Collaboration is important. Include the patient, family members and other traditional healers.

- Ask about patient's family and support group. Many cultures expect to involve the immediate or extended family in treatment
- Respect patient wishes

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Cultural Competent Caregiver

- Ethnic patients may prefer to work with same race caregivers. If unable know that it is far more important to be a caring person – someone easy to talk to, respectful, someone who listens carefully and takes patient concerns seriously
- Learn how others want to be treated (what might be considered helpful, polite and friendly care is one culture can be experienced as rude, thoughtless and uniformed in another
- When in doubt, be honest
- Say “I want to be respectful of your culture, can you explain why this is important to you?”
- Let patients know you could make mistakes and ask them to let you know if you violate their cultural beliefs
- Important information may still be withheld because of different ethnic groups have different rules about displaying respect and disclosing intimate information to strangers
- Listen carefully and stay respectful to important clues
- Use short questions/comments
- Avoid medical jargon/slang
- Speak slowly, not loudly – paraphrase important points
- Never assume anything
- When in doubt, ask questions to discover the patient’s perception of the problem
- Ask the patient what he/she needs from you.
- Assess patient coping skills – what resources do they need to follow through?
- Stay alert to body language/non-verbals
- If you sense the patient has learned as much as he/she can deal with, stop.
- Offer to provide a list of important regimens to follow or arrange to talk later.
- If you sense you’ve offended or frightened the patient, apologize and ask for help.
- If he/she seems overwhelmed, ask if it would be helpful to have someone call to remind them about when/how to take medications.
- If he/she speaks limited English, call interpreter (preferably same gender)
- Direct questions to patient.
- If you suspect he/she is withholding some important information, or doesn’t understand, return to the subject and repeat it.
- Be sure the interpreter knows what you want.
- How can we possibly find the time to learn everything we need to know about different cultures? The simple answer is, we can’t – nor do we need to.
- Stereotyping patients is not the answer.
- Cultural competency is patient centered care.
- Relationship with the person is primary.
- Everyone wants to feel that caregivers are sensitive to the patient’s needs and our personal values/beliefs guide their treatment protocol.

Cultural Competency Talking Points

Do's	Don'ts
<p>Do try to understand people's values</p> <p>Do realize that not every patient believes germs caused their disease</p> <p>Do recognize that people with a present orientation may have difficulty with preventive healthcare</p> <p>Do try to allow a patient as many visitors as she/he would like to have</p> <p>Do distinguish the degree of self-care necessary for recovery from that which is merely an imposition on our value of independence</p> <p>Do include family members in patient teaching if a family member will be caring for patient at home</p> <p>Do respect a woman's concern for modesty</p> <p>Do try to assign same sex healthcare providers when possible</p> <p>Do be sensitive to the fact that some ethnic groups have been subjected to much racial prejudice and discrimination</p> <p>Do respect patients' religious beliefs</p> <p>Do learn about the beliefs and practices of the patient populations you serve</p> <p>Do keep in mind that there is always individual variations within a group</p> <p>Do develop an accepting attitude about views different from your own</p>	<p>Don't stereotype</p> <p>Don't judge a patient's level of pain based upon their expressiveness</p> <p>Don't wait to offer pain medications</p> <p>Don't assume lack of eye contact indicates lack of interest, guilt or any other negative point</p> <p>Don't judge people as "pushy" or "cold" based upon how close they stand to you</p> <p>Don't expect that all patients will make their own decisions</p> <p>Don't offer ice water as the only liquid</p> <p>Don't confuse traditional healthcare practices with abuse</p> <p>Don't assume that a patient's appetite is based solely on feelings of hunger</p>

2 DVD's available to check out through Pastoral Care

- Cultural Competency: Just Good Healthcare (15 min)
- Patient Diversity: Beyond the Vital Signs (18 min)

Cultural Sensitivity: A Pocket Guide for Health Care Professionals (2nd edition) available on nursing units