Approaches to Cultural Competence

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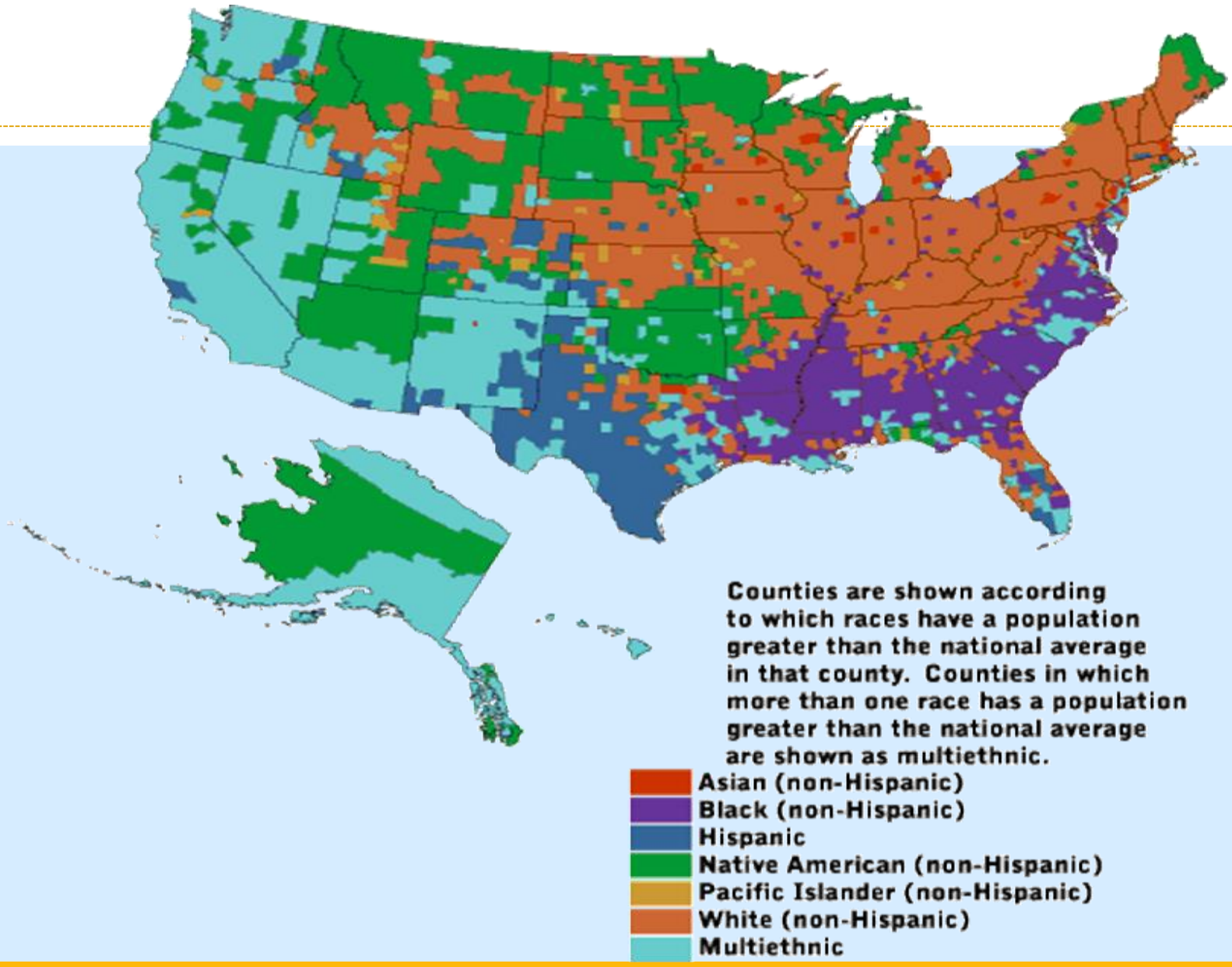
- Dr. Hames has no financial disclosures


Counties are shown according to which races have a population greater than the national average in that county. Counties in which more than one race has a population greater than the national average are shown as multiethnic.
Asian (non-Hispanic)
Black (non-Hispanic)
Hispanic
Native American (non-Hispanic)
Pacific Islander (non-Hispanic)
White (non-Hispanic)
Multiethnic

Cultural Competence Training

- Increasing cultural diversity in US, health care providers seeing a wide range of ethnic groups
- The quality of the patient encounter depends on provider's skills and cultural sensitivity
- Intention is not to stereotype, but rather to reflect on cultural factors that may affect care

Cultural Competence Training

- What are some facets of patient care influenced by culture?
  - Treatment goals and priorities
  - Compliance
  - End of life decisions

- Health care providers also bring their cultural ideas and background to patient encounters.

Cultural Competence Training

- AGS (EthnoGeriatrics Committee):
- **Core Competencies** for attitudes, knowledge and skills

- **Attitudes**
- describe their cultural values, perspectives, preconceptions, and health beliefs
- – consider their own personal views and beliefs (perhaps unconscious) about other groups of people
- – explain how the above may affect their care of patients
- avoid stereotyping and overgeneralization

Cultural Competence Training

- **Knowledge**
- describe the following for major ethnic minority groups:
- differences in:
- the epidemiology of common diseases
- health disparities
- differences in response to medications
- validated measures for assessment (e.g., cognitive status, depression, osteoporosis, spirometry

Cultural Competence Training

- **Skills**
- work with trained interpreters and describe the advantages and disadvantages of using different types of interpreters in a clinical encounter
- take a social history from patients with special reference to their cohort experiences
- critique current health policy decisions in terms of their effects on healthcare access and care practices

Cultural Competence Training

- "Doorway Thoughts" (AGS)

15 groups of ethnoreligious backgrounds

- Preferred cultural terms, formality of address
- Respectful non-verbal communication
- Tradition and health beliefs
- Culture-specific health risks
- Approaches to decision-making
- Gender issues
- End of life care issues

“Mary”

- 52 year old Arab American female
- Muslim religious background
- History of muscular dystrophy
- Ventilator-dependent, tracheostomy
- Parenteral feeding tube
- Refusing physical exam

from all providers

Doorway Thoughts?

“Mary” – Cross-cultural reflections

- Female clinicians usually preferred
- Handshake and eye contact often avoided
- Concept of preventative medicine often looked at with suspicion
- Males frequently have authority for decisions
- Bad news often witheld from patient and communicated to male relative
- Medical treatment balanced with God’s will

Transcending Cultural Differences

- Some things are universal:

- Needing to be heard
- Needing to be listened to
- Needing the support of friends
- Needing to love and be loved
- Needing to be remembered

Video

- **http://joshspector.com/2011/02/13/now-this-is-a-great-commercial/**

References

- "*Doorway Thoughts 2/e*". American Geriatrics Society.

- Xakellis et al . "Curricular Framework: Core Competencies in Multicultural Geriatric Care. Recommendations of the University of California Academic Geriatric Resource Program and the Ethnogeriatrics Committee of the American Geriatrics Society." *Journal of the American Geriatrics Society* 2004. 52:1, 137-142.