

# The Facilitator's Guide

## *Culturally Competent Nursing Care: A Cornerstone of Caring*

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Office of Minority Health

US Department of Health and Human Services

<https://thinkculturalhealth.hhs.gov>



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## Introduction

Nurses spend more time in direct patient care than any other type of health professional and, as such, are in a unique position to improve access to care, quality of care, and health outcomes for all patients, particularly those at risk for racial and ethnic health disparities. The need for nurses to be trained in cultural competency and be prepared to effectively treat racial and ethnic minorities grows more crucial as our nation becomes more diverse. Cultural competency education may minimize potential negative outcomes associated with cultural and language barriers, a major cause of health care disparities.

The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) has been at the forefront of cultural competency education as a strategy to combat health disparities, developing a suite of cultural competency continuing education programs and resources for health care providers called the Think Cultural Health suite. These accredited programs are grounded in OMH's National Standards for Culturally and Linguistically Appropriate Services in Health Care, or CLAS Standards, which were developed by OMH to provide a much-needed alternative to the patchwork of independently developed definitions, practices, and requirements concerning the CLAS standards. The CLAS Standards were released in December 2000 as a means to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients.

*"Providing effective and respectful nursing care to our countries' increasingly diverse population is of paramount importance to the ANA. The OMH curriculum offers nurses the most comprehensive program regarding culturally competent nursing care."*

**Rebecca M. Patton, MSN, RN, CNOR**  
President, American Nurses Association

As a follow-up initiative to assist health care organizations in the adoption of the CLAS Standards, OMH contracted with SRA International, Inc. to develop the aforementioned cultural competency continuing education programs, including *Culturally Competent Nursing Care: A Cornerstone of Caring*. This educational program is a self-directed, e-learning Continuing



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Nursing Education (CNE)–accredited curriculum that helps nurses develop cultural and linguistic competencies required to improve the quality of care for ethnically diverse communities. The program is comprised of three courses: (1) Delivering Culturally Competent Nursing Care; (2) Using Language Access Services; and (3) Supporting and Advocating for Culturally Competent Health Care Organizations. The curriculum was endorsed by the American Nurses Association, and as emphasized by Rebecca M. Patton, ANA President, “the OMH curriculum offers nurses the most comprehensive program regarding culturally competent nursing care.”

*Culturally Competent Nursing Care* underwent a rigorous 3-year development process that included the following phases: A needs assessment comprised of focus groups and development of an Environmental Scan; ongoing input from a National Project Advisory Committee; a Consensus-Building process; and pilot and field testing of draft curricula and case studies throughout the country with practicing nurses and nurses in academic settings. The program was launched in March 2007 and is available online at <https://www.thinkculturalhealth.hhs.gov>.

As a companion to the online *Culturally Competent Nursing Care* program, OMH sought to create this Facilitator’s Guide, to allow individuals who have completed the curriculum in full to lead groups of their colleagues through the program in small group sessions. The Guide will help you create a stimulating learning environment through interactive content presentation and facilitation techniques. Using this Guide, you will be able to serve in the role of training facilitator to assist participants in developing cultural competency skills and in planning for the administrative requirements related to course delivery. The Facilitator’s Guide can enhance cultural competence training within your organization by providing key learning points and a variety of interactive activities aimed at developing cultural competence skills and facilitating meaningful discussion. You will also be provided with the information necessary to be able to use the technology features to enhance your training sessions.

Instructions and tips for facilitating group training sessions and presentations, participant resources and handouts, and presentation slides in PDF format are available in the enclosed materials. Additionally, this Guide includes materials to support a marketing presentation that you can make in order to increase your colleagues’ awareness about cultural competency and determine their comfort level in using the online program on their own.



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## *Target Audience*

This continuing education activity will benefit nurses, social workers, and other professional and administrative support staff in the support of their provision of quality health care.

## *Learning Objectives*

At the conclusion of the *Culturally Competent Nursing Care* program, participants will be able to:

- Define issues related to cultural competency in nursing practice
- Identify strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence the nursing care they provide
- Devise strategies to enhance skills toward the provision of culturally competent nursing care
- Demonstrate the advantages of the adoption of the CLAS Standards as appropriate in their nursing practice

## *CNE/CEU Information*

After attending each course, participants must complete the posttests at the course Test Center. Participants are eligible to receive three credits for successfully completing each course.

To receive credit, training participants must do the following:

- Complete the registration form
- Complete the pretest
- Complete the posttest with 70 percent or higher score
- Submit the continuing education evaluation

CNE and continuing education (CEU) certificates and statements of credit are automatically generated by the computer in PDF upon completion of continuing education requirements.

## The Facilitator's Roles and Responsibilities

As a cultural competence training facilitator, you will guide a group of health care providers through the *Culturally Competent Nursing Care* program. The Guide contains key learning concepts and suggests interactive activities. Suggested activities will help you leverage rich participant experiences with cultural diversity and cultural competence into developing new knowledge, skills, and attitudes.

As a prerequisite for facilitating cultural competence training at your organization, you must complete *the Culturally Competent Nursing Care* curriculum. You will also need to review the materials in this Guide and the supplementary webpages. At the same time, you are not expected to be an expert in the field of cultural competence or this training program. You should have a general knowledge of what cultural competency is and why it is important, and should be able to answer basic questions about the online program (i.e., how to register, describe the flow of the course, etc.).

Effective facilitation involves three sets of skills: (1) The ability to plan training sessions and select appropriate activities that will help achieve your learning objectives; (2) interpersonal skills that will help you engage the audience and create a positive atmosphere of respect for diversity of cultures and worldviews; and (3) the ability to effectively present the content and lead discussions. The Guide materials will help you enhance your facilitation skills by providing tips on planning and organizing training sessions, suggested learning activities, and engaging visual aids such as handouts and video case studies.

When working with adult learners, it is important to keep in mind that they learn best when learning materials are related to their life, work, and needs. Your training sessions will greatly benefit from making the information on cultural competence relevant to your audience by, for instance, selecting examples from your organization or probing participants for examples from their practice. Adults also expect to apply existing or newly acquired knowledge to solving real life problems and build strong connections with their learning, as well as control their learning. You can match these expectations by creating an atmosphere that encourages the application of new skills and using interactive group activities presented in this Guide.

The sessions on cultural competence that you facilitate can help nurses provide more equitable and quality care to their patients that can, in turn, help reduce health disparities for minority populations. As a facilitator, you can contribute to eliminating unequal treatment, stereotyping, language barriers, limited health literacy, and patient/provider miscommunication. You can also help nurses to learn how to be sensitive to the sociocultural factors that create disparities and assess opportunities that can result in positive changes for their minority and underserved patients.

### *Facilitator's Toolbox*

To help you effectively facilitate your training sessions, this Guide contains a number of learning activities. We included both presentation activities aimed at introducing the learning content and practice activities to help your learners internalize the new knowledge, think critically about their practices, and rehearse new skills and behaviors. These activities are summarized in the table below, and detailed instructions for each activity are provided in the Guide.

|                           |  |
|---------------------------|--|
| <b>Icebreaker</b>         | Icebreakers are interactive group activities that stimulate social interaction before the training session in order to make sure that participants feel comfortable with each other.   |
| <b>Key Talking Points</b> | Key talking points are the most important fragments of instructional content and will help you effectively present factual information related to the curriculum.  |
| <b>Probe</b>              | Probing questions will help you assure the comprehension of new material presented during the session.   |
| <b>Brainstorming</b>      | Brainstorming includes group activities that will help participants generate ideas and examples related to new material.   |
| <b>Buzz Groups</b>        | Buzz groups are small group activities that will help stimulate participants' interaction and allow them to suggest solutions to problems presented in the course.   |
| <b>Discussion</b>         | Discussion, or interactive communication on specific topics, will help participants apply their new knowledge and critically analyze their practices.  |
| <b>Role-Play</b>          | Role-plays, or reenacting nurse-patient interactions, will allow participants to rehearse their new behaviors and cultural competence skills.  |
| <b>Case Study</b>         | Analyzing case studies, or intensive, detailed descriptions of nurse-patient interactions, will help participants apply their knowledge of cultural competence and develop skills and attitudes related to cultural competence.  |
| <b>Group Projects</b>     | Group projects will stimulate participants' interaction and exchange of ideas that can enhance their team work. Group projects will also help suggest solutions to the problems presented in the curriculum.   |
| <b>Sharing Insights</b>   | Sharing insights activities, or participants' verbal communication related to the most important learning points, will help participants reflect on their learning and reinforce their progress.   |
| <b>Learning Journal</b>   | Learning journals, or analytical reflective records of participants' learning, can be particularly beneficial for courses related to cultural competence, since they stimulate reflection and self-awareness and can help participants transfer their knowledge to their work situation. |
| <b>Action Plan</b>        | Action plans, or suggested implementation steps related to integrating cultural competence within an organization, help participants transfer knowledge that they received during the training and enhance their work practices.   |

**Table 1:** Activity Guide

## Using The Facilitator’s Guide

The content presented in the Facilitator’s Guide is intended as an interactive framework for covering the material of *Culturally Competent Nursing Care: A Cornerstone of Caring* in a group setting. You are strongly encouraged to tailor the discussion points to fit your comfort level and personal experience with the topics presented. However, please keep in mind that the content presented on each page is designed to help providers pass the posttests that they must take in order to receive their certificates. Be aware that skipping portions of the content may impact the ability of your participants to successfully pass the posttests at the 70 percent level required for CNE and CEU credit.

To more effectively organize and identify the different learning materials within the Guide, we have provided the following content categories:

- **Main Takeaway**—learning objectives for the content covered on the slide
- **Opening Discussion Points**—key points to start the discussion
- **Key Talking Points**—key content
- **Hint**—additional information to help you present learning content
- **Vignette**—video case studies from the supplementary webpage
- **Handout**—handouts to supplement PowerPoint presentation
- **Ask**—discussion questions
- **Probe**—questions to stimulate further discussion
- **Suggested Activity**—activities that you can use to enhance your training sessions

The next page provides a sample layout of the Facilitator’s Guide and an explanation of what is included on each page.

## *Sample Layout*

### *The Main Takeaway*

This provides you with learning objectives for the content covered on the page. You are free to tailor the discussion points to meet your knowledge and comfort level with the material.

However, you are strongly encouraged to maintain consistency between the material presented and the learning objectives provided on the page.

### *Opening Discussion Points*

This section of the page provides you with talking points and/or discussion questions to set the stage for material covered on the slide.

### *Directions*



1. This section of the page provides you with instructions for covering course material and directions for facilitating discussion and group exercises.

### ***Key Talking Points***

These are pieces of additional information for you to share with your audience. These talking points expand on the information provided on the slide and give examples to reinforce understanding. You are encouraged to add relevant talking points and examples that apply to the service area of the providers you are speaking with.

### ***Hint***

This will provide helpful information to assist you in the presentation of the information on the slide.

### ***Vignette***

You will have to play a video vignette related to the slide.

### ***Handout***

This signals to you that a corresponding handout has been provided in participant materials.

### ***Discussion Questions***

These help you facilitate audience participation. For more in-depth discussions, you may want to use a flipchart or chalk/whiteboard to note the ideas developed by the group.

### ***Probe***

We provide you with a list of suggested questions you may use to further generate group discussion; probes also facilitate discussion in response to the video vignettes. Depending on the time you have available and the participation level of your audience, you may want to select just a few of the suggested questions to facilitate discussion.

### ***Suggested Activities***

Which help you enhance your facilitation techniques and to increase participation level of your audience.

## *Supplementary Vignettes and Presentation Package*

This Guide is supplemented by:

1. A webpage that contains video vignettes that can be played during your sessions (a detailed description of each video case study is provided below)
2. A webpage that contains the Facilitator's Guide and PowerPoint slides in PDF format for each of the courses
3. An online Test Center where participants can complete pre- and posttests to complete continuing education requirements

### *Video Case Studies*

Video vignettes within this curriculum depict work scenarios involving diverse groups of patients and are used throughout the training sessions and the online course.

The supplementary webpage includes six video case studies (also referred to as vignettes). The vignettes are viewed at various points during the training session. The Facilitator's Guide provides instructions on when each should be played.

Please be aware that the webpage contains additional resources beyond those required for group training sessions. In addition, we recommend that you familiarize yourself with the vignette navigation before you conduct any training.

The following are the names of the vignettes, their location, and brief descriptions.

| Title of the Vignette   | Location of the Vignette   | Description of the Vignette  |
|---|----------------------------|--|
| <p><b>Case I-1: Vida Zahari's Abdominal Pain</b></p>     | <p>Course I, Module 1</p>  | <p>This video vignette depicts Vida Zahari, an Iranian woman who speaks limited English. She has presented at the Emergency Room (ER) with severe abdominal pain and is accompanied by her husband. The health care providers in this scenario encounter cultural differences that influence how they will care for this patient.</p>  |
| <p><b>Case I-2: Vu Nguyen's HIV Treatment'</b></p>      | <p>Course I, Module 3</p>  | <p>This vignette features Vu Nguyen, a 17-year-old Vietnamese male who is being treated for HIV at a community clinic. He is a gang member and has used intravenous drugs. The nurse at the clinic finds out that the patient has not been taking his medication. The patient considers antiretroviral therapy "garbage" and instead chooses to take Vietnamese herbal medicine.</p>                               |
| <p><b>Case II-1: Jose Gomez's Prostate Cancer</b></p>  | <p>Course II, Module 1</p> | <p>This video vignette depicts Jose Gomez, a 53-year-old Mexican male who is at a community clinic and has just been informed that he has prostate cancer. The doctor has discussed treatment options and recommended surgery. After the doctor left the room, Mr. Gomez tells the nurse that "he won't be a man anymore" if he gets the surgery. The case vignette starts as the nurse responds to Mr. Gomez.</p> |

**Table 2:** Vignette Guide

| Title of the Vignette  | Location of the Vignette    | Description of the Vignette   |
|--|-----------------------------|---|
| <p><b>Case II-2: Vida Zahari and Interpreter</b></p>  | <p>Course II, Module 4</p>  | <p>This video vignette depicts Vida Zahari, who appears in an earlier vignette where she presented at the ER with severe abdominal pain, accompanied by her husband. In this scene, the nurse identifies language access as a key issue in delivering safe and effective care and acts on a plan to provide language access services for the patient.</p> |
| <p><b>Case II-3: Ida Wilson in the ER</b></p>         | <p>Course II, Module 5</p>  | <p>This vignette features Ida Wilson. Ms. Wilson is a 75-year-old African American woman with diabetes and additional health problems. In this clinical encounter, she is in the ER suffering from confusion.</p>   |
| <p><b>Case III-1: Ida Wilson's Medication</b></p>   | <p>Course III, Module 5</p> | <p>This vignette shows Ida Wilson, an African American, age 75, who is diabetic and has some additional health issues. She appeared in a vignette in an earlier course. The nurse in this scenario is asking Ida about her medication use.</p>  |

**Table 2:** Vignette Guide

| Title of the Vignette  | Location of the Vignette                                | Description of the Vignette  |
|--|---|--|
| <p data-bbox="224 506 548 604"><b>Case III-2: Rob Ocuca and the Community Clinic</b></p>  | <p data-bbox="602 632 872 663">Course III, Module 6</p> | <p data-bbox="907 296 1396 999">This vignette shows Rob Ocuca, a Native American teenager who is a member of the Pima tribe and has diabetes. He has been disruptive at school and has been suspended. He arrives at the community clinic for a checkup. The nurse at the community clinic serving the Pima community learns that Rob's behavior resulted, in part, from his being teased and bullied. Recognizing Rob's experience as a common problem for Pima children, the community clinic works with the school and the tribe to develop a community partnership to educate others about the Pima community.</p> |

**Table 2:** Vignette Guide

## Course Administration/System Requirements

### *Training Setting*

Facilitators should conduct training sessions in a group setting with 6–12 people. Smaller groups promote effective discussion, with enough participants to stimulate a variety of ideas but not so many people that some do not have the opportunity to share their thoughts.

The training sessions are organized by course and we recommend scheduling this training one course at a time. You can provide training during regular staff meetings, at special training sessions, or post educational materials related to cultural competence on your organization's Intranet to generate interest.

### *Facilitator's Time by Session*

We recommend that you plan on scheduling at least 2–3 hours for each training session (Courses I, II, and III). Course I may take a bit longer because of the introduction and, if needed, the registration process. These estimates may vary depending on the number of participants in each training session, how interactive the group discussion is, and how long it may take for participants to go online, register, and take the pretest and posttest.

### *Course Equipment*

Ideally, training sessions should be conducted at a facility with ample computers with Internet access. The facilitator's computer should have preinstalled software to display the PDF presentation slides, internet connection, and a LCD projector.

Directions for using the vignettes are presented later in this section. To help facilitate group discussion and participation you may also want to use a flipchart, whiteboard, or chalkboard. The following is a checklist of the materials and supplies you want on hand at each training session.

- Pens/pencils
- Pad of paper
- Flip chart/blackboard/whiteboard

- Markers
- Computer with Internet access, installed PDF reader software, and an LCD projector to display presentation slides
- Facilitator's Guide
- Access to the vignette case studies for *Culturally Competent Nursing Care: A Cornerstone of Caring*
- Optional: Marketing materials, such as business cards, postcards, etc.

## Facilitator's Toolkit Instructional Guide

You have been provided with the Facilitator's Toolkit, which will enable you to present the course material in a small group session. The Facilitator's Toolkit contains the following materials:

- PDF instructions for conducting your session and six vignette case studies for group discussion.
- A Facilitator's Guide PDF for your use in preparing for and conducting the session.
- This document provides you with all the material and information you will use during the session: Learning objectives, talking points, activities and more. It also includes handouts for the participants that supplement the session's discussions.
- A PowerPoint presentation to be shown during the session. There is one PowerPoint presentation in PDF format for each of the three courses of the *Culturally Competent Nursing Care* program.
- Materials to deliver a marketing presentation to members of your organization about the value of cultural and linguistic competency training and the components of *Culturally Competent Nursing Care*.

As a facilitator, you are able to do the following:

- Register colleagues to participate in a small group session of *Culturally Competent Nursing Care: A Cornerstone of Caring*
- Guide session participants through the program and lead discussions about course content
- Give session participants the opportunity to complete a posttest and posttest for each course, allowing them to earn continuing education credits if desired.

### *Setting Up Your Small Group Facilitated Session*

To get started with setting up a session and registering participants, please go to <http://ccnm.thinkculturalhealth.hhs.gov/idvdusers/facilitator> and enter the username and password you have used to complete the online version of *Culturally Competent Nursing Care*:



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*A Cornerstone of Caring.* This will give you access to the Facilitator Administration Page.

### *Creating Your Facilitated Session Online*

At the Facilitator Administration Page, you will create the “class” for your small group session by selecting the Add New Class link at the top of the page. You may add a class name, description, and the start and end dates. (Please note: The start and end dates will not affect the session participants’ progress; it is just a way for you to differentiate between sessions.) After you have completed this page, select the save button at the bottom of the page. You may add a new class for additional small group sessions at any time.

### *Adding Session Participants to Your Registered Session*

After you have created your session, you may enter session participants. Click on the class you would like to add new participants to and select the Add New Participant button. For each participant, you must enter the following information: First name, last name, email address, and certificate type (CNE Nursing, CEU Social Worker, or Statement of Participation).

You must also assign a username and password for each user. Usernames and passwords must be unique; you may not assign multiple users with the same username or password. If you are attempting to register a user using a username or password that already exists in our database, you will receive a message prompting you to select another username or password. Please note: users may change their passwords upon logging in, but they will not be able to change their usernames. We suggest using a format such as last name, first initial (i.e., Bob Smith’s username could be bsmith or smithb) so participants are able to remember it.

Once you have registered a new user and selected the add button at the bottom of the page, an email will be sent to the participant with instructions to log into the course iDVD site at <http://ccnm.thinkculturalhealth.hhs.gov/idvdusers> to complete their registration form. You must inform participants of the date, time, and location of your facilitated session.

### *Giving Session Participants Access to the Course Pretest*

Each session participant will complete the course posttest before coming to your facilitated session. In order for the participants to take the posttest, you will need to unlock the course



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pretests for your participants after you have completed entering session participants. Unlocking the posttest for your participants means that you will make it available for them to take via the course iDVD site and it will show up as available on their learning pages. To unlock a course, please complete the following steps:

- At the Facilitator Administration Page, choose the class you would like to update by clicking on that class in the class table. The list of class participants will show.
- Select each class member and using the dropdown menu, unlock the pretests you would like them to complete. Please note: Your participants may only complete the pretests you have unlocked. Please only unlock pretests for the courses you will be covering during the facilitated session. For example, if you will not be covering Course II: Using Language Access Services, you should not unlock this pretest for your participants.

### *Giving Session Participants Access to the Course Posttest*

Each session participant will complete the course posttest following your facilitated session. After you have conducted the small group, you must log back into the Facilitator Administration Page and unlock the posttests for your participants. To do this, please complete the following steps:

- Select the class you have completed by clicking on the class in the class table. The list of class participants will show.
- Select each class member and using the dropdown menu, unlock the posttests you would like them to complete. (Please note: Your participants may only complete the posttests you have unlocked. Please only unlock pretests for the courses you will be covering during the facilitated session. If a participant has not completed a course pretest, you will not be able to unlock the corresponding posttest; therefore, please make sure all participants have completed the pretests you have unlocked.)

### *Conducting Your Sessions*

Once you have completed the above steps for setting up your small group sessions, you will be all set to conduct your small group sessions. The following pages are the Facilitator's Guide for each of the three courses in *Culturally Competent Nursing Care*.



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Best of luck and enjoy the sessions!



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# Course I – Delivering Culturally Competent Care

## Course I Presentation

## *Slide 1: Course I Delivering Culturally Competent Nursing Care*

### **Main Takeaway**

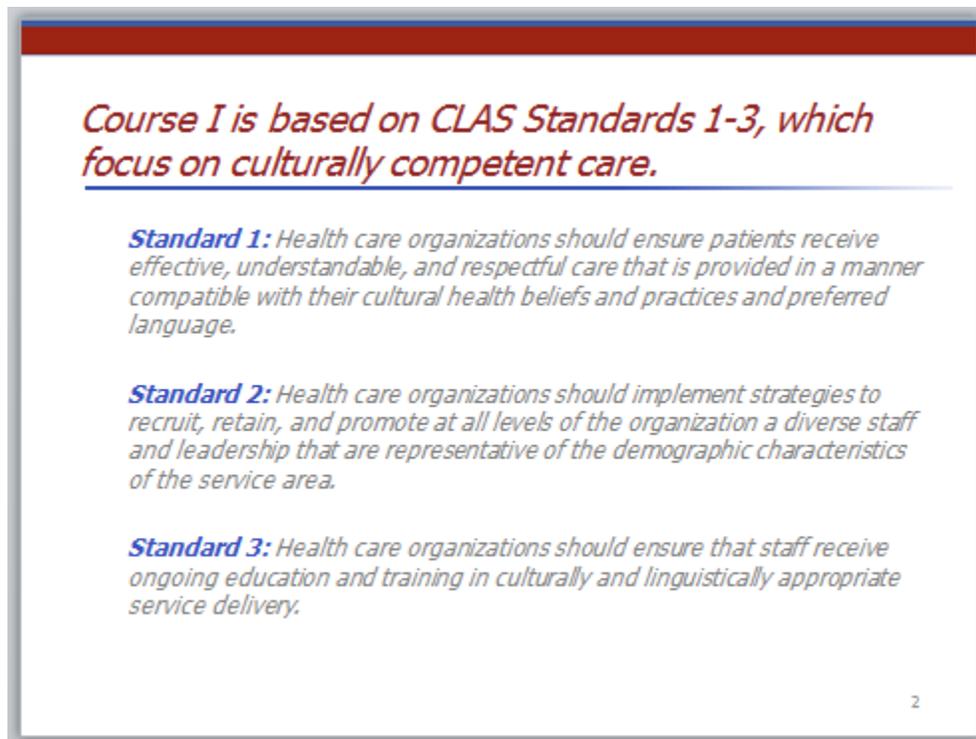
Participants should be aware of what course will be covered during the session and recognize that they will be able to complete a posttest at the end of the session that will qualify them for CNEs.

### **Opening Discussion Points**

Welcome to the Delivering Culturally Competent Nursing Care course. Before we start this session, all of you should have registered via the online site and completed the Course I pretest.

At the conclusion of this learning session, you will be prepared to complete the posttest for Course I at the online test center and receive your CNEs. When we are finished covering the material, I will walk you through this process.

### **Directions**



***Course I is based on CLAS Standards 1-3, which focus on culturally competent care.***

***Standard 1:*** Health care organizations should ensure patients receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

***Standard 2:*** Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

***Standard 3:*** Health care organizations should ensure that staff receive ongoing education and training in culturally and linguistically appropriate service delivery.

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1. Ensure that all participants have registered and completed the Course I pretest (see Hint).
2. Display the slide.
3. Cover talking points.

### ***Key Talking Points***

This curriculum is founded in the CLAS Standards and is intended to support nurses in the delivery of culturally competent care and the implementation of the CLAS Standards in their organizations. Course I, which I will be covering today, is focused on Standards 1–3.

### ***Hint***

You may make computer stations available for participants to complete the pretest and posttest on site. If this is not an option at your facility, you may ask participants to complete the pretest ahead of the session on their own time and have participants complete the posttest on their own after the session.

## *Slide 2: Course I Learning Objectives*

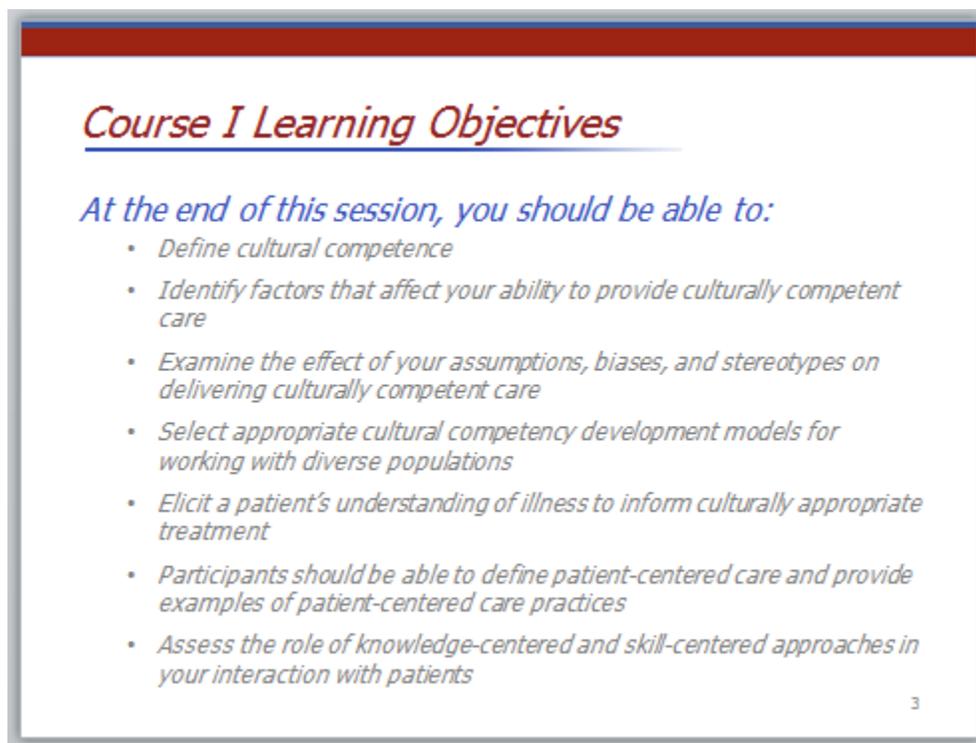
### **Main Takeaway**

Participants should be able to articulate the learning objectives for Course I.

### **Opening Discussion Points:**

There are seven learning objectives for the material we will cover today.

### **Directions:**



***Course I Learning Objectives***

*At the end of this session, you should be able to:*

- *Define cultural competence*
- *Identify factors that affect your ability to provide culturally competent care*
- *Examine the effect of your assumptions, biases, and stereotypes on delivering culturally competent care*
- *Select appropriate cultural competency development models for working with diverse populations*
- *Elicit a patient's understanding of illness to inform culturally appropriate treatment*
- *Participants should be able to define patient-centered care and provide examples of patient-centered care practices*
- *Assess the role of knowledge-centered and skill-centered approaches in your interaction with patients*

3

1. Display the slide.
2. Review learning objectives. (Suggested activity) Learning
3. Journal (allow 3–5 minutes).

### ***Suggested Activity: Learning Journal***

The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be extremely helpful in developing cultural competence. To complete this activity:

- Provide participants with sheets of paper and pens or pencils.
  - Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
  - Allow participants to make entries into their journals throughout the session.
- Opportunities for journal writing can include: Notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their practice in regard to cultural competence and where they think they can improve, and other notes as appropriate to the material.

At the end of the session, ask participants to share their most important experiences and insights.

### *Slide 3: Thinking About Culture*

#### **Main Takeaway**

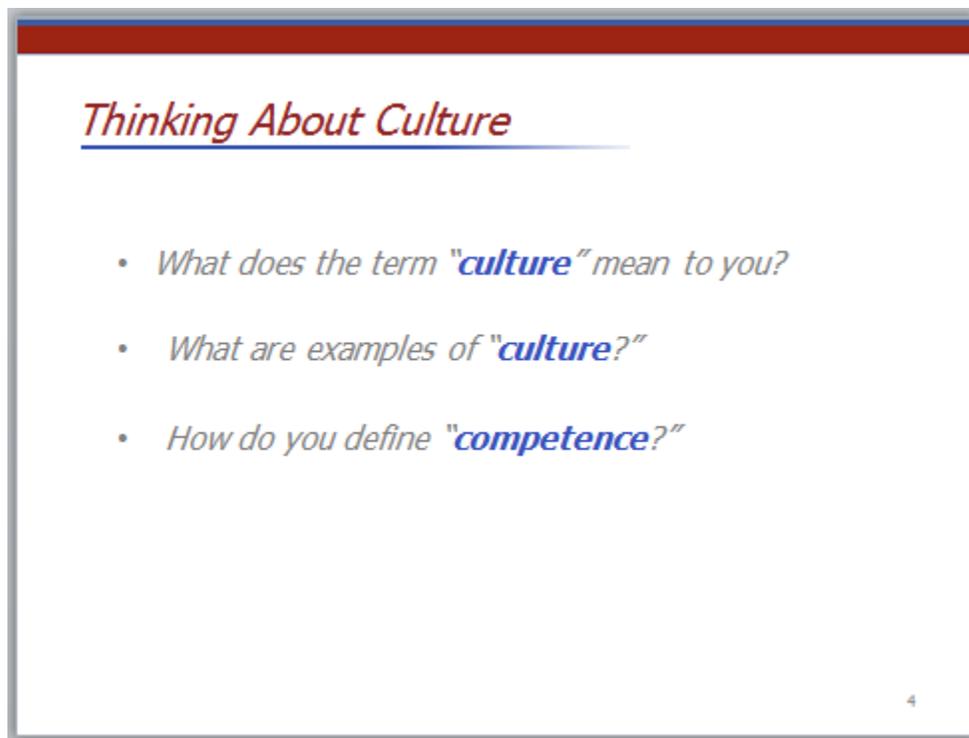
Participants should be able to define culture and provide examples of diverse cultures.

#### **Opening Discussion Points**

What does the term "culture" mean to you?

How do you define "competence?"

#### **Directions**



*Thinking About Culture*

- *What does the term "culture" mean to you?*
- *What are examples of "culture?"*
- *How do you define "competence?"*

4

1. Display the slide.
2. Discuss the term "culture."
3. Discuss the term "competence."
4. Cover talking points.
5. Probe for examples.

### ***Key Talking Points***

“Culture” refers to not only race and ethnicity, but also shared values and behaviors, as well as a broad range of characteristics such as gender, age, and socioeconomic status.

OMH defines culture as integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (OMH, 2001).

With respect to culture, the word competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs of individuals and their communities (OMH, 2001).

The term “competence” refers not only to clinical skills, but also the ability to interact effectively with diverse cultures that you encounter in your practice.

### ***Probe***

Probe participants by asking for characteristics of different cultures—you may choose to probe using the following cultural characteristics: Religion, sexual orientation, disability, and provider culture.

#### *Slide 4: Important Terms To Understand*

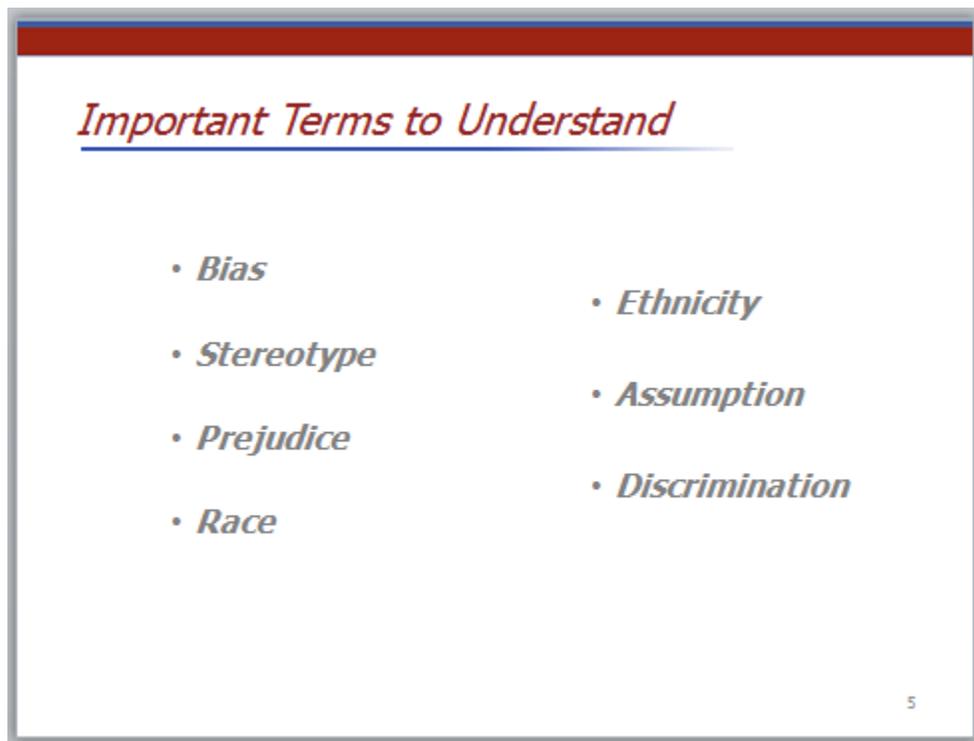
##### *The Main Takeaway*

Participants should be able to define bias, stereotype, prejudice, race, ethnicity, assumption, and discrimination provided on the page.

##### *Opening Discussion Points*

Being familiar with the following terms will you develop cultural competence and avoid cross-cultural miscommunication.

##### *Directions*



*Important Terms to Understand*

- *Bias*
- *Stereotype*
- *Prejudice*
- *Race*
- *Ethnicity*
- *Assumption*
- *Discrimination*

5

1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

Bias is an inclination or preference that interferes with impartial judgment; for instance a nurse's strong preference for a specific racial/ethnic group that does not allow viewing other patients from other groups objectively.

Stereotype is an oversimplified conception, opinion, or belief about some aspect of an individual or group of people, for instance, simplified ideas of how a specific ethnic or racial group will behave.

Prejudice is an irrational intolerance of or hostility toward members of a certain race, religion, or group; for instance, hostile feelings against a specific racial or ethnic group.

Race is a local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics. A race is a group of people united or classified together on the basis of common history, nationality, or geographic distribution.

Ethnicity is the characteristic of a group of people that share a common and distinctive national, linguistic, or cultural heritage.

Assumption is something taken for granted or accepted as true without proof. For example, if a limited English proficiency patient comes in to seek health care and is unable to communicate in English, we may make assumptions about her or his level of education or even intelligence. However, the patient may be highly educated and read and write well in her or his native language.

Discrimination is treatment or consideration based on class or category rather than individual merit that results in unfair treatment

*Slide 5: Factors That May Affect Culturally Competent Care*

***The Main Takeaway***

Participants should be able to define the concepts of ethnocentrism, essentialism, and power differences and identify their relevance for nursing practices.

***Opening Discussion Points***

Awareness of one's own values and beliefs is the foundation of culturally competent nursing. Ethnocentrism, essentialism, and power differences are factors that may affect a nurse's ability to provide culturally sensitive care.

***Directions***



1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Role-Playing (allow 5–7 minutes).

### ***Key Talking Points***

Ethnocentrism is a belief that one's way of life and view of the world are inherently superior to others and more desirable. Ethnocentrism in nursing may prevent nurses from working effectively with a patient whose beliefs or culture does not match their own ethnocentric worldview.

Essentialism defines groups as "essentially" different from each other, and assumes that there are characteristics "natural" to different groups. Essentialism does not take into account variation within cultures and can lead nurses to stereotype their patients.

Power differences reflect the power imbalance in patient-provider relationships. Those with power are often not aware of its daily effects. Patients' past experiences of power differences, coupled with perceptions that providers have power over their current condition, have an impact on communication. Recognizing the power differences that patients may perceive (or that providers believe they hold) is important to improving communication.

People may be conscious or unconscious of the terms I have described above.

### ***Suggested Activities: Role-Playing***

Ask for two volunteers to role-play a scenario, which is provided in Handout I-1. Assign roles for the characters of the health care provider and Hispanic teen.

Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.

Engage participants in discussing the following questions:

- What were the health care providers' biases about this patient?
- What signals did the provider send to the patient that conveyed biases?
- What was learned from this exercise?

### ***Handout***

The scenario for this role-playing activity is provided in Handout I-1.



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



## *Slide 6: Vida Zahari Case Study*

### ***The Main Takeaway***

Participants should be able to analyze the case study and identify the influence of biases and stereotypes on nursing practices.

### ***Opening Discussion Points***

We are now going to watch a video vignette depicting Vida Zahari, an Iranian woman who speaks limited English. In this scenario, she has presented at the ER with severe abdominal pain and is accompanied by her husband. The health care providers in this scenario encounter cultural differences that influence how they will care for this patient.

### ***Directions***

### *Vida Zahari Case Study*

- *Vida Zahari*
  - *Presents at emergency room*
  - *Iranian, Muslim Patient*
  - *Limited English Proficient*



7

1. Display the slide.
2. Play the video case study.
3. Facilitate the discussion (allow 3–5 minutes).

## *Vignette*

Play Vignette Case Study I-1: Vida Zahari's Abdominal Pain.

## *Discussion Questions*

- What are your reactions to this case?
- How well did the nurses handle the situation?
- What examples of ethnocentrism, essentialism, or power differences did you see in this case?
- In what ways were these demonstrated?

### *Slide 7: Recap and Reflection*

#### ***The Main Takeaway***

Participants should have an opportunity to reflect on what they have learned thus far in the session.

#### ***Opening Discussion Points***

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### ***Directions***

A presentation slide with a dark red header bar. The title "Recap and Reflection" is written in a blue, italicized serif font and is underlined. Below the title are two bullet points in a blue, italicized serif font. The first bullet point reads: "Understanding culture can help us develop knowledge of how to interact with other groups and avoid prejudice, stereotypes, and biases". The second bullet point reads: "Awareness of factors that may negatively impact cultural competence is important as biases may be unconscious". Below the bullet points is a centered line of text in a blue, italicized serif font: "Take a moment to reflect on what we have covered so far. What are your most important insights?". In the bottom right corner of the slide, there is a small number "8".

***Recap and Reflection***

- *Understanding culture can help us develop knowledge of how to interact with other groups and avoid prejudice, stereotypes, and biases*
- *Awareness of factors that may negatively impact cultural competence is important as biases may be unconscious*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

8

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Understanding culture can help us develop knowledge of how to interact with other groups and avoid prejudice, stereotypes, and biases.

Awareness of factors that may negatively impact cultural competence is important as our biases or prejudices may be unconscious.

### ***Suggested Activities Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals

## *Slide 8: The Need for Self-Awareness*

### ***The Main Takeaway***

Participants should be able to articulate why self-awareness is a key component of cultural competence development.

### ***Opening Discussion Points***

Self-awareness of our own beliefs and values is the beginning of the cultural competence development process. Self-awareness is critical because we all bring our own values and expectations to encounters with other people, and we can be unconscious of biases or stereotypes we may have.

### ***Directions***



The slide features a red header bar at the top. Below it, the title "Need for Self-Awareness" is written in a dark red, italicized font and underlined. The main content consists of three bullet points in a grey, italicized font. The slide number "9" is located in the bottom right corner.

***Need for Self-Awareness***

- Nurses may project their own culturally based values onto patients whose beliefs about health may be different*
- Spector suggested that health professionals have been socialized into a "provider culture" that may conflict with patients' differing cultural beliefs*
- Minority patients may have experienced discrimination, lack of quality care, or successful treatment with nontraditional medical approaches that their nurses may not share*

9

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion.

### *Key Talking Points*

Nurses may project their own culturally based values and expectations onto patients whose beliefs about illness and health may be different from their own.

Spector (2003) suggested that nurses and other providers have been socialized into a “provider culture” that may conflict with patients who have differing cultural beliefs.

Minority patients may have experienced discrimination, lack of quality health care, successful treatment with nontraditional medical approaches, or any number of other experiences that their nurses may not share.

### *Discussion Questions*

- There is a “provider culture” that includes the common values, beliefs, and expectations of providers in the health care system. How would you describe your own “provider culture?”
- In what ways might we project this culture onto our patients?
- How might your provider culture conflict with the values and beliefs of your patients?

## Slide 9: Self-Assessment Exercise (Option 1)

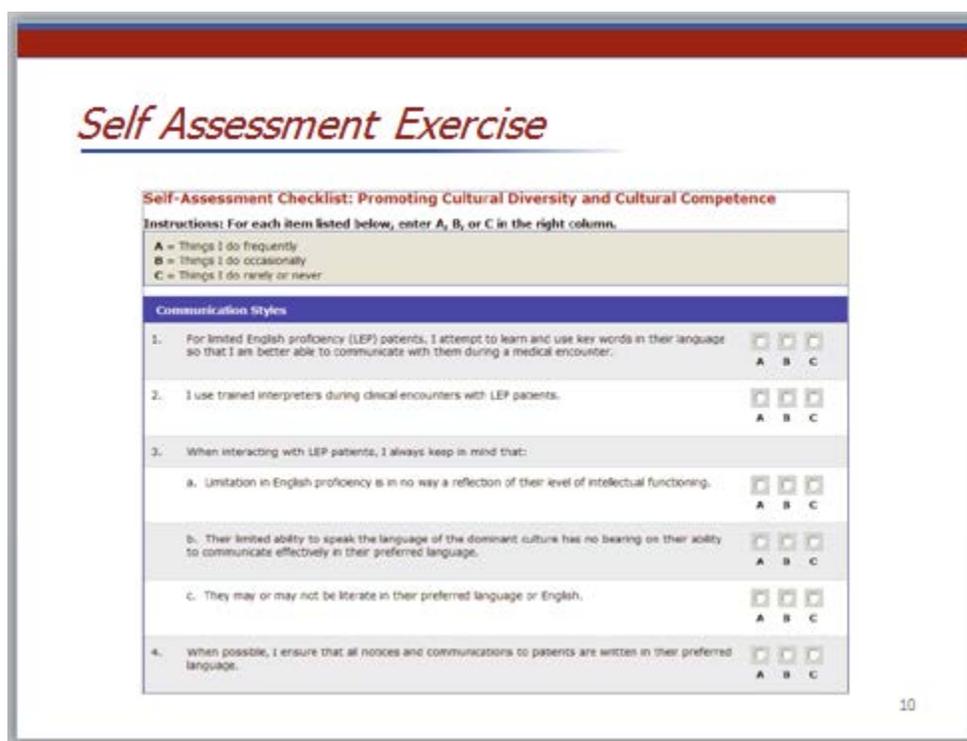
### The Main Takeaway

Participants should have an opportunity to assess their values and attitudes through a self-assessment exercise.

### Opening Discussion Points

Now I would like to take a few minutes to go through a self-assessment exercise about our communication styles, values, and attitudes.

### Directions



The image shows a handout titled "Self-Assessment Exercise" with a red header. Below the title is a section titled "Self-Assessment Checklist: Promoting Cultural Diversity and Cultural Competence". The instructions state: "For each item listed below, enter A, B, or C in the right column." A legend defines the options: A = Things I do frequently, B = Things I do occasionally, and C = Things I do rarely or never. The checklist is organized under the heading "Communication Styles" and contains seven items, each with three checkboxes labeled A, B, and C. The items are: 1. For limited English proficiency (LEP) patients, I attempt to learn and use key words in their language so that I am better able to communicate with them during a medical encounter. 2. I use trained interpreters during clinical encounters with LEP patients. 3. When interacting with LEP patients, I always keep in mind that: a. Limitation in English proficiency is in no way a reflection of their level of intellectual functioning. b. Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their preferred language. c. They may or may not be literate in their preferred language or English. 4. When possible, I ensure that all notices and communications to patients are written in their preferred language. The number 10 is visible in the bottom right corner of the handout.

1. Distribute the handout.
2. (Suggested activity) Self-Assessment Exercise (allow 5 minutes).
3. Facilitate the discussion (allow 3–5 minutes).

### ***Suggested Activities Self-Assessment Exercise***

- Distribute the self-assessment checklist, which is available on Handout I-2.
- Allow participants about 5 minutes to complete the exercise.
- Have participants complete the scoring of the checklist as outlined at the bottom of the document.
- Ask participants to complete the questions below either verbally or in their learning journal.

### ***Discussion Questions***

Did any of your answers surprise you? Would you be willing to share them with us?

Were there questions on this assessment that you had not thought about before?

### ***Handout***

The self-assessment activity is provided in Handout I-2.

*Slide 10 (Alternate Slide 9): Self-Assessment Exercise (Option 2)*

***The Main Takeaway***

Participants should have an opportunity to engage in a self-assessment exercise.

***Opening Discussion Points***

Now I would like to take a few minutes to go through an exercise about dissolving stereotypes.

***Directions***

***Dissolving Stereotypes***

**Handout I-3: Dissolving Stereotypes**

- Anglo Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- Asian Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- African Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- Hispanic Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...

From Fantini, 1997

11

1. Distribute the handout.
2. (Suggested activity): Dissolving Stereotypes (allow 5 minutes)
3. Facilitate the discussion (allow 3–5 minutes).

### ***Suggested Activities Dissolving Stereotypes***

- Distribute the Dissolving Stereotypes worksheet, Handout I-3, and allow participants about 5 minutes to complete the exercise.
- Ask participants to share their responses and analyze their stereotypes about ethnic groups.

### ***Discussion Questions***

- Did any of your answers surprise you?
- To what extent is your thinking shaped by stereotypes of ethnic/racial groups?

### ***Handout***

The Dissolving Stereotypes activity is provided in Handout I-3

*Slide 11: Story From the Front Line: The Medicine Bundle*

***The Main Takeaway***

Participants should have an opportunity to apply what they have learned to a clinical scenario.

***Opening Discussion Points***

Please read the case study on Handout I-4 in your materials. In a few minutes we will discuss the case study as a group.

***Directions***

***Story From the Front Line:  
The Medicine Bundle***

- What is going on in this scenario?*
- What steps could the nurse have taken to prevent the situation?*
- What kind of questions could the nurse have asked the family to better understand their health beliefs?*

12

1. Distribute the handout.
2. Ask participants to read the story (allow 1–2 minutes).
3. Facilitate the discussion (allow 3–5 minutes).

### *Discussion Questions*

What steps could the nurse have taken to prevent the situation?

What kind of questions could the nurse have asked the family to better understand their health beliefs?

### *Handout*

The case study is provided in Handout I-4

## *Slide 12: Recap and Reflection*

### *The Main Takeaway*

Participants should have an opportunity to reflect on the importance of self-awareness in providing quality care to diverse patients.

### *Opening Discussion Points*

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### *Directions*

A presentation slide with a red header bar. The title "Recap and Reflect" is in red, underlined. It contains three bullet points in italics, followed by a reflection prompt in blue italics. The slide number "13" is in the bottom right corner.

***Recap and Reflect***

- To be culturally competent, it is important to be aware of your own stereotypes and biases. Stereotypes and biases are closely related to your own beliefs and the provider culture.*
- To effectively communicate with patients across cultural lines, you need to critically examine your own beliefs and assumptions and continually monitor them.*
- Self-awareness of your assumptions and beliefs can help you alleviate differential treatment of your patients.*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

13

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

To be culturally competent, it is very important to be aware of your own stereotypes and biases. These stereotypes and biases are not isolated facts; they are closely related to the socialization into your own social group and the provider culture and are acquired during this process.

To effectively communicate with your patients across cultural lines, you need to critically examine your own beliefs and assumptions and continually monitor them.

As we discussed during this section, it is important to treat the patients based on your knowledge of their culture and direct experience with them rather than on what you have heard about them. In other words, self-awareness of your assumptions and stereotypical beliefs can help you alleviate differential treatment of your patients.

### ***Suggested Activities: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

*Slide 13: Cultural Competence Is a Journey, Not a Goal*

***The Main Takeaway***

Participants should understand that cultural competence is a developmental process, or journey, that requires examination of personal beliefs and biases.

***Opening Discussion Points***

Has anyone examined their own cultural beliefs? What are some examples that you can share with us?

***Directions***



***Cultural Competency Development Is...***

- *A journey—not a goal*
- *A process of self-reflection*
  - *Series of stages that begins with self-assessment of one's own behaviors, attitudes, biases, and beliefs*
  - *Knowing what we bring to a clinical encounter*

14

1. Ask participants if they have ever examined their own cultural beliefs.
2. Display the slide.
3. Cover talking points.

### *Key Talking Points*

Cultural competence is not a fixed goal or specific achievement that a person can attain within a designated period of time. It is a developmental process that involves a number of concepts:

- Understanding your own beliefs and biases and knowing what you bring to a clinical encounter.
- Understanding that all encounters are cross-cultural.
- Understanding that cultural competence is a patient-centered approach; patients bring with them their own understanding of illness and disease. Understanding how you can partner with your patient to negotiate treatments that they are more likely to follow.

### *Hint*

Make sure you emphasize that cultural competence is a process, or journey, since this information is included in the posttest

## *Slide 14: A Model of Culturally Competent Care*

### ***The Main Takeaway***

Participants should understand that models and frameworks illustrating cultural competence development are available as self-assessment tools

### ***Opening Discussion Points***

There are a number of published models and frameworks that illustrate the development and characteristics of culturally competent care.

### ***Directions***

***Campinha-Bacote's Model:***

*The Process of Cultural Competence in the Diversity of Health Care Services*

- Helps health care professionals to see cultural competence as a process that focuses on: Awareness of your biases and the presence of racism and other "isms"*
- Skills to conduct a cultural assessment in a sensitive manner*
- Knowledge about different cultures' worldview and the field of bio-cultural ecology*
- Encounters—face-to-face interactions and other encounters you have had with people from cultures different from yours*
- Desire to become culturally competent*

From: Campinha-Bacote, 2002b, used with permission from Transcultural C.A.R.E. Associates

15

1. Display the slide.
2. Cover key talking points.

### ***Key Talking Points***

The model I will share with you today was developed by Dr. Campinha-Bacote, who uses a “volcano” to illustrate cultural competency. When cultural desire erupts, it gives forth the desire to genuinely seek cultural competence through seeking cultural encounters, obtaining cultural knowledge, conducting culturally sensitive assessment, and being humble about the process of cultural awareness.

The model helps nurses to see cultural competence as a process that focuses on:

- Awareness of your biases and the presence of racism and other “isms”
- Skills to conduct a cultural assessment in a sensitive manner
- Knowledge about different cultures’ worldview and the field of biocultural ecology
- Encounters, including face-to-face interactions and other encounters you have had with people from cultures different than yours
- Desire to become culturally competent

### ***Hint***

Make sure you cover the Campinha-Bacote model in detail since this information is included in the posttest.

### ***Suggested Activities: Reflection Activity***

Give participants the opportunity to make an entry in their learning journal highlighting what they learned from this exercise.

### *Slide 15: Vu Nguyen Case Study*

#### ***The Main Takeaway***

Participants should be able to apply the Campinha-Bacote model to the analysis of this case study. Participants should be also able to reflect on the effectiveness of the nurse-patient communication.

#### ***Opening Discussion Points***

We will now view a video vignette featuring the character of Vu Nguyen, a 17-year-old Vietnamese male who is being treated for HIV at a community clinic. He is a gang member and has used intravenous drugs. The nurse at the clinic finds out that the patient has not been taking his medication. The patient considers antiretroviral therapy “garbage” and instead chooses to take Vietnamese herbal medicine.

#### ***Directions***



***Vu Nguyen Case Study***

- *Vu Nguyen 17-year-old Vietnamese male*
  - *HIV positive*
  - *Chooses to use herbal medicine*



16

1. Display the slide.
2. Play the video case study.
3. Facilitate the discussion (allow 3–5 minutes).

### *Vignette*

Play Vignette Case I-2: Vu Nguyen's HIV Treatment.

### *Discussion Questions*

- How well did the nurse do in this encounter in terms of awareness, skills, knowledge, encounters, and desire?
- What would you do differently in this encounter?

### *Slide 16: Recap and Reflect*

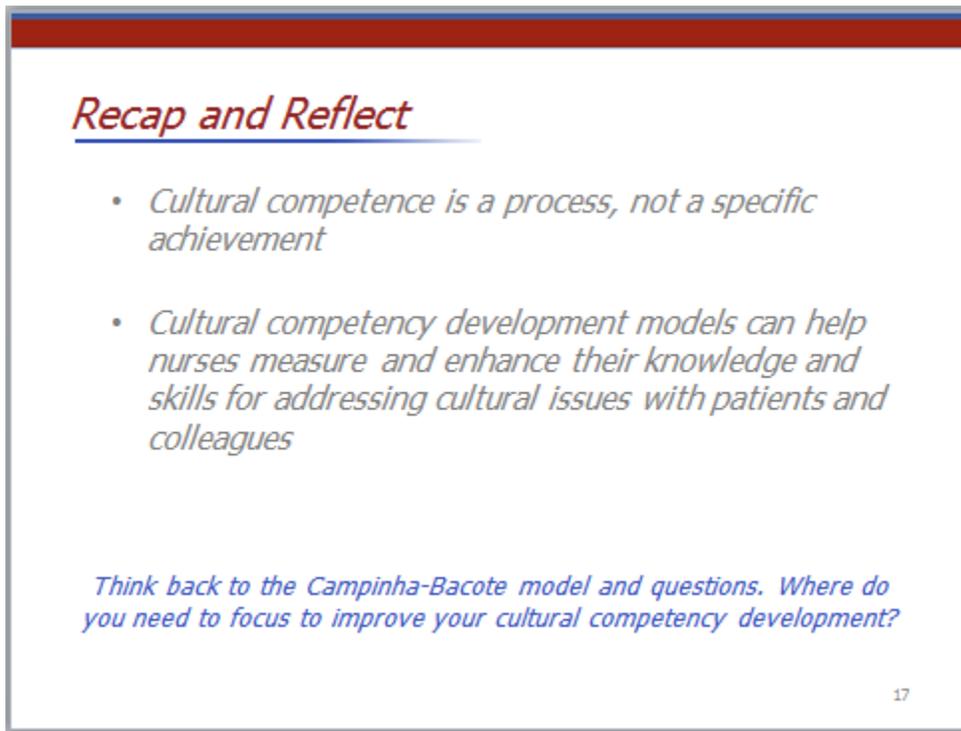
#### ***The Main Takeaway***

Participants should have an opportunity to reflect on the cultural competence development process and identify next steps in their personal cultural competence development.

#### ***Opening Discussion Points***

Before moving on, let's take a moment to think about cultural competence development as a process.

#### ***Directions***

A presentation slide with a dark red header bar. The title "Recap and Reflect" is in a red, italicized font and underlined. Below the title are two bullet points in a blue, italicized font. At the bottom of the slide is a blue, italicized question. The slide number "17" is in the bottom right corner.

***Recap and Reflect***

- *Cultural competence is a process, not a specific achievement*
- *Cultural competency development models can help nurses measure and enhance their knowledge and skills for addressing cultural issues with patients and colleagues*

*Think back to the Campinha-Bacote model and questions. Where do you need to focus to improve your cultural competency development?*

17

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion (allow 3–5 minutes).
4. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### *Key Talking Points*

- Cultural competence is a process, not a specific achievement.
- Cultural competence development models can help nurses measure and enhance their knowledge and skills for addressing cultural issues with patients and colleagues.

### *Discussion Questions*

Think back to the Campinha-Bacote model and questions. Where do you need to focus to improve your cultural competence development?

### *Suggested Activities*

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

### *Slide 17: Disease vs. Illness*

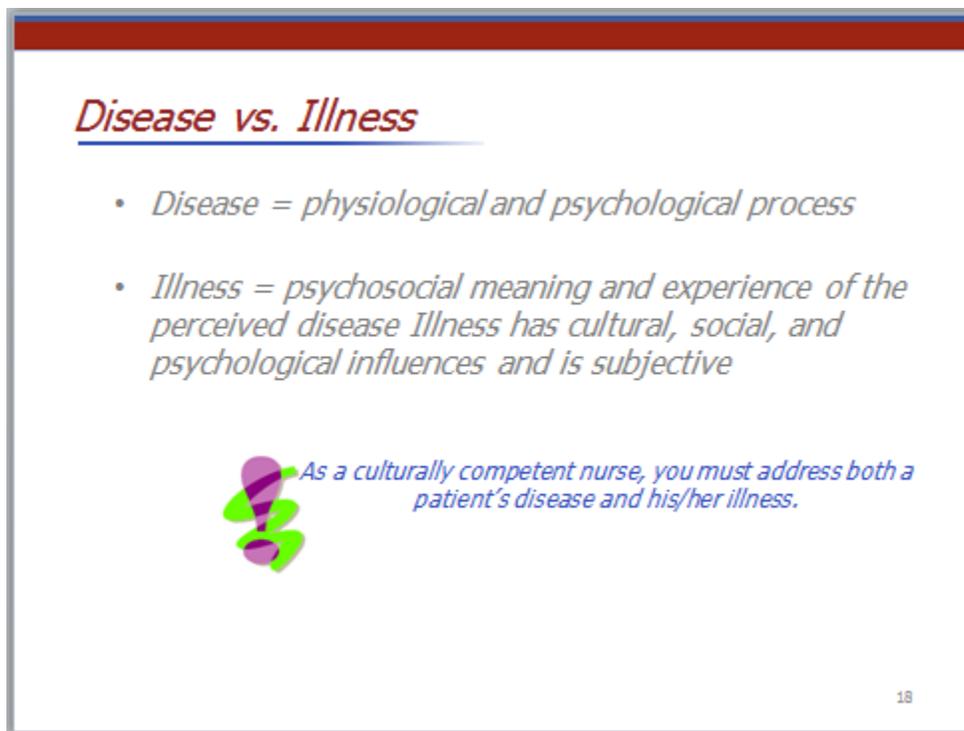
#### ***The Main Takeaway***

Participants should be able to distinguish between disease and illness.

#### ***Opening Discussion Points***

There is a distinction between disease and illness that is important to understand when providing culturally competent care.

#### ***Directions***



***Disease vs. Illness***

- *Disease = physiological and psychological process*
- *Illness = psychosocial meaning and experience of the perceived disease Illness has cultural, social, and psychological influences and is subjective*

 *As a culturally competent nurse, you must address both a patient's disease and his/her illness.*

18

1. Display the slide.
2. Cover talking points.

#### ***Key Talking Points***

- Individuals seek health care because of their experience with illness.
- Health care providers, however, are primarily trained to treat disease.

- A culturally competent nurse must address both a patient's disease and his or her illness.

Gaining a better understanding of a patient's perception of his or her illness is extremely valuable in providing culturally competent care. For example, some cultures attribute the onset of Alzheimer's, cancer, diabetes, and hypertension to the normal aging process and therefore fail to seek treatment. In another example, Vietnamese may enter the American health care system with the goal of relieving their symptoms and expect medications to cure the illness immediately. Once the symptoms disappear, patients may stop taking medication (Rasbridge & Kemp, 2004).

*Hint*

Make sure that participants understand the difference between illness and disease, since this information is included in the posttest.

## *Slide 18: Understanding Health-Related Experience*

### *The Main Takeaway*

Participants should be able to identify cultural and social factors that may impact a patient's experience of illness.

### *Opening Discussion Points*

Several cultural and social factors may influence a patient's experience of illness.

### *Directions*

***Understanding Health-Related Experience***

*Cultural and social factors may influence a patient's experience of illness, including:*

- *Socioeconomic status*
- *Immigration status*
- *Language*
- *Religious traditions*
- *Worldview*
- *Family relationships*
- *Beliefs about the supernatural world*
- *Fatalism*
- *Environmental impacts*
- *Food intake*
- *Understanding of the causation of illness*

19

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples.

### ***Key Talking Points***

For example, some American Indians and Alaska Natives believe that healing will result from sacred ceremonies that rely on having visions and using plants and objects that may be symbolic of the individual, the illness, or the treatment. Some Asian cultures believe that illness is caused by interference from malevolent spirits. Some Hispanic cultures practice traditional medicine that includes the use of folk remedies such as using garlic to treat hypertension and cough; chamomile to treat gastrointestinal distress, nausea, gas, colic, and anxiety; and peppermint to treat dyspepsia and gas.

Understanding a patient's interpretation of illness is closely related to recognizing alternative sources of care. For many minorities, traditional or folk models of care and treatment explain illness. Traditional health care methods are based on beliefs and practices integral to a person's culture.

### ***Probe***

Probe participants for examples of how social and cultural factors can shape health-related experience. For example:

- How could fatalism influence a patient's experience of illness? (Sample answer: Patients may delay or decline care because they perceive their illness to "be in God's hands.")
- How could immigration status influence a patient's health-related experience? (Sample answer: Illegal immigrants may fear that seeking care could reveal their immigration status and may seek care from alternative sources/healers).

## *Slide 19: Complementary and Alternative Health Care*

### ***The Main Takeaway***

Participants should be able to describe complementary and alternative health practices, provide examples, and articulate the benefits of integrating traditional therapies into evidence-based medicine.

### ***Opening Discussion Points***

Complementary and alternative medicine is a group of medical and health care systems, practices, and products not currently considered part of conventional health care.

Complementary medicine is used in combination with conventional medicine.

Alternative medicine is used in place of conventional medicine

### ***Directions***



***Complimentary and Alternative Health Care***

- Health care providers who want to provide culturally competent care should attempt to integrate traditional care approaches with evidence-based medicine when appropriate*
- When treatment plans balance a patient's traditions with Western medicine, patients may be more compliant with treatment, or more satisfied with their care*

*Eliciting a patient's understanding of illness can encourage them to become a partner in their own care.*

20

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion (allow 3–5 minutes).

### ***Key Talking Points***

To provide effective patient-centered care, it is important to understand a patient's cultural interpretation of illness and recognize their understanding of alternative sources of care.

Keep in mind that traditional medical treatments may be driven by poverty or lack of access to conventional care.

### ***Probe***

- In what ways is balancing complementary and alternative medicine with traditional therapies “patient-centered?”
- What types of traditional and folk health practices have you encountered? How do you ask your patients about their use of traditional therapies?

### ***Hint***

Provide examples of complementary and alternative medicine to stimulate the discussion. For example:

- Yin and Yang: Many Asian cultures classify food, illness, and medications according to the perceived effects on the body. Illness is due to the excess consumption of “hot” or “cold” foods, wind and other environmental factors, emotional states, and sexual activity, and may be remedied by restoring the balance of foods in the diet. Many fruits and vegetables are considered “cold” and meat is “hot.” A woman who gives birth is thought to lose body heat and should eat hot soups for at least six weeks to restore the lost heat.
- Cupping and Coin Rubbing: These practices, part of traditional Eastern medicine, are in widespread practice in Asian cultures, and are thought to be used to restore balance in the body. It is important that nurses become familiar with these two healing practices as they often leave red marks on the body that can be misinterpreted for abuse.

- Cupping: A series of small, heated glasses are placed on the skin, forming a suction that leaves a red circular mark, drawing out the bad force and restoring balance.
- Coin Rubbing: In coin rubbing, a coin is heated or dipped in oil and vigorously rubbed across the skin in a prescribed manner, causing a mild abrasion. The practice is believed to release the excess force “wind” from the body and restores balance (Rasbridge & Kemp, 2004).

*Slide 20: Story From the Front Line: Helen Birdsong*

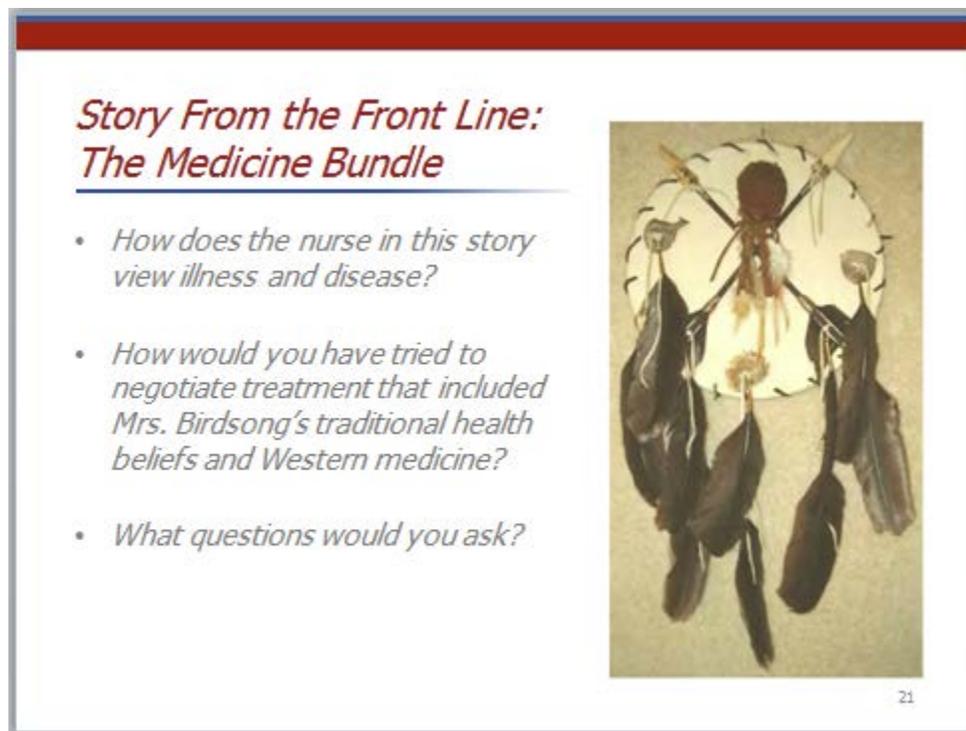
***The Main Takeaway***

Participants should have an opportunity to apply what they have learned to a clinical scenario and discuss their analysis with their peers.

***Opening Discussion Points***

Please read the case study on Handout I-5. When everyone is done, we will discuss this case.

***Directions***



***Story From the Front Line:  
The Medicine Bundle***

- *How does the nurse in this story view illness and disease?*
- *How would you have tried to negotiate treatment that included Mrs. Birdsong's traditional health beliefs and Western medicine?*
- *What questions would you ask?*



21

1. Distribute the handout.
2. Ask participants to read the story (allow 2–3 minutes).
3. (Suggested activity) Small Group Discussion (allow 5–7 minutes).

## *Handout*

The case study is provided in Handout I-5.

### *Suggested Activities: Small Group Discussion*

- Break participants into small groups and have them answer the following questions together:
- How does the nurse in this story view illness and disease?
- How would you have tried to negotiate treatment that included Mrs. Birdsong's traditional health beliefs and Western medicine?
- What questions would you ask?
- You may ask each group to select a spokesperson and report the group's findings.

## *Slide 21: Recap and Reflect*

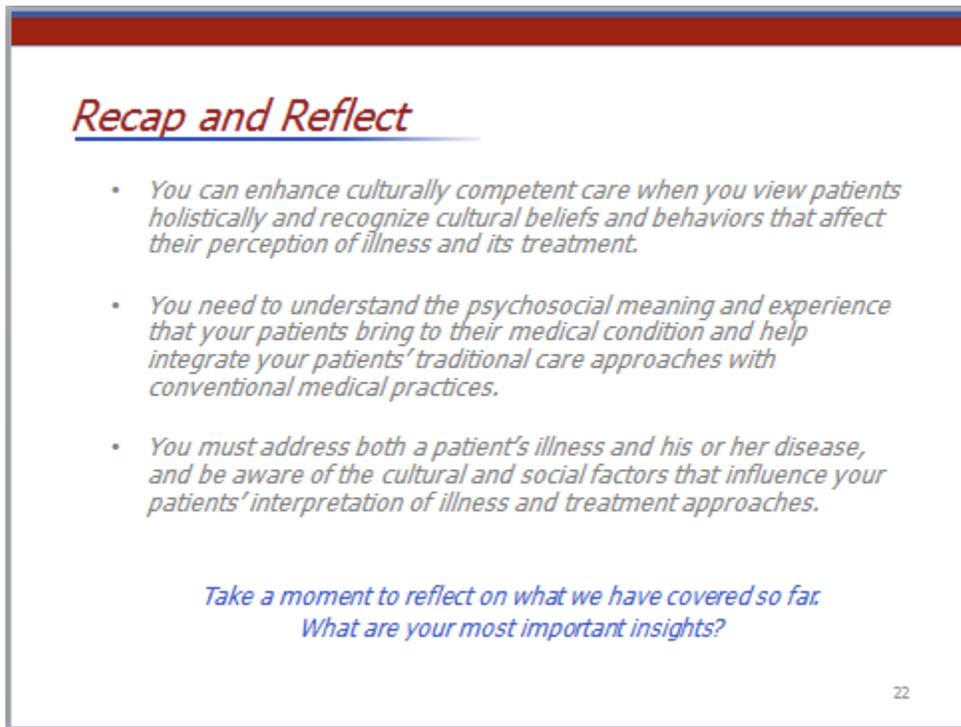
### ***The Main Takeaway***

Participants should have an opportunity to reflect on culturally specific health care experiences of their patients.

### ***Opening Discussion Points***

Before moving on, let's take a moment to think about cultural competence development as a process

### ***Directions***

A presentation slide with a dark red header bar. The title "Recap and Reflect" is in a red, italicized font and underlined. Below the title are three bullet points in a grey, italicized font. At the bottom, there is a blue, italicized text prompt. The slide number "22" is in the bottom right corner.

***Recap and Reflect***

- You can enhance culturally competent care when you view patients holistically and recognize cultural beliefs and behaviors that affect their perception of illness and its treatment.*
- You need to understand the psychosocial meaning and experience that your patients bring to their medical condition and help integrate your patients' traditional care approaches with conventional medical practices.*
- You must address both a patient's illness and his or her disease, and be aware of the cultural and social factors that influence your patients' interpretation of illness and treatment approaches.*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

22

1. Display the slide
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

When working with your patients, you can enhance culturally competent care when you view them holistically and recognize cultural beliefs and behaviors that affect their perception of illness and its treatment.

To effectively deliver culturally competent care, you need to understand the psychosocial meaning and experience that your patients bring to their medical condition and help to integrate or coordinate your patients' traditional care approaches with conventional medical practices.

As a culturally competent nurse, you must address both a patient's illness and his or her disease, and be aware of the cultural and social factors that influence your patients' interpretation of illness and treatment approaches.

### ***Suggested Activities: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

## *Slide 22: Patient-Centered Care*

### ***The Main Takeaway***

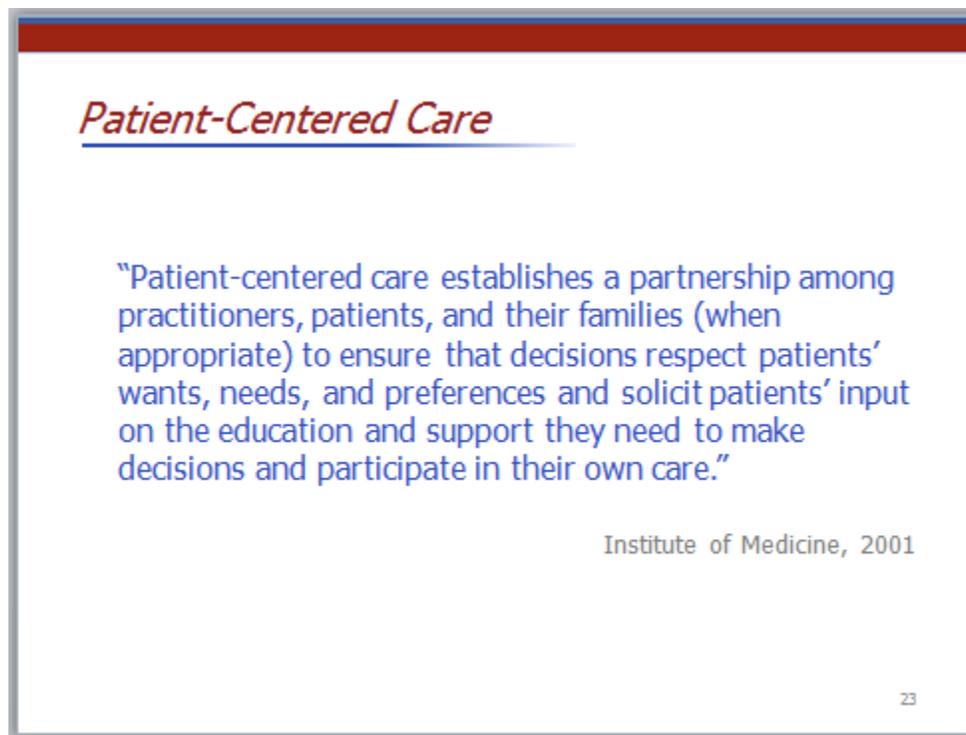
Participants should be able to define patient-centered care and provide examples of patient-centered care practices.

### ***Opening Discussion Points***

Before we start, let's discuss what you know about patient-centered care:

- Have you ever heard the term patient-centered care?
- What does patient-centered care mean to you as a nurse?

### ***Directions***



***Patient-Centered Care***

"Patient-centered care establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and solicit patients' input on the education and support they need to make decisions and participate in their own care."

Institute of Medicine, 2001

23

1. Facilitate the discussion (allow 2–3 minutes).
2. Display the slide.
3. Cover key talking points.

### *Key Talking Points*

- Patient-centered care is an essential component of cultural competence.
- A patient-centered approach involves being aware of the role of cultural health beliefs in a person's health-seeking behavior and being able to negotiate treatment options appropriately and in a culturally sensitive way.
- The Code of Ethics for Nurses states that "The Nurse's primary commitment is to the patient, whether an individual, family, group, or community" (ANA, 2001).

### *Hint*

Make sure you cover the patient-centered care in detail since this information is included in the posttest.

### *Slide 23: Transcultural Communication Techniques*

#### *The Main Takeaway*

Participants should be able to suggest examples of transcultural communication techniques.

#### *Opening Discussion Points*

Transcultural communication techniques can help you to deliver patient- centered care.

#### *Directions*



***Transcultural Communication Techniques***

- *Approach new patients slowly*
- *Greet patients respectfully*
- *Provide patients with a quiet setting*
- *Sit a comfortable distance away and lean slightly toward the patient*



24

1. Display the slide.
2. Provide examples as listed in key talking points.
3. Facilitate the discussion (allow 3–5 minutes).

### *Key Talking Points*

- Approach a new patient slowly: Rushing in may exacerbate the fear of the unknown or unexpected in your patient.
- Greet patients respectfully: Refer to patients by title (Dr., Mr., and Mrs.) and last name, rather than by first name. Make sure you are pronouncing patients' names correctly. It is okay to ask if you are unsure of the pronunciation.
- Provide patients with a quiet setting where you will not be disturbed. If the patient is confined to bed, draw the curtains completely around the bed for privacy. Be aware that patients from some cultures may want their family present.
- Sit a comfortable distance away and lean slightly toward the patient.
- Do not interrupt the patient and avoid changing the subject. Use gestures or facial expressions to acknowledge that you accept the patient's feelings of anxiety, fear, or anger.

### *Discussion Questions*

- What are other transcultural communication techniques that have worked for you?
- What are communication strategies you use when you sense a patient is uneasy or fearful?
- How do you convey to your patients that you are actively listening to what they say?

## *Slide 24: Every Encounter is Cross-Cultural*

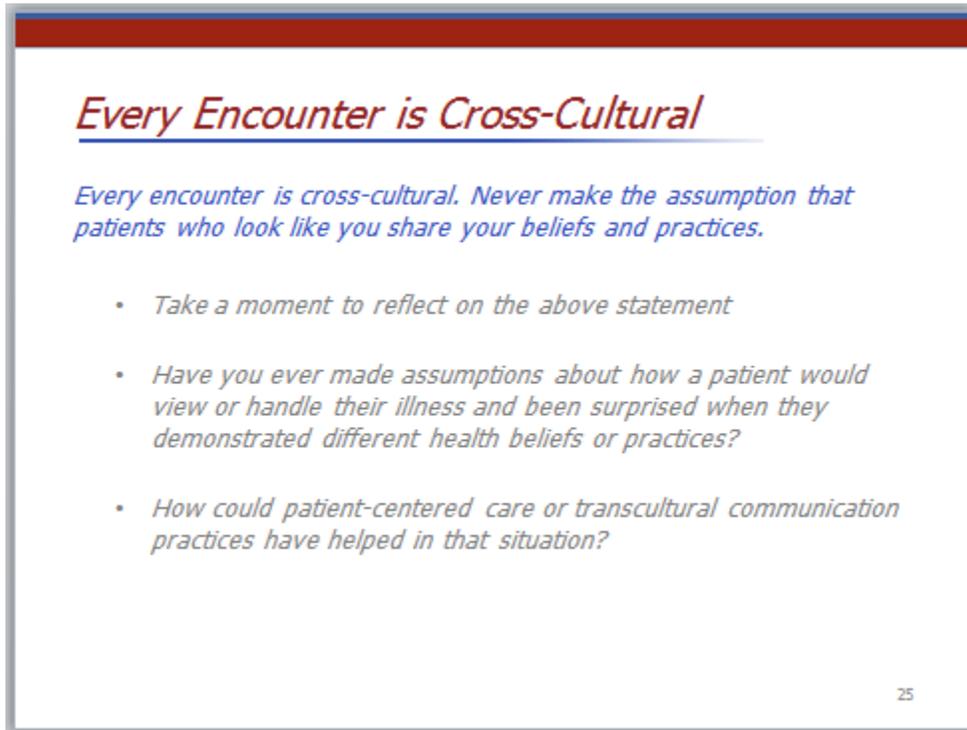
### ***The Main Takeaway***

Participants will have the opportunity to reflect on the concept that “every encounter is cross-cultural” and analyze situations in their own experience that could have benefited from patient-centered care or using transcultural communication techniques.

### ***Opening Discussion Points***

Every encounter is cross cultural, so you should never make the assumption that patients who look like you share your beliefs and practices.

### ***Directions***

A presentation slide with a dark red header bar. The title "Every Encounter is Cross-Cultural" is written in a red, italicized serif font and underlined. Below the title is a blue italicized statement: "Every encounter is cross-cultural. Never make the assumption that patients who look like you share your beliefs and practices." This is followed by three bullet points in a grey italicized font. The first bullet point asks to reflect on the statement. The second asks if assumptions about patient illness handling have been made and surprised. The third asks how patient-centered care or transcultural communication practices have helped. The slide number "25" is in the bottom right corner.

***Every Encounter is Cross-Cultural***

*Every encounter is cross-cultural. Never make the assumption that patients who look like you share your beliefs and practices.*

- Take a moment to reflect on the above statement*
- Have you ever made assumptions about how a patient would view or handle their illness and been surprised when they demonstrated different health beliefs or practices?*
- How could patient-centered care or transcultural communication practices have helped in that situation?*

25

1. Display the slide.
2. (Suggested activity) Reflection Activity (allow 5–7 minutes).

***Suggested Activities: Reflection Activity***

- Allow participants 5–7 minutes to reflect on the questions and provide responses in their learning journal.
- (Optional) Ask for volunteers to share examples verbally with the group.

## *Slide 25: Recap and Reflect*

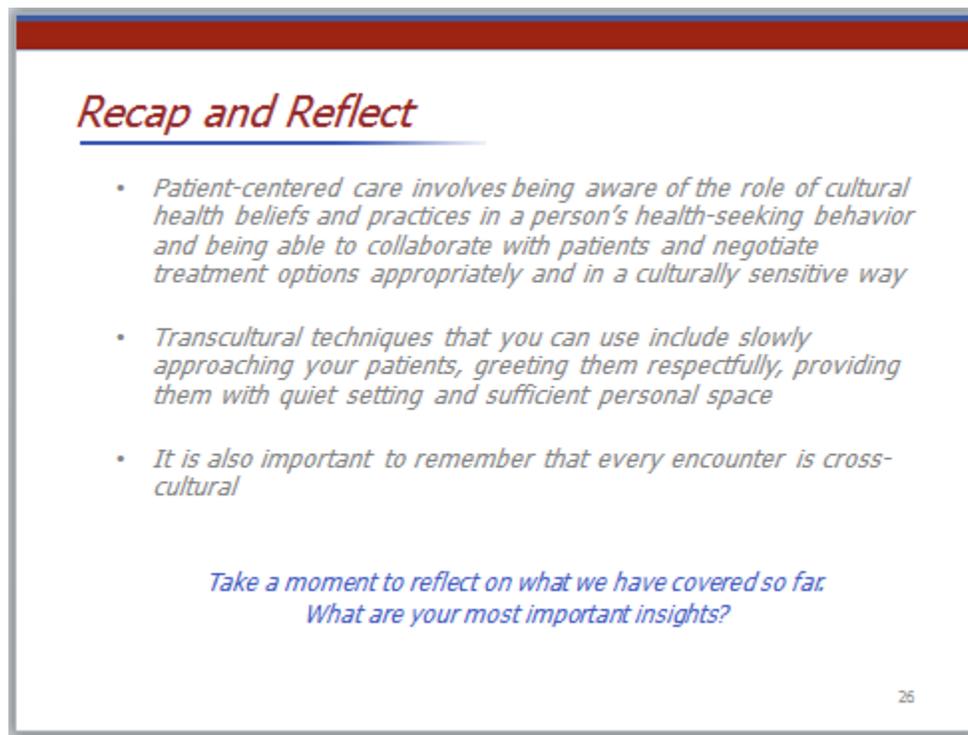
### ***The Main Takeaway***

Participants should have an opportunity to reflect on culturally specific health care experiences of their patients

### ***Opening Discussion Points***

Before moving on, let's take a moment to think about cultural competence development as a process

### ***Directions***

A presentation slide with a red header bar. The title "Recap and Reflect" is underlined in blue. It contains three bullet points in italics, followed by a reflective prompt in blue text. The slide number "25" is in the bottom right corner.

***Recap and Reflect***

- *Patient-centered care involves being aware of the role of cultural health beliefs and practices in a person's health-seeking behavior and being able to collaborate with patients and negotiate treatment options appropriately and in a culturally sensitive way*
- *Transcultural techniques that you can use include slowly approaching your patients, greeting them respectfully, providing them with quiet setting and sufficient personal space*
- *It is also important to remember that every encounter is cross-cultural*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

25

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Patient-centered care is an essential component of cultural competence for health care professionals. A patient-centered approach involves being aware of the role of cultural health beliefs and practices in a person's health-seeking behavior and being able to collaborate with patients and negotiate treatment options appropriately and in a culturally sensitive way.

There are several transcultural techniques that you can use when communicating with your patients to include slowly approaching your patients, greeting them respectfully, and providing them with a quiet setting and sufficient personal space.

It is also important to remember that any encounter with your patients is cross-cultural.

### ***Suggested Activities: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

*Slide 26: Knowledge-Centered and Skill-Centered Approaches*

***The Main Takeaway***

Participants should be able to distinguish between knowledge-centered and skill-centered approaches to providing culturally competent care.

***Opening Discussion Points***

Developing cultural competence helps to ensure effective, understandable, and respectful care for all patients. One goal of cultural competence development should be to balance knowing specific cultural facts and information with acquiring sound skills in effective nurse-patient interactions and transcultural communication in all encounters

***Directions***

***Cultural Competency Development***

**Balance fact-centered and attitude/skill-centered approaches.**

|  |  |  |
|--|--|--|
| The fact-centered approach teaches cultural information about specific ethnic groups |  | The attitude/skill centered approach enhances communication skills and emphasizes the sociocultural context of individuals |
|--|--|--|

27

1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

Knowledge-centered approach could include gaining culture-specific knowledge such as an ethnic group's historical context, cultural concepts of illness and disease, health seeking behaviors, and disease patterns.

However, it is not possible for any health care provider to know all cultural beliefs that patients hold. Therefore, it is important to seek each patient's understanding of their illness and treatment by using attitude/skill-centered communication.

Attitude/skill-centered care starts with an examination of your own beliefs in terms of culture, understanding different cultures in the community served, and developing patient-centered and transcultural communication techniques.

### ***Hint***

Make sure that you emphasize the balance of knowledge-centered and attitude/skill-centered approaches, since this information is included in the posttest.

## *Slide 27: Examples of Knowledge About Cultural Beliefs*

### *The Main Takeaway*

Participants should be able to provide examples of knowledge related to cultural beliefs.

### *Opening Discussion Points:*

- Knowledge-centered approaches rely on specific information about cultural beliefs among racial and ethnic groups and on demographic data that highlight group differences. Awareness of this information can be valuable in providing culturally competent care.
- Using a solely knowledge-centered approach to care risks the possibility of presenting patients as racial stereotypes. Thus, it is important to balance cultural knowledge by communicating with individual patients to learn about specific health-related cultural beliefs.

### *Directions*



*Examples of Knowledge-Centered Information about Cultural Beliefs*

- *Causes of illness*
- *Religious beliefs*
- *Historical influences*
- *Role of family*
- *Treatment*

28

1. Display the slide.
2. Cover key talking points.
3. Facilitate the discussion (allow 3–5 minutes).

### ***Key Talking Points***

#### Causes of illness:

- In the United States, there is a common belief that staying outside in rainy weather causes people to “catch a cold.”
- Blood loss can play a central role in beliefs about health and healing. Vietnamese may believe that blood, including blood drawn for laboratory tests, cannot be replaced and will cause one to become sicker.

#### Religious beliefs:

- Prayer may be seen as a method of healing and can serve as a complement or alternative to medical care in many cultures.
- Beliefs about fate or the “will of God” may impact decisions to seek care or adhere to preventive health care guidelines.

#### Historical influences:

- The experience of racial discrimination, government- sponsored experimentation resulting in mistreatment, and unethical genetic testing may contribute to mistrust of the health care system and influence health care seeking behaviors.

#### Role of family:

- In some Arabic, Filipino, and Mexican communities, family members may be expected to play a role in important treatment decisions.
- Some communities may value independence and individual decision-making. For example, Irish men may view illness as a sign of weakness and minimize symptoms until the illness becomes more serious before seeking care.

Treatment:

- Acupuncture practices may be used to treat illness in Asian and Pacific Islander cultures.
- More acculturated generations may rely on scientifically tested medicines to treat illness.

### *Discussion Questions*

- What other examples of knowledge-centered information have you encountered in your practice?
- How did you discuss these issues with your patients?

## *Slide 28: Skill-Centered Approaches to Culturally Competent Care*

### ***The Main Takeaway***

Participants should be able to discuss the key components of skill-centered approaches to culturally competent care.

### ***Opening Discussion Points***

It is not feasible for any nurse to rely solely on a knowledge-centered approach and know all the cultural beliefs that patients hold.

It is important to seek each patient's understanding of illness and treatment.

### ***Directions***



***Skill-Centered Approaches to Culturally Competent Care***

*The road to cultural competence involves working to adopt the following principles:*

- *Reflecting on personal beliefs about cultural competence*
- *Understanding how race, ethnicity, gender, spirituality, and other issues play a role in delivery and perceptions of health care*
- *Understanding the community served and the different cultures within the community*
- *Examining family beliefs, roles, and constructs of the community*
- *Developing cultural humility*
- *Practicing cultural etiquette*

29

1. Display the slide.
2. Cover key talking points.

## *Key Talking Points*

- Skill-centered approaches involve developing individual cultural competence to provide patient-centered care.
- Two important paths to cultural competence development are self-awareness and reflection about one's cultural identity, beliefs, and experiences with cross-cultural encounters.
- Cultural humility and cultural etiquette are also foundations of the skill-centered approach to cultural competency.
- "Cultural humility" has been described by Melanie Tervalon and Jann Murray-Garcia as a lifelong process of self-reflection and self-critique. Cultural humility does not require mastery of lists of "different" beliefs and behaviors supposedly pertaining to certain groups of patients. Rather, the provider is encouraged to develop a respectful partnership with each patient through patient-focused interviewing, exploring similarities and differences between his own and each patient's priorities, goals, and capacities. In this model, the most serious barrier to culturally appropriate care is not a lack of knowledge of the details of any given cultural orientation, but the providers' failure to develop self-awareness and a respectful attitude toward diverse points of view (Hunt, 2003. Available at: <http://www.parkridgecenter.hhs.gov/Page1882.html>).
- Cultural etiquette involves being aware of and adhering to expectations for behavior and courtesy that vary across cultures.

### *Slide 29: Story From the Front Line: Suzy Lee*

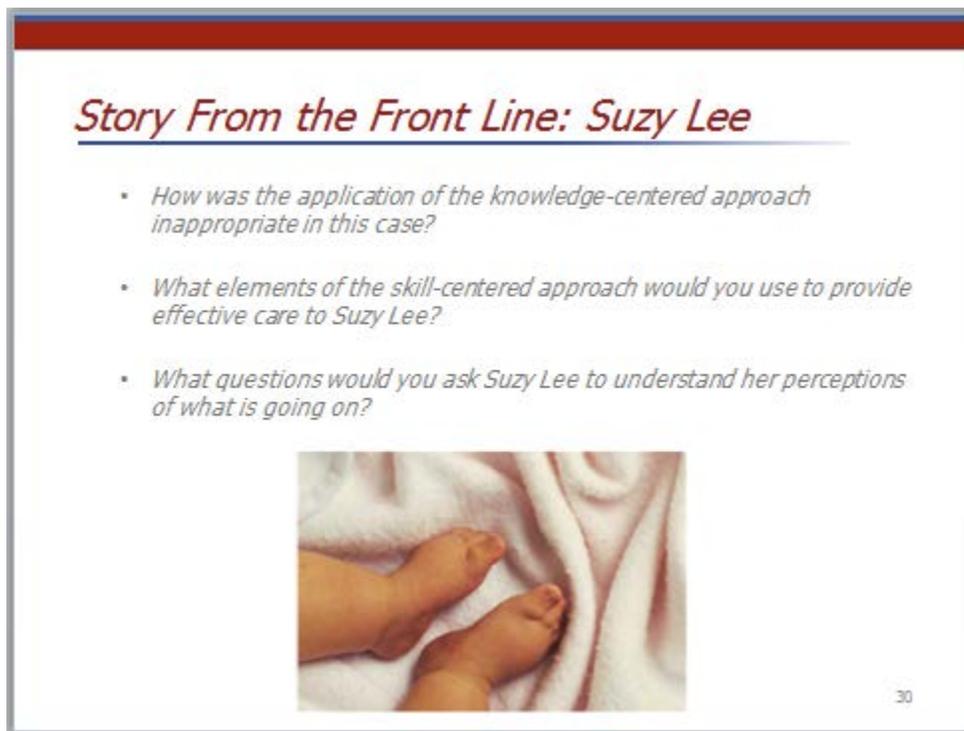
#### ***The Main Takeaway***

Participants should be able to analyze the case study have an opportunity to apply what they have learned to a clinical scenario and discuss with their peers.

#### ***Opening Discussion Points***

Please read the case study on Handout I-6 in your materials. In a few minutes we will discuss the case study as a group.

#### ***Directions***



***Story From the Front Line: Suzy Lee***

- *How was the application of the knowledge-centered approach inappropriate in this case?*
- *What elements of the skill-centered approach would you use to provide effective care to Suzy Lee?*
- *What questions would you ask Suzy Lee to understand her perceptions of what is going on?*



30

1. Distribute the handout.
2. Ask participants to read the case study (allow 1–2 minutes).
3. Facilitate the discussion (allow 3–5 minutes).

## *Handout*

The case study is provided in Handout I-7.

## *Discussion Questions*

- How was the application of the knowledge-centered approach inappropriate in this case?
- What elements of the skill-centered approach would you use to provide effective care to Suzy Lee?
- What questions would you ask Suzy Lee to understand her perceptions of what is going on?

## *Slides 30–31: Course I Summary*

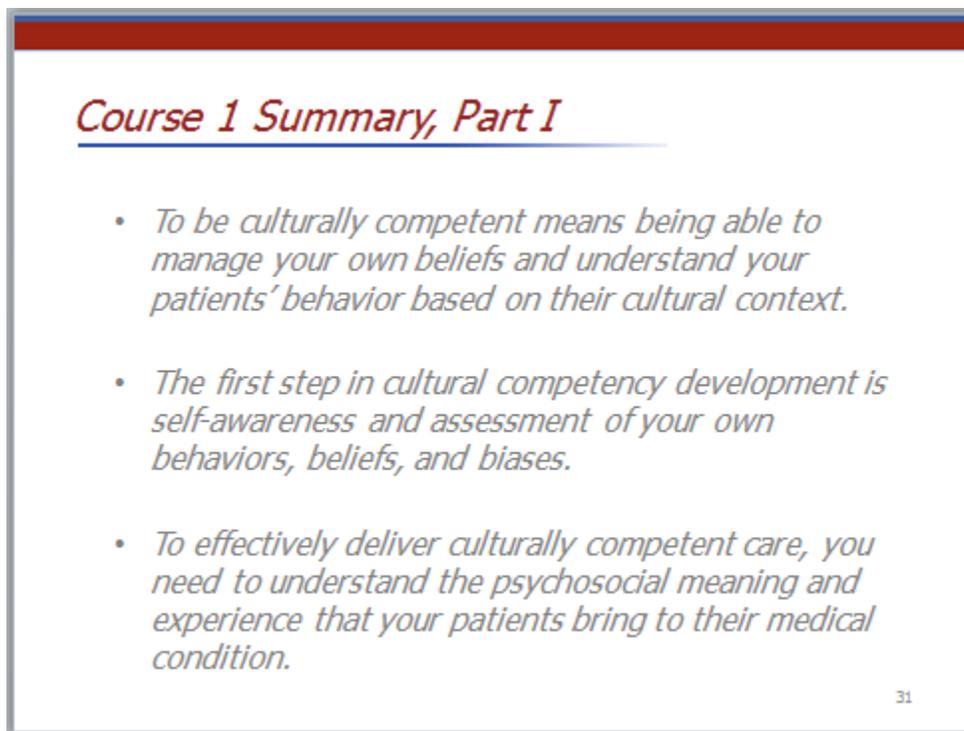
### *The Main Takeaway*

Participants should be able to review what they have learned in this course, evaluate course effectiveness, and suggest ways of incorporating new information into their practice

### *Opening Discussion Points*

Now I would like to take a few moments to review the highlights of what we covered today.

### *Directions*



*Course 1 Summary, Part I*

- To be culturally competent means being able to manage your own beliefs and understand your patients' behavior based on their cultural context.*
- The first step in cultural competency development is self-awareness and assessment of your own behaviors, beliefs, and biases.*
- To effectively deliver culturally competent care, you need to understand the psychosocial meaning and experience that your patients bring to their medical condition.*

31

## Course 1 Summary, Part II

- *Integration of your patients' traditional care approaches with conventional medical practices can improve satisfaction and compliance with care and treatment.*
- *It is important to balance the knowledge-centered approach with strong communication skills aimed at understanding the cultural context of your patients' experiences.*

32

1. Display the slides.
2. (Suggested activity) Action Plan (allow 10–15 minutes).
3. Facilitate the discussion (allow 3– 5 minutes).

### ***Discussion Questions***

- What are the three most important things you learned today?
- What will you bring back to your work/health care setting with you?
- Are there topics I didn't cover or questions/insights you would like to share with the group?

### ***Suggested Activities: Action Plan***

Divide participants into two groups and ask each group to draft an action plan that would help them develop self-awareness, provide patient- centered care, and balance knowledge-centered and skill-centered approaches. Ask each group to select a spokesperson and present their plan.

## Slide 32: How Do I Get My CNEs?

### The Main Takeaway

Participants should understand how to enter the online Test Center to complete CNE requirements.

### Opening Discussion Points

Since we have just completed the content for Course I, you can now go into the online Test Center to complete the CNE posttest and receive your credits.

### Directions

The screenshot displays a slide titled "Posttest and Certificate" with a background image of the online Test Center website. The website header includes the U.S. Department of Health & Human Services logo and the Office of Minority Health logo. The main content area features a "Welcome to the DVD Test Center" message, a "DVD Test Center Login" form with fields for Username and Password, and a "Help / FAQs" link. The text on the page explains that the program is based on national standards for culturally and linguistically appropriate services in health and health care (CLAS Standards) and provides information about the test center's purpose and how to access it.

1. Display the slide.
2. Cover key talking points.
3. (Suggested) Launch the online Test Center for demonstration.

### *Key Talking Points*

To complete the requirements for your CNEs, go to <http://ccnm.thinkculturalhealth.hhs.gov/idvdusers>.

Instructions for completing course:

- Log in using username and password
- Check off completed courses on Progress Checklist and hit Submit button
- Select posttest link and complete test
- Select evaluation link and complete
- Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session for Course II!

## Course I Handouts

| Course I Handouts | Description  |
|-------------------|--|
| I-1:              | Role-Playing Activity<br>(Note: Vignette/Scenario from Module 1.1, Part 5 of 7)  |
| I-2:              | Self-Assessment Checklist: Promoting Cultural Diversity and Cultural Competence<br>(Note: Exercise from Module 1.2, Part 3 of 6) |
| I-3:              | Dissolving Stereotypes   |
| I-4:              | Story From the Front Line: The Medicine Bundle<br>(Note: Story from Module 1.2, Part 4 of 6)                                     |
| I-5:              | Story From the Front Line: Helen Birdsong<br>(Note: Story from Module 1.4, Part 4 of 5)  |
| I-6:              | Story From the Front Line: Suzy Lee<br>(Note: Story from Module 1.6, Part 5 of 8)  |

**Table 3:** Course I Handouts

# Course II – Using Language Access Services

## Course II Presentation

## *Slide 1: Course II Using Language Access Services*

### ***The Main Takeaway***

Participants should understand the key topics covered during this educational session. They should be aware of the benefits of actively participating and be aware of the requirements for receiving Continuing Nursing Education credits (CNEs).

### ***Opening Discussion Points***

- Before we start this session, you should have registered via the online site and completed the Course II pretest.
- At the conclusion of this learning session, you will be prepared to complete the posttest for Course II at the online test center and receive your CNEs. When we are finished covering the material I will walk you through this process.
- Course II of the curriculum is focused on CLAS Standards 4–7, which provide recommendations related to language access services (LAS).

### ***Directions***

#### ***Course II is based on CLAS Standards 4-7, which focus on language access services***

***Standard 4:*** Health care organizations must offer and provide language assistance services including bilingual staff and interpreter services, at no cost to the patient with limited English proficiency at all points of contact.

***Standard 5:*** Health care organizations must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

***Standard 6:*** Health care organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff.

***Standard 7:*** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the encountered groups in the service area.

2

1. Ensure that all participants completed Course II pretest (see Hint).
2. Display the slide.
3. Cover talking points.

### ***Key Talking Points***

This curriculum is founded in the CLAS Standards and is intended to support nurses in delivering culturally competent care and the implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) in their organizations. Course II, which I will be covering today, is focused on Standards 4–7, which are related to LAS.

### ***Hint***

You may want to make computer stations available for participants to complete the pretest and posttest on site. If this is not an option in your facility, you may ask participants to complete the pretest before the session, and have participants complete the posttest after the session

## *Slide 2: Course II Learning Objectives*

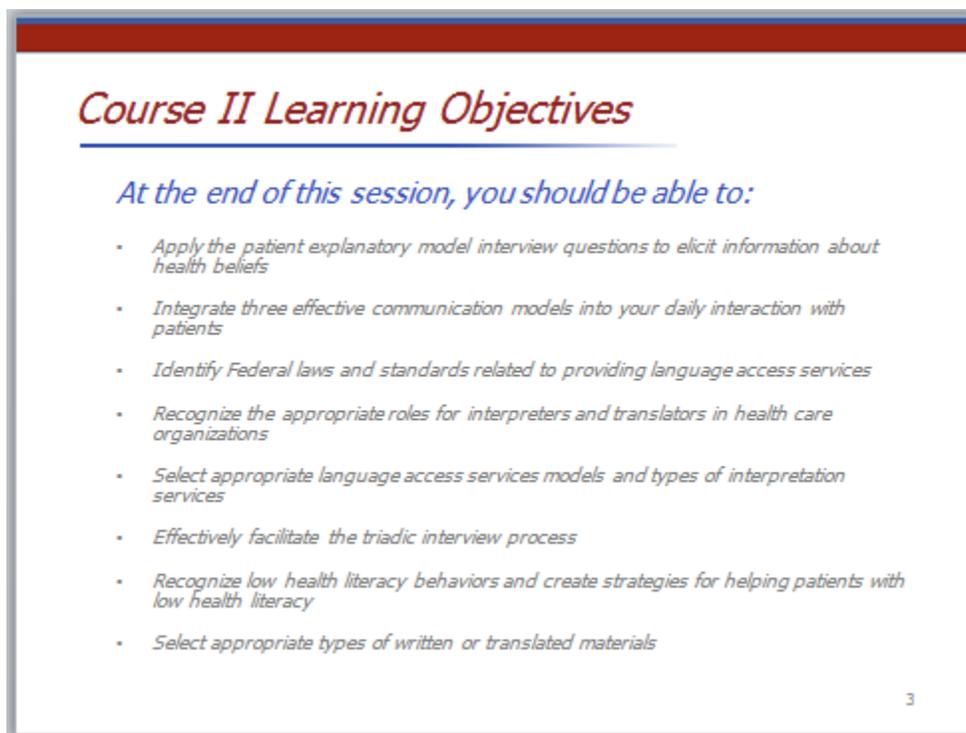
### *The Main Takeaway*

Participants should be able to articulate expected learning outcomes for Course II.

### *Opening Discussion Points*

There are eight learning objectives for the material that we will cover today.

### *Directions*



The slide features a dark red header bar at the top. Below it, the title "Course II Learning Objectives" is written in a dark red, serif font and underlined. A blue horizontal line separates the title from the main content. The text "At the end of this session, you should be able to:" is written in a blue, italicized serif font. Below this, there is a bulleted list of eight learning objectives, each written in a blue, italicized serif font. The slide number "3" is located in the bottom right corner.

**Course II Learning Objectives**

*At the end of this session, you should be able to:*

- Apply the patient explanatory model interview questions to elicit information about health beliefs*
- Integrate three effective communication models into your daily interaction with patients*
- Identify Federal laws and standards related to providing language access services*
- Recognize the appropriate roles for interpreters and translators in health care organizations*
- Select appropriate language access services models and types of interpretation services*
- Effectively facilitate the triadic interview process*
- Recognize low health literacy behaviors and create strategies for helping patients with low health literacy*
- Select appropriate types of written or translated materials*

3

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Learning Journal (allow 3–5 minutes).

### *Key Talking Points*

The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and thus help develop cultural competence.

- Provide participants with sheets of paper and pens or pencils.
- Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
- Allow participants to make entries into their journals throughout the session—opportunities for journal writing can include: Notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their practice in regard to cultural competency and where they think they can improve, and other notes as appropriate to the material.
- At the end of the session, ask participants to share their most important experiences and insights.

### *Slide 3: Nurse-Patient Communication*

#### *The Main Takeaway*

Participants should be able to review their communication practices with their patients.

#### *Opening Discussion Points*

We are going to start with several questions to prepare for our discussion on nurse-patient communication.

#### *Directions*



*Thinking About Nurse-Patient Communication*

- *How do you communicate with your patients?*
- *How effective is your communication with your patients?*
- *How does culture shape communication with your patients?*

4

1. Display the slide.
2. Facilitate the discussion (allow 3–5 minutes).

#### *Key Talking Points*

Ask participants open-ended questions about how they communicate with their patients. These questions will prepare participants to discuss the session materials and will make session materials more relevant to their work.

#### *Slide 4: Overview of Nurse-Patient Communication*

##### ***The Main Takeaway***

Participants should be able to define the importance of communication in nursing practice and the role of culture in communication.

##### ***Opening Discussion Points***

Effective nurse-patient communication is a critical component in the delivery of nursing care and is based on mutual understanding between nurses, physicians, and patients.

##### ***Directions***



***Overview of Nurse-Patient Communication***

- Communication is a complex process of sending and receiving verbal and nonverbal messages*
- The communication process allows for the exchange of information, feelings, needs, and preferences*
- Communication is influenced by cultural values, attitudes, and beliefs, and has its roots embedded in culture*
- Each culture communicates using verbal and nonverbal methods*



5

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

Our communication with patients involves a complex process of sending and receiving verbal and nonverbal messages. During this process, we exchange health-related information, feelings about illness, health needs, and treatment preferences.

The goal of communication is arriving at a meaning that both you and your patient can share, for instance understanding the symptoms of illness or components of a treatment plan.

The way we communicate with our patients is influenced by cultural values, attitudes, and beliefs, and has its roots embedded in culture.

People from different cultures communicate using verbal (spoken or written words) and nonverbal methods (gestures, body language, tone, pace, etc.).

## *Slide 5: Factors Shaping Nurse-Patient Communication*

### *The Main Takeaway*

Participants should understand that communication with patients is strongly influenced by culturally specific communication patterns. Participants should be able to describe examples of culturally influenced communication styles.

### *Opening Discussion Points*

Cultural factors that shape our communication with patients include practices of formal interaction, health-seeking behavior, and culturally specific body language.

### *Directions*

*Factors Shaping Nurse-Patient Communication*

*Cultural factors that shape nurse-patient communication:*

- *Practices of formal interaction accepted within different cultures*
- *Health-seeking behavior of diverse patients*
- *Culturally specific body language*
  - *Facial expression*
  - *Tone of voice*
  - *Eye contact*

*Nonverbal communication makes up 85% of all communication*

6

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of culturally specific communication.

### ***Key Talking Points***

Different cultures have different ideas about formal/informal interactions. For instance, communications among Hispanics are usually characterized by respeto or respect. Formality is common in Hispanic interactions, especially when older people are involved.

Health-seeking behaviors among our patients are also culture specific. For example, it is common for Hispanics to be passive and nonassertive in health care interactions.

You could have also noticed that patients' body language (for instance facial expressions, gestures, body movements, tone of voice, and eye contact) is different from culture to culture.

### ***Probe***

Probe participants for examples of their patients' communication patterns based on their culture.

## *Slide 6: Patient Explanatory Model*

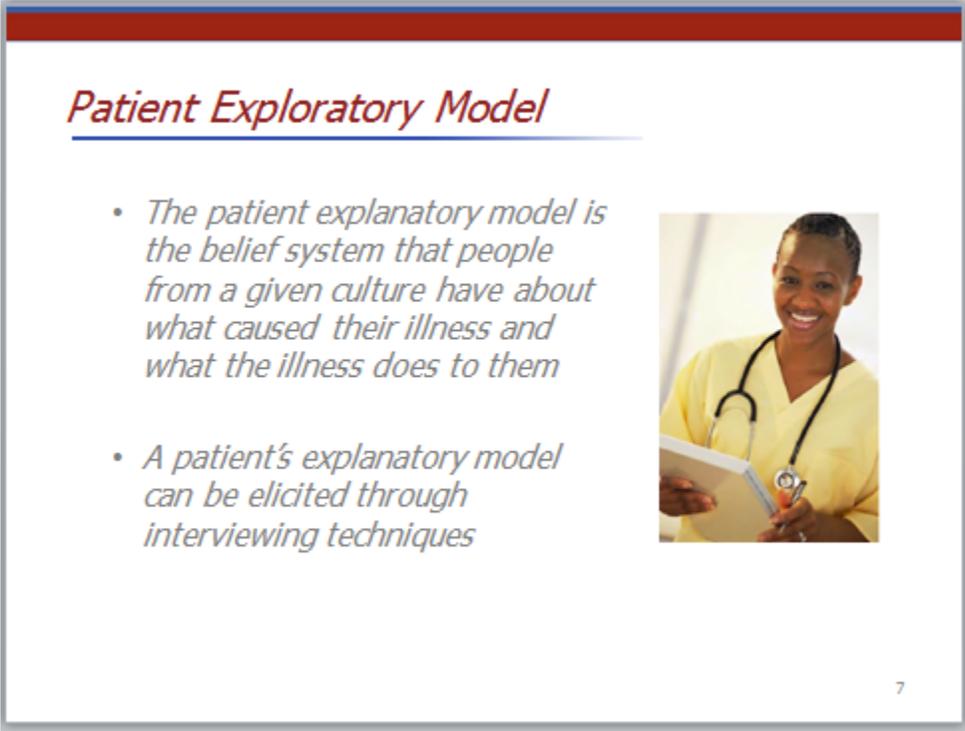
### *The Main Takeaway*

Participants should be able to define the patient explanatory model.

### *Opening Discussion Points*

The explanatory model is the belief system that people from a given culture have about what caused their illness and what the illness does to them.

### *Directions*



***Patient Explanatory Model***

- The patient explanatory model is the belief system that people from a given culture have about what caused their illness and what the illness does to them*
- A patient's explanatory model can be elicited through interviewing techniques*



7

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

According to Kleinman, a physician anthropologist, a patient's beliefs determine his or her opinions about the origin and severity of an illness, needed treatment, and expected recovery.

These beliefs serve as a “roadmap” or explanatory model that reveals the patient’s perspective on the course of illness. Understanding how patients view their illness will help you better understand your patients and their families (Kleinman, 1980).

You can gain insights into a patient’s beliefs and understanding of his or her illness through interviewing. To learn more about a patient’s explanatory model, you may want to begin the interview by saying to the patient, “I know different people have different ways of understanding illness—please help me understand how you see things.”

## *Slide 7: Jose Gomez Case Study*

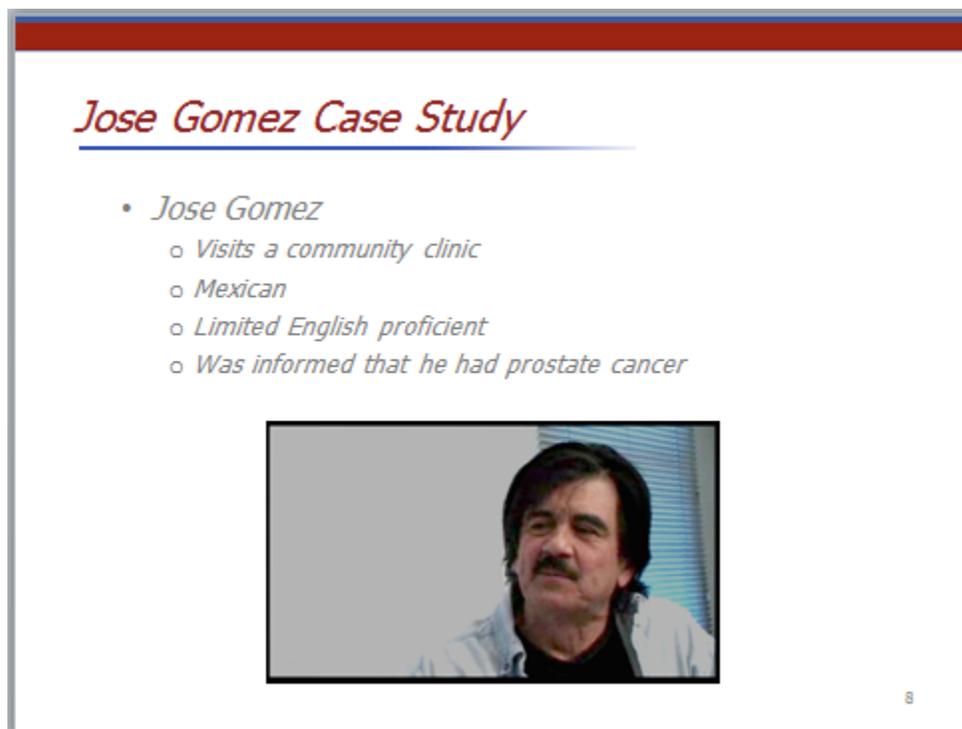
### *The Main Takeaway*

Participants should be able to identify the patient's explanatory model, rehearse the nurse-patient interaction, and suggest ways of improving the nurse-patient communication.

### *Opening Discussion Points*

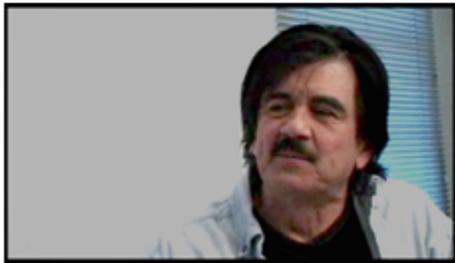
This video vignette depicts Jose Gomez, a 53-year-old Mexican male who is at a community clinic and has just been informed that he has prostate cancer. The doctor has discussed treatment options and recommended surgery. After the doctor left the room, Mr. Gomez tells the nurse that “he won't be a man anymore” if he gets the surgery. The case vignette starts as the nurse responds to Mr. Gomez.

### *Directions*



*Jose Gomez Case Study*

- *Jose Gomez*
  - *Visits a community clinic*
  - *Mexican*
  - *Limited English proficient*
  - *Was informed that he had prostate cancer*



8

- Play the video case study.
- Facilitate the discussion (allow 2–3 minutes).
- (Suggested activity) Role-Playing (allow 5–10 minutes).

## *Vignette*

Play Vignette Case Study II-1: Jose Gomez's Prostate Cancer.

## *Discussion Questions*

What do Jose Gomez's words tell us about his explanatory model?

What does Jose Gomez's body language and tone tell us about his explanatory model?

## *Suggested Activities: Role-Playing*

- Ask three volunteers to role-play a scenario, which is provided in Handout II-1. Assign roles for the characters of the nurses and Jose Gomez.
- Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.
- Engage the group in the following discussion questions:
- How effective is the nurse in eliciting the explanatory model of the patient in this case?
- What are the obstacles to eliciting the patient's explanatory model in this case?
- If Mr. Gomez was your patient, how would you interact with him and what questions would you ask him to learn more about his understanding of illness?

## *Handout*

The scenario for this role-playing activity is provided in Handout II-1.

### *Slide 8: Recap and Reflection*

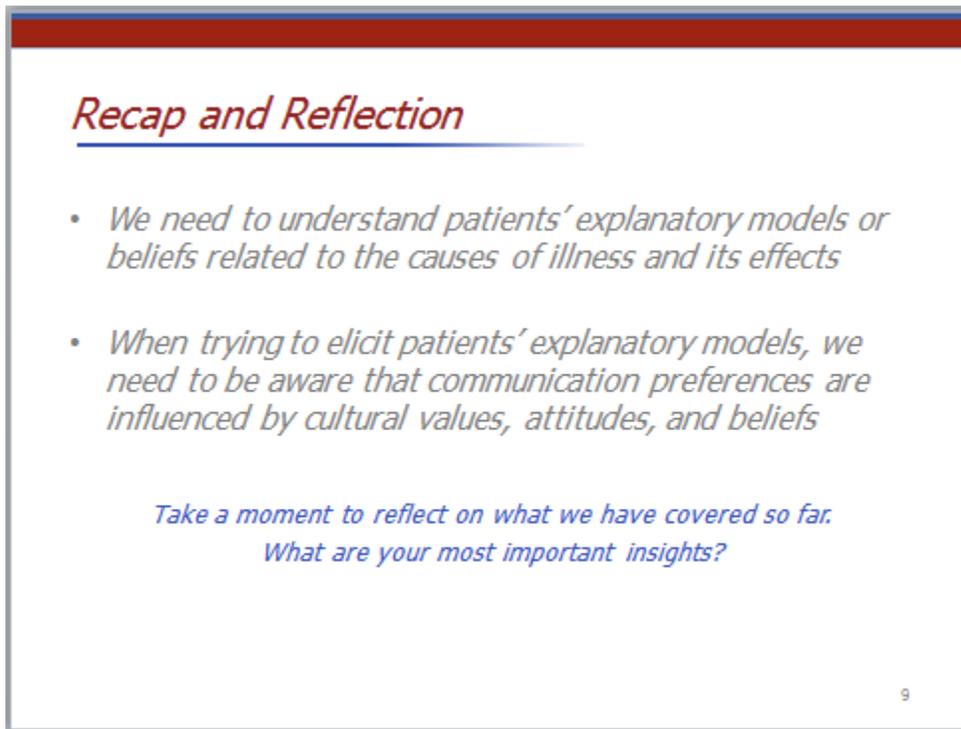
#### ***The Main Takeaway***

Participants should have an opportunity to reflect on the importance of eliciting the patient's explanatory model.

#### ***Opening Discussion Points***

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### ***Directions***

A presentation slide with a dark red header bar. The title "Recap and Reflection" is written in a red, italicized serif font and is underlined with a blue line. Below the title are two bullet points in a blue, italicized serif font. At the bottom of the slide, there is a blue, italicized serif font prompt. The number "9" is in the bottom right corner.

***Recap and Reflection***

- We need to understand patients' explanatory models or beliefs related to the causes of illness and its effects*
- When trying to elicit patients' explanatory models, we need to be aware that communication preferences are influenced by cultural values, attitudes, and beliefs*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

9

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Understanding a patient's explanatory model is the key to effective nurse- patient communication, since it allows you to better understand your patients.

When trying to understand how your patients view their illness, have in mind that their beliefs and ways of expressing symptoms are shaped by their culture.

### ***Suggested Activities: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

*Slide 9: Tools for Nurse-Patient Communication*

***The Main Takeaway***

Participants should be able to discuss the purpose of nurse-patient communication models.

***Opening Discussion Points***

There are several tools that can help you effectively communicate with your patients in cross-cultural encounters. During this session we will briefly review some of the communication models you can use to provide more patient-centered care.

***Directions***

***Tools for Effective Nurse-Patient Communication***

*Transcultural Nursing Assessment Guide*

- *LEARN*
- *BATHE*
- *ETHNIC*

The slide includes three visual aids: 1) The word 'LEARN' in large, red, 3D block letters. 2) Five balloons with the letters B, A, T, H, and E on them. 3) A crossword puzzle grid with the word 'ETHNIC' filled in vertically.

10

1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

Transcultural Nursing Assessment Guide is a model that can help you gather patients' data relevant to their health condition. The questions that you can ask your patients probe for their communication, cultural affiliation, educational background, family structure and social networks, nutrition, health-related beliefs and practices.

The LEARN model suggests a framework for **L**istening, **E**xplaining, **A**cknowledging, **R**ecommending, and **N**egotiating health information and instructions with your patients. The BATHE model helps you elicit the psychosocial context of the patient's experience with illness; we will cover this model in more detail later.

The ETHNIC model can be effective in identifying patient's explanation of illness, treatment, and traditional treatment practices accepted in the patient's culture. This model can also help negotiate the treatment options, determine the appropriate intervention, and collaborate with patients and family members. The letters in this model stand for **E**xplanation, **T**reatment, **H**ealers, **N**egotiation, **I**ntervention, and **C**ollaboration. More details about these models are provided in Handout II-2.

### ***Handout***

The details of four communication models are provided in Handout II-2.

*Slide 10: BATHE Model of Communication*

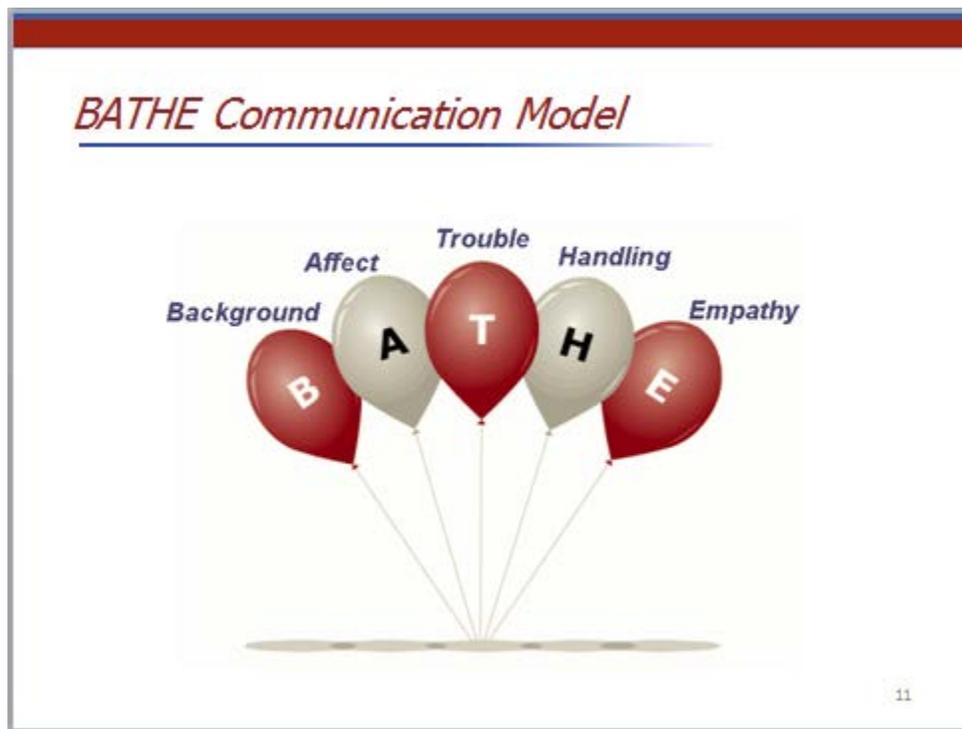
***The Main Takeaway***

Participants should understand the components and purpose of the BATHE model.

***Opening Discussion Points***

The BATHE model provides a useful mnemonic for eliciting the psychosocial context of a patient's experience with illness. The model suggests simple questions about **B**ackground, **A**ffect, **T**rouble, and **H**andling, and expressing **E**mpathy with patients.

***Directions***



1. Display the slide.
2. Cover talking points.

***Key Talking Points***

- Background: The simple question "What is going on in your life?" will help you elicit the context of the patient's visit.

- Affect: Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report her or his feelings.
- Trouble: The question “What about the situation troubles you the most?” helps you and your patient focus on the key symptoms.
- Handling: “How are you handling that?” helps you assess the patient’s functioning and provides direction for an intervention.
- Empathy: “That must be very difficult for you” recognizes the patient’s feelings and provides psychological support.

### *Hint*

Make sure you cover the BATHE model in detail since this information is included in the posttest.

### *Handout*

The details of BATHE model are provided in Handout II-3.

## Slide 11: Story From the Frontline: Mrs. Tran

### Main Takeaway

Participants should be able to apply their knowledge of communication models to the analysis of the nurse-patient communication and suggest ways of using communication models in their work.

### Opening Discussion Points

Let us now apply your knowledge of communication models as we analyze this nurse-patient interaction described in the following Story From the Frontline.

### Directions

**Story From the Front Line: Mrs. Tran**

- *Read the story in your handout*
- *Think about advantages of using communication models for you and your patients*
- *Role-play the story*

**STORIES FROM THE FRONT LINE**

This following example is a reflection from a nurse practitioner:

An 60-year-old Asian-American female, Mrs. Tran, with type 2 diabetes and peripheral vascular disease is at her local clinic waiting to be seen by a nurse practitioner for a routine check-up. The patient just returned from visiting her sister who lives on the West Coast. Her sister is a traditional healer who gave her herbal teas and soups to treat her ailments. During her last examination two months ago the patient complained of impaired vision, weight loss, shortness of breath, and increased urinary frequency.

The nurse practitioner enters the room and begins asking the patient about her visit with her sister. The patient tells her that she meditated daily, began using special herbal tea and soup, and didn't take her insulin every day. She says she is feeling better since her last check-up.

The nurse practitioner doesn't seem to understand why the patient stopped taking her insulin and relied on "traditional" therapy. She tells the patient that her diabetes, peripheral vascular disease, and the possible complications of the foot conditions are very serious and might require hospitalization. The patient is very upset and refuses to go to the hospital. She sees her illness as part of life and fears she will die if she is admitted to the hospital.

12

1. Display the slide.
2. Ask participants to read the Story From the Frontline (allow 1–2 minutes).
3. Complete one of the suggested activities (allow 3–5 minutes).

### ***Suggested Activity: Role-Playing***

Divide participants into small groups and ask them to role-play the story using one of the communication models (LEARN, BATHE, or ETHNIC). Ask participants to summarize their observations related to these models and highlight their benefits.

### ***Alternative Activity: Brainstorming***

Divide participants into three groups and ask them to brainstorm the ways they can use communication models discussed in this module (LEARN, BATHE, or ETHNIC). Bring the groups together and discuss what ideas are most useful.

### ***Handout***

The Story From the Frontline for these activities is provided in Handout II-4.

## *Slide 12: Reflect and Recap*

### **Main Takeaway**

Participants should be able to reflect on the effectiveness of the nurse-patient communication models and their benefits.

### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### **Directions**

A presentation slide with a red header bar. The title "Recap and Reflection" is underlined in blue. The slide contains three bullet points describing the LEARN, BATHE, and ETHNIC models. At the bottom, there is a reflection prompt and the number 13 in the bottom right corner.

***Recap and Reflection***

*LEARN model can help you effectively listen, explain, acknowledge, recommend, and negotiate health information and instructions*

*BATHE model can help you elicit the psychosocial context of patients' health experience*

*ETHNIC model can be effective in identifying patient's explanation of illness, treatment, and traditional treatment practices accepted in the patient's culture*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

13

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

## *Slide 13: Overview of Language Access Services*

### **Main Takeaway**

Participants should be able to describe the importance of LAS and explain that speaking a common language does not ensure mutual understanding.

### **Opening Discussion Points**

In previous sections, we learned about the importance of effective communication between nurses and patients and communication models. We will continue this discussion and learn about LAS and how they can help you provide patient-centered care. LAS include both oral and written assistance for patients with limited English proficiency (LEP).

### **Directions**



*Overview of Language Access Services*

- *Language access services (LAS) ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency (LEP) patients.*
- *Providing LAS is a legal requirement for health care systems that are recipients of Federal financial assistance.*
- *Speaking different languages in a health care encounter can lead to confusion and has an impact on quality of care, treatment decisions, understanding, and compliance.*

*A common spoken language does NOT necessarily ensure cultural understanding*

14

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of how speaking a common language can lead to misunderstanding.

### *Hint*

Make sure you emphasize that speaking a common language does not necessarily ensure cultural understanding, since this information is included in the posttest.

### *Probe*

Probe participants by asking for examples of when misunderstandings have occurred when parties were speaking a common language.

## *Slide 14: Federal Laws and Recommendations*

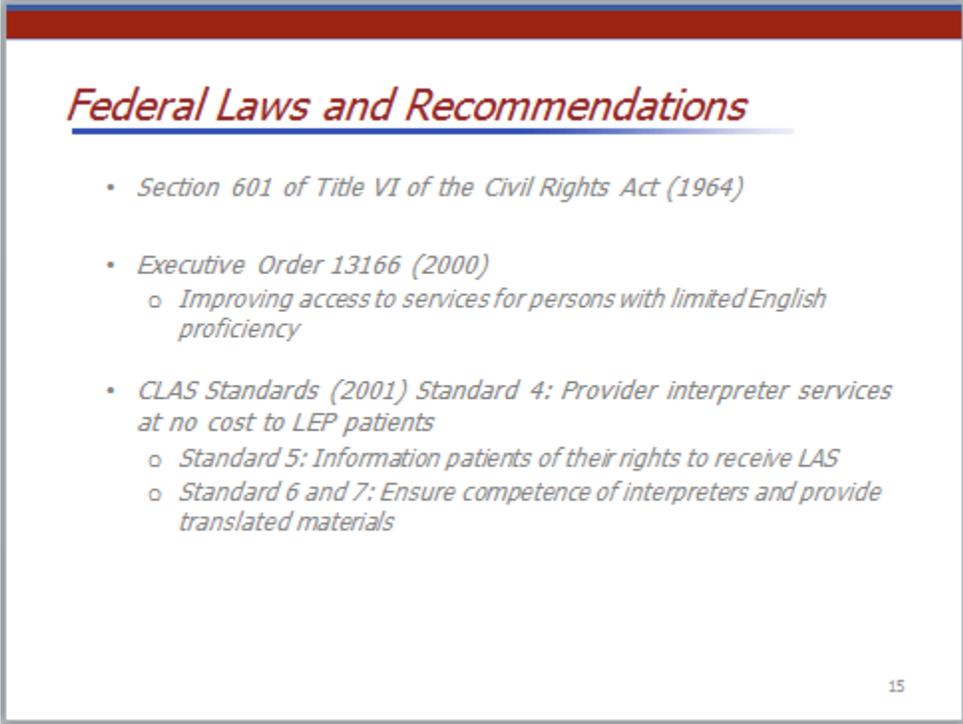
### **Main Takeaway**

Participants should be able to identify legal requirements for providing LAS to LEP patients.

### **Opening Discussion Points**

Many health care providers may not be aware of their responsibilities to provide LAS. These requirements are described in a number of Federal laws and recommendations.

### **Directions**



The slide features a red header bar at the top. Below it, the title "Federal Laws and Recommendations" is written in a red, italicized font and underlined. The main content consists of a bulleted list of legal requirements, with sub-bullets for some items. The slide number "15" is located in the bottom right corner.

- *Section 601 of Title VI of the Civil Rights Act (1964)*
- *Executive Order 13166 (2000)*
  - *Improving access to services for persons with limited English proficiency*
- *CLAS Standards (2001) Standard 4: Provider interpreter services at no cost to LEP patients*
  - *Standard 5: Information patients of their rights to receive LAS*
  - *Standard 6 and 7: Ensure competence of interpreters and provide translated materials*

1. Display the slide.
2. Cover talking points.

## Key Talking Points

- Section 601 of Title VI of the Civil Rights Act states that no person shall “on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”
- Executive Order 13166 states that all agencies receiving Federal funding shall develop LEP guidance consistent with the guidance issued by the Department of Justice.
- CLAS Standards developed by the Office of Minority Health contain recommendations regarding LAS. These recommendations include:
  - Providing interpreter services at no cost to LEP patients (Standard 4)
  - Informing patients of their rights to receive LAS (Standard 5)
  - Ensuring competency of interpreters and providing translated materials (Standards 6 and 7)

### *Slide 15: OCR Four Factors*

#### **Main Takeaway**

Participants should be able to understand the balance of four factors when assessing the obligation to provide LAS. Participants should be able to apply the four-factor analysis to their own health care organizations.

#### **Opening Discussion Points**

To help health care providers comply with legal requirements for providing LAS and at the same time avoid undue burdens on small health care organizations, the Office of Civil Rights (OCR) of the Department of Health and Human Services (HHS) suggests balancing four factors when assessing the provision of LAS.

#### **Directions**

***OCR Four Factors***

- *The HHS Office of Civil Rights (OCR) Guidance (2003)*
- *Four factors to balance when assessing the obligation to provide LAS:*
  - *Number*
  - *Frequency*
  - *Nature*
  - *Resources*

16

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples related to the four factors.

### *Key Talking Points*

The HHS OCR Guidance (2003) states that there are four factors to balance when assessing the obligation to provide language access services. These factors include:

- Number of LEP persons served by an organization.
- Frequency with which LEP persons come into the program.
- Nature and importance of your service to people's lives.
- Resources available to the program and the costs.

### *Probe*

Probe participants for: The number of LEP patients that they serve; the frequency of LEP patient contacts with their organization; the nature and importance of LAS for their patients; and resources within their organization to provide needed LAS.

*Slide 16: LAS Models*

**Main Takeaway**

Participants should be able to describe models for providing LAS and identify the models that are most appropriate for their work situation.

**Opening Discussion Points**

There are many models for offering language access services. LAS can be provided by using several models.

**Directions**



1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Brainstorming (allow 5 minutes).

### ***Key Talking Points***

**Bilingual providers:** In this model, bilingual health care providers act as interpreters. Potential difficulties include differences in dialect or social status, as well as distracting providers from their direct patient care duties to assist with interpreting.

**Bilingual patients:** This model involves strategies to promote English among non-English-speaking persons. Potential difficulties include the fact that the short-term problem of language access remains unaddressed, and patients may feel negatively received or judged when wanting to discuss specific cultural beliefs.

**Interpreters:** This model advocates for using dedicated interpreters, family members, or friends in clinical encounters. Interpretation services can be delivered via phone or video. Potential difficulties include lack of training, issues of confidentiality with family and friends, costs, and quality assurance for dedicated interpreters.

**Community health workers:** This model is based on hiring staff who reflect the linguistic and cultural diversity of the community, or recruiting community volunteers to act as interpreters. Potential difficulties include the need for training and support, lack of consistency in interpreters' availability, and additional administrative efforts in terms of coordination.

### ***Suggested Activity: Brainstorming***

- Divide participants into small groups and ask them to brainstorm different LAS models and identify those that are most appropriate and beneficial for them and their patients.
- Ask groups to report out their findings.

## *Slide 17: Written Materials*

### **Main Takeaway**

Participants should be able to discuss the importance of written materials and identify the materials that are most appropriate for their work environment.

### **Opening Discussion Points**

We discussed the importance of appropriate situations for use of interpreters (spoken word). It is equally important in providing LAS to ensure that written or translated materials are appropriate for LEP patients.

### **Directions**

***Written (Translated) Materials***

- *Examples of written materials:*
  - *Signage in the office*
  - *Applications*
  - *Consent forms*
  - *Medical/treatment instructions*
- *Considerations for creating written materials:*
  - *Audience*
  - *Literacy level*
  - *Culture*
- *Rigorous review process*
- *Creating written materials in the language of the intended audience rather than translating from another language*

18

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of written materials that they use or might need.

### ***Key Talking Points***

Translated written materials may include signage in the office, applications, consent forms, and medical/treatment instructions, including instructions that inform the pharmacist that the patient is LEP.

This would provide guidance for the pharmacist to ensure prescription and dosage information is provided in patient's primary language if at all possible.

When you determine the types of written materials to develop, it is important to clearly identify the audience for the materials, including literacy level, culture, and language.

It is important that translated written materials go through a rigorous review process and undergo back translation. Back translation is the process in which one translator translates a document into a target language, and a second, independent translator translates the document back into English to check that the appropriate meaning is conveyed.

If possible, it is preferable to develop written materials in the language of the intended audience, rather than translate from another language, since translation may omit important cultural information or use concepts alien to the target culture.

### ***Probe***

Probe participants for written materials that they use or might need in the future. Ask them how they assure the quality of written materials.

## Slide 18: Story From the Frontline: Tanaka Kenji

### Main Takeaway

Participants should be able to analyze nurse-patient communication and make suggestions to improve patient-provider communication.

### Opening Discussion Points

Let us analyze a Story From the Frontline and the patient-provider interaction that it describes.

### Directions

**Story From the Frontline: Tanaka Kenji**

- Read the story in your handout
- Think about negative impacts of language barriers on health outcomes for minority patients
  - How could the patient have benefited from an interpreter?
  - What could be potential liabilities for not providing LAS to the patient?
  - What solutions can you suggest in order to improve this situation?

**STORY FROM THE FRONTLINE**

When a nurse's patient who came to the clinic after having gone to the hospital for a colon cancer. The patient was unable to read and understand how difficult for someone who is ill to understand the news.

Patients: Tanaka Kenji describes that the Japanese culture places more emphasis on personal care and family.

- All over-60 patients must
- Interpret in the United States, usually and usually little English
- Mr. Tanaka was the youngest and youngest of a seven-rough, almost-poor, high-rise in his city, and then
- The constant occupational pressures and care for Tanaka in the hospital outpatient services department for a long time.

**Patients' experiences in the hospital**

Tanaka's wife drove into the hospital campus that could not find a sign to identify the location of outpatient services. He parked in the visitor garage and walked by three flights of stairs to the physical care the hospital. From there he could not find the elevator and could not find his way to the clinic. He gave out of breath, he arrived at the outpatient desk.

The registration clerk provided the Tanaka with forms in English. It took him more than 30 minutes to complete them and print his name. The clerk told Mr. Tanaka to bring up to the clinic waiting area. But he did not understand much of what she said. He wandered around the hospital desk for almost 30 minutes. He had to leave the hospital at 10:00. Tanaka had to go to the clinic and register when he arrived and described his story to the staff in a way.

The nurse practitioner, who did not speak Japanese, explained the procedure to Mr. Tanaka and had to use a translator for the patient. Mr. Tanaka, in English, both words and in writing, to see the doctor. Unfortunately, Mr. Tanaka still did not understand much of what the doctor said. He had to go to the clinic again to see the doctor again but did not understand the doctor's instructions. He had to go to an interpreter. After waiting another 30 minutes, Mr. Tanaka was discharged. Since then he has

1. Display the slide.
2. Ask participants to read the Story From the Frontline (allow 1–2 minutes).
3. Facilitate the discussion (allow 3–5 minutes).

### *Discussion Questions*

- How could the patient benefit from an interpreter?
- What could be potential liabilities for not providing LAS to the patient?
- What solutions can you suggest in order to improve this situation?

### *Handout*

The Story From the Frontline for this activity is provided in Handout II-5.

### *Slide 19: Reflect and Recap*

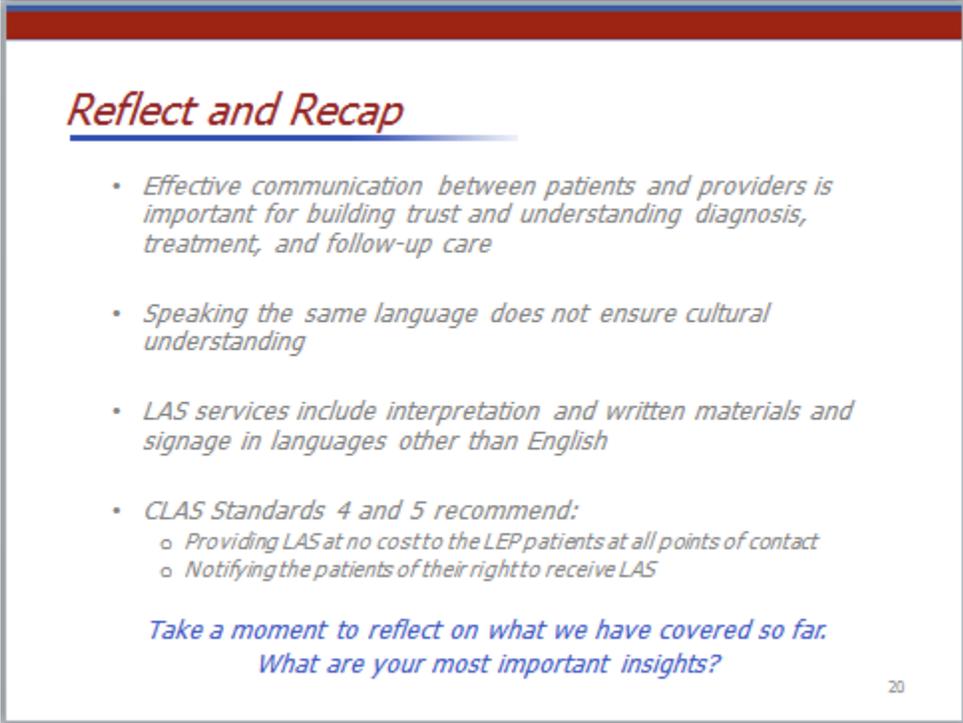
#### **Main Takeaway**

Participants should be able to reflect on the importance of LAS in effective patient-provider communication and evaluate the effectiveness of LAS models.

#### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### **Directions**

A presentation slide with a red header bar. The title "Reflect and Recap" is in red, italicized font. Below the title are four bullet points in blue, italicized font. The first bullet point states that effective communication is important for building trust and understanding diagnosis, treatment, and follow-up care. The second bullet point states that speaking the same language does not ensure cultural understanding. The third bullet point states that LAS services include interpretation and written materials and signage in languages other than English. The fourth bullet point states that CLAS Standards 4 and 5 recommend providing LAS at no cost to LEP patients at all points of contact and notifying patients of their right to receive LAS. At the bottom of the slide, there is a blue, italicized prompt: "Take a moment to reflect on what we have covered so far. What are your most important insights?". A small number "20" is in the bottom right corner of the slide.

***Reflect and Recap***

- *Effective communication between patients and providers is important for building trust and understanding diagnosis, treatment, and follow-up care*
- *Speaking the same language does not ensure cultural understanding*
- *LAS services include interpretation and written materials and signage in languages other than English*
- *CLAS Standards 4 and 5 recommend:*
  - *Providing LAS at no cost to the LEP patients at all points of contact*
  - *Notifying the patients of their right to receive LAS*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

20

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

- When you cannot communicate effectively about a disease and treatment, it can be difficult to build the trust needed in the patient- provider relationship. More importantly, both you and the patient lack the basic connection and understanding of diagnosis, treatment, and follow-up care.
- At the same time, it is important to realize that speaking the same language with the patient does not ensure cultural understanding.
- LAS that include interpretation, written materials, and signage can help you communicate with your patients more effectively.
- As mandated by Executive Order 13166 Title VI and recommended by CLAS Standards 4 and 5, your organization must provide language assistance services at no cost to LEP patients at all points of contact and notify patients of their right to receive language assistance services.

### ***Hint***

Emphasize the point that speaking a common language does not necessarily ensure cultural understanding; this information is included in the posttest.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

## *Slide 20: Steps for Providing Interpreter Services*

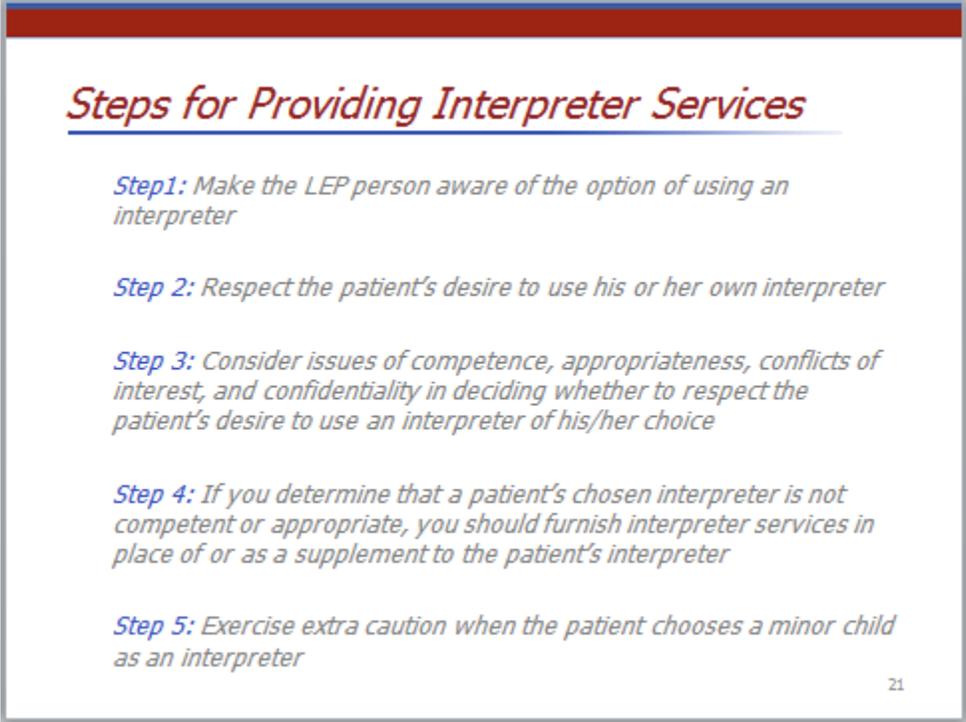
### **Main Takeaway**

Participants should be able to identify the steps in providing interpreter services to their patients, and identify issues related to competence, appropriateness, conflicts of interest, and confidentiality when working with interpreters.

### **Opening Discussion Points**

We just learned about the importance of LAS and models for providing LAS. Let's now discuss in more detail how to provide interpreter services to your patients.

### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Steps for Providing Interpreter Services" is written in a dark red, italicized font and underlined. The five steps are listed in a blue, italicized font. The number "21" is located in the bottom right corner of the slide content area.

***Steps for Providing Interpreter Services***

*Step 1: Make the LEP person aware of the option of using an interpreter*

*Step 2: Respect the patient's desire to use his or her own interpreter*

*Step 3: Consider issues of competence, appropriateness, conflicts of interest, and confidentiality in deciding whether to respect the patient's desire to use an interpreter of his/her choice*

*Step 4: If you determine that a patient's chosen interpreter is not competent or appropriate, you should furnish interpreter services in place of or as a supplement to the patient's interpreter*

*Step 5: Exercise extra caution when the patient chooses a minor child as an interpreter*

21

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion (allow 3–5 minutes).

### ***Key Talking Points***

Step 1: Make the LEP person aware of the option of using an interpreter.

Step 2: Respect the patient's desire to use his or her own interpreter.

Step 3: Consider issues of competence, appropriateness, conflicts of interest, and confidentiality in determining whether to respect the desire of a patient to use an interpreter that he or she chooses.

Step 4: If you determine that a patient's chosen interpreter is not competent or appropriate, you should furnish interpreter services in place of or as a supplement to the patient's interpreter.

Step 5: Exercise extra caution when the patient chooses a minor child as an interpreter. Some States are attempting to pass legislation prohibiting this practice. We will discuss the negative impact of using children as interpreters later in this session.

### ***Discussion Questions***

- What issues related to competence, appropriateness, conflict of interest, and confidentiality can arise when a patient wants to use his/her own interpreter?
- Have you ever encountered a situation when a patient insisted on using his/her own interpreter? How did you handle it?

## *Slide 21: Interpreter Qualifications*

### **Main Takeaway**

Participants should be able to describe the key qualifications of interpreters

### **Opening Discussion Points**

Interpreters who work in health care organizations should possess several important qualifications.

### **Directions**

A presentation slide with a red header bar. The title "Interpreter Qualifications" is underlined in blue. Below the title is a bulleted list of five qualifications. The slide number "22" is in the bottom right corner.

***Interpreter Qualifications***

- *Ability to communicate information accurately in both languages and identify and use the appropriate mode of interpreting*
- *Knowledge in both languages of any specialized medical terms or concepts*
- *Understanding regionalisms or dialects*
- *Understanding confidentiality and impartiality rules*
- *Understanding and adherence to the role of interpreter without shifting into other roles (such as counselor or legal adviser) when such shifts would be inappropriate*

22

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion (allow 3–5 minutes).

## *Key Talking Points*

Qualified interpreters have the following characteristics:

- Demonstrate the ability to communicate information accurately in both languages and identify and use the appropriate mode of interpreting (consecutive, simultaneous, and sight translation).
- Have knowledge of specialized medical terms or concepts.
- Understand regionalisms, dialects, or differences in language use.
- Understand confidentiality and impartiality rules.
- Understand and adhere to the role of interpreter without shifting into other roles (such as counselor or legal adviser.)

## *Discussion Questions*

- Why it is important for an interpreter to maintain impartiality and confidentiality?
- Why is it inappropriate for an interpreter to act as counselor or legal adviser?

## *Slide 22: Interpreter Roles*

### **Main Takeaway**

Participants should be able to recognize the key roles of interpreters and identify situations when it is appropriate for an interpreter to assume these roles.

### **Opening Discussion Points**

Interpreters bridge the communication gap between health care providers and patients/families who do not share a common language. There are three main roles of an interpreter.

### **Directions**



***Interpreter Roles***

*Conduit: Conveying in one language literally what has been said in another language*

*Clarifier: Explaining what has been said and checking for understanding*

*Culture Broker: Providing a necessary cultural framework for understanding the message*

23

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of interpreter roles.

### ***Key Talking Points***

**Conduit:** This is the most basic and most important interpreter role. The interpreter conveys in one language literally what has been said by the other, without additions, omissions, editing, or polishing. This role should be adopted when the interpreter perceives a clear potential for misunderstanding.

**Clarifier:** The interpreter explains what has been said and checks for understanding. This role should be adopted when the interpreter believes it is necessary to help all participants understand.

**Culture broker:** The interpreter provides a necessary cultural framework for understanding the message being interpreted. This role should be adopted when the interpreter believes that cultural differences are leading to a misunderstanding on the part of either provider or patient.

### ***Hint***

Make sure you emphasize that the key role of interpreter is that of conduit since this information is included in the posttest.

### ***Probe***

Probe participants for examples of situations in which an interpreter acted as a conduit, clarifier, or culture broker.

### *Slide 23: Using Children as Interpreters*

#### **Main Takeaway**

Participants should be able to analyze the negative impact of using children as interpreters.

#### **Opening Discussion Points**

Using family members, specifically minors, as interpreters can create unique problems. This practice is highly discouraged as many negative consequences have occurred with the use of children as interpreters. OCR specifically discourages the use of minors in health care interpreting for several reasons. Some of the reasons include the following.

#### **Directions**

***Using Children as Interpreters***

*Using children as interpreters is highly discouraged because of many negative consequences:*

- *Role reversal*
- *Editing*
- *Mistakes, due to a lack of understanding medical terminology*
- *Violation of HIPAA*
- *Compromised patient confidentiality*

24

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Buzz Groups (allow 5–7 minutes).

### ***Key Talking Points***

Role reversal: The child has to process information and provide support for the parent.

Editing: The child may intentionally leave out information to spare parents from suffering. This will create a burden for the child.

Mistakes: There is no guarantee the child will understand the intended message and accurately render critical health information, even when they say they do.

### ***Hint***

Make sure that your participants understand that using children or family members as interpreters should be discouraged. This information is included in the posttest.

### ***Suggested Activity: Buzz Groups***

Divide participants into small groups and ask each group to provide examples of situations when children acted as interpreters. How effective was patient-provider interaction in these situations? What were negative consequences of using children as interpreters for both children and parents?

*Slide 24: Triadic Interview*

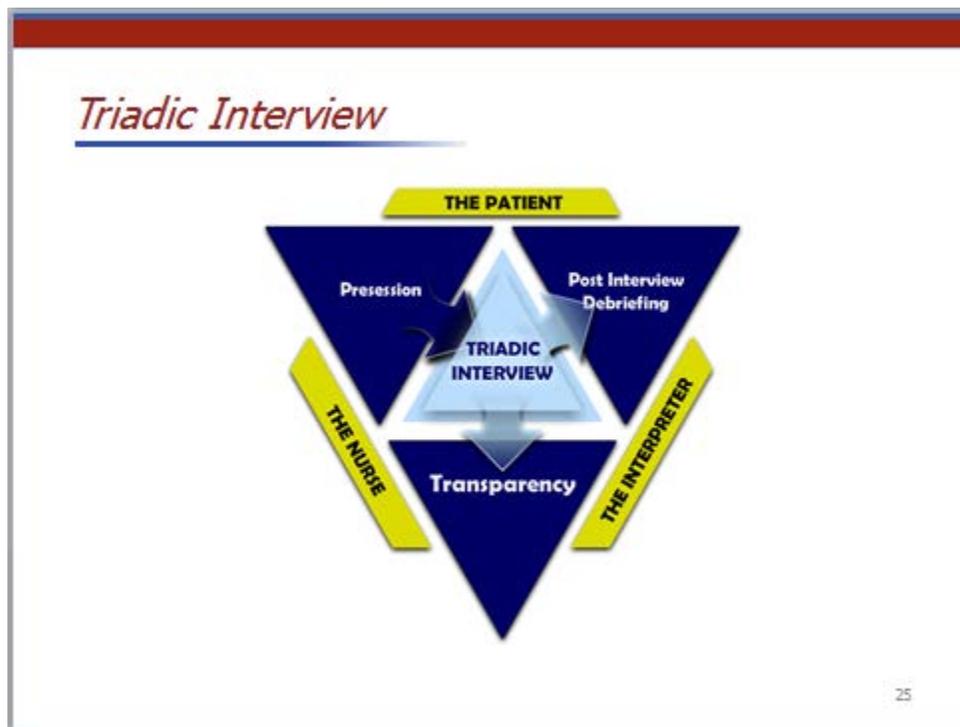
**Main Takeaway**

Participants should be able identify the roles and stages of the triadic interview process.

**Opening Discussion Points**

Although many variations of medical encounters use an interpreter, most share the format of a triadic interview. In this model the nurse/provider, patient, and interpreter all participate as depicted on the slide.

**Directions**



1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Preparing for the Triadic Interview (allow 5–7 minutes).

## ***Key Talking Points***

The triadic interview contains the following steps:

- **Pre-session:** A brief meeting before the interpreted encounter between a nurse and an interpreter to clarify the purpose of the visit and agree on the rules and acceptable interpreter roles.
- **Interview:** Interpreted encounter between the nurse and the patient. The interview should ensure transparency, in other words, everything is interpreted in a language that others can understand.
- **Debriefing:** A post-interview meeting to determine the next steps, clarify the interpreter's views of the meeting, validate the interpreter's roles, etc.
- During the triadic interview, each participant has a specific role:
- **Nurse:** Positions participants to encourage direct interaction, speaks directly to the patient, maintains control of the interview, solicits the patient's view, checks for understanding, and inquires about the patient's concerns.
- **Patient:** Interacts directly with the nurse.
- **Interpreter:** Draws as little attention as possible, manages the cross-cultural and cross-language message flow.

## ***Hint***

Make sure that your participants understand the roles in the triadic interview; this information is included in the posttest.

## ***Suggested Activity: Preparing for the Triadic Interview***

Ask a volunteer to select three participants for the triadic interview process from the group and suggest an appropriate way of positioning them to encourage direct interaction.

Ask a volunteer to provide instructions to the interpreter prior to the interview process.

## ***Handout***

The triadic interview diagram is provided in Handout II-6.

*Slide 25: Tips for Working With Interpreters*

**Main Takeaway**

Participants should be able to suggest effective ways of working with interpreters.

**Opening Discussion Points**

There are some recommendations for working with interpreters to help patients feel more comfortable and make the interpreter's job easier. A helpful mnemonic that will help you work with interpreters is INTERPRET. This mnemonic organizes questions that you can ask yourself when working with interpreters.

**Directions**

*Tips for Working With Interpreters*

**INTERPRET**

- *Introductions*
- *Note Goals*
- *Transparency*
- *Ethics/Autonomy*
- *Respect Beliefs*
- *Patient Focus*
- *Remain in Control*
- *Explain in Short and Simple Sentences*
- *Thanks*

26

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Brainstorming (allow 3–5 minutes).

### ***Key Talking Points***

**Introductions:** Make sure to introduce all the individuals in the room, such as patients, family, interpreter, etc. During introductions, include information as to the roles that each individual will play.

**Note goals:** Note the goals of the interview: What is the diagnosis? What will the treatment entail? Will there be any follow-up? If so, of what sort and when?

**Transparency:** Let the patient know that everything said will be interpreted throughout the session.

**Ethics/Autonomy:** Use qualified interpreters (not family members or children) when conducting a triadic interview. Qualified interpreters allow the patient to maintain autonomy and make informed decisions about their care.

**Respect Beliefs:** LEP patients may have cultural beliefs that need to be taken into account as well. The interpreter may be able to serve as a cultural broker (link to section where this is discussed) and help explain any cultural beliefs that may exist.

**Patient Focus:** The patient should remain the focus of the encounter. Providers should interact with the patient and not the interpreter. Make sure to ask and address any questions the patient may have prior to ending the encounter. If you don't have trained interpreters on staff, the patient may not be able to call in with questions at a later date.

**Remain in Control:** It is important as the provider that you remain in control of the interaction and not allow the patient or interpreter to take over the conversation.

**Explain in Short and Simple Sentences:** Use simply language and short sentences when working with an interpreter. This will ensure that comparable words can be found in the second language and that all the information can be conveyed clearly.

**Thanks:** Thank the interpreter and the patient for their time. On the chart for next time, note

that the patient needs an interpreter and who served as an interpreter this time.

***Suggested Activity: Brainstorming***

Ask participants to brainstorm ideas related to each aspect of the INTERPRET mnemonic and suggest ideas on effective ways of working with interpreters.

***Handout***

Tips for working with interpreters are in Handout II-7.

## *Slide 26: Vida Zahari Case Study*

### **Main Takeaway**

Participants should be able to apply their knowledge of interpreter services to the case study, evaluate nurse's effectiveness in providing language access services, and rehearse a triadic interview process.

### **Opening Discussion Points**

This video vignette depicts Vida Zahari, who presented at the Emergency Room (ER) with severe abdominal pain, accompanied by her husband. In this scene, the nurse identifies language access as a key issue in delivering safe and effective care and acts on a plan to provide language access services for the patient.

### **Directions**

### *Vida Zahari Case Study*

- *Vida Zahari*
  - *Presents at the ER with severe abdominal pain*
  - *Is accompanied by her husband*
  - *Nurse tries to provide language access services for the patient*



27

1. Display the slide.
2. Play video case study.
3. Facilitate the discussion.
4. (Suggested activity) Role-Playing (allow 5–10 minutes).

### ***Vignette***

Play Vignette Case II-2: Vida Zahari and Interpreter.

### ***Discussion Questions***

- How does the nurse-patient interaction occur in this case?
- What is the role of cultural factors that shape patient-nurse communication?
- How effective is the nurse in providing LAS?
- How should the interaction between the provider, patient, and interpreter have gone?

### ***Hint***

The nurse utilizes an over-the-phone interpreter service, frequently referred to as a language line. While viewing the scenario, keep in mind the principles of the triadic interview technique discussed in previous sections.

### ***Suggested Activity: Role-Playing***

- Ask four volunteers to role-play a scenario, which is provided in Handout II-8. Assign roles for the characters of the nurse, Vida Zahari, her husband, and the interpreter. Remind participants that nurse should speak directly to the patient.
- Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.
- Engage the group in the following discussion questions: If Mrs. Zahari was your patient, how would you interact with her and her husband?
- How would you conduct the triadic interview process?

### ***Handout***

The scenario for this role-playing activity is provided in Handout II-8.

## *Slide 27: Reflect and Recap*

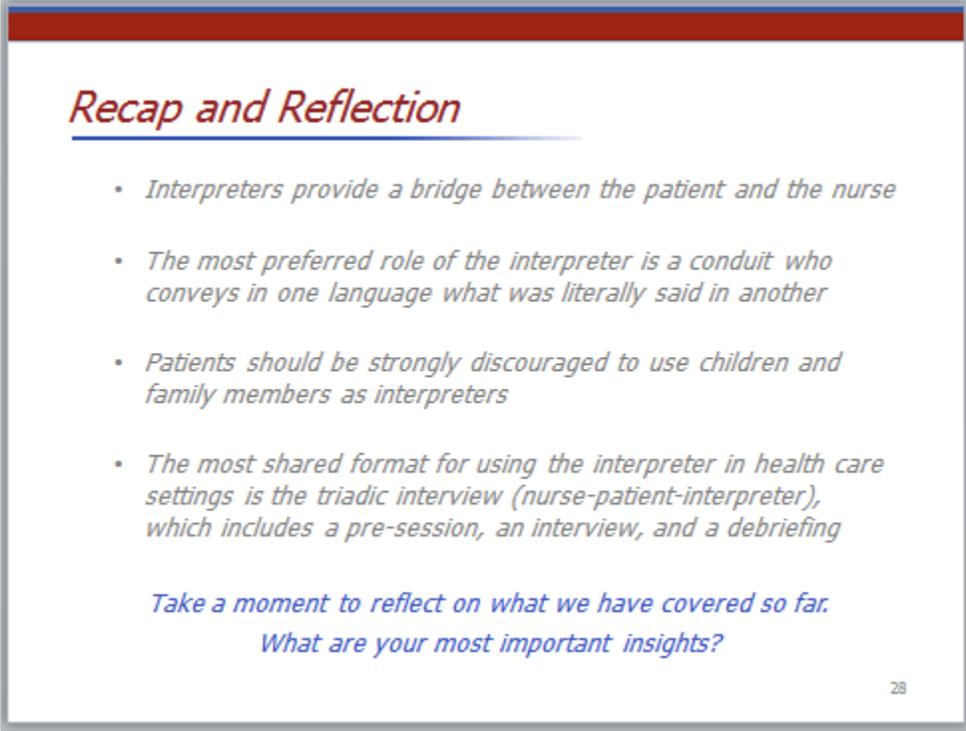
### **Main Takeaway**

Participants should be able to reflect on their practices of working with interpreters.

### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### **Directions**

A presentation slide with a dark red header bar. The title "Recap and Reflection" is in a red serif font, underlined. Below it is a bulleted list of four points in a blue italicized font. At the bottom, there is a blue italicized prompt: "Take a moment to reflect on what we have covered so far. What are your most important insights?". The slide number "28" is in the bottom right corner.

***Recap and Reflection***

- *Interpreters provide a bridge between the patient and the nurse*
- *The most preferred role of the interpreter is a conduit who conveys in one language what was literally said in another*
- *Patients should be strongly discouraged to use children and family members as interpreters*
- *The most shared format for using the interpreter in health care settings is the triadic interview (nurse-patient-interpreter), which includes a pre-session, an interview, and a debriefing*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

28

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

- Interpreters provide a bridge between patients and providers.
- The most preferred role of the interpreter is a conduit who conveys in one language what was literally said in another.
- You should strongly discourage your patients to use children as interpreters.
- The most shared format for using the interpreter in health care settings is the triadic interview (nurse-patient-interpreter) that includes a pre-session, an interview, and a debriefing.

### ***Hint***

Emphasize the preferred role of interpreter (conduit), discouraging patients to use children as interpreters, and key participants of the triadic interview process, since this information is included in the posttest.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or have participants take a few moments to write their reflections in their learning journals.

## *Slide 28: Health Literacy Overview*

### **Main Takeaway**

Participants should be able to understand the impact of low health literacy on minority populations.

### **Opening Discussion Points**

Health communication plays a crucial role in the health care system and we must understand the role of health literacy and the ways it enhances patient-provider communication.

### **Directions**



***Health Literacy Overview***

*Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions*



- 53% of U.S. adults have intermediate health literacy*
- Low health literacy increases annual health care expenditures by \$73 billion (1998 health care dollars)*

29

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion.

### ***Key Talking Points***

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

As reported by the U.S. Department of Education in 2006, 53 percent of adults had intermediate health literacy, though the results differed for different racial/ethnic groups. White and Asian/Pacific Islander adults had the highest health literacy levels compared to Black, Hispanic, American Indians/Alaska Native, and multiracial adults.

According to data from the National Academy of Aging, low health literacy skills increase annual health care expenditures by \$73 billion (in 1998 health care dollars).

### ***Discussion Questions***

- Can you provide examples of how low health literacy can negatively impact patient outcomes?
- In what ways does low health literacy increase health care costs?
- What factors do you think contribute to low health literacy?

## Slide 29: Assessing Literacy Skills

### Main Takeaway

Participants should be able to identify methods for assessing patient literacy skills.

### Opening Discussion Points

It is often hard to identify patients with low literacy skills. They may speak well, appear well educated, and often don't tell anyone of their difficulties with reading and writing. There are several ways that you can assess the literacy skills of your patients.

### Directions

### Assessing Literacy Skills

- Ask the patient "how happy are you with the way you read?"
- Ask a patient to bring all his or her medications to an appointment and name each and explain its purpose and how he or she takes it
- Observe whether the patient reads the label to identify the medication or opens the bottles to see which pill is which
- Probe the patient with further questions to see if the patient understands the instructions or has memorized them



30

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of how they assess literacy skills.

### *Key Talking Points*

- When taking a social history of the patient, ask “how happy are you with the way you read?” which gives patients the chance to discuss their literacy.
- Ask a patient to bring all his or her medications to an appointment.
- During the appointment, ask the patient to name each and explain its purpose and how he or she takes it.
- Observe whether the patient reads the label to identify the medication or opens the bottles to see which pill is which (the latter may be a sign of literacy problems).
- Probe the patient with further questions to see if the patient understands the instructions or has memorized them.

### *Probe*

Probe participants for examples of how they tailor care for low literacy patients and how they assess patients’ literacy skills.

### *Slide 30: Clues for Low Literacy Skills*

#### **Main Takeaway**

Participants should be able to identify behaviors that suggest low literacy skills.

#### **Opening Discussion Points**

There are several clues that can signal a patient's low literacy.

#### **Directions**

### *Clues for Low Literacy Skills*

- *Patient registration forms are incomplete or contain mistakes*
- *The patient missed appointments*
- *The patient does not take medication as directed*
- *The patient says he or she forgot their eyeglasses or wants to discuss the medication with the family*
- *The patient is unable to name medications or explain their purpose*



31

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of additional clues for low literacy skills.

#### **Key Talking Points**

Clues for low literacy skills include:

- Registration forms are incomplete or contain mistakes.
- The patient misses appointments and does not follow through with laboratory tests, imaging tests, or referrals.
- The patient does not take medication as directed as shows by laboratory tests or other physiological parameters.
- The patient says he or she forgot the eyeglasses or wants to discuss the medication with the family.
- The patient is unable to name medications or explain their purpose.

***Probe***

Probe participants for examples of what behaviors they witness in low literacy patients.

***Hint***

Make sure that your participants are able to identify clues that signal low literacy; this information is included in the posttest.

## *Slide 31: Communicating With Low Literacy Patients*

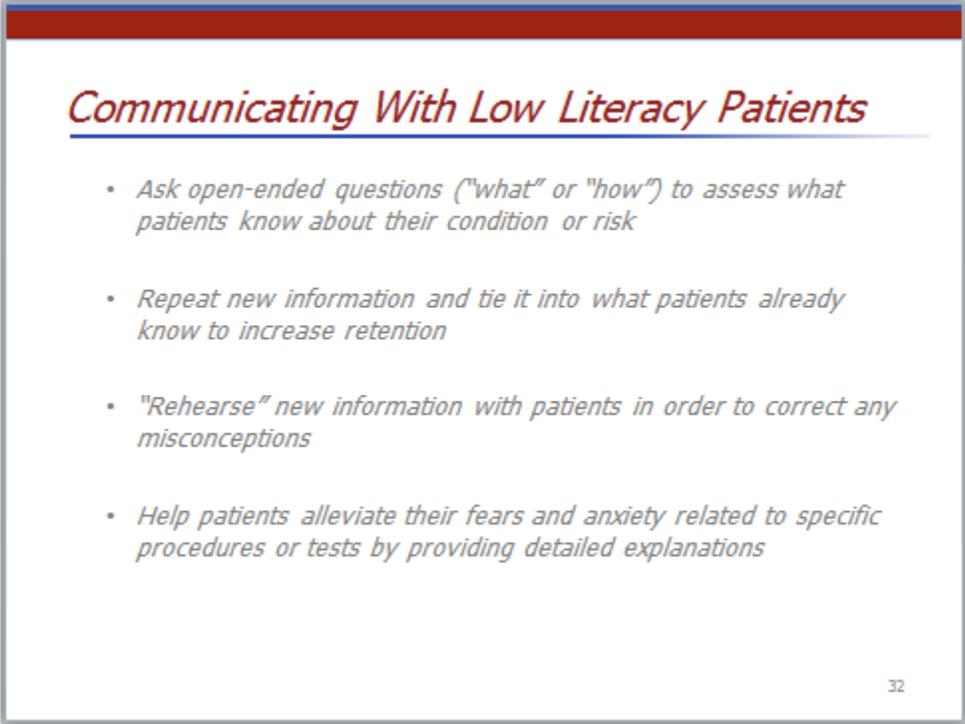
### **Main Takeaway**

Participants should be able to apply their knowledge of low literacy patient behaviors to communicate effectively with low literacy patients.

### **Opening Discussion Points**

To effectively communicate with patients with low literacy, you can use several strategies.

### **Directions**



The slide features a title "Communicating With Low Literacy Patients" in a red, italicized font, underlined. Below the title is a bulleted list of four strategies for communicating with low literacy patients. The slide is framed by a blue border and has a red header bar at the top. The number "32" is in the bottom right corner.

***Communicating With Low Literacy Patients***

- Ask open-ended questions ("what" or "how") to assess what patients know about their condition or risk*
- Repeat new information and tie it into what patients already know to increase retention*
- "Rehearse" new information with patients in order to correct any misconceptions*
- Help patients alleviate their fears and anxiety related to specific procedures or tests by providing detailed explanations*

32

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Buzz Groups (allow 5–7 minutes).

### ***Key Talking Points***

Assess what patients know about their condition or risks by asking open- ended questions (“what” or “how”) and avoid questions that can be answered with a “yes” or “no.”

Tie new information to what patients already know to increase the retention of new information. New information must be reinforced and repeated several times to insure that the patient understands.

Organize meaningful feedback from patients; for instance, “rehearse” the new information in order to correct any misconceptions. Alternatively, you can provide the patient with a pamphlet on the topic covered and ask the patient to underline the most important sentences.

Help patients anticipate their experiences within the health care setting in order to alleviate their fears related to specific procedures or tests. If patients understand what to expect and how the health care system operates, they will experience less anxiety and better compliance.

### ***Suggested Activity: Buzz Groups***

Divide participants into small groups and ask them to think about situations when the communication strategies discussed in this section can be appropriate. Ask each group to select a spokesperson and report out the group’s findings.

## Slide 32: SMOG Readability Formula

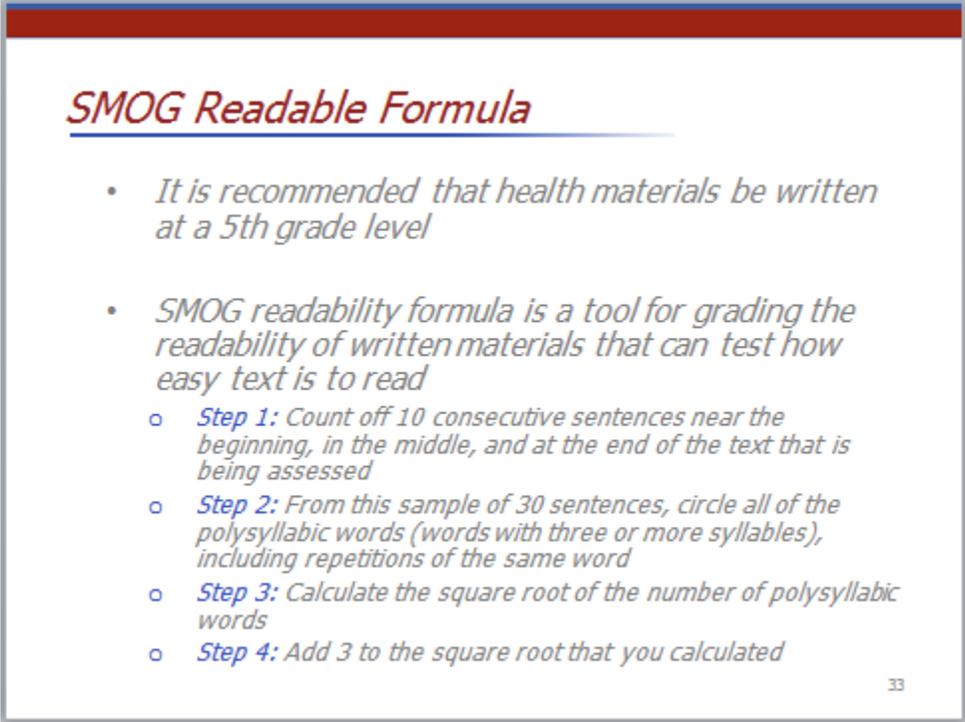
### Main Takeaway

Participants should be able to analyze texts to determine their readability level using the SMOG formula.

### Opening Discussion Points

When developing written materials, ensuring that patients will be able to understand them is an important step. Readability formulas help assess the reading level of written materials. One of these formulas is SMOG. Believe it or not SMOG stands for Simplified Measure of Gobbledygook and is used throughout the health and education fields as a standard tool to determine readability.

### Directions



***SMOG Readable Formula***

- *It is recommended that health materials be written at a 5th grade level*
- *SMOG readability formula is a tool for grading the readability of written materials that can test how easy text is to read*
  - *Step 1: Count off 10 consecutive sentences near the beginning, in the middle, and at the end of the text that is being assessed*
  - *Step 2: From this sample of 30 sentences, circle all of the polysyllabic words (words with three or more syllables), including repetitions of the same word*
  - *Step 3: Calculate the square root of the number of polysyllabic words*
  - *Step 4: Add 3 to the square root that you calculated*

33

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Analyze the Text (allow 5–7 minutes).

## ***Key Talking Points***

To be effective, written materials should be written at the 5th grade level.

- Step 1: Count off 10 consecutive sentences near the beginning, in the middle, and at the end of the text that is being assessed.
  - Example: 30 sentences selected from a diabetes instruction sheet.
- Step 2: From this sample of 30 sentences, circle all of the polysyllabic words (words containing three or more syllables), including repetitions of the same word. Count the number of circled words.
  - Example: 30 selected sentences contain 63 polysyllabic words.
- Step 3: Calculate the square root of the number of polysyllabic words.
  - Example: The square of 63 is 7.94.
- Step 4: Add three to the square root that you calculated. This number gives the SMOG grade.
  - Example: The square root, 7.94 plus 3 gives the SMOG grade 10.94 (eighth grade); therefore the diabetes sheet is not appropriate for the intended audience.

## ***Hint***

Make sure that the participants understand that the SMOG formula is used to determine the readability level, since this information is included in the posttest.

## ***Suggested Activity: Analyze the Text***

Using Handout II-9, ask participants to identify the readability of the text using the SMOG formula and determine the document's appropriateness for patient education.

## ***Handout***

The text for this activity is provided in Handout II-9.

### *Slide 33: Ida Wilson Case Study*

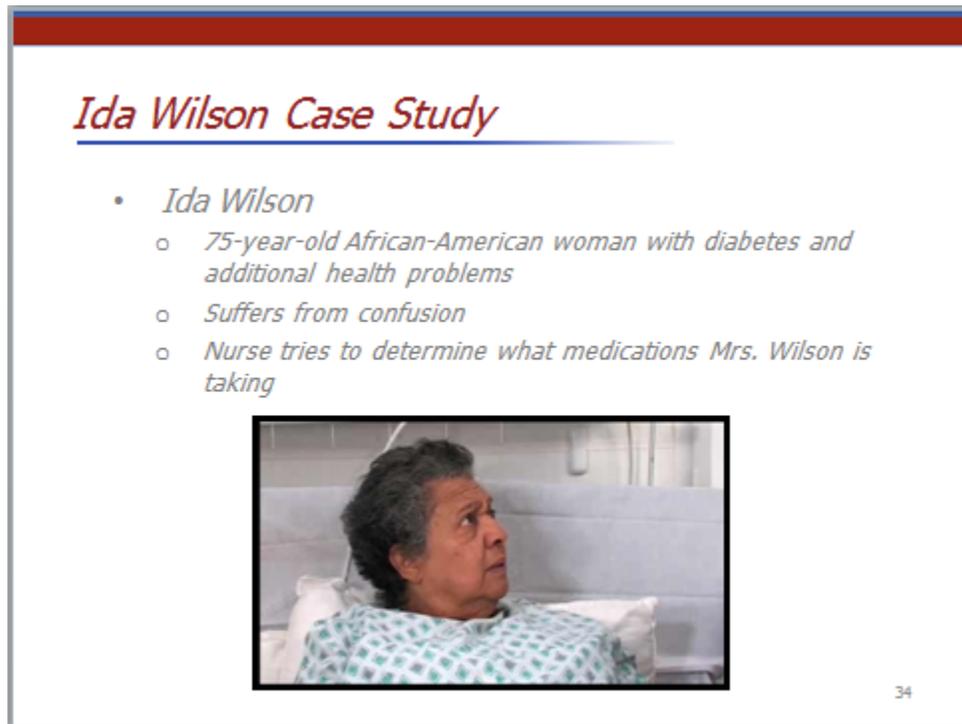
#### **Main Takeaway**

Participants should be able to apply their knowledge of communication with low literacy patients to the case study and evaluate the nurse's effectiveness in communicating with the patient.

#### **Opening Discussion Points**

This vignette features Ida Wilson. Ms. Wilson is a 75-year-old African American woman with a history of several chronic conditions including diabetes. In this clinical encounter, she is in the ER suffering from confusion.

#### **Directions**



*Ida Wilson Case Study*

- *Ida Wilson*
  - *75-year-old African-American woman with diabetes and additional health problems*
  - *Suffers from confusion*
  - *Nurse tries to determine what medications Mrs. Wilson is taking*



34

1. Display the slide.
2. Play video case study.
3. Facilitate the discussion.
4. (Suggested activity) Role-Playing (allow 5–7 minutes).

## *Vignette*

Play Vignette Case II-3: Ida Wilson in the ER.

### *Discussion Questions*

- What is the role of health literacy in the patient-nurse communication in this case?
- How effective is the nurse in communicating with the patient?

### *Suggested Activity: Role-Playing*

- Ask two volunteers to role-play a scenario, which is provided in Handout II-10. Assign roles for the characters of the nurse and Ida Wilson.
- Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.
- Engage the group in discussing the following question: If Ms. Wilson were your patient, how would you interact with her?

## *Handout*

The scenario for this role-playing activity is provided in Handout II-10.

### *Slide 34: Reflect and Recap*

#### **Main Takeaway**

Participants should be able to reflect on their own practices of communicating with low literacy patients.

#### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### **Directions**



***Recap and Reflect***

- *Health literacy includes the ability to understand basic health information in order to make appropriate decisions*
- *Low health literacy skills are known to lead to health disparities and increased costs of care*
- *There are several ways to enhance communication with low-literacy patients.*
- *The SMOG formula is one tool that can be used to assess the readability of written documents*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

35

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Health literacy includes the ability to understand basic health information in order to make appropriate decisions related to health care.

Low health literacy skills are known to lead to health disparities and increased costs of care. There are several ways to enhance communication with low-literacy patients, for instance through assessing the patients' literacy level using some of the techniques we discussed and by using a tool, such as the SMOG formula, to assess the readability of written documents.

### ***Hint***

Make sure you emphasize the basic concepts of the SMOG formula and the behavioral clues to assess a patients' low literacy as those topics are included in the posttest.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants take a few moments to write their reflections in their learning journals.

### *Slide 35: Types of Translated Materials and Signage*

#### **Main Takeaway**

Participants should be able to distinguish between translation and interpretation and discuss the types of translated materials and signage.

#### **Opening Discussion Points**

Providing LAS in accordance with CLAS Standard 7 includes ensuring appropriate written materials are available for LEP patients. It is important to keep in mind that translated written materials should not substitute for oral interpretation. It is also important to know the difference between translation (written documents) and interpretation (oral communication).

#### **Directions**

***Types of Translated Materials and Signage***

***Translated materials:***

- *Applications*
- *Consent forms*
- *Billing forms*
- *Treatment instructions*
- *Patient education materials*

***Signage:***

- *Notice of patients' rights*
- *Notice of interpreter services*
- *Availability of conflict and grievance resolution processes*
- *Directions to facility services*

***What Is the Difference Between Interpretation and Translation?***

*Interpretation is spoken.*

*Translation is written.*

35

1. Display the slide.
2. Cover talking points.

## Key Talking Points

It is important to keep in mind the distinction between translation (written text) and interpretation (spoken word). Examples of translated materials can include:

- Applications
- Patient consent forms
- Billing forms
- Treatment instructions
- Patient education materials
- Examples of signage:
  - Notice of patients' rights
  - Notice of interpreter services
  - Availability of conflict and grievance resolution processes
  - Directions to facility services

*Slide 36: Examples of Translated Materials and Signage*

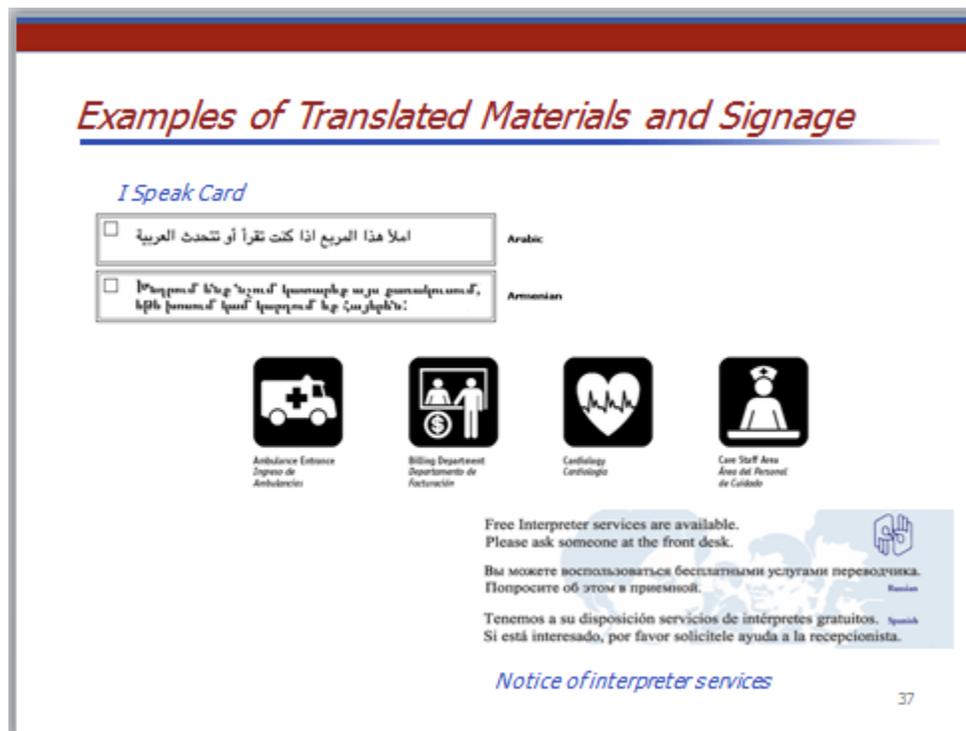
**Main Takeaway**

Participants should be able to identify the types of translated materials and signage that are important in their clinical encounters.

**Opening Discussion Points**

On this slide, there are several examples of translated materials and signage, for instance the I-Speak card, symbols, and notice of interpreter services.

**Directions**



1. Display the slide.
2. Facilitate the discussion.

### *Discussion Questions*

- What signs and translated materials do you use?
- What additional signs and translated materials can be beneficial for your communication with patients?

### *Slide 37: Translator Qualifications*

#### **Main Takeaway**

Participants should be able to identify key qualifications for translators.

#### **Opening Discussion Points**

To enhance the effectiveness of written documents and signage, it is critical to make sure that the translator has appropriate qualifications.

#### **Directions**

A presentation slide with a red header bar. The title "Translator Qualifications" is underlined in blue. Below the title is a bulleted list of three items: "Previous education, experience, and training in translation", "Command of both English and the language into which the material will be translated", and "Familiarity with medical terminology". The slide number "38" is in the bottom right corner.

***Translator Qualifications***

- *Previous education, experience, and training in translation*
- *Command of both English and the language into which the material will be translated*
- *Familiarity with medical terminology*

38

1. Display the slide.
2. Cover talking points.

#### **Key Talking Points**

Qualified translators have the following characteristics:

- Translators should have previous education, experience, and training in translation.
- Translators should have good command of both English and the target language (language into which the material will be translated).
- Translators should be familiar with medical terminology.
- It is beneficial if a translator belongs to the target language community, but it is not an essential translator qualification.

*Hint*

Make sure you emphasize that membership in the target language minority group is not an essential translator qualification, since this information is included in the posttest.

### *Slide 38: Steps for Developing Written Materials*

#### **Main Takeaway**

Participants should be able to identify steps to develop written materials and suggest ways of involving the community in developing written materials.

#### **Opening Discussion Points**

There are several steps in creating high-quality written materials for your patients.

#### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Steps for Developing Written Materials" is written in a dark red, italicized serif font and underlined. The main content consists of a bulleted list of five items, each in an italicized serif font. The first four items are primary bullet points, and the fifth is a primary bullet point with three sub-bullets. The slide number "39" is located in the bottom right corner.

***Steps for Developing Written Materials***

- *Determine which languages are most common to your patient population*
- *Identify the literacy level of your patients and their cultural concepts*
- *Make sure that translators have appropriate qualifications*
- *Make sure the documents are written in plain language*
- *Assure the quality of materials by involving community members in the review process to make sure that the materials:*
  - *Meet community needs*
  - *Reflect differences in dialect and culture*
  - *Are appropriate for the community's cultures, education, and literacy levels*

39

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Brainstorming (allow 5 minutes).

### ***Key Talking Points***

- Determine which languages are most common to your patient population.
- Identify the literacy level of your patients and their cultural concepts.
- Select translators and make sure that they have appropriate qualifications.
- Make sure the documents are written in plain language. You might wish to use a readability formula (e.g., SMOG) to determine the reading level of your materials.
- Assure the quality of materials by involving community members in the review process to make sure that the materials:
  - Meet community needs
  - Reflect differences in dialect and culture
  - Are appropriate for the community's cultures, education, and literacy levels

### ***Suggested Activity: Brainstorming***

Ask participants to brainstorm ideas on how can they involve communities in assuring the quality of written materials.

### ***Hint***

Make sure you emphasize that the local community needs to be involved in the written materials review process; this information is included in the posttest.

## Slide 39: Story From the Frontline: Salvadoran Patient

### Main Takeaway

Participants should be able to analyze health care practices and suggest ways of improving the quality of health care for the patient.

### Opening Discussion Points

Let us now analyze the Story From the Frontline and the situation that it describes.

### Directions

**Story From The Frontline: Salvadoran Patient**

- Read the story in your handout
- What are potential problems the patient could encounter because she does not understand the medication, its appropriate use, or possible side effects?
- How could appropriately translated patient education materials on pregnancy, depression, and medication have helped this situation?
- What steps could you suggest to improve this situation?

**STORIES FROM THE FRONT LINE**

The following example is a reflection from an IR nurse.

A Latino patient who needed his insulin refilled was waiting in the ER, and he was going to pay the fees associated with an ER visit for the refill. As the ER doctor was seeing the patient, the ER nurse realized the situation, called the pharmacist, and helped the patient get his prescription filled. The patient thought he needed to see the doctor so that the doctor could provide him with the medication.

In this example, a patient with low health literacy was using ER services because he did not understand the process of refilling a prescription. If a nurse had assessed his health literacy earlier in the process and obtained an interpreter, then the patient could have avoided the cost and time spent in the ER. In this case, the ER nurse assessed the problem and helped the patient get the prescription he needed.

40

1. Display the slide.
2. Ask participants to read the Story From the Frontline.
3. Facilitate the discussion.

### *Discussion Questions*

- What are potential problems the patient could encounter because she does not understand the medication, its appropriate use, or possible side effects?
- How could appropriately translated patient education materials on pregnancy, depression, and medication have helped this situation?
- What steps could you suggest to improve this situation?

### *Handout*

The Story From the Frontline for this activity is provided in Handout II-11.

## *Slide 40: Reflect and Recap*

### **Main Takeaway**

Participants should have the opportunity to reflect on their experiences with using written materials.

### **Opening Discussion Points**

Before wrapping up the course, let's take a moment to recap and reflect on what we have covered in this section.

### **Directions**

A presentation slide with a dark red header bar. The title "Recap and Reflect" is in a blue, italicized font, underlined. Below the title are two bullet points in a blue, italicized font. At the bottom of the slide, there is a blue, italicized prompt: "Take a moment to reflect on what we have covered so far. What are your most important insights?". The slide number "41" is in the bottom right corner.

***Recap and Reflect***

- When developing written materials, identify your target audience, its literacy level, and cultural concepts. It is also important to use qualified translators. Remember that membership in a community group is important but not essential translator qualification.*
- Including your patient community in developing the materials can help ensure that the materials are accurate and useful and that they accurately reflect patients' cultures and lifestyles.*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

41

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

When developing written materials, identify your target audience, its literacy level, and cultural concepts, it is also important to use qualified translators. Remember that membership in a community group is important, but not an essential translator qualification.

Including your patient community in developing the materials can help ensure that the materials are accurate and useful and that they accurately reflect patients' cultures and lifestyles.

### ***Hint***

Make sure you emphasize the interpreter qualifications and the importance of including the community in the development of written documents, since both points are included in the posttest.

### ***Suggested Activity: Sharing Insights***

To complete this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants take a few moments to write their reflections in their learning journals.

## *Slide 41: Course Summary*

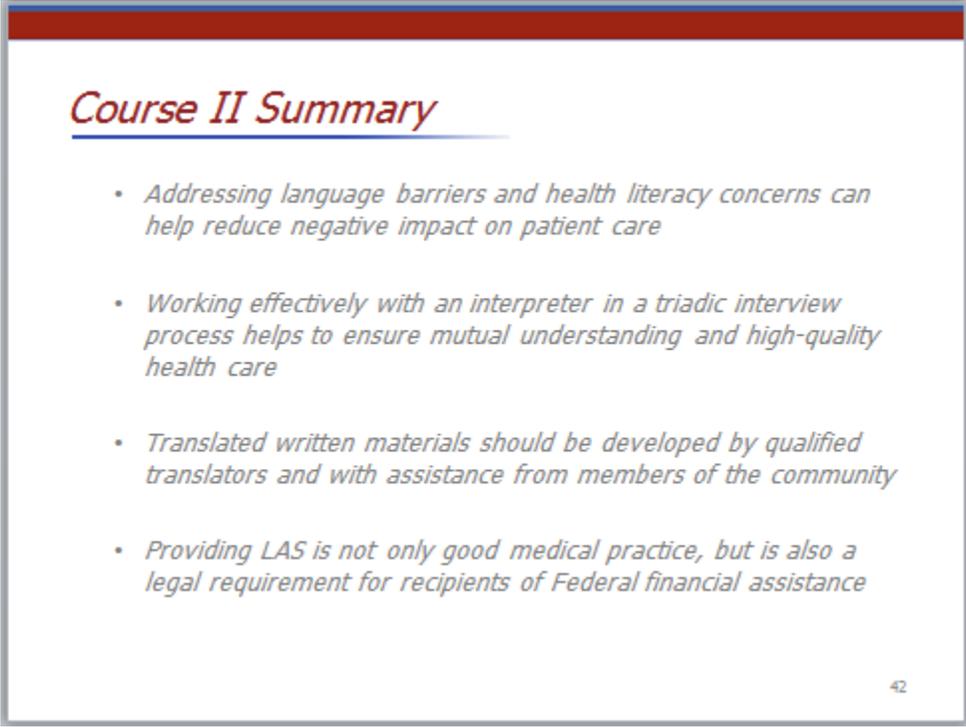
### **Main Takeaway**

Participants should have the opportunity to review what they have learned in this course, evaluate course effectiveness, and suggest ways of incorporating new information into their practices.

### **Opening Discussion Points**

Let us now review the most important points covered in this course.

### **Directions**

A presentation slide with a red header bar. The title "Course II Summary" is underlined in red. Below the title is a bulleted list of four points. The slide number "42" is in the bottom right corner.

***Course II Summary***

- *Addressing language barriers and health literacy concerns can help reduce negative impact on patient care*
- *Working effectively with an interpreter in a triadic interview process helps to ensure mutual understanding and high-quality health care*
- *Translated written materials should be developed by qualified translators and with assistance from members of the community*
- *Providing LAS is not only good medical practice, but is also a legal requirement for recipients of Federal financial assistance*

42

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Action Plan (allow 10–15 minutes).
4. Facilitate the discussion.

### ***Key Talking Points***

Addressing language barriers and health literacy concerns can help reduce negative impact on patient care.

Working effectively with an interpreter in a triadic interview process helps to ensure mutual understanding and high-quality health care.

Translated written materials should be developed by qualified translators and with assistance from members of the community.

Providing LAS is not only good medical practice, but is also a legal requirement for recipients of Federal financial assistance.

### ***Suggested Activity: Action Plan***

Divide participants into two groups and ask each group to develop an action plan that would help enhance LAS that they provide. Ask each group to select a spokesperson and report the findings.

### ***Discussion Questions***

What are three most important things that you learned today?

How effective was the course in helping you develop new knowledge, skills, and attitudes?

## Slide 42: How Do I Get My CNEs?

### Main Takeaway

Participants should understand how to enter the online Test Center to complete CNE requirements.

### Opening Discussion Points

Since we have just completed the content for Course II, you can now go into the online Test Center to complete the CNE test and receive your credits.

### Directions

The screenshot displays a web page titled "Posttest and Certificate" with the URL "www.hhs.gov". The page is for the "DVD Test Center" and is part of the "Culturally Competent Nursing Care: A Cornerstone of Caring" program. It features a login form with fields for "Username" and "Password", and a "Log In" button. Below the login form, there is a "Help / Help" link and a note: "This site has been developed for DVD participants only." The main content area includes a "Welcome to the DVD Test Center" message and a detailed introduction to the program. The text explains that the program is based on the national standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). It mentions that in April 2013, the national CLAS Standards were re-released after a two-year enhancement initiative. The program, along with others featured on the DVD, is scheduled for an annual review for accreditation purposes and will be updated to reflect the national CLAS Standards enhancements. The text also provides information about the DVD Test Center, including a note that the program is for DVD participants only. It states that nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. It notes that increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff pose present challenges to care as you strive to provide care. Cultural and language differences may impede understanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes. The Culturally Competent Nursing Module (CCNM) was developed to effectively equip you with awareness, knowledge, and skills to better meet the unique needs of diverse patient populations. It encourages users to register before the Course Pretests before their facilitated group session, or log in with their username and password to complete the Course Pretests and Evaluations if you have already attended your session. It also states that nurses can earn up to 9 continuing nursing education units (CNEUs) and social workers can earn up to 9 continuing education units (CEUs). The continuing education activity is jointly sponsored by CoreMed, Inc., SRA International, and Akute Technology. It is supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services. Finally, it provides instructions on how to access the Test Center, including logging in or completing the registration form. Once registration is complete, users will be presented with the accreditation information, instructions, and a status check.

1. Display the slide.
2. Cover key talking points.
3. (Suggested) Launch the online Test Center for demonstration.

### *Key Talking Points*

To complete the requirements for your CNEs, go to <http://ccnm.thinkculturalhealth.hhs.gov/idvdusers>.

Instructions for completing course:

- Log in using username and password
- Check off completed courses on Progress Checklist and hit Submit button
- Select posttest link and complete test
- Select evaluation link and complete

Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program. I look forward to seeing you at the next training session for Course III!

## Course II Handouts

| Course II Handouts | Description  |
|--------------------|--|
| II-1:              | Role-Playing Activity<br>(Note: Vignette/Scenario from Module 2.1, Part 4 of 5)      |
| II-2:              | Communication Models<br>(Note: Module 2.2, Parts 3, 4–6 of 8)                        |
| II-3:              | BATHE Communication Model<br>(Note: Module 2.2, Part 4 of 8)                         |
| II-4:              | Story From the Front Line<br>(Note: Story from Module 2.2, Part 7 of 8)              |
| II-5:              | Story From the Front Line<br>(Note: Module 2.3, Part 9 of 10)                        |
| II-6:              | Triadic Interview Process<br>(Note: Diagram from Module 2.4, Part 6 of 11)           |
| II-7:              | Tips for Working With Interpreters<br>(Note: Mnemonic from Module 2.4, Part 7 of 11) |
| II-8:              | Role-Playing Activity<br>(Note: Vignette/Scenario from Module 2.4, Part 10 of 11)    |
| II-9:              | Sample Text for Analysis Using SMOG Formula  |
| II-10:             | Role-Playing Activity<br>(Note: Vignette/Scenario from Module 2.5, Part 10 of 11)    |
| II-11:             | Story From the Front Line<br>(Note: Module 2.6, Part 5 of 8)                         |

**Table 4:** Course II Handouts

# Course III – Supporting and Advocating for Culturally Competent Health Care Organizations

## Course III Presentation

*Slides 1 & 2: Course III Supporting and Advocating for Culturally Competent Health Care Organizations*

***Main Takeaway***

Participants should understand the key topics covered during this educational session. They should be aware of the benefits of actively participating and have an understanding of the requirements for receiving CNE credits for their participation.

***Opening Discussion Points***

Before we start this session, you should have registered via the online site and completed the Course III pretest.

At the conclusion of this learning session, you will be prepared to complete the posttest for Course III at the online test center and receive your CNEs. When we are finished covering the material I will walk you through this process.

Course III of the curriculum is focused on National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) 8–14, which provide recommendations related to organizational supports for cultural competence.

## Directions

### Course III is based on CLAS Standards 8–14, which focus on organizational supports

*Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability to provide culturally and linguistically appropriate services.*

*Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS Standards–related activities and are encouraged to integrate these into overall activities.*

*Standard 10: Health care organizations should ensure that data on the patient's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.*

*Standard 11: Health care organizations should maintain current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.*

2

### CLAS Standards (cont.)

*Standard 12: Health care organizations should develop partnerships with communities and facilitate community and patient involvement in designing and implementing CLAS Standards–related activities.*

*Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.*

*Standard 14: Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.*

3

1. Ensure that all participants completed Course III pretest (see Hint).
2. Display the slides.
3. Cover talking points.

### ***Key Talking Points***

This curriculum is founded in the CLAS Standards and is intended to support nurses in delivering culturally competent care and implementing the CLAS Standards in their organizations. In Course III, I will be covering materials that address Standards 8–14. These standards relate to culturally competent organizations and how nurses can play a vital role in supporting a more culturally competent organization that serves patients and the community.

Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability to provide culturally and linguistically appropriate services.

Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate these into overall activities.

Standard 10: Health care organizations should ensure that data on the patient's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11: Health care organizations should maintain current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12: Health care organizations should develop partnerships with communities and facilitate community and patient involvement in designing and implementing CLAS-related activities.

Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross- cultural conflicts or complaints by patients.

Standard 14: Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

***Hint***

You may want to make computer stations available for participants to complete the pretest and posttest on site. If this is not an option in your facility, you may ask participants to complete the pretest before the session and have participants complete the posttest after the session.

### *Slide 3: Course III Learning Objectives*

#### **Main Takeaway**

Participants should be able to articulate expected learning outcomes for Course III.

#### **Opening Discussion Points**

There are five learning objectives for the material that we will cover today.

#### **Directions**



The slide features a red header bar at the top. Below it, the title "Course III Learning Objectives" is written in a red, italicized serif font and underlined. The text "At the end of this session, you should be able to:" is in a blue, italicized serif font. Five bullet points, each in a grey, italicized serif font, list the learning objectives. A small number "4" is in the bottom right corner of the slide content area.

***Course III Learning Objectives***

*At the end of this session, you should be able to:*

- Suggest ways you can support cultural competency within your organization*
- Suggest ways you can contribute to the strategic planning process within your organization*
- Identify the attitudes, knowledge, and skills necessary to develop cultural competence*
- Suggest ways you can contribute to developing and maintaining community partnerships*
- List characteristics of a culturally competent organization*

4

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Learning Journal (allow 3–5 minutes).

#### **Suggested Activity: Learning Journal**

- The purpose of a learning journal is to help participants reflect on their learning. Learning journals are very useful in raising participants' self-awareness and can be especially helpful in developing cultural competence.

- Provide participants with sheets of paper and pens or pencils.
- Ask participants to record personal impressions, experiences, discoveries, or questions that happen during the course.
- Allow participants to make entries into their journals throughout the session.  
Opportunities for journal writing can include: Notes from self-assessment exercises, reactions to case studies, thoughts about what participants think they do well in their practice in regard to cultural competency and where they think they can improve, and other notes as appropriate to the material.

At the end of the session, ask participants to share their most important experiences and insights.

## *Slide 4: Culturally Competent Organizations*

### **Main Takeaway**

Participants should be able to define culturally competent organizations.

### **Opening Discussion Points**

Every organization regardless of size has a critical role in ensuring the delivery of culturally competent care. Culturally competent organizations provide culturally and linguistically appropriate services that ensure effective, understandable, and respectful care for all of their patients and communities.

### **Directions**



***Characteristics of Culturally Competent Organizations***

*Culturally competent health care organizations should have:*

- A culturally diverse staff that reflects the community served*
- Providers or interpreters who speak the patients' language(s)*
- Training for providers to better understand the culture and language of the people they serve*
- Signs and written instructions in the patients' language(s) that are consistent with their cultural norms*
- Culturally specific health care settings (e.g., a neighborhood clinic for immigrants)*
- Commitment to ensuring that patients receive effective, understandable, and respectful care*

5

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of culturally competent practices within their organization.

### ***Key Talking Points***

Culturally competent organizations accept and respect differences among and within different groups. These organizations also should have the following characteristics:

- A culturally diverse staff that reflects the community (or communities) served
- Providers or interpreters who speak the patients' language(s)
- Training for providers to better understand the culture and language of the people they serve
- Signs and written instructions in the patients' language(s) that are consistent with their cultural norms
- Culturally specific health care settings, for example, a neighborhood clinic for immigrants
- Commitment to ensuring that patients receive effective, understandable and respectful care

### ***Hint***

Cover the point that culturally competent organizations should ensure that patients receive effective, understandable, and respectful care. This information is included in the posttest.

### ***Probe***

Probe participants for examples of culturally competent practices within their organization.

## *Slide 5: Supporting Culturally Competent Organizations*

### **Main Takeaway**

Participants should be able to define ways they can support culturally competent organizations.

### **Opening Discussion Points**

It may not be reasonable to expect any individual nurse to create a culturally competent organization. However, as key members of health care teams, you have many opportunities to support your organizations in using culturally competent practices. Some specific ways you can support cultural competence in your organization include:

### **Directions**

***Supporting Culturally Competent Organizations***

- *Advocacy*
- *Emphasizing that developing organizational cultural competence is an ongoing and dynamic process*
- *Educating colleagues and about the characteristics of culturally competent organizations*
- *Influencing adoption of the organizational supports laid out in the CLAS Standards*
- *Serving as representatives on organizational cultural competence committees or workgroups*
- *Educating yourself about cultural aspects of nursing care*
- *Joining organizations that promote cultural competence in nursing*
- *Managing nursing staff and workload within the framework of cultural competence*

6

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

- Advocating for your patients. We will discuss the nurses' role as advocate in more detail later on in the training session.
- Emphasizing that developing organizational cultural competence is an ongoing and dynamic process.
- Educating your colleagues and organization leaders about the characteristics of culturally competent organizations.
- Influencing the adoption of the organizational supports laid out in the CLAS Standards.
- Serving as representatives on organizational cultural competence committees or workgroups.
- Educating yourself about cultural aspects of nursing care.
- Joining organizations that promote cultural competence in nursing.
- If you are a supervisory nurse, you can manage your staff and workload within the framework of cultural competence.

### *Hint*

Make sure to emphasize that advocacy is not the only way of supporting culturally competent organizations, since this information is included in the posttest.

## *Slide 6: Recap and Reflection*

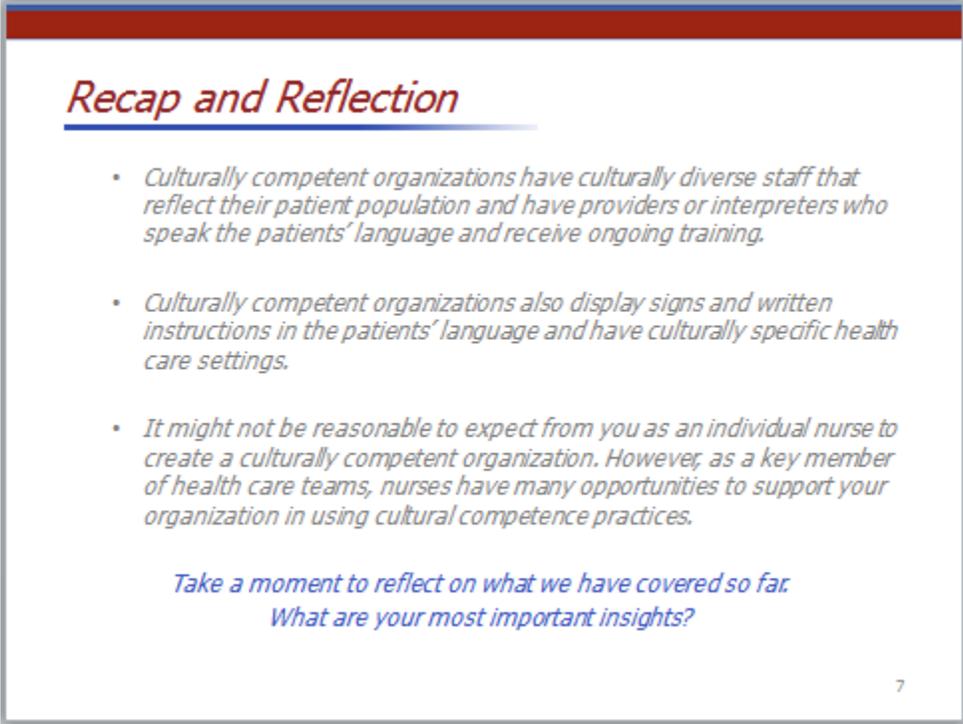
### **Main Takeaway**

Participants should be able to reflect on culturally competent practices within their organization.

### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### **Directions**

A presentation slide with a dark red header bar. The title "Recap and Reflection" is in a red serif font, underlined. Below the title are three bullet points in a blue italicized font. At the bottom, there is a blue italicized prompt for reflection. A small number "7" is in the bottom right corner.

***Recap and Reflection***

- Culturally competent organizations have culturally diverse staff that reflect their patient population and have providers or interpreters who speak the patients' language and receive ongoing training.*
- Culturally competent organizations also display signs and written instructions in the patients' language and have culturally specific health care settings.*
- It might not be reasonable to expect from you as an individual nurse to create a culturally competent organization. However, as a key member of health care teams, nurses have many opportunities to support your organization in using cultural competence practices.*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

7

1. Display the slide.
2. Cover talking points.
3. (Suggested activity).
4. Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Culturally competent organizations have culturally diverse staff that reflect their patient population and have providers or interpreters who speak the patients' language and receive ongoing training.

Culturally competent organizations display signs and written instructions in the patients' language, and have culturally specific health care settings.

It might not be reasonable to expect from you as an individual nurse to create a culturally competent organization. However, as a key member of health care teams, nurses have many opportunities to support your organization in using cultural competence practices.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## Slide 7: Advocacy

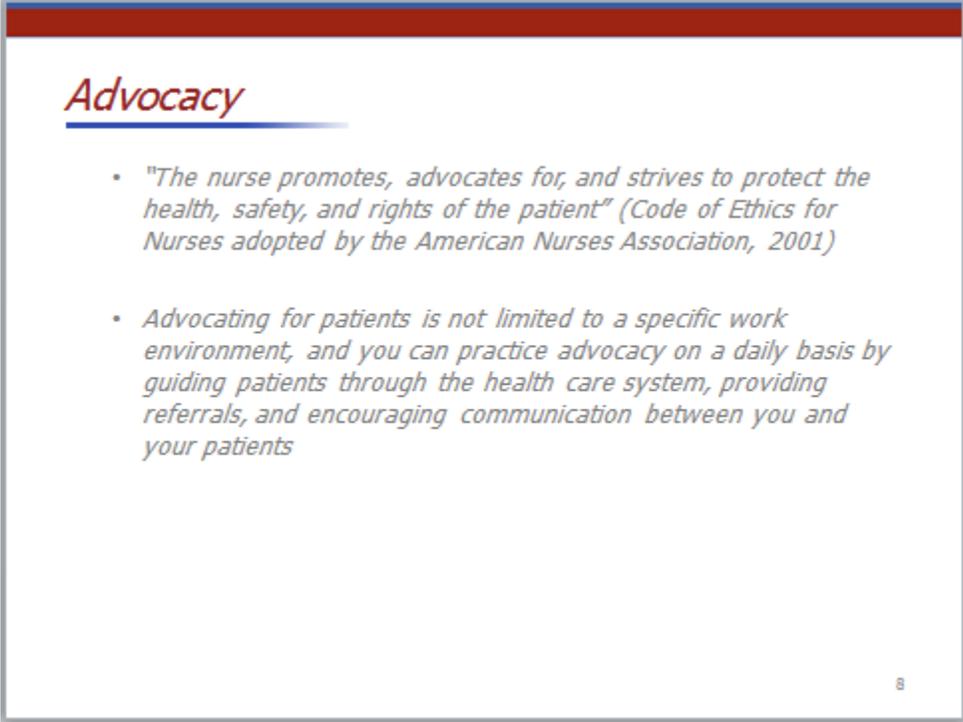
### Main Takeaway

Participants should be able to define advocacy and provide examples of advocacy activities.

### Opening Discussion Points

Advocacy is one of many ways to support your organization in using culturally competent practices.

### Directions

A presentation slide with a red header bar. The title "Advocacy" is written in a red, italicized serif font and is underlined with a blue horizontal line. Below the title, there are two bullet points in a grey, italicized serif font. The first bullet point is a quote from the Code of Ethics for Nurses. The second bullet point describes advocacy as a daily practice. A small number "8" is in the bottom right corner of the slide.

*Advocacy*

- *"The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient" (Code of Ethics for Nurses adopted by the American Nurses Association, 2001)*
- *Advocating for patients is not limited to a specific work environment, and you can practice advocacy on a daily basis by guiding patients through the health care system, providing referrals, and encouraging communication between you and your patients*

8

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of advocacy activities.

### ***Key Talking Points***

As identified in the Code of Ethics for Nurses adopted by the American Nurses Association (ANA) in 2001, “The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient” (ANA, 2001).

Advocating for patients is not limited to a specific work environment, and you can practice advocacy on a daily basis by guiding patients through the health care system, providing referrals, and encouraging communication between you and your patients.

### ***Probe***

Probe participants for examples of their participation in advocacy activities.

*Slide 8: Advocating for Cultural Competence*

**Main Takeaway**

Participants should be able to suggest ways of advocating on behalf of their patients.

**Opening Discussion Points**

Nurses have a long history of involvement as patient advocates, and you as a nurse are ideally positioned to champion for cultural competence in their organizations.

**Directions**

*Advocating for Cultural Competence*

*You can advocate for:*

- *Better access to health care*
- *Fewer medical errors*
- *More effective preventive services*
- *Greater patient satisfaction*
- *Improved patient understanding and compliance*

9

1. Display the slide.
2. Cover talking points.
3. Probe participants for suggestions on how to advocate on behalf of their patients.

## *Key Talking Points*

You can be advocating on patients' behalf for:

- Better access to health care
- Fewer medical errors
- More effective preventive services
- Greater patient satisfaction
- Improved patient understanding and compliance

Another important way you can serve as a patient advocate is by ensuring that the patient grievance process is handled in a respectful and sensitive manner. This supports the implementation of CLAS standard 13 in your organization. CLAS standard 13 states:

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.

## *Probe*

Probe participants for examples of how they can advocate for their patients.

### *Slide 9: Advocacy Skills*

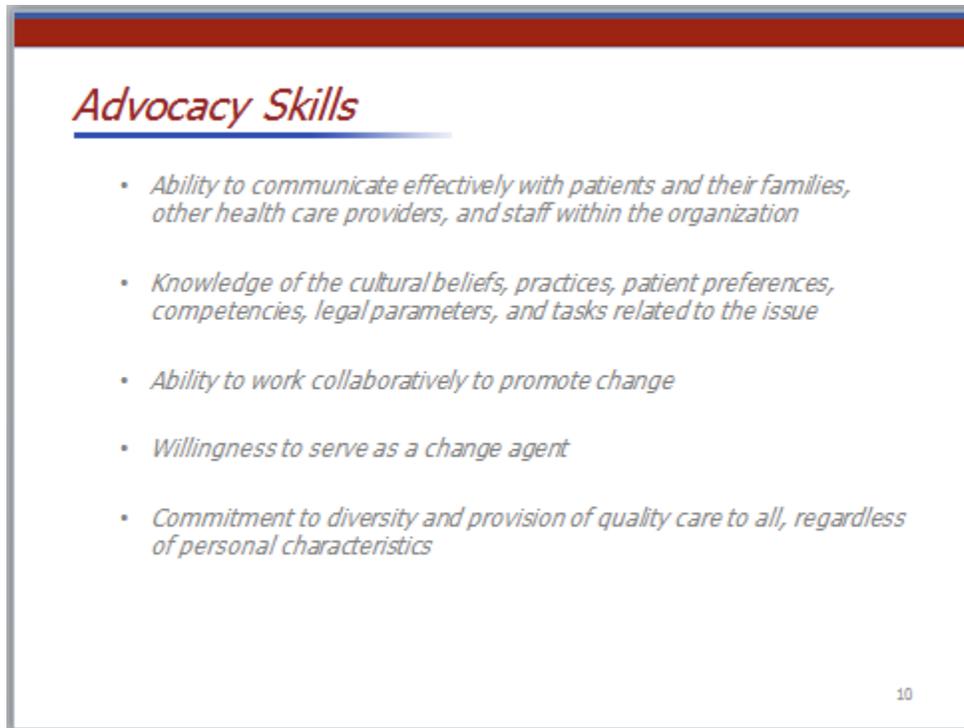
#### **Main Takeaway**

Participants should be able to identify skills necessary for advocacy on behalf of their patients.

#### **Opening Discussion Points**

To effectively advocate on behalf of your patients, you need a combination of skills. This slide covers some of the skills nurses can practice as advocates for cultural competence.

#### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Advocacy Skills" is written in a red, italicized serif font and underlined with a blue horizontal line. The main content consists of five bullet points, each in an italicized serif font. The slide is enclosed in a thin grey border. The number "10" is located in the bottom right corner of the slide area.

***Advocacy Skills***

- Ability to communicate effectively with patients and their families, other health care providers, and staff within the organization*
- Knowledge of the cultural beliefs, practices, patient preferences, competencies, legal parameters, and tasks related to the issue*
- Ability to work collaboratively to promote change*
- Willingness to serve as a change agent*
- Commitment to diversity and provision of quality care to all, regardless of personal characteristics*

10

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

Patient advocacy is an important role that nurses play. Advocating for patients is not limited to a specific work environment and all nurses can practice advocacy on a daily basis.

Some examples of advocacy skills include:

- Ability to communicate effectively with patients and their families, other health care providers, and staff within the organization.
- Knowledge of the cultural beliefs, practices, patient preferences, competencies, legal parameters, and tasks related to the issue.
- Ability to work collaboratively to promote change.
- Willingness to serve as a change agent.
- Commitment to diversity and provision of quality care to all, regardless of personal characteristics.

### *Hint*

Cover the advocacy skills in detail, since this information is included on the posttest.

## *Slide 10: Self-Assessment Exercise*

### **Main Takeaway**

Participants should be able to suggest ways to advocate on behalf of their patients and identify areas for improvements within their organization.

### **Opening Discussion Points**

Please take a moment to answer the following questions about your role in advocating for and supporting the CLAS standards in your organization.

### **Directions**

**Self-Assessment Exercise**

Please take a moment to answer the following questions about your role in advocating for and supporting the CLAS standards in your organization.

1. What ways, if any, have you advocated for cultural competency in your organization?
2. Thinking about what you learned in this module, how will you advocate for cultural competency in your place of work, community, and/or professional organizations?
3. What policy, procedures, and infrastructure changes do you recommend that support the provision of CLAS in your organization?

11

1. Display the slide.
2. (Suggested activity) Self-Assessment (allow 5–7 minutes).

### ***Suggested Activity: Self-Assessment***

Ask participants to complete self-assessment activity using Handout III-1 and ask some of them to share their findings with the group.

### ***Handout***

The self-assessment list for this activity is provided in Handout III-1.

## *Slide 11: Recap and Reflection*

### **Main Takeaway**

Participants should be able to reflect on how effectively they advocate on behalf of their patients.

### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### **Directions**

A presentation slide with a red header bar. The title "Recap and Reflect" is in red, underlined. Two bullet points in blue italics describe ways to advocate and skills for effective advocacy. A blue italicized prompt asks for reflections. The number 12 is in the bottom right corner.

***Recap and Reflect***

- You can advocate for your patients in many ways to include encouraging changes in policy, procedures, and infrastructure support or become an active member of decision-making bodies and committees within your organization*
- To effectively advocate, you need ability to communicate with different audiences, knowledge of cultural beliefs of your patient populations, ability to collaborate, willingness to serve as a change agent, and commitment to diversity and provision of quality care for all*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

12

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

You can advocate for your patients in many ways to include encouraging changes in policy, procedures, and infrastructure support. You can also become an active member of decision-making bodies and committees within your organization to promote policy changes.

To be an effective advocate, you need the ability to communicate with different audiences, knowledge of the cultural beliefs of your patient populations, the ability to collaborate, a willingness to serve as a change agent, and a commitment to diversity and provision of quality care for all.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## *Slide 12: Organizational Assessment*

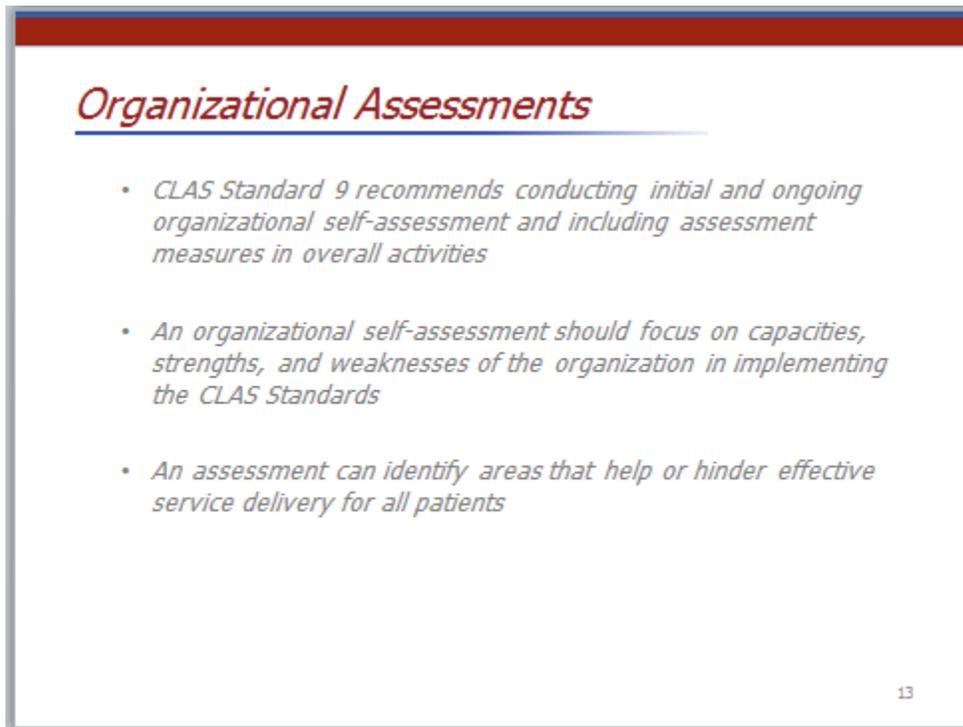
### **Main Takeaway**

Participants should be able to define organizational assessment and the way it can improve health care services.

### **Opening Discussion Points**

There are many tools available to organizations to help identify their strengths and areas for improvement regarding the delivery of culturally competent care.

### **Directions**

A presentation slide with a red header bar. The title "Organizational Assessments" is underlined in red. Below the title are three bullet points in italics. The slide number "13" is in the bottom right corner.

***Organizational Assessments***

- CLAS Standard 9 recommends conducting initial and ongoing organizational self-assessment and including assessment measures in overall activities*
- An organizational self-assessment should focus on capacities, strengths, and weaknesses of the organization in implementing the CLAS Standards*
- An assessment can identify areas that help or hinder effective service delivery for all patients*

13

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

CLAS Standard 9 recommends conducting initial and ongoing organizational self-assessments and including assessment measures in overall activities.

An organizational self-assessment should focus on the organization's capacities, strengths, and weaknesses in implementing the CLAS Standards.

The assessment can identify areas that help or hinder effective service delivery for all patients, including those in cultural and language groups that the organization serves. Results should be reviewed and discussed to identify assets, weaknesses, and opportunities and used to develop action plans that might include cultural competency training and interpreter training programs.

### *Slide 13: Areas for Measuring Cultural Competence*

#### **Main Takeaway**

Participants should be able to identify areas for measuring cultural competence within their organizations.

#### **Opening Discussion Points**

The Health Resources and Services Administration commissioned a review of the literature on measuring cultural competence in health care delivery settings (Department of Health and Human Services Health Resources and Services Administration, 2001). The study identified the following eight critical domains, or areas, for measuring organizational cultural competence.

#### **Directions**



***Areas for Measuring Cultural Competence***

- *Define culture broadly*
- *Value clients' cultural beliefs*
- *Recognize complexity in language interpretation*
- *Facilitate learning between providers and communities*
- *Involve the community in defining and addressing service needs*
- *Collaborate with other agencies*
- *Professionalize staff hiring and training*
- *Institutionalize cultural competence*

14

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

- Some domains or areas that can be used when measuring your organization's cultural competence include the following:
- Define culture broadly: To what extent do individuals belong to various cultural and subcultural groups that contribute to their personal identity and sense of culture?
- Value clients' cultural beliefs: Do programs exist to learn about and value its target community's knowledge, attitudes, and beliefs about health care?
- Recognize complexity in language interpretation: Are there existing programs that recognize a shared understanding and a shared context in addition to being able to speak a client's language?
- Facilitate learning between providers and communities: Are the programs successful in creating environments where learning can occur to improve the health of individuals and communities?
- Involve the community in defining and addressing service needs: Are clients and community members involved in identifying community needs, assets, and barriers?
- Collaborate with other agencies: How effective are partnerships with other local agencies and organizations utilized to expand culturally competent services?
- Professionalize staff hiring and training: Are hiring qualifications and mandatory training requirements part of the process for all staff in the areas of language, medical interpretation, and cultural competence?
- Institutionalize cultural competence: To what extent is cultural competence an integral part of strategic planning? Can cultural competence activities be replicated?

### *Hint*

Cover the 8 domain areas for measuring organizational cultural competence, since this information is included on the posttest.

## Slide 14: Organizational Assessment Exercise

### Main Takeaway

Participants should be able to identify best practices and areas of improvement and suggest measures related to cultural competence within their organization.

### Opening Discussion Points

Organizational assessment can be conducted in many ways. One example is assessing an organizational environment using a checklist that is organized into five categories: Resources, interactions, materials, environment, and organizational strategies.

### Directions

**Organizational Assessment Exercise**

| Organizational Environment Assessment Checklist |
|---|
| Resources                                       |
| Interactions                                    |
| Materials                                       |
| Environment                                     |
| Organizational strategies                       |

Note. Adapted from "A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services," by U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2003. Retrieved May 8, 2005, from [http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS\\_a2r.pdf](http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2r.pdf)

- *In what areas is your organization doing well?*
- *What are areas of improvement within your organization?*
- *How can you advocate for improvements?*

15

1. Display the slide.
2. (Suggested activity) Organizational Assessment (allow 5–7 minutes).

### ***Suggested Activity: Organizational Assessment***

Divide participants into small groups and ask them to complete the organizational assessment checklist using Handout III-2. Ask each group to report their findings and identify best practices and areas for improvement.

### ***Handout***

The organizational assessment checklist for this activity is provided in Handout III-2.

### *Slide 15: Recap and Reflection*

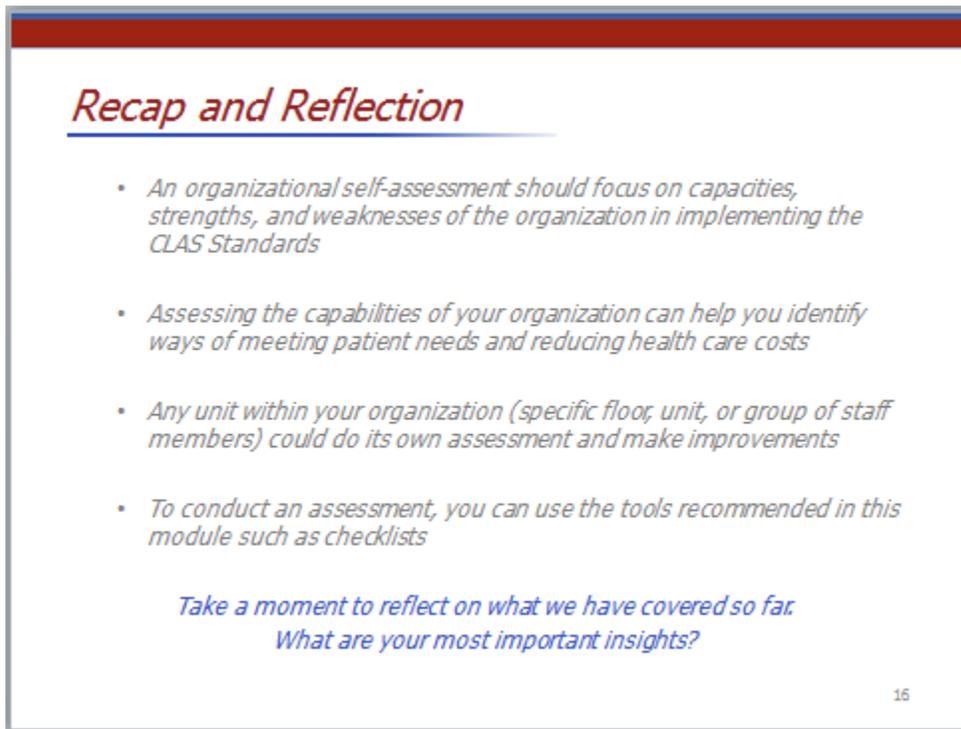
#### **Main Takeaway**

Participants should be able to reflect on what they have learned about organizational assessment and suggest ways in which they can contribute to organizational change.

#### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### **Directions**

A presentation slide with a dark red header bar. The title "Recap and Reflection" is in a red, italicized font, underlined. Below the title are four bullet points in a blue, italicized font. At the bottom of the slide, there is a blue, italicized prompt: "Take a moment to reflect on what we have covered so far. What are your most important insights?". The slide number "15" is in the bottom right corner.

***Recap and Reflection***

- An organizational self-assessment should focus on capacities, strengths, and weaknesses of the organization in implementing the CLAS Standards*
- Assessing the capabilities of your organization can help you identify ways of meeting patient needs and reducing health care costs*
- Any unit within your organization (specific floor, unit, or group of staff members) could do its own assessment and make improvements*
- To conduct an assessment, you can use the tools recommended in this module such as checklists*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

15

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

- An organizational self-assessment should focus on capacities, strengths, and weaknesses of the organization in implementing the CLAS Standards.
- Assessing the capabilities of your organization can help you identify ways of meeting patient needs and reducing health care costs, as well as effectively manage human, technical, and financial resources within your organization.
- Any area or section within your organization (specific floor, unit, or group of staff members) could do its own assessment and make improvements
- To conduct an assessment, you can use the tools recommended in this module such as checklists.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## *Slide 16: Overview of Strategic Planning*

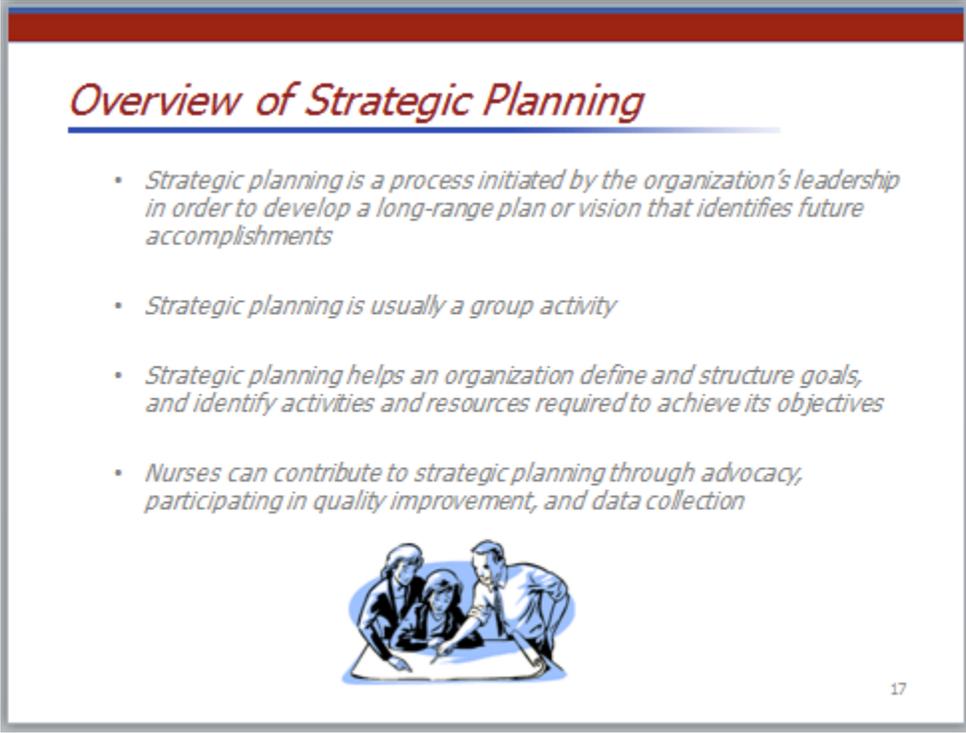
### **Main Takeaway**

Participants should be able to discuss the strategic planning process and the role nurses can play as advocates in the process.

### **Opening Discussion Points**

Strategic planning is a formal process carried out by a majority of health care organizations. This process often starts at the highest levels of organization, and you may not have the opportunity to develop a strategic plan for your organization. At the same time, you can contribute to strategic planning within your organization in a number of ways that we will discuss in this section.

### **Directions**



***Overview of Strategic Planning***

- *Strategic planning is a process initiated by the organization's leadership in order to develop a long-range plan or vision that identifies future accomplishments*
- *Strategic planning is usually a group activity*
- *Strategic planning helps an organization define and structure goals, and identify activities and resources required to achieve its objectives*
- *Nurses can contribute to strategic planning through advocacy, participating in quality improvement, and data collection*



17

1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of participating in strategic planning.

### *Key Talking Points*

- Strategic planning is a process initiated by the organization leadership in order to develop a long-range plan or vision that identifies future accomplishments.
- Strategic planning is usually a group activity.
- Strategic planning helps organizations define and structure their goals, and identify activities and resources required to achieve their objectives.
- You can contribute to strategic planning through advocacy, participating in quality improvement, and data collection. For instance, you can contribute to strategic planning by advocating for the inclusion of cultural competence and language services in your organization's plan.

### *Probe*

Probe participants by asking if they have participated in strategic planning, quality assurance, or quality improvement initiatives within their organization.

*Slide 17: Strategic Planning and Cultural Competence*

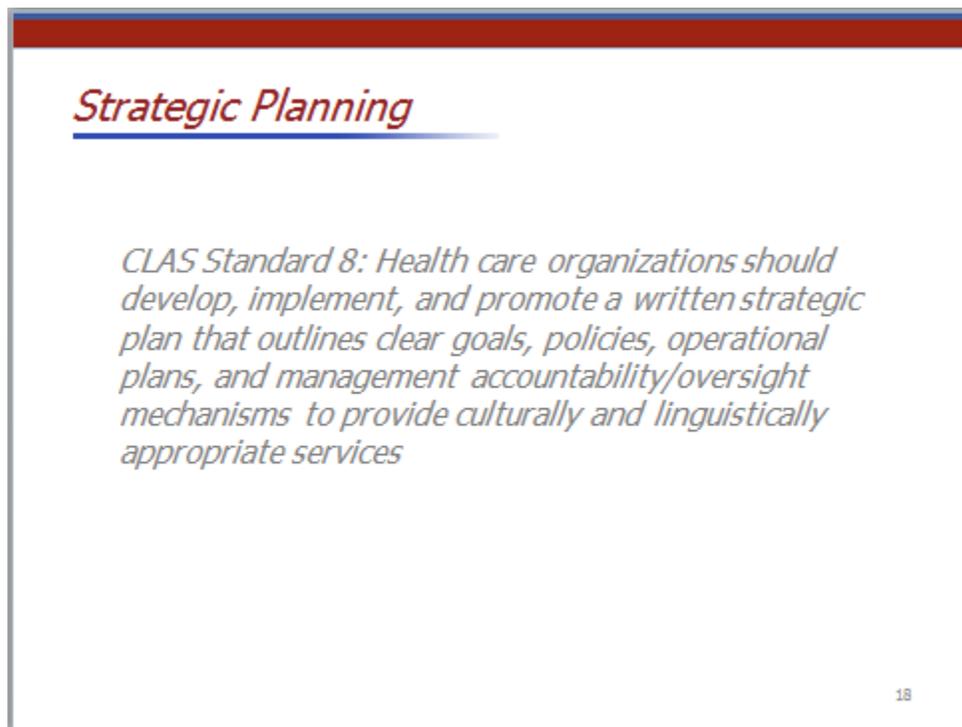
**Main Takeaway**

Participants should understand the importance of strategic planning as recommended by CLAS Standard 8.

**Opening Discussion Points**

As the diverse population continues to grow in the United States, health care organizations should be incorporating cultural competence in their strategic planning process.

**Directions**



1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

CLAS Standard 8 recommends that “health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.”

It is also recommended that clear objectives for developing, monitoring cultural competence, and providing language access services and other resources for minority and ethnically diverse patients should be tied to integral objectives in health care organizations’ strategic plans.

### *Hint*

Cover the importance of incorporating cultural competence into the strategic planning process, since this information is included on the posttest.

## *Slide 18: Continuous Improvement Cycle*

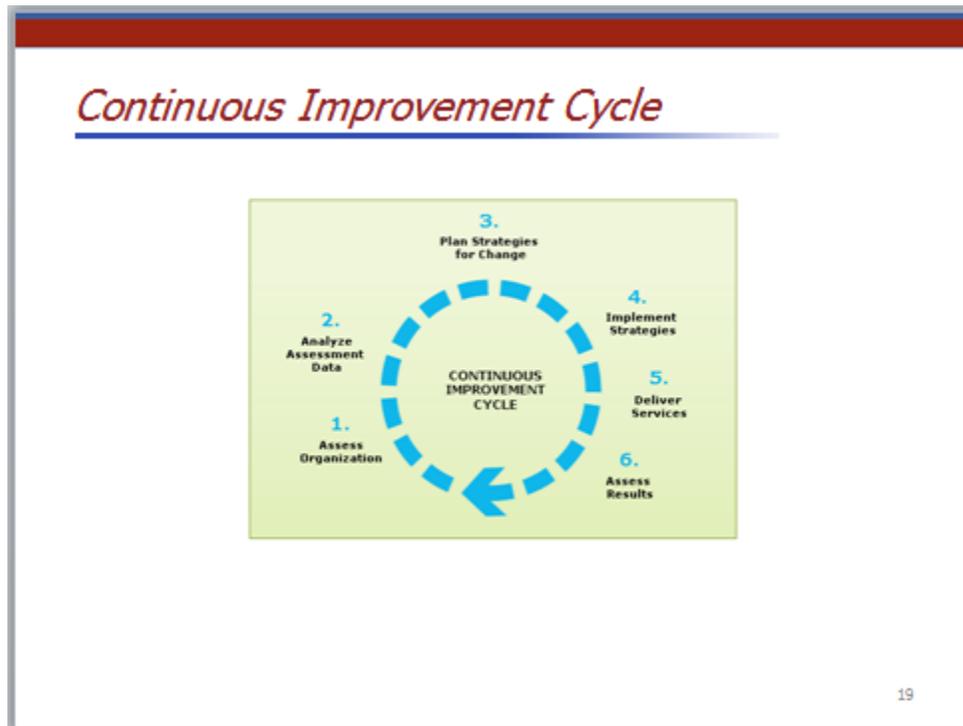
### **Main Takeaway**

Participants should be able to understand how quality improvement can contribute to strategic planning within their organization.

### **Opening Discussion Points**

Most health care organizations have adopted and implemented some type of continuous quality improvement process that includes ongoing efforts aimed at improving the quality of care against the standards that are most important to the patients, providers, and the community.

### **Directions**



1. Display the slide.
2. Cover talking points.
3. Probe participants for examples of quality improvement.

### ***Key Talking Points***

The quality improvement process supports strategic planning because it helps organizations achieve success in their strategic goals while improving the quality of care.

As shown in this slide, the continuous improvement cycle consists of steps for conducting ongoing assessments of the organization, analyzing the assessment data to identify areas for improvement, planning strategies for change, implementing the strategies, and assessing the results.

### ***Hint***

Cover the continuous improvement cycle, since this information is included on the posttest.

### ***Probe***

Probe participants by asking for examples of implementing continuous improvement cycle or examples of quality improvement in their practice.

### *Slide 19: Data Collection*

#### **Main Takeaway**

Participants should be able to discuss the importance of data collection for strategic planning and improving the quality of health care. Participants should be also able to select appropriate data to support strategic planning.

#### **Opening Discussion Points**

CLAS Standard 10 states that “health care organizations should ensure that the data on the individual patient’s race, ethnicity, and spoken and written language are collected in health records, integrated into the organization’s management systems and periodically updated.”

#### **Directions**

***Data Collection***

*Data collection:*

- *Build an epidemiological profile of the community*
- *Assess needs for language services and health literacy assistance*
- *Monitor needs, use, quality of care, and outcome patterns*
- *Evaluate program effectiveness*
- *Ensure equitable services*

*Patient privacy (HIPAA)*

20

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Group Projects (allow 5–7 minutes).

### ***Key Talking Points***

Collecting information about patients' demographic characteristics and how they use health care is critical in understanding your communities and implementing appropriate cultural and linguistic services. Data collection is therefore an integral part in improving the quality of care and meeting strategic goals and objectives.

Data collection can help you to:

- Build an epidemiological profile of the community.
- Assess needs for language services and health literacy assistance.
- Monitor needs, use, quality of care, and outcome patterns.
- Evaluate program effectiveness.
- Ensure equitable services.
- When collecting data, it is important to have in mind the patient privacy rights articulated in the Health Insurance Portability and Accountability Act of 1996. Patients' rights to privacy include the following:
  - Patients must be informed about the purposes of any data collection and be assured of confidentiality.
  - Data should never be used for any discriminatory purposes.
  - Patients may choose not to provide data.
  - Patients must provide permission in advance if their protected health information is to be shared.

### ***Hint***

Cover the organizational benefits of collecting data, since this information is included on the posttest.

### ***Suggested Activity: Group Projects***

Divide participants into two groups. Ask each group to select key areas where the quality of care needs improvement and identify data that can help them improve the quality of care.

## *Slide 20: Recap and Reflection*

### **Main Takeaway**

Participants should be able to reflect on the importance of strategic planning within their organization.

### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

### **Directions**

---

## *Recap and Reflection*

- *You may be involved in strategic planning in several ways; for instance, through continuous quality improvement process or by collecting patients' data and integrating them into your management systems*
- *Your contribution can be critical in maintaining demographic, cultural, and epidemiological profiles of the communities that you serve*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

21

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

You may be involved in strategic planning in several ways, for instance through continuous quality improvement process or by collecting patients' data and integrating them into your management systems.

Your contribution to data collection can be critical in maintaining demographic, cultural, and epidemiological profiles of the communities that you serve.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## *Slide 21: Cultural Competence Knowledge*

### **Main Takeaway**

Participants should understand what knowledge is required to provide culturally competent services.

### **Opening Discussion Points**

In this section, we will discuss how training can help you develop knowledge, skills, and attitudes that you should develop in order to provide culturally competent care. Before we start, let's discuss several questions.

### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Cultural Competence Knowledge" is written in a red, serif font and underlined with a blue line. A bulleted list of five items follows, each in a grey, italicized font. To the right of the list is a photograph showing a person's hands writing on a document with a yellow pencil. The number "22" is in the bottom right corner of the slide frame.

***Cultural Competence Knowledge***

- *Self-awareness, knowledge of cultural beliefs*
- *Concept of culture and culturally specific worldview*
- *Local and national demographics*
- *Legal, regulatory, and accreditation issues related to culture and language in health care*
- *Cultural and linguistic policy statements or standards developed by professional associations*

22

1. Display the slide.
2. Facilitate the discussion.
3. Cover talking points.

### *Discussion Questions*

- How often do you attend training?
- What topics do the training session cover?
- How many training sessions related to cultural competence have you attended?

### *Key Talking Points*

Training can help you develop the knowledge of cultural competence, for instance:

- Self-awareness, including awareness of your beliefs, values, norms, stereotypes, and biases and how they may influence your interactions with patients.
- Concept of culture, including the connections between worldview, beliefs, norms, and behaviors related to health, illness, and care seeking in different populations.
- Information about local and national demographics, including attention to specific populations, immigration, and changing characteristics as specified in CLAS Standard 11.
- Legal, regulatory, and accreditation issues that address cultural and language concerns in health care.
- Cultural and linguistic policy statements or standards of your own or other professional associations.

## *Slide 22: Cultural Competence Skills*

### **Main Takeaway**

Participants should understand what skills are required to provide culturally competent services.

### **Opening Discussion Points**

There are several skills that are essential to providing culturally competent care to diverse populations.

### **Directions**



**Cultural Competence Skills**

- *Ongoing assessment of your biases and cultural preconceptions*
- *Communication tools and strategies for eliciting patients' social, family, and medical histories, as well as their health beliefs, practices, and explanatory models*
- *Access to and interaction with diverse local communities to understand their traditional or group-specific health care practices and needs*
- *Assessment of patients' language skills and literacy skills*



23

1. Display the slide.
2. Cover talking points.

### **Key Talking Points**

These skills include the following:

- Ongoing assessment of your biases and cultural preconceptions.
- Communication tools and strategies for eliciting your patients' social, family, and medical histories, as well as their health beliefs, practices, and explanatory models.
- Access to and interaction with diverse local communities to understand their traditional or group-specific health care practices and needs.
- Assessment of patients' language skills and literacy skills.

### *Slide 23: Cultural Competence Attitudes*

#### **Main Takeaway**

Participants should understand what attitudes are required to provide culturally competent services.

#### **Opening Discussion Points**

In terms of attitudes, it is recommended that culturally competent nurses possess several attitudes.

#### **Directions**



***Cultural Competence Attitudes***

- *Lifelong commitment to learning and self-evaluation*
- *Open-mindedness and respect for all patients*
- *Promotion of patient-and family-centered care*
- *Commitment to equal quality for all and fairness in health care settings*
- *Focus on identifying systemic barriers and maintaining a proactive attitude to eliminate them*



24

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Brainstorming (allow 3–5 minutes).

## *Key Talking Points*

These attitudes include:

- Lifelong commitment to learning and self-evaluation.
- Open-mindedness and respect for all patients.
- Promotion of patient- and family-centered care.
- Commitment to equal quality for all and fairness in health care settings.
- Focus on identifying systemic barriers and maintaining a proactive attitude to eliminate them.

## *Suggested Activity: Brainstorming*

Divide participants into three groups and ask each group to identify additional knowledge, skills, or attitudes that they need in order to provide culturally competent care.

## *Slide 24: Ida Wilson Case Study*

### **Main Takeaway**

Participants should be able to apply their knowledge of knowledge, skills, and attitudes to the analysis of the case study, and to evaluate the nurse's effectiveness in interacting with the patient.

### **Opening Discussion Points**

This vignette shows Ida Wilson, an African American, age 75, who is diabetic and has additional health problems. She appeared in a vignette in Course II. The nurse in this scenario is asking Ida about her medication use. As you view this vignette, think about how training and education in cultural competency may have helped the nurse in this situation.

### **Directions**

### *Ida Wilson Case Study*

- *Ida Wilson*
  - *75-year-old African-American woman with diabetes and additional health problems*
  - *Nurse tries to determine what medications Mrs. Wilson is taking*



25

1. Display the slide.
2. Play the video case study.
3. Facilitate the discussion.
4. (Suggested activity) Role-Playing (allow 7–10 minutes).

### ***Vignette***

Play Vignette Case Study III-1: Ida Wilson's Medication

### **Discussion Questions**

How well does the nurse demonstrate open-mindedness and respect for her patient?

How effective is the nurse in eliciting Ms. Wilson's social and medical history, her health beliefs, practices, and explanatory model?

### ***Suggested Activity: Role-Playing***

- Ask two volunteers to role-play a scenario, which is provided in Handout III-3. Assign roles for the characters of the nurse and Ida Wilson.
- Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.
- Engage the group in the following discussion questions:
- If Ms. Wilson were your patient, how would you interact with her?
- What knowledge, skills, and attitudes can improve the nurse's interaction with Ms. Wilson?

### ***Handout***

The scenario for this role-playing activity is provided in Handout III-3.

### *Slide 25: Reflect and Recap*

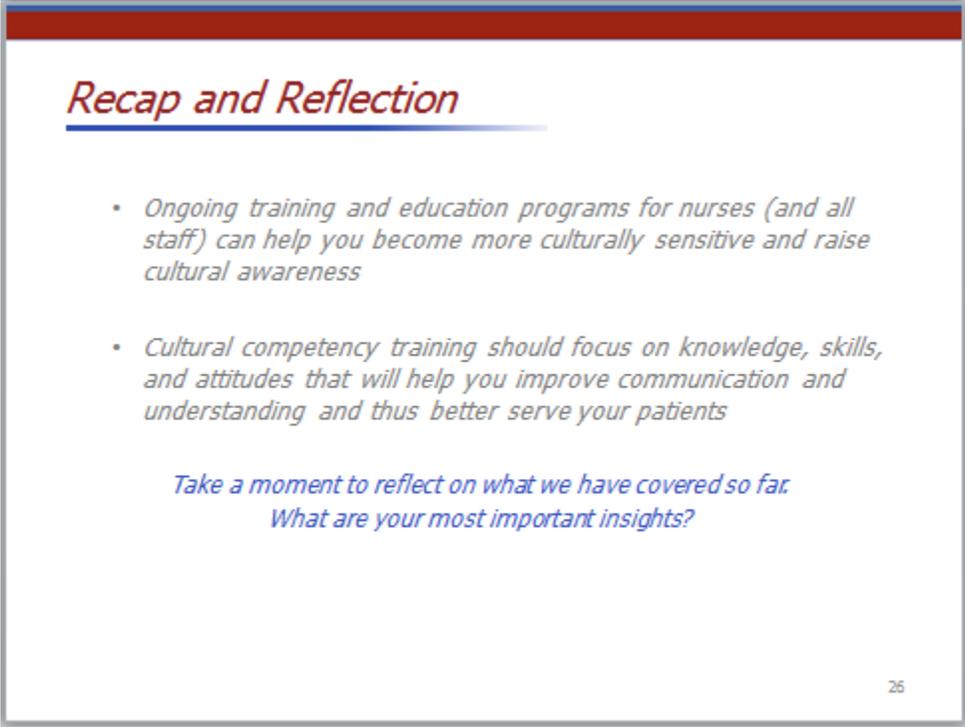
#### **Main Takeaway**

Participants should be able to evaluate their knowledge, skills, and attitudes to enhance the quality of care that they provide.

#### **Opening Discussion Points**

Before moving on, let's take a moment to recap and reflect on what we have covered up to now.

#### **Directions**

A presentation slide with a dark red header bar. The title "Recap and Reflection" is in a dark red, italicized font, underlined with a blue line. Below the title are two bullet points in a grey, italicized font. At the bottom, there is a blue, italicized prompt. The slide number "25" is in the bottom right corner.

***Recap and Reflection***

- *Ongoing training and education programs for nurses (and all staff) can help you become more culturally sensitive and raise cultural awareness*
- *Cultural competency training should focus on knowledge, skills, and attitudes that will help you improve communication and understanding and thus better serve your patients*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

25

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

Ongoing training and education programs can help you become more culturally sensitive and raise cultural awareness

Cultural competency training should focus on knowledge, skills, and attitudes that will help you improve communication and understanding and thus better serve your patients.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## *Slide 26: Overview of Partnerships*

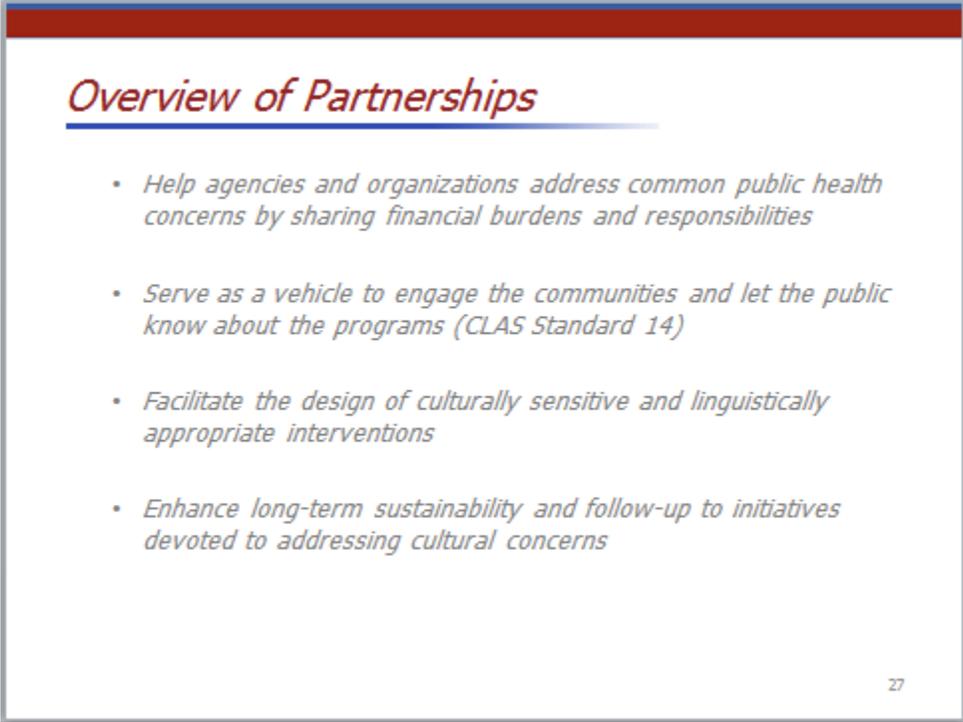
### **Main Takeaway**

Participants should be able to describe partnerships and their benefits for providing high-quality care.

### **Opening Discussion Points**

As communities become more diverse, it is increasingly important for health care organizations to understand the factors that contribute to successful partnerships. Additionally, solving public health problems extends beyond the reach, resources, and mandate of any single agency or organization. In this section, we will discuss benefits of partnerships and how nurses contribute to successful partnerships.

### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Overview of Partnerships" is written in a red, italicized serif font and underlined with a blue line. The main content consists of four bullet points in a blue, italicized serif font. The slide number "27" is located in the bottom right corner.

***Overview of Partnerships***

- Help agencies and organizations address common public health concerns by sharing financial burdens and responsibilities*
- Serve as a vehicle to engage the communities and let the public know about the programs (CLAS Standard 14)*
- Facilitate the design of culturally sensitive and linguistically appropriate interventions*
- Enhance long-term sustainability and follow-up to initiatives devoted to addressing cultural concerns*

27

1. Display the slide.
2. Cover talking points.
3. Probe participants for additional examples of how partnerships can be beneficial for culturally diverse patients.

### ***Key Talking Points***

Partnerships are important because they can:

- Help agencies and organizations address common public health concerns by sharing financial burdens and responsibilities and helping to create shared commitments
- Serve as a vehicle to engage the communities and let the public know about the programs being developed to support the diverse patient populations and the resources available (CLAS Standard 14)
- Facilitate the design of culturally sensitive and linguistically appropriate interventions
- Enhance long-term sustainability and follow-up to initiatives devoted to addressing cultural concerns

### ***Probe***

Probe participants for additional examples of how partnerships can be beneficial for culturally diverse patients.

## *Slide 27: Examples of Partnerships*

### **Main Takeaway**

Participants should be able to identify organizations to partner with in order to improve the quality of care.

### **Opening Discussion Points**

There are several types of organizations that you can partner with in order to reach out to communities and provide high quality care.

I will provide you with some examples of these types of organizations and would like you to think of some specific organizations that fit each of these categories.

### **Directions**



***Examples of Partnering Organizations***

- *Local governmental health agencies*
- *Voluntary health organizations*
- *State health departments and other State agencies*
- *Community interest groups, cultural centers, local businesses, and civic organizations*
- *Professional organizations*
- *Private organizations and foundations*

28

1. Display the slide.
2. Cover talking points.
3. Probe participants for additional examples of organizations to partner with.

### ***Key Talking Points***

Examples of organizations to partner include:

- Local governmental health agencies
- Voluntary health organizations
- State health departments and other State agencies
- Community interest groups, cultural centers, local businesses, and civic organizations
- Professional organizations
- Private organizations and foundations

### **Probe**

Probe participants for additional examples of organizations to partner with.

## *Slide 28: Factors for Successful Partnerships*

### **Main Takeaway**

Participants should be able to discuss the factors that are essential for successful partnerships.

### **Opening Discussion Points**

Successful partnerships promote collaboration with community-based organizations and leaders that help build networks, enhance public relations with the community, and identify and track demographic and epidemiological information.

### **Directions**

A presentation slide with a dark red header bar. The title "Factors for Successful Partnerships" is written in a red, italicized serif font and is underlined with a blue line. Below the title is a bulleted list of seven factors in a grey, italicized sans-serif font. The slide number "29" is in the bottom right corner.

*Factors for Successful Partnerships*

- *Shared vision*
- *Agreement on mission, goals, and outcomes*
- *Mutual trust, respect, and commitment*
- *Identified strengths and assets*
- *Clear and accessible communication*
- *Ability to evolve, using feedback from all partners*
- *Processes based on input and agreement of all partners*

29

1. Display the slide.
2. Cover talking points.
3. Probe participants by asking questions about the importance of these factors.

### ***Key Talking Points***

When assessing the need and opportunity to partner with another organization, it is important to be aware of the factors that contribute to successful partnerships:

- Shared vision
- Agreement on mission, goals, and outcomes
- Mutual trust, respect, and commitment
- Identified strengths and assets
- Clear and accessible communication
- Ability to evolve, using feedback from all partners
- Processes based on input and agreement of all partners

### ***Hint***

Make sure you cover the factors for successful partnerships, since this information is included in the posttest.

### ***Probe***

Probe participants by asking questions why it is important to have shared vision, mutual trust, respect, and processes in successful partnerships.

## *Slide 29: Ways to Engage Communities*

### **Main Takeaway**

Participants should be able to identify ways of engaging communities and suggest ideas for community outreach.

### **Opening Discussion Points**

In improving culturally competent care, it is especially important to ensure that members of minority communities have full access to providing input and participating in community health partnerships. Creating partnerships with minority communities is extremely important when addressing cultural competence issues.

### **Directions**

A presentation slide with a red header bar. The title "Ways to Engage Communities" is underlined in red. Below the title is a bulleted list of six items. The slide number "30" is in the bottom right corner.

***Ways to Engage Communities***

- *Involving community members in planning and advisory committees*
- *Cosponsoring community forums and discussions about health care*
- *Inviting those knowledgeable about cultural beliefs to serve as advisers or trainers to improve cultural competence*
- *Hiring members of minorities to serve as health personnel*
- *Asking community members to provide feedback*
- *Identifying cultural strengths, resources, and expertise of the local community*

30

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Buzz Groups (allow 3–5 minutes).

## ***Key Talking Points***

Methods to gain community input may include:

- Involving community members in planning and advisory committees.
- Cosponsoring community forums and discussions about health care.
- Inviting those knowledgeable about cultural beliefs to serve as advisors or trainers to improve cultural competence.
- Hiring members of minorities to serve as health personnel.
- Asking community members to provide feedback.
- Identifying cultural strengths, resources, and expertise of the local community.

## ***Hint***

Cover the different ways to engage communities, since this information is included on the posttest.

## ***Suggested Activity: Buzz Groups***

Divide participants into small groups and ask them to suggest methods of involving communities as a way to improve the quality of health care. Ask each group to select a spokesperson and report out the group's findings.

### *Slide 30: Rob Ocuca Case Study*

#### **Main Takeaway**

Participants should be able to apply their knowledge of knowledge, skills, and attitudes to analyzing the case study, evaluate nurse's effectiveness in developing partnerships.

#### **Opening Discussion Points**

This vignette shows Rob Ocuca, an American Indian teenager who is a member of the Pima tribe and has diabetes. He has been disruptive at school and has been suspended. He arrives at the community clinic for a checkup. The nurse at the community clinic that serves the Pima community learns that Rob's behavior resulted, in part, from his being teased and bullied. Recognizing Rob's experience as a common problem for Pima children, the community clinic works with the school and the tribe to develop a community partnership to educate others about the Pima community.

#### **Directions**

### *Rob Ocuca Case Study*

- *Rob Ocuca*
  - *Native American Teenager*
  - *Member of the Pima tribe*
  - *Has diabetes*
  - *Has been disruptive at school and has been suspended*
  - *Nurse facilitates communication between the school and the tribe to develop a community partnership*



31

1. Display the slide.
2. Play video case study.
3. Facilitate the discussion.
4. (Suggested activity) Role-Playing (allow 7–10 minutes).

### ***Vignette***

Play Vignette Case Study III-2: Rob Ocuca and the Community Clinic.

### **Discussion Questions**

- How could the partnership between the school, tribe, and community clinic help address diabetes for Rob Ocuca?
- How effective is the nurse in facilitating the partnership with the local community?

### ***Suggested Activity: Role-Playing***

- Ask two volunteers to role-play a scenario, which is provided in Handout III-4. Assign roles for the characters of the nurse and Rob Ocuca.
- Give the volunteers a few moments to review the scenario and have them role-play the scenario for the group.
- Engage the group in the following discussion questions:
  - How could community involvement make a difference for Rob Ocuca?
  - How would you handle a similar situation?

### ***Handout***

The scenario for this role-playing activity is provided in Handout III-4.

### *Slide 31: Reflect and Recap*

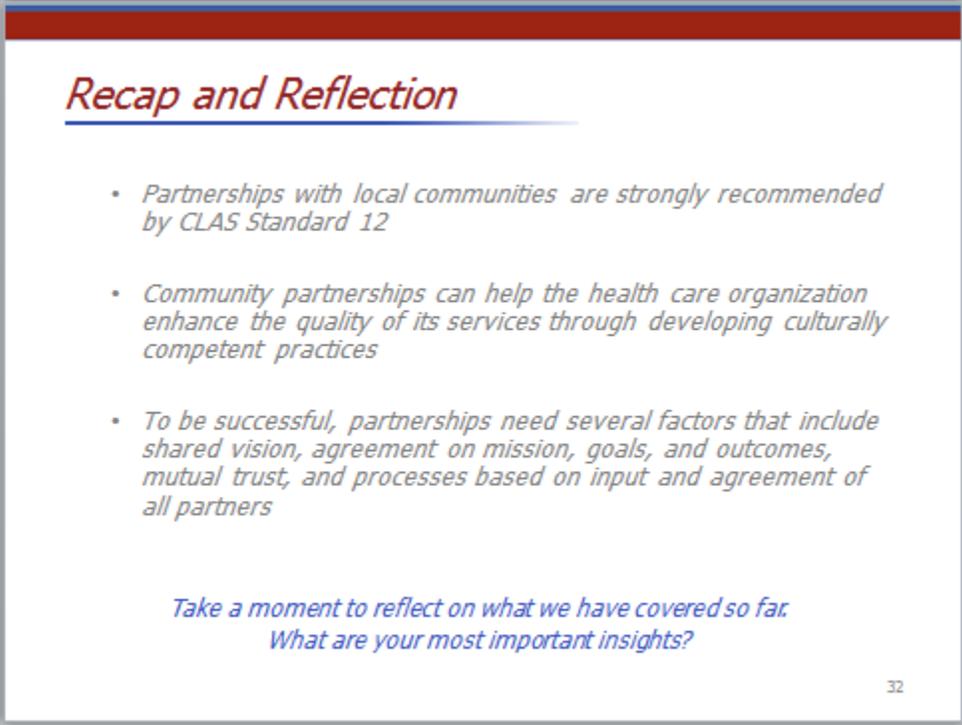
#### **Main Takeaway**

Participants should be able to evaluate their knowledge, skills, and attitudes to enhance the quality of care that they provide.

#### **Opening Discussion Points**

Before concluding the course, let's take a moment to recap and reflect on what we have covered up to now.

#### **Directions**

A presentation slide with a red header bar. The title "Recap and Reflection" is in red, italicized font. Below the title are three bullet points in blue, italicized font. At the bottom, there is a blue, italicized prompt. The slide number "32" is in the bottom right corner.

***Recap and Reflection***

- Partnerships with local communities are strongly recommended by CLAS Standard 12*
- Community partnerships can help the health care organization enhance the quality of its services through developing culturally competent practices*
- To be successful, partnerships need several factors that include shared vision, agreement on mission, goals, and outcomes, mutual trust, and processes based on input and agreement of all partners*

*Take a moment to reflect on what we have covered so far.  
What are your most important insights?*

32

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Sharing Insights (allow 3–5 minutes).

### ***Key Talking Points***

As recommended in CLAS Standard 12, health care organizations should develop partnerships with communities in order to facilitate patient and community involvement in designing and implementing CLAS-related activities.

You can participate in partnerships and advocate for them. Partnerships are important in identifying critical issues that affect your patients, developing and implementing solutions to problems, suggesting improvements in administration of health care, improving quality and service, and enhancing the quality of work life.

To be successful, partnerships need shared vision, agreement on mission, goals, and outcomes, mutual trust, identified strengths, clear communication, ability to evolve, and processes based on input and agreement of all partners.

### ***Suggested Activity: Sharing Insights***

To conclude this section, ask participants to verbally share their insights as to what has been covered so far, or ask participants to take a few moments to write their reflections in their learning journals.

## *Slide 32: Course Summary*

### **Main Takeaway**

Participants should be able to review what they have learned in this course, evaluate course effectiveness, and suggest ways of incorporating new information into their practices.

### **Opening Discussion Points**

Let us now review the most important points covered in this course.

### **Directions**

---

## *Course III Summary*

- *Health care organizations can incorporate principles, practices, and values of cultural competence into strategic planning, assessment, data collection, training, and building community partnerships*
- *Organizations using culturally competent processes can improve health outcomes, enhance consumer satisfaction, increase clinical and staff efficiency, and potentially reduce health disparities*
- *You have many opportunities to serve as advocates for cultural competence. The first step can be becoming familiar with the CLAS Standards and looking for opportunities to promote them*

33

1. Display the slide.
2. Cover talking points.
3. (Suggested activity) Action Plan (allow 10– 15 minutes).
4. Facilitate the discussion.

### ***Key Talking Points***

Health care organizations can incorporate principles, practices, and values of cultural competence within organizational processes, such as strategic planning, assessment, data collection, training, and building community partnerships.

Organizations using these processes can improve health outcomes, enhance consumer satisfaction, increase clinical and staff efficiency, and potentially reduce health disparities.

You have many opportunities to serve as advocates for cultural competence. The first step for you can be becoming familiar with the CLAS Standards and looking for opportunities to promote them.

### ***Suggested Activity: Action Plan***

Divide participants into two groups and ask each group to develop an action plan to enhance cultural competence within their organization (to include advocacy, organizational assessment, strategic planning, training, and community outreach). Ask each group to select a spokesperson and report the findings.

### ***Discussion Questions***

What are three most important things that you learned today?

How effective was the course in helping you develop new knowledge, skills, and attitudes related to cultural competence?

## Slide 33: How Do I Get My CNEs?

### Main Takeaway

Participants should understand how to enter the online Test Center to complete CNE requirements.

### Opening Discussion Points

Since we have just completed the content for Course III, you can now go into the online Test Center to complete the CNE test and receive your credits.

### Directions

**Posttest and Certificate**

U.S. Department of Health & Human Services  
Office of Minority Health  
www.HHS.gov  
www.ThinkCulturalHealth.hhs.gov

**OMH Test Center Login**

Username:   
Password:   
[Forgot Password?](#)

**Welcome to the DVD Test Center**

Welcome to Culturally Competent Nursing Care: A Cornerstone of Caring at the U.S. Department of Health & Human Services. Each of the programs featured on Think Cultural Health (TCH) are founded on the national standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

In April 2013, the national CLAS Standards were re-released after undergoing a two-year enhancement initiative. This program, along with others featured on TCH, is scheduled to be under annual review for accreditation purposes and will be updated to reflect the national CLAS Standards enhancements.

To assist you during this transition, we recommend that you reference the [2013 CLAS Standards](#) (PDF - 113 KB) and [Fact Sheet](#) (PDF - 93 KB) which will assist in understanding the numbering and organization of the re-released national CLAS Standards.

Nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical outcomes and impact patient health outcomes. The Culturally Competent Nursing Modules (CCNMs) were developed to effectively equip you with awareness, knowledge, and skills to better meet your increasingly diverse patient population.

Register today to complete the Course Pretests before your facilitated group session, or log in with your username and password to complete the Course Posttests and Evaluations if you have already attended your session.

Nurses can earn up to 9 continuing nursing education units (CNEU) and social workers can earn up to 9 continuing education units (CEU).

This continuing education activity is jointly sponsored by One-Plan, Inc., SRA International, and Abate Technology. Supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services.

To access the Test Center, please log in or complete the registration form. Once your registration is complete, you will be presented with the accrediting information, instructions, and a status dashboard.

Content for this site is maintained by the Office of Minority Health, U.S. Department of Health & Human Services. If you need help accessing information, contact the primary author at 800 and Postcard, use instructions for downloading screens and files. Copyright © 2013, U.S. Department of Health and Human Services. All rights reserved. Terms of Use | Privacy Policy | Feedback

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1. Display the slide.
2. Cover key talking points.
3. (Suggested) Launch the online Test Center for demonstration.

### *Key Talking Points*

To complete the requirements for your CNEs, go to <http://ccnm.thinkculturalhealth.hhs.gov/idvdusers>.

Instructions for completing course:

1. Log in using username and password
2. Check off completed courses on Progress Checklist and hit Submit button
3. Select posttest link and complete test
4. Select evaluation link and complete

Thank you again for your participation today! Please contact me if you have any questions about what we covered today or the online program.

## Course III Handouts

| Course III Handouts | Description  |
|---------------------|--|
| III-1:              | Self-Assessment List<br><i>(Note: Module 3.2, Part 2 of 5)</i>                         |
| III-2:              | Organizational Assessment Checklist<br><i>(Note: Module 3.3, Part 4 of 6)</i>          |
| III-3:              | Role-Playing Activity<br><i>(Note: Vignette/Scenario from Module 3.5, Part 6 of 7)</i> |
| III-4:              | Role-Playing Activity<br><i>(Note: Vignette/Scenario from Module 3.6, Part 5 of 7)</i> |

**Table 5:** Course III Handouts

# Why Culture Matters – A Guide to Marketing Culturally Competent Nursing Care: A Cornerstone of Caring

## Introduction

Welcome to Why Culture Matters—A Guide to Marketing *Culturally Competent Nursing Care: A Cornerstone of Caring*. This Guide is designed for nursing educators, department heads, or other health care professionals who may be using this curriculum as part of cultural competence training within their organization. This component of the Facilitator's Guide contains all materials you need to deliver a 1-hour interactive marketing presentation to encourage your audience to participate in this online curriculum on cultural competence.

This Guide is designed to promote the curriculum to providers who will complete the cultural competence curriculum on their own via <http://www.thinkculturalhealth.hhs.gov>. During this session, participants will:

- Increase their awareness about the importance of cultural competence.
- Receive an overview of the Office of Minority Health (OMH) cultural competence online program, including information on how to become a registered user.
- Learn more about the program features of *Culturally Competent Nursing Care: A Cornerstone of Caring*, including requirements for obtaining Continuing Nursing Education credits (CNEs).
- Learn about where to find additional cultural competence tools and resources, and where to go for program support.

This Guide has the same layout and structure as the complete Facilitator's Guide. Each page provides you with a PowerPoint slide, discussion points, directions for group activities, question probes to facilitate discussion among participants, and a learning objective, which is called "The Main Takeaway." For your convenience, we provided you with a number of question probes. You can add your own questions to tailor the presentation and discussion to issues specific to the practice or providers you are speaking to. If an Internet connection is available to you during the presentation, we have included optional prompts for demonstrating aspects of the program to your audience. Another optional resource that you may want to consider is a



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



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flipchart or blackboard for the group brainstorming exercises.

### ***Materials and Supplies Checklist***

We recommend that you provide writing utensils and a few sheets of paper to your audience so they are able to take notes. Below is a checklist to make sure you have all the materials and supplies needed to conduct this 1-hour marketing presentation.

- Pens/pencils
- Pad of paper
- Flip chart/blackboard/whiteboard
- Markers
- Computer with internet connection and LCD projector to display presentation slides
- Facilitator's Guide
- Internet access to demonstrate the <http://www.thinkculturalhealth.hhs.gov> site (if not available, print out PowerPoint slides as handouts from the section *Why Culture Matters—A Guide to Marketing Culturally Competent Nursing Care: A Cornerstone of Caring*)
- Optional: Marketing materials, such as business cards, postcards, etc.

*Slides 1–2: Welcome!*

**Main Takeaway**

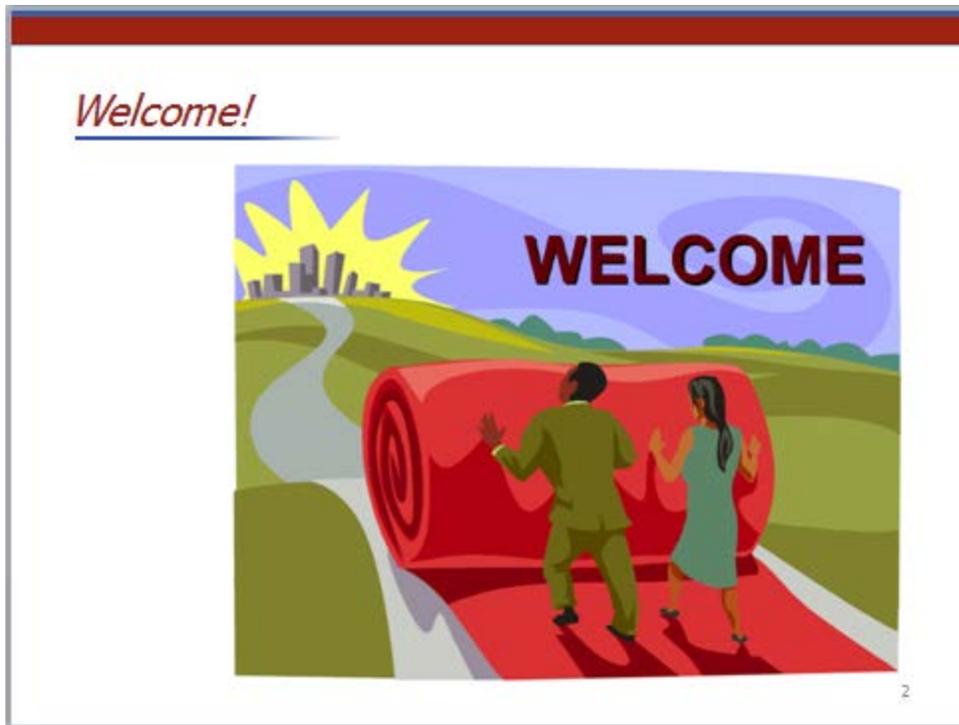
Participants should understand that this session will provide an overview of cultural competence and be aware that they are expected to actively participate.

**Opening Discussion Points**

First, I want to thank you for coming today to learn more about cultural competence. I am excited to be here to introduce you to this topic and let you know about an online educational resource that is available to you where you can earn nine CNEs by participating and learning more about cultural competence in nursing care.

**Directions**





1. Display the slides.
2. Cover talking points.
3. Allow 3–5 minutes for Welcome and Icebreaker on next slide.

### *Key Talking Points*

- I would like this to be as interactive as possible, so I will be relying on you to share your thoughts, insights, and questions as we go along.
- I hope that by the end of this session, you will walk away with increased awareness about cultural competence, understand how to take an online course that will give you additional tools, and know where to go for help and more resources.

*Slide 3: Icebreaker (Option 1)*

**Main Takeaway**

Participants should feel prepared to discuss cultural competence and understand that this session will enable them to easily log on and complete the online *Culturally Competent Nursing Care* program.

**Opening Discussion Points**

We are going to start off today with an icebreaker to get us prepared for the upcoming discussion.

**Directions**



1. Display the slide.
2. (Suggested activity) Icebreaker (allow 3–5 minutes).
3. Cover talking points.

### ***Suggested Activity: Icebreaker***

- Ask participants to get a pen or pencil and a piece of paper to write on.
- Ask participants to make two words from the letters displayed on the screen.
- Allow 1–2 minutes for participants to complete the exercise.

### ***Discussion Questions***

- What did you write? Would anyone like to come up and put their answer on the flipchart/whiteboard/blackboard?
- Did anyone write “two words?”

### ***Probe***

What did this exercise have to do with cultural competence?

### ***Key Talking Points***

- A key component of cultural competence—our topic for today—is listening and other aspects of communication.
- In the next hour, I will be giving you a preview of a curriculum called
- *Culturally Competent Nursing Care: A Cornerstone of Caring* and will discuss the importance of cultural competence.

### ***Hint***

Two alternative icebreakers are provided on following slides.

*Slide 4 (Alternate Slide 3): Icebreaker (Option 2)*

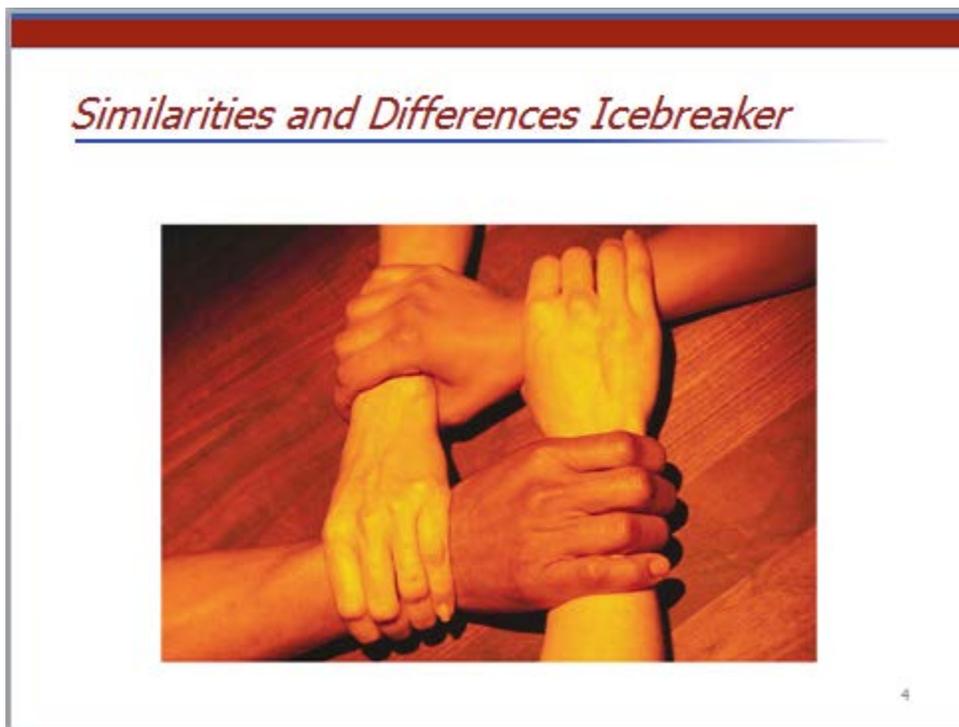
**Main Takeaway**

Participants should feel prepared to discuss cultural competence and understand that this session will enable them to easily log on and complete the online CCNM program.

**Opening Discussion Points**

We are going to start off today with an icebreaker to get us prepared for the upcoming discussion.

**Directions**



1. Display the slide.
2. (Suggested activity) Similarities and Differences Icebreaker (allow 3–5 minutes).
3. Cover talking points.

### ***Suggested Activity: Similarities and Differences Icebreaker***

- Split participants into two groups—A and B.
- Ask Group A to look over at Group B and have each person in Group A pair off with the person in Group B they feel they have most in common with. Tell participants that in a few minutes, you will ask them to share with everyone why they selected this person and what they learned about them.
- Now allow participants to mingle for a few minutes.
- Ask each Group A participant to introduce themselves and the person they chose, share why they selected them and what they learned.
- Ask participants to gather back into their original groups. Group B participants should select someone in Group A that they feel is least like them and go stand by them. Tell participants that in a few minutes you will ask them to share why they selected this person and what they learned about them.
- Ask each Group B participant to introduce themselves and the person they chose and share why they selected them and what they learned.

### ***Key Talking Points***

This activity shows how much we have in common with people we think are different, and how many differences we can have with people we think are similar to us.

In the next hour, I will be giving you a preview of a curriculum called *Culturally Competent Nursing Care: A Cornerstone of Caring* and will discuss the importance of cultural competence.

[Note: Icebreaker adapted from

<http://entertaining.about.com/cs/partygames/a/icebreak2.htm>].

*Slide 5 (Alternate Slide 3): Icebreaker (Option 3)*

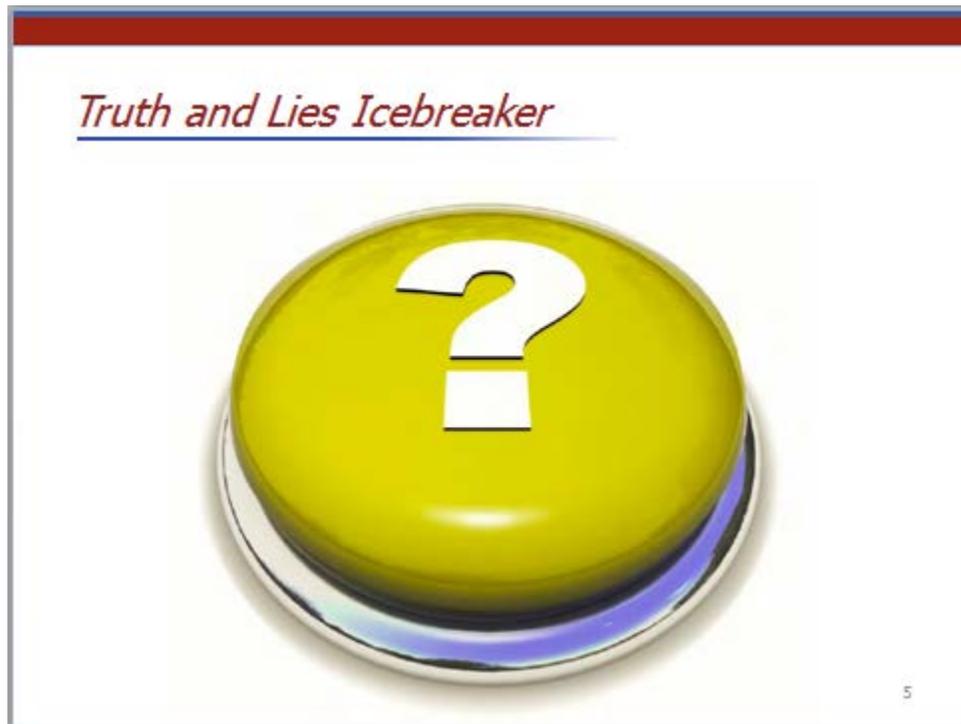
**Main Takeaway**

Participants should feel prepared to discuss cultural competence and understand that this session will enable them to easily log on and complete the online CCNM program.

**Opening Discussion Points**

We are going to start off today with an icebreaker to get us prepared for the upcoming discussion.

**Directions**



1. Display the slide.
2. (Suggested activity) Truth and Lies Icebreaker (allow 3–5 minutes).
3. Cover talking points.

### ***Suggested Activity: Truth and Lies Icebreaker***

- Write three statements on the board about yourself. Two should be true; one should be a lie.
- Participants ask “lie detector” questions to get further information.
- Participants vote on which statement is a lie.
- Tell participants which statements are true.
- Divide participants into small groups of three to four. Small groups should then repeat the activity that the facilitator demonstrated. When all participants have completed the activity, small groups should introduce themselves to the larger group.

### ***Key Talking Points***

The activity we just completed shows us how our assumptions about other people can be wrong. Realizing your own assumptions and beliefs is an important step in cultural competence development.

In the next hour, I will be giving you a preview of a curriculum called *Culturally Competent Nursing Care: A Cornerstone of Caring* and will discuss the importance of cultural competence.

### ***Hint***

This activity can be used in groups that already know each other well.

[Note: Icebreaker adapted from [http://adulted.about.com/od/icebreakers/a/ib\\_liar.htm](http://adulted.about.com/od/icebreakers/a/ib_liar.htm)].

### *Slide 6: Warming Up*

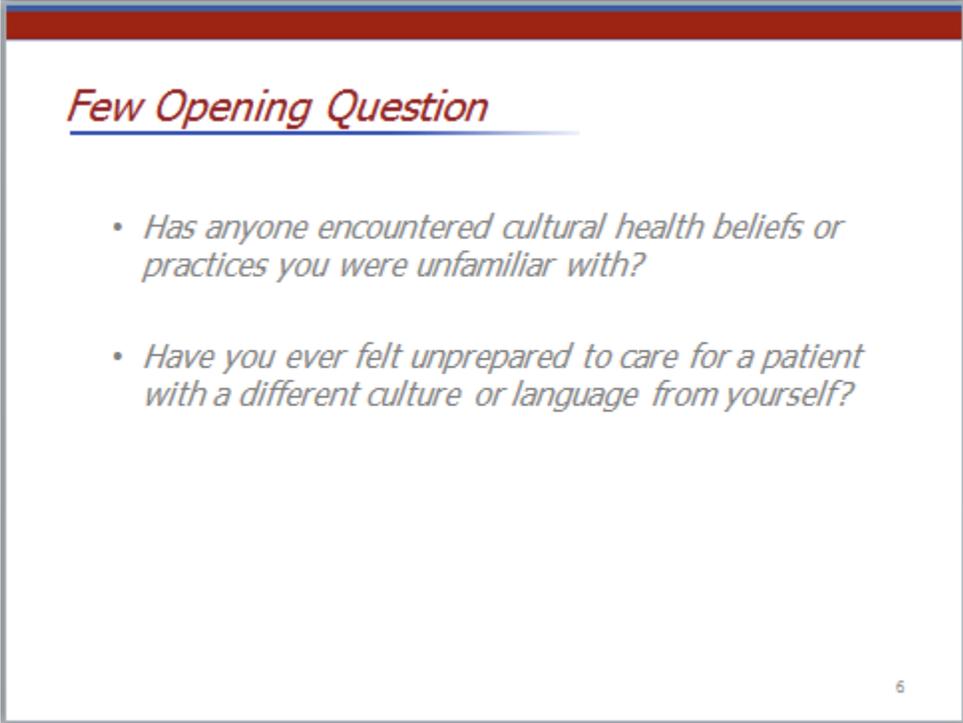
#### **Main Takeaway**

Participants should feel comfortable talking about their experiences with other participants.  
Participants should feel encouraged to share their insights.

#### **Opening Discussion Points**

Before I go over the agenda for today's session, I'd like to start by having you share some of your experiences with culture in health care.

#### **Directions**



*Few Opening Question*

- Has anyone encountered cultural health beliefs or practices you were unfamiliar with?*
- Have you ever felt unprepared to care for a patient with a different culture or language from yourself?*

6

1. Display the slide.
2. Facilitate the discussion.
3. Use probes if needed to facilitate the discussion.

### *Discussion Questions*

Has anyone encountered cultural health beliefs or practices you were unfamiliar with?

Have you ever felt unprepared to care for a patient with a different culture or language than yourself?

### *Probe*

Probe participants by asking for examples.

### *Hint*

If participants did not “meet and greet” during the icebreaker exercise, have participants introduce themselves in a round-robin fashion before engaging in discussion questions.

### *Slide 7: Session Overview*

#### **Main Takeaway**

Participants should understand the roadmap for the 1-hour session, that the session will be interactive, and what they should take away from it.

#### **Opening Discussion Points**

Let's take a minute to go over what we will be doing in the next hour.

#### **Directions**

A presentation slide titled "Session Overview" with a red header bar. The slide contains two main bullet points: "Cultural Competency Overview" and "Training Program Overview". Each main point has four sub-points listed below it. The slide number "7" is in the bottom right corner.

***Session Overview***

- *Cultural Competency Overview*
  - *What is cultural competency?*
  - *Health disparities*
  - *Increasing diversity of the U.S.*
  - *Benefits of cultural competency*
- *Training Program Overview*
  - *Registration*
  - *Features*
  - *Earning CNEs*
  - *Help and resources*

7

1. Display the slide.
2. Cover talking points.

#### **Key Talking Points**

Just a reminder that since we only have 1 hour, I will be keeping an eye on the clock.

*Slide 8: What is Cultural Competence?*

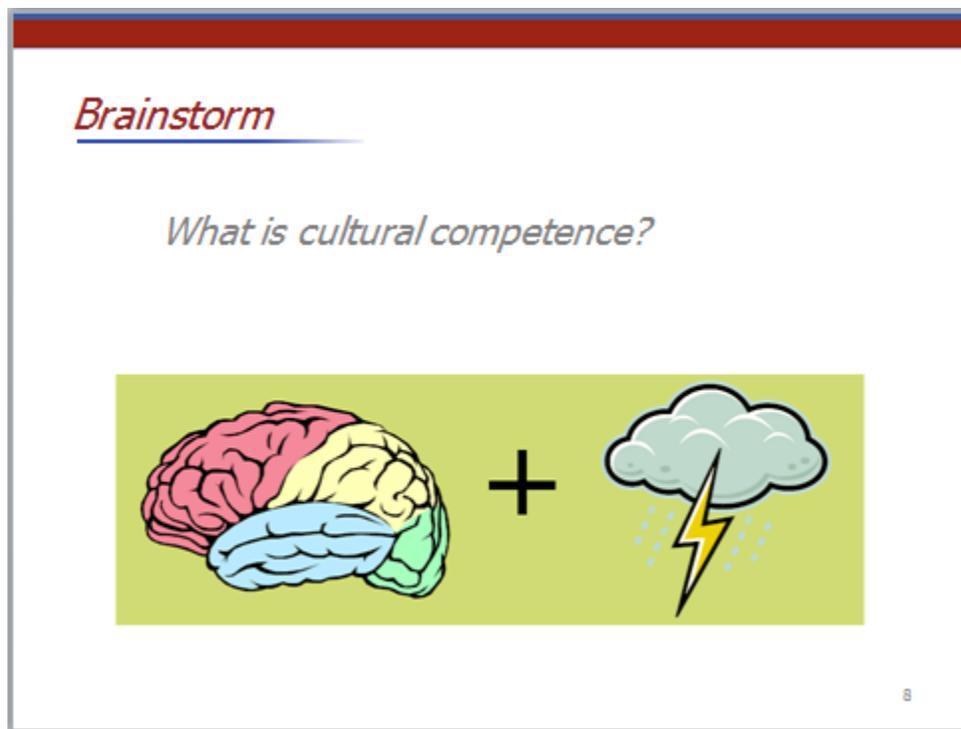
**Main Takeaway**

Participants should begin to feel more comfortable with the basic concepts behind cultural competence. Participants are not expected to memorize a definition.

**Opening Discussion Points**

Can anyone define cultural competence?

**Directions**



1. Display the slide.
2. (Suggested activity) Brainstorming (allow 5 minutes).
3. Facilitate the discussion (Suggested: make notes on flipchart).
4. Cover talking points.

## *Key Talking Points*

Researchers, educators, and Federal agencies have offered these definitions for cultural competence:

- “A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations” (Cross, Bazron, Dennis, and Isaacs, 1989).
- “The level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group” (Health Resources and Services Administration).
- Cultural competence enables health care providers to work effectively with others—both colleagues and patients in cross-cultural situations.

## *Probe*

If participants are having difficulty defining cultural competence, break the term down into “culture” and “competence.”

“Culture” refers to not only race and ethnicity, but also shared values and behaviors, as well as a broad range of characteristics such as gender, age, and socioeconomic status.

OMH defines culture as integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (OMH, 2001).

With respect to culture, the word competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs of individuals and their communities (OMH, 2001).

The term “competence” refers not only to clinical skills, but also the ability to interact effectively with diverse cultures that you encounter in your practice.



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



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## *Slide 9: Health Disparities*

### **Main Takeaway**

Participants should be aware of the issue of health disparities and understand that culturally competent health care is a tool to reduce disparities.

### **Opening Discussion Points**

There are a number of reasons why cultural competence is important. At the top of this list is the persistence of racial and ethnic health disparities.

### **Directions**



***Existence of Health Disparities***

*Racial and ethnic disparities in health persist across all dimensions of health care. For example:*

- African-American adults are 50% more likely to die from a stroke than White adults*
- Mexican Americans are more than twice as likely as Whites to have diabetes*
- Suicide is more than twice as common in the Native American/Alaska Native community than among the overall population*

9

1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

Disparities pervade the American health care system and exist across all types of care, care settings, and across clinical conditions. Disparities remain even when insurance status and income are controlled for.

The slide lists only three examples. There are dozens and dozens of cases of disparities across clinical conditions.

Cultural competence is a tool that can be used to reduce disparities because it can enhance the quality of care for all patients, especially those at risk for disparities.

Nurses spend more time in direct patient care than any other health care professional and as such can play a critical role in enhancing quality of care to diverse populations.

### ***Hint***

You may choose to offer additional examples of disparities that are tailored to the patient populations your participants serve.

## *Slide 10: The United States Is Growing More Diverse*

### **Main Takeaway**

Participants should understand the impact of increasing diversity on nursing care.

### **Opening Discussion Points**

Another reason why cultural competence is growing increasingly important is that the United States is becoming more and more diverse.

### **Directions**



***Growing Diversity***

- *Nearly 1 in 5 Americans speaks a language other than English in the home*
- *12% of people in the U.S. are foreign born*
- *By 2050, the non-Hispanic White population will decline to 50.1% of the total US population*

✓ **The U.S. is becoming more diverse**

Sources: <http://www.census.gov/Press-Release/www/releases/archives/population/001720.html>;  
<http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>, <http://www.census.gov/prod/2004pubs/p20-551.pdf>, [www.census.gov/Press-Release/www/releases/language3.pdf](http://www.census.gov/Press-Release/www/releases/language3.pdf)

10

1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion.

### *Discussion Questions*

Is this something you've heard before?

What kind of impact might this have on the nursing care you provide?

### *Key Talking Points*

Having the increased knowledge of cultural competence and tools to practice culturally competent care can help keep you better equipped to meet the needs of the changing populations you serve.

### *Slide 11: Cultural Competency Training Can Help Nurses*

#### **Main Takeaway**

Participants should understand the ways that cultural competency training can help nurses provide better care.

#### **Opening Discussion Points**

Cultural competence training can help nurses better understand the impact of cultural and language barriers and how to counter them.

#### **Directions**



The slide features a dark red header bar at the top. Below it, the title "Cultural Competency Training Can Help Nurses" is written in a dark red, serif font, underlined with a blue horizontal line. The main content consists of five bullet points in a grey, italicized font. The slide number "11" is located in the bottom right corner.

**Cultural Competency Training Can Help Nurses**

- *Give and receive more accurate information in patient interaction*
- *Meet informed consent requirements*
- *Provide more appropriate health education and awareness efforts*
- *Work with limited English proficiency patients to help them comply with treatment regimens they understand*
- *Understand the community served and learn more about their needs*

11

1. Display the slide.
2. Cover talking points.

## *Key Talking Points*

Cultural competency training can help nurses:

- Give and receive more accurate information in patient interaction
- Meet informed consent requirements
- Provide more appropriate health education and awareness efforts
- Work with limited English proficiency patients to help them comply with treatment regimens they understand
- Understand the community serviced and learn more about their needs

## Slide 12: Nursing Workforce Diversity

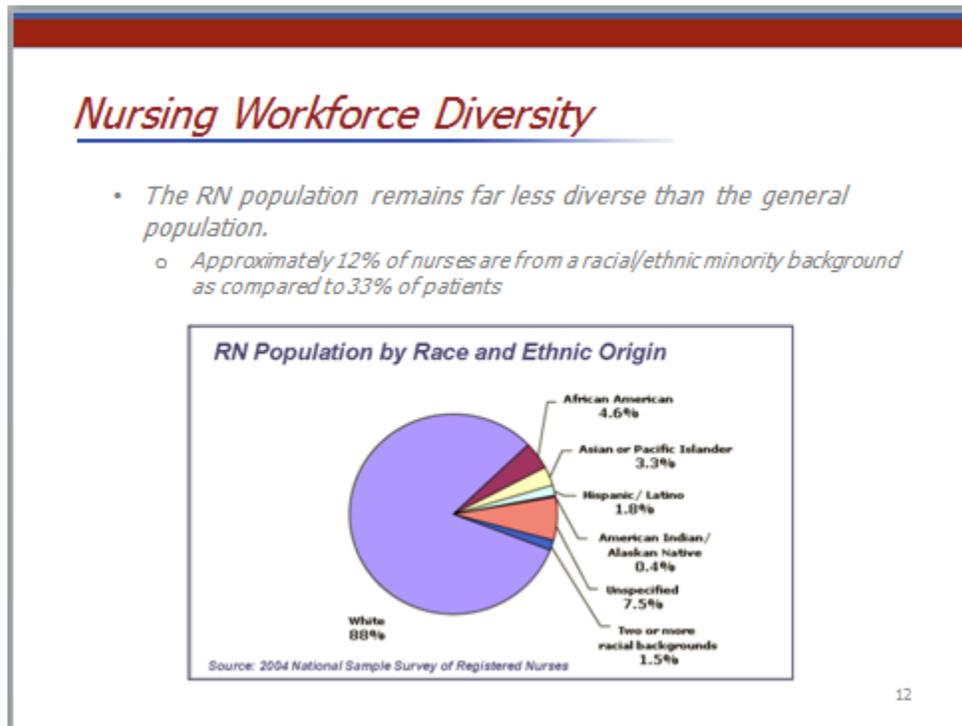
### Main Takeaway

Participants should understand that minorities are underrepresented in the nursing workforce.

### Opening Discussion Points

Health care providers in the United States are seeing an increase in the numbers of patients with different cultural backgrounds. The changing demographics of our country have created new challenges for the provision of care, and increasing research on health disparities has positioned cultural competence as a national health concern.

### Directions



1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

- While the United States is becoming increasingly diverse, the registered nurse population remains far less diverse than the general population.
- The underrepresentation of minorities in the nursing workforce leads to a lack of concordance in patient-provider relationships.
- Concordance is the process of matching patient-provider racial, ethnic, and/or language characteristics. The underlying assumption is that concordance can benefit the clinical encounter because sharing these characteristics could lead to a higher degree of comfort, communication, and empathy.

*Slide 13: The Big Picture*

**Main Takeaway**

Participants should be able to articulate the negative impacts and risks of not addressing cultural and language differences in clinical encounters.

**Opening Discussion Points**

Not being aware of culturally competent care can impact the effectiveness of your practice.

**Directions**



1. Display the slide.
2. Cover talking points.
3. Facilitate the discussion using probes.

### *Key Talking Points*

Registered nurses remain far less diverse as compared to the U.S. population. Approximately 12 percent of nurses represent racial/ethnic minorities compared to 33 percent of minorities among their patients.

### *Probe*

- What are the risks—to the patient and yourself—if you and your patient can't communicate?
- What if patients don't understand dosage instructions (because of limited English proficiency or low health literacy)? What are the implications?
- How does effective communication impact compliance with treatment?
- Can you think of a case where the patient may not have understood written instructions they were given but were too proud to admit it?

## *Slide 14: Benefits of Cultural Competency*

### **Main Takeaway**

Participants should be able to articulate some of the benefits of cultural competence in their practice.

### **Opening Discussion Points**

Using information we have covered so far, can anyone identify potential benefits of cultural competence?

### **Directions**

A presentation slide with a red header bar. The title "Benefits of Cultural Competency" is underlined in blue. Below the title is a bulleted list of six benefits. The slide number "14" is in the bottom right corner.

***Benefits of Cultural Competency***

- *Reduce health disparities*
- *Improve patient care and satisfaction*
- *Decrease malpractice risks and insurance costs*
- *Experience operational efficiency*
- *Increase compliance with State and Federal regulations*
- *Increase compliance with Joint Commission accreditation standards*

14

1. Ask the question before showing slide.
2. (Suggested activity) Group Discussion (allow 3–5 minutes).
3. Cover talking points.

### ***Suggested Activity: Group Discussion***

Divide participants into small groups and ask them to think about examples of cultural competence and its benefits.

### ***Key Talking Points***

Health disparities and foreign-born populations are increasing across the United States and will significantly impact the health care system. By providing more culturally competent care you can:

- Increase patient satisfaction
- Reduce your malpractice risks and insurance costs
- Experience administrative and operational efficiencies
- Achieve greater compliance with legal requirements
- Broaden your patient base
- Example: Treatment compliance will increase if patients understand—in their own words and language—what they have to do.
- Culturally competent care can benefit providers as well as patients.

Slide 15: Accessing the Curriculum

Main Takeaway

Participants should understand how to launch the CCNM program on the Web site.

Opening Discussion Points

I am now going to give you an overview of an online program for nurses that will allow you to earn nine CNEs while learning more about the important topic of cultural competence.

Directions



1. Display the slide.
2. (Suggested) Launch the Internet and give a live demonstration of how to access the course.
3. Recommend "bookmarking" the site for easy access.

### ***Key Talking Points***

The training program I will be discussing today is called *Culturally Competent Nursing Care: A Cornerstone of Caring*. It is available through <http://www.thinkculturalhealth.hhs.gov>. This program was funded by OMH at the U.S. Department of Health and Human Services and is part of their portfolio of programs to improve the cultural competence of health care providers and reduce racial and ethnic disparities in health.

The only equipment you will need is a computer with an Internet connection and the free Adobe Acrobat Reader that you can easily download if it is not currently installed on your computer. You will also need a printer to print out your CNE certificates once you complete the courses.

You can take the course at any time, at your own pace, from anywhere that you have an Internet connection available. To launch the program, go to <http://www.thinkculturalhealth.hhs.gov> and click on the “Nurses” link. Click on the “Register Here” link under “New Users” at the top of the page to register for the curriculum.

## Slide 16: Becoming a Registered User

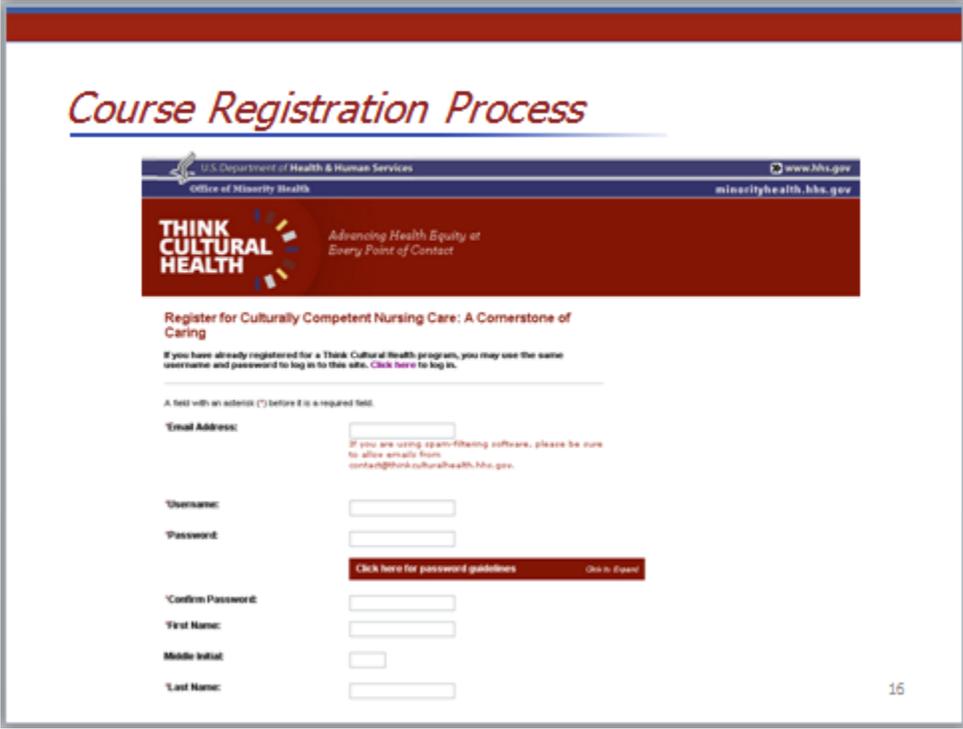
### Main Takeaway

Participants should understand how to become a CCNM registered user.

### Opening Discussion Points

When you become a registered user, you will create a unique username and password that will let you enter the course. You do not need to complete the course in one sitting; by entering your username and password you can enter the curriculum as many times as you need to.

### Directions



The screenshot shows the 'Course Registration Process' page. At the top, it features the U.S. Department of Health & Human Services logo and the Office of Minority Health logo. The main heading is 'THINK CULTURAL HEALTH' with the tagline 'Advancing Health Equity at Every Point of Contact'. Below this, the page title is 'Register for Culturally Competent Nursing Care: A Cornerstone of Caring'. A note states: 'If you have already registered for a Think Cultural Health program, you may use the same username and password to log in to this site. [Click here to log in.](#)'. A warning message reads: 'A field with an asterisk (\*) before it is a required field.' The registration form includes fields for: \*Email Address (with a note: 'If you are using spam-filtering software, please be sure to allow emails from contact@thinkculturalhealth.hhs.gov.'), \*Username, \*Password, \*Confirm Password, First Name, Middle Initial, and Last Name. There are also links for 'Click here for password guidelines' and 'Go to Event'. The page number '16' is visible in the bottom right corner.

1. Display the slide.
2. Explain the registration steps.
3. (Suggested) Launch the Internet and give a live demonstration of how to access the registration form.

### ***Key Talking Points***

Be sure to write your username and password down in a safe place as you will need them to re-enter the course. However, the program does offer a “Forgot Your Password” function in case you lose this information.

The registration process is a straightforward set of free text fields and dropdown menus. Please complete the registration form as completely and accurately as possible to ensure that you get credit for your work.

The registration process takes about 3–4 minutes to complete.

Click the “Submit” button at the bottom of the page when you are done.

*Slide 17: Curriculum Content*

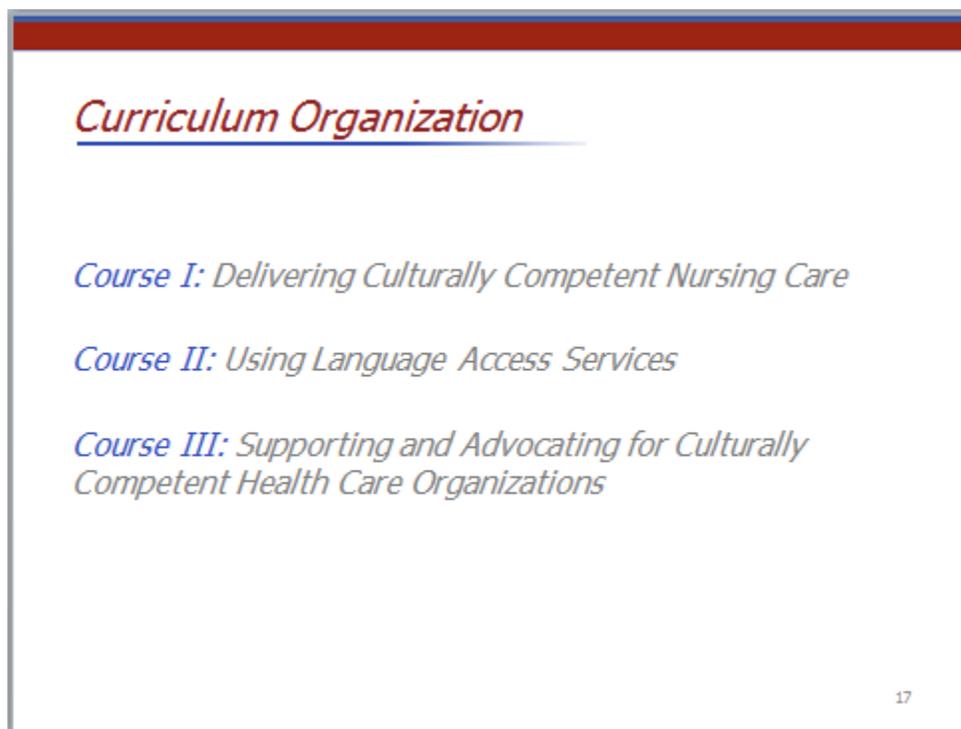
**Main Takeaway**

Participants should have a 'big picture' understanding of how the curriculum is organized.

**Opening Discussion Points**

The curriculum has three courses, and each course is broken down into six modules.

**Directions**



1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

You can take the courses in any order. However, before you start a course, you must complete the Curriculum Introduction. After you have submitted your registration, the Curriculum Introduction will automatically launch.

There is a short pretest for each course. You will also be given a posttest to complete after you have covered the material in each course. Each test takes 4–5 minutes to complete.

*Slide 18: Earning CNE Credit*

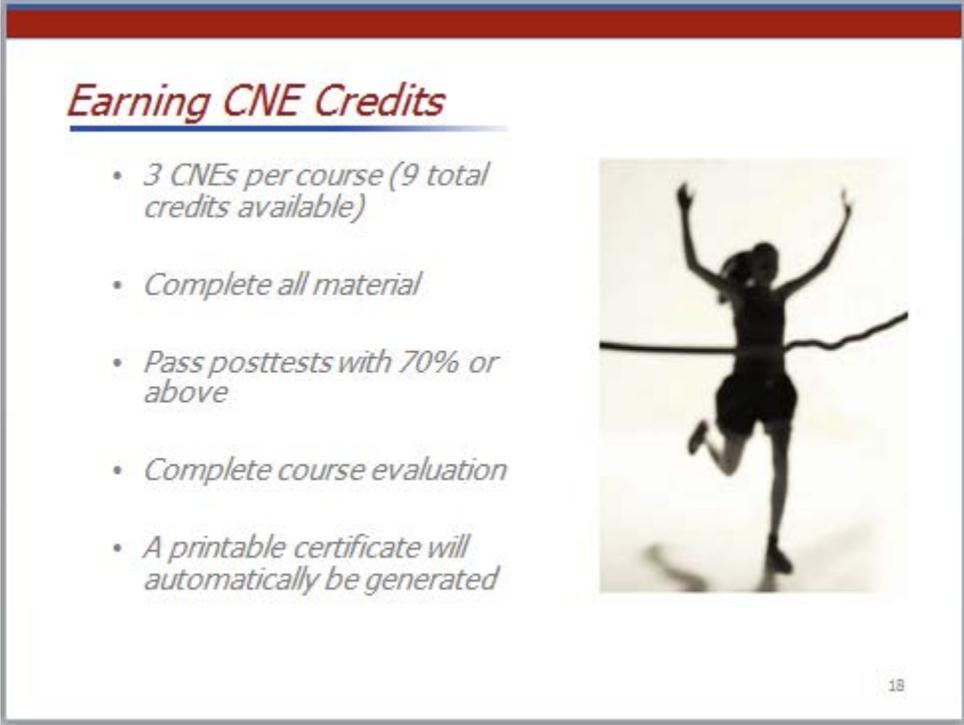
**Main Takeaway**

Participants should be able to articulate the criteria for earning CNEs.

**Opening Discussion Points**

This curriculum is accredited for nine CNEs by the American Nurses Credentialing Center.

**Directions**



***Earning CNE Credits***

- *3 CNEs per course (9 total credits available)*
- *Complete all material*
- *Pass posttests with 70% or above*
- *Complete course evaluation*
- *A printable certificate will automatically be generated*



18

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

- Earning CNEs via this program is straightforward. Each course is worth three credits, so you can choose to earn three, six, or nine credits total.
- To earn credit for a course, you must complete all six modules in the course, the pre- and posttests, and course evaluation.
- When you have met the criteria, a printable PDF certificate is automatically generated—there's no need to wait for anything to be mailed to you!

### *Hint*

This curriculum is also accredited by the National Association of Social Workers for nine continuing education contact hours.

If your participants are part of a different professional organization, they may submit their certificate of participation to their accrediting body to apply for credit.

Additional information about credit for OMH cultural competence programs is available at:  
<http://www.thinkculturalhealth.hhs.gov/creditinfo.asp>.

### *Slide 19: Program Features*

#### **Main Takeaway**

Participants should feel comfortable with the features of the online program.

#### **Opening Discussion Points**

This curriculum has several interactive and user-friendly features for your convenience.

#### **Directions**

A presentation slide titled "Program Features" with a red header bar. The slide lists six bullet points: "Video-based case studies", "Never lose your place with automatic bookmarking", "Tracks your progress", "Continuously updated with new resources", "Reference Library", and "Automatic grading and certificate issuance—no need to mail anything!". The slide number "19" is in the bottom right corner.

***Program Features***

- *Video-based case studies*
- *Never lose your place with automatic bookmarking*
- *Tracks your progress*
- *Continuously updated with new resources*
- *Reference Library*
- *Automatic grading and certificate issuance—no need to mail anything!*

19

1. Display the slide.
2. Cover talking points.

### ***Key Talking Points***

Since you obtain a username and password when you register, you can enter and exit the curriculum as many times as you need to. When you leave the site, it will automatically bookmark the page where you stopped and will return you there on your next visit.

The course features instant online grading and certificate issuance, so there's nothing to mail. One of the most popular features of this program are the case studies that bring concepts to life in streaming video. If your Internet connection is slow, or if you prefer to read the case studies, a text format is also available to you.

## Slide 20: Where Can I Go For Help?

### Main Takeaway

Participants should recognize available resources to access for additional help or information.

### Opening Discussion Points

If you have any questions as you move through the curriculum, there are several resources you can turn to.

### Directions

**Available Resources**

- *Answers to FAQs are available through a link in the Course Toolkit*
- *Email support can be accessed through the Culturally Competent Nursing Care Web site*
  - *A technical support specialist will respond to your inquiry within 48 hours*

Course Toolkit

- Reference Library
- CLAS Standards (PDF - 47 KB)
- Instructions for Group Work
- My Progress
- Update My Profile
- Become a facilitator
- Technical Requirements
- Help/FAQs
- email a colleague

Ciné-Med

20

1. Display the slide.
2. Cover talking points.

### *Key Talking Points*

- A frequently asked questions site is available through a link in the Course Toolkit, which is located on the left side navigation on every page of the online curriculum.
- You may also email a technical support specialist on the *Culturally Competent Nursing Care* Web site.

### *Slide 21: Summary*

#### **Main Takeaway**

Participants should have an understanding of what was covered and have an opportunity to share their reactions with the group.

#### **Opening Discussion Points**

We have covered a lot during this hour. I'd like to take a moment to review what we've talked about.

#### **Directions**



1. Display the slide.
2. Cover talking points.
3. Open the floor to questions and comments.
4. Provide contact information.

### *Key Talking Points*

- We discussed that health disparities are a significant issue, and that when not recognized, language and cultural barriers may impact the quality of care you provide to your patients.
- I described for you an online cultural competence training tool for nurses, available at <http://www.thinkculturalhealth.hhs.gov>.
- I've been talking a lot for the past several minutes. Would anyone in the group like to offer a reflection on what we've discussed today?
- Are there any questions or concerns before we break?
- My email address is \_\_\_\_\_ and I can be reached by phone at. Please call me if you have any questions and thank you for your time today!

## Handouts – Course I



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



The Facilitator's Guide  
Culturally Competent Nursing Care: A Cornerstone of Caring

## *Handout I-1: Role-Playing Activity*

African American Health Care Provider (HCP) with Hispanic Teen.

**HCP:** OK. Uh, Car-men Mar-tin-ez, right? [After reading the patient's name on the chart, the doctor starts to talk slower and louder.]

**Teen:** Yes.

**HCP:** You speak English, right?

**Teen:** Uh, yes. Can my mom and brother come in? They're out in the waiting room. They can't speak English, but I can interpret for them.

**HCP:** That's not how things work here. You have the right to privacy so we are delivering the care to you. It's better this way. And, it would just take longer if they were here. Do you und-der-stand? [Exaggerated tone]

**Teen:** Yes. [Pause] OK.

**HCP:** Well, let's go over your diet. What do you people eat?

**Teen:** You mean teenagers?

*From: Pope and Burnett, June 2005*

*Handout I-2: Self-Assessment Checklist: Promoting Cultural Diversity and Cultural Competence*

| Item | Communication Style  | Answer |
|------|--|--------|
| 1    | For limited English proficiency (LEP) patients, I attempt to learn and use key words in their language so that I am better able to communicate with them during a medical encounter. |        |
| 2    | I use trained interpreters during clinical encounters with LEP patients.   |        |
| 3    | When interacting with LEP Patients I always keep in mind that:   |        |
| 3.a  | Limited in English proficiency is no way a reflection of their level of intellectual functioning.  |        |
| 3.b  | Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their preferred language.                          |        |
| 3.c  | They may or may not be literate in their preferred language or English.  |        |
| 4    | When possible, I ensure that all notices and communications to patients are written in their preferred language.   |        |

| Item | Values and Attitudes   | Answer |
|------|--|--------|
| 5    | I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.                                      |        |
| 6    | I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes, before sharing them with patients.                   |        |
| 7    | I intervene in an appropriate manner when I observe other staff, patients, or families engaging in behaviors that show cultural insensitivity or prejudice.  |        |
| 8    | I understand and accept that family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents).                   |        |
| 9    | I recognize and accept that individuals from different culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture. |        |
| 10   | I accept and respect that male-female roles in families may vary significantly among different cultures (e.g., who makes major decisions for the family).    |        |

| Item | Values and Attitudes  | Answer |
|------|---|--------|
| 11   | I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g., high value placed on the decisions of elders or the role of the eldest male in families).      |        |
| 12   | Even though my professional and moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children.  |        |
| 13   | I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.  |        |
| 14   | I accept that religion and other beliefs may influence how families respond to illness, disease, and death.   |        |
| 15   | I recognize and accept that folk and religious beliefs may influence a family's reaction to and approach to disability or special health care needs.  |        |
| 16   | I understand that traditional approaches to discipline are influenced by culture.   |        |
| 17   | I understand that families from different cultures have different expectations of their children.   |        |
| 18   | I accept and respect that customs and beliefs about food and its value, preparation, and use are different from culture to culture.   |        |
| 19   | Before visiting or providing services in the home setting, I seek information about acceptable behaviors, courtesies, customs, and expectations that are unique to families or specific cultures and ethnic groups. |        |
| 20   | I seek information from family members or other key community informants, which will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse patients.            |        |
| 21   | I advocate for the review of my organization's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural competence. |        |

Instructions: For each item listed below, enter A, B, or C in the left column.

- A = Things I do frequently
- B = Things I do occasionally
- C = Things I do rarely or never

Scoring: Record how many items you scored with "A," "B," or "C" below.



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



A

\_\_\_\_\_B

\_\_\_\_\_C

There is no answer key. However, if you frequently responded with “C,” you may not necessarily demonstrate values and engage in practices that promote a culturally diverse and culturally competent service delivery system for patients.

From Goode, 2002

## *Handout I-3: Dissolving Stereotypes*

- Anglo Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- African Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- Asian Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...
- Hispanic Americans (are)
  - Always...
  - Never...
  - Sometimes...
  - Like...
  - Don't like...

From Fantini, 1997

### *Handout 1-4: Story From the Frontline: The Medicine Bundle*

An American Indian woman brought her 15-month-old granddaughter, who had severe dehydration and fever, to the Emergency Room. The nurse shaved the child's right temple and inserted an intravenous line to restore fluids. The grandmother became very upset and anxious and stated the child was going to die. The nurse tried to reassure her it was only temporary and the child would be fine.

The grandmother left and returned with a "medicine bundle" that she tried to put on the child's bed. This was against hospital policy and not permitted. The nurse said she could leave it by the window. The grandmother instead took the child home against medical advice.

The next day the child's mother brought the child back asking that the bundle be kept on the child. She explained to the nurse that this was a custom and the child's grandmother was worried the child would die without it. In their culture, it is taboo to cut a child's hair. Long hair is a sign of health and to cut a child's hair means the child will become sick or die. The medicine bundle was to counteract the taboo of cutting the child's hair.

However it was useless sitting by the window, which is why the grandmother took the child home. This time the nurse agreed to let the medicine bundle be placed next to the child.

Adapted from Galanti, 2004

## *Handout 1-5: Story From the Frontline: Helen Birdsong*

### **Overview**

Patient: Helen Birdsong, an American Indian woman, age 76, was recently diagnosed with non-small-cell lung cancer. At her initial diagnosis, Mrs. Birdsong opted against a traditional treatment protocol, including surgery or chemotherapy for her lung cancer, preferring instead to seek healing from traditional American Indian medicine.

### **Case**

One month after her diagnosis, Mrs. Birdsong is at her doctor's office. The nurse is trying to convince Mrs. Birdsong that she needs surgery and possibly adjuvant chemotherapy. "There are many effective therapies for this type of lung cancer," the nurse tells Mrs. Birdsong, "and we've come a long way in managing the worst side effects of chemotherapy." The nurse explains to Mrs. Birdsong that she can have her chemotherapy treatments as an outpatient at the hospital, and that the medications that follow chemotherapy are very effective with relatively few serious side effects. The nurse is adamant that Mrs. Birdsong needs treatment, because she was aware that lung cancer is the leading cause of death among American Indians (American Lung Association).

Mrs. Birdsong does not want to talk about cancer, as she believes discussing her condition will make it worse. Her husband died in a hospital several years earlier, and Mrs. Birdsong associates entering the hospital with death. She also does not feel safe with the idea of being in the hospital and is concerned that the hospital will make her sicker. Mrs. Birdsong feels at peace staying with her family and feels better with the traditional remedies that her tribe's healer has provided. She prays daily and believes that her cancer will be cured without help from the doctor or the hospital.

## Handouts – Course II



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



## *Handout II-1: Role-Playing Activity*

This case depicts Jose Gomez, a 53-year-old Mexican male who is at a community clinic and has just been informed that he has prostate cancer. The doctor has discussed treatment options and recommended surgery. After the doctor left the room, Mr. Gomez tells the nurse that “he won’t be a man anymore” if he gets the surgery. The case vignette starts as the nurse responds to Mr. Gomez.

**Mr. Gomez:** But if I get cut, I will not be a man any more.

**Female Nurse:** Most times the procedure is fine and the patients are not impotent. It is a risk. But if you don’t have the surgery now you will die. You don’t want that. Think of your family.

**Mr. Gomez:** Don't bring my family into this. I am the man in the family. I make the decision. You treat me like a dog.

**Female Nurse (to herself):** Maybe this would go better if I got a male nurse or a male interpreter to talk with Mr. Gomez.

**Male Nurse:** You were worried about being able to have sex after the procedure.

**Mr. Gomez:** Yes.

**Male Nurse:** These days with the latest procedures you will very likely be fine. Even if there is a problem, there are pills you can take or other procedures that you can have done. Okay? At the very least, go to one session of the support group. Hear what other people have experienced. And also, I think it is very important that you tell your wife to go with you.

**Mr. Gomez:** My wife? I'll go once, to see. I make no promises.

**Male Nurse:** Okay, thank you.

**Female Nurse:** So, how was the support group?

**Mr. Gomez:** Oh, it was great. I learned so much. I am not alone. I want to live. If those people can survive, so can I.

**Female Nurse:** Muy bien! Okay, so we can schedule the surgery?

**Mr. Gomez:** Yes, okay.

*Handout 11-2: Communication Models*

*Transcultural Nursing Assessment Guide*

| Section  | Questions   |
|--|---|
| <b>Biocultural Variations and Cultural Aspects of the Incidence of Disease</b> | Does the patient have distinctive features that are characteristic of a particular ethnic or cultural group?<br>How do anatomic, racial, and ethnic variations affect the physical examination?                                       |
| <b>Communication</b>   | What language does the patient speak at home?<br>What is the patient's fluency level in English?<br>Does the patient need an interpreter?<br>What are the patient's styles of nonverbal communication?                                |
| <b>Cultural Affiliations</b>   | With what cultural group(s) does the patient identify?<br>Where was the patient born?<br>Where has the patient lived?   |
| <b>Cultural Sanctions and Restrictions</b>                                     | How is modesty expressed by men and women?<br>Does the patient have any cultural beliefs about sexuality, exposure of various body parts, or certain types of surgery?  |
| <b>Developmental Considerations</b>  | Are there any distinct growth and development characteristics that vary with the patient's cultural background?<br>What are the beliefs and practices associated with developmental life events, such as pregnancy, birth, and death? |
| <b>Educational Background</b>  | What is the patient's highest educational level completed?<br>Can the patient read and write English?   |
| <b>Health-Related Beliefs and Practices</b>                                    | How does the patient describe his or her health condition?<br>Does the patient rely on cultural healers?  |
| <b>Kinship and Social Networks</b>   | Who is within the patient's social network and household?<br>How does the patient's family participate in the promotion of health?  |
| <b>Nutrition</b>   | How are foods prepared at home?<br>Who shops for and chooses food?<br>Do religious beliefs and practices influence the patient's diet?  |

| Section                      | Questions  |
|------------------------------|--|
| <b>Religious Affiliation</b> | What is the role of religious beliefs and practices during health and illness?<br>Are there healing rituals or practices that the patient believes can promote health or hasten recovery from illness? |
| <b>Values Orientation</b>    | What are the patient's attitudes, values, and beliefs about his or her illness status?<br>How does the patient view work, leisure, and education?  |

**Table 6:** Transcultural Nursing Assessment Guide

From: Andrews &Boyle, 2003

*The LEARN Model*



*Listen* with sympathy and understanding to the patient's perception of the problem.

*Explain* your perception of the problem.

*Acknowledge* and discuss differences and similarities.

*Recommend* treatment.

*Negotiate* agreement.

## *The ETHNIC Model*

|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | E |  |  |  |
|  |  | T |  |  |  |
|  |  | H |  |  |  |
|  |  | N |  |  |  |
|  |  | I |  |  |  |
|  |  | C |  |  |  |

### *Explanation*

- Why do you think you have these symptoms?
- What do friends, family, or others say about these symptoms?
- Do you know anyone else who has had this kind of problem?
- Have you heard about, read about, or seen this problem on television, on the radio, or in the newspaper? (If patients cannot offer explanations, ask what most concerns them about the problem).

### *Treatment*

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, or do or avoid on a regular basis to stay healthy? Tell me about it.
- What kind of treatment are you seeking from me?

### *Healers*

- Have you sought any advice from alternative/folk healers, friends, or other people (nondoctors) for help with your problems? Tell me about it.

### *Negotiation*

- Agree on options that are acceptable to both you and your patient. Make sure these options incorporate your patient's beliefs, not contradict them.
- Ask about the most important results that your patient hopes to achieve from this treatment.

### *Intervention*

- Determine an intervention with your patient. This course of action may include alternative treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and when sick).

### *Collaboration*

- Collaborate with the patient, family members, other health care team members, healers, and community resources.

From: Levine, Like, & Gottlieb, 2000

*Handout 11-3: BATHE Communication Model*



*Background:* The simple question “What is going on in your life?” elicits the context of the patient’s visit.

*Affect:* Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report and label the current feeling state.

*Trouble:* “What about the situation troubles you the most?” helps the nurse and patient focus and may reveal the symbolic significance of the illness or event.

*Handling:* “How are you handling that?” gives an assessment of functioning and provides direction for an intervention.

*Empathy:* “That must be very difficult for you” recognizes the patient’s feelings and provides psychological support.

From Stuart & Lieberman, 1993

### *Handout 11-4: Story From the Frontline: Mrs. Tran*

An 80-year-old Asian American female, Mrs. Tran, with type 2 diabetes and peripheral vascular disease is at her local clinic waiting to be seen by a nurse practitioner for a routine checkup. The patient just returned from visiting her sister who lives on the West Coast. Her sister is a traditional healer who gave her herbal teas and soups to treat her ailments. During her last examination 2 months ago the patient complained of impaired vision, weight loss, shortness of breath, and increased urinary frequency.

The nurse practitioner enters the room and begins asking the patient about her visit with her sister. The patient tells her that she meditated daily, began using special herbal teas and soups, and didn't take her insulin every day. She says she is feeling better since her last checkup.

The nurse practitioner does not seem to understand why the patient stopped taking her insulin and relied on "traditional" therapy. She tells the patient that her diabetes, peripheral vascular disease, and the possible complications of the two conditions are very serious and might require hospitalization. The patient is very upset and refuses to go to the hospital. She sees her illness as part of life and fears she will die if she is admitted to the hospital.

## *Handout 11-5: Story From the Frontline: Tanaka Kenji*

### ***Patient***

Tanaka Kenji (note that the Japanese culture places one's surname first and personal name second):

- 68-year-old Japanese man
- Immigrant to the United States, speaks and reads little English
- Mr. Tanaka saw his internist and complained of a severe cough, throat pain, tightness in his chest, and fever.
- The internist suspected pneumonia and sent Mr. Tanaka to the hospital outpatient services department for a chest x-ray.

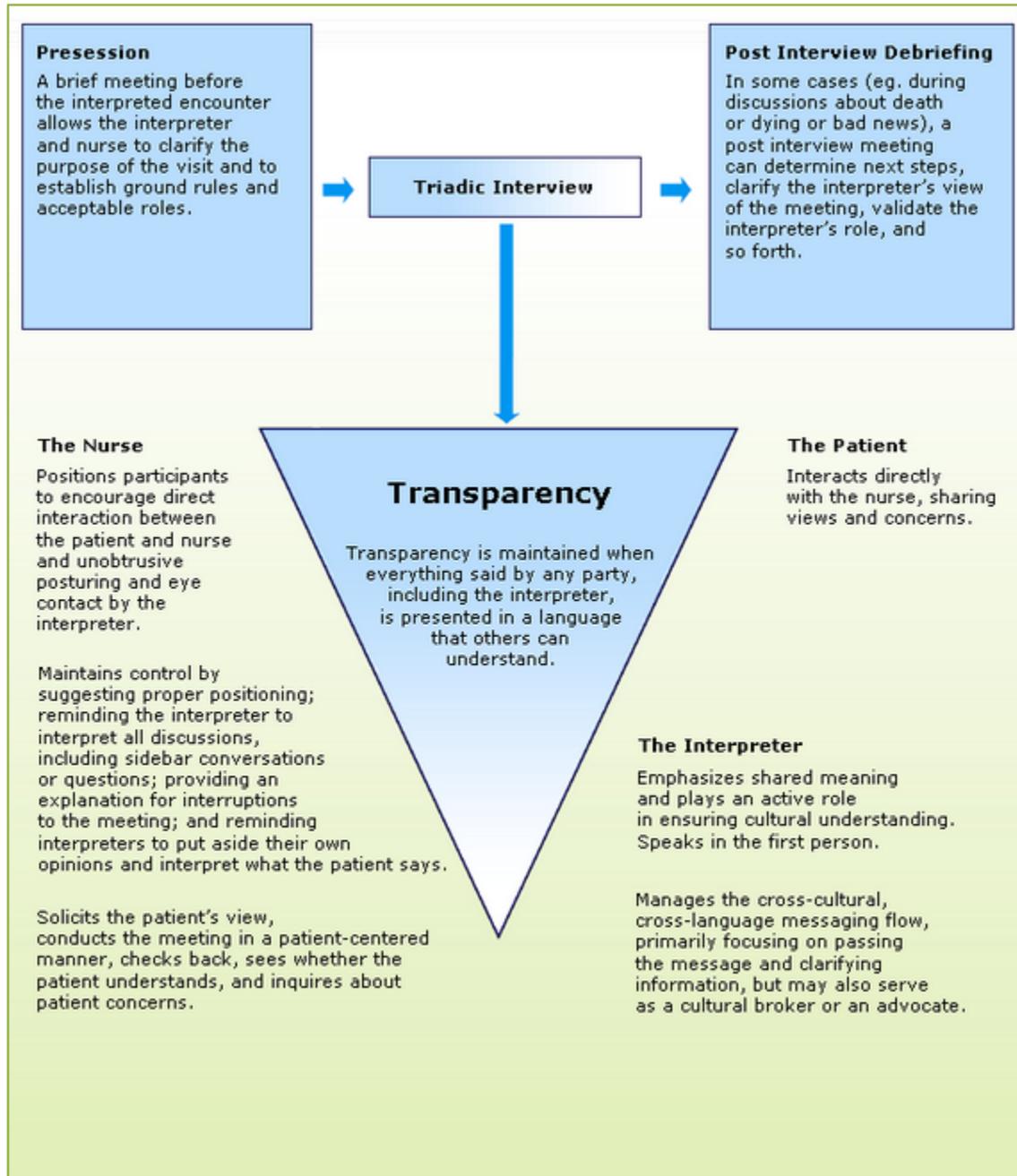
### ***Patient's experience at the hospital***

Tanaka Kenji drove into the hospital campus but could not find a sign to identify the location of outpatient services. He parked in the visitor garage and walked up three flights of steps to the skywalk into the hospital. Once there, he could not find the elevator and walked down three flights to the lobby. Now quite out of breath, he arrived at the registration desk.

The registration clerk provided Mr. Tanaka with forms, in English. It took him more than 20 minutes to complete them as best he could. The clerk told Mr. Tanaka how to get to the x-ray waiting area, but he did not understand much of what she said. He wandered around the hospital, lost, for almost 30 minutes. A technician finally noticed that Mr. Tanaka had passed the same reception area several times and directed him down the hall to x-ray.

The x-ray technician, who did not speak Japanese, explained the procedure to Mr. Tanaka and had no idea whether he understood what she was telling him. When the radiologist determined that Mr. Tanaka had pneumonia, he instructed Mr. Tanaka, in English, both orally and in writing, to see his doctor immediately. Mr. Tanaka left the x-ray department, unsure about how to get back to his car. He knew that he was to see his doctor again but did not understand the radiologist's instruction that he should do so immediately. After walking another 15 minutes, Mr. Tanaka, now exhausted, drove home for a nap.

## Handout 11-6: Triadic Interview Process



Adapted from Putsch, 2002

*Handout 11-7: Checklist for Working With Interpreters*

| <b>Answer</b> | <b>Before the Interview</b>  |
|---------------|--|
|               | Arrange for extra time for the interview.  |
|               | Arrange for a trained interpreter.   |
|               | Make sure the interpreter and patient speak the same language and dialect.               |
|               | Hold a brief meeting with the interpreter.   |
|               | Give the interpreter a brief summary of the patient.                                     |
|               | Establish goals for the session with the interpreter.                                    |
|               | Establish ground rules.  |
|               | Insist on sentence-by-sentence interpretation.   |
|               | Explain that the interpreter is not to answer for the patient.                           |
|               | Invite the interpreter to interrupt or intervene when necessary to ensure understanding. |
|               | Clarify the purpose of the interview.  |
|               | Document the name of the interpreter in the progress notes.                              |
|               | Ask the interpreter to teach you to correctly pronounce the patient's name.              |

| Answer | During the Interview   |
|--------|--|
|        | Remember that you, as the health care provider, not as the interpreter, are responsible for the interview.     |
|        | Watch the patient, not the interpreter.  |
|        | Speak slowly and clearly, using simple and straightforward language and avoiding metaphors, jargon, and slang. |
|        | Clearly explain medical terminology.   |
|        | Observe and evaluate what is going on before interpreting the interpreter.                                     |
|        | Allow the interpreter to ask open-ended questions to clarify what the patient says.                            |
|        | Allow the patient time for questions and clarifications.   |
|        | Ask the patient to repeat instructions.  |
|        | Be aware of your own attitudes and shortcomings.   |

| Answer | After the Interview  |
|--------|--|
|        | If necessary (e.g., in situations of death/dying or giving bad news) hold a post-interview meeting with the interpreter. |
|        | Examine your procedures in the interview and determine how to improve them for future triadic interviews.                |
|        | Examine your own attitudes in the interview and determine how you might change them for future triadic interviews.       |

## *Handout 11-8: Sample Text for Analysis Using SMOG Formula*

### ***Diabetes***

Diabetes is a disorder of metabolism – the way our bodies use digested food for growth and energy. Most of the food we eat is broken down into glucose, the form of sugar in the blood. Glucose is the main source of fuel for the body. After digestion, glucose passes into the bloodstream, where it is used by cells for growth and energy. For glucose to get into cells, insulin must be present. Insulin is a hormone produced by the pancreas, a large gland behind the stomach.

When we eat, the pancreas automatically produces the right amount of insulin to move glucose from blood into our cells. In people with diabetes, however, the pancreas either produces little or no insulin, or the cells do not respond appropriately to the insulin that is produced. Glucose builds up in the blood, overflows into the urine, and passes out of the body. Thus, the body loses its main source of fuel even though the blood contains large amounts of glucose.

### ***Type 1 Diabetes***

Type 1 diabetes is an autoimmune disease. An autoimmune disease results when the body's system for fighting infection (the immune system) turns against a part of the body. In diabetes, the immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. A person who has type 1 diabetes must take insulin daily to live.

At present, scientists do not know exactly what causes the body's immune system to attack the beta cells, but they believe that autoimmune, genetic, and environmental factors, possibly viruses, are involved. Type 1 diabetes accounts for about 5 to 10 percent of diagnosed diabetes in the United States. It develops most often in children and young adults, but can appear at any age.

Symptoms of type 1 diabetes usually develop over a short period, although beta cell destruction can begin years earlier. Symptoms include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme fatigue. If not diagnosed and treated with insulin, a person with type 1 diabetes can lapse into a life-threatening diabetic coma, also known as

diabetic ketoacidosis.

### ***Type 2 Diabetes***

The most common form of diabetes is type 2 diabetes. About 90 to 95 percent of people with diabetes have type 2. This form of diabetes is associated with older age, obesity, family history of diabetes, previous history of gestational diabetes, physical inactivity, and ethnicity. About 80 percent of people with type 2 diabetes are overweight.

Type 2 diabetes is increasingly being diagnosed in children and adolescents. However, nationally representative data on prevalence of type 2 diabetes in youth are not available.

When type 2 diabetes is diagnosed, the pancreas is usually producing enough insulin, but for unknown reasons, the body cannot use the insulin effectively, a condition called insulin resistance. After several years, insulin production decreases. The result is the same as for type 1 diabetes--glucose builds up in the blood and the body cannot make efficient use of its main source of fuel.

The symptoms of type 2 diabetes develop gradually. Their onset is not as sudden as in type 1 diabetes. Symptoms may include fatigue or nausea, frequent urination, unusual thirst, weight loss, blurred vision, frequent infections, and slow healing of wounds or sores. Some people have no symptoms.

### ***Gestational Diabetes***

Gestational diabetes develops only during pregnancy. Like type 2 diabetes, it occurs more often in African Americans, American Indians, Hispanic Americans, and among women with a family history of diabetes. Women who have had gestational diabetes have a 20 to 50 percent chance of developing type 2 diabetes within 5 to 10 years.

From WebMD.com

### *Handout 11-9: Role-Playing Activity*

This case features Ida Wilson. Ms. Wilson is a 75-year-old African American woman with diabetes and additional health problems. In this clinical encounter, she is in the Emergency Room suffering from confusion.

**Nurse:** Ms. Wilson, do you know where you are?

**Ms. Wilson:** Yes, I'm in my bed.

**Nurse:** What year is it?

**Ms. Wilson:** It's a quarter past one. Time is on our side.

**Nurse:** Okay. Did you bring your medications with you today? Can I see them? May I take a look in your purse to see what medicines you're taking?

**Ms. Wilson:** Oh, you go right ahead, honey. You do what you need to do.

**Nurse:** Ms. Wilson, it looks like you might be having some problems taking your medications correctly. Do you know what medicines you're taking? Let's see, can you read what this label says?

**Ms. Wilson:** Oh, sure. Let's see, H-C-T-Z. I can't read those other letters.

**Nurse:** This is hydrochlorothiazide. Do you know what you take this for?

**Ms. Wilson:** What kind of test is this? I'm not in grade school.

**Nurse:** Do you know how many times you need to take this?

**Ms. Wilson:** No, dear.

### *Handout II-10: Story From the Frontline Salvadoran Patient*

A female Salvadoran patient came to the United States because of economic hardships in her country. She came to the United States seeking a steady paying job and new opportunities. The patient got pregnant shortly after her arrival. During her pregnancy, she started to show signs of depression, such as high anxiety for her unborn child. She had a few Salvadoran friends through her job, but she spoke very limited English. Nurses and her obstetrician recognized the patient's depression. Without the services of an interpreter, the obstetrician put her on medication for depression. No counseling or translated materials were provided. Nobody knew if the patient took the medication, and no one described to her the precursors and side effects of the medication.

**Handouts – Course III**



*Handout III-2: Organizational Assessment Checklist*

| <b>Answer</b> | <b>Resources</b>  |
|---------------|---|
|               | Does the admission service collect patient racial and ethnic self-identification and language status in a consistent way? |
|               | Is admission self-identification information transmitted to all other service areas in the organization?                  |
|               | Are appropriate resources available to patients (e.g., language resources, health care information)?                      |
|               | Does the health care center (e.g., office) offer appropriate hours based on community employment/illness needs?           |
|               | Are patients with special needs, including language needs, allowed extra time in scheduling?                              |

| <b>Answer</b> | <b>Interactions</b>   |
|---------------|---|
|               | Are interactions among staff and patients open minded and respectful?   |
|               | Are staff members diverse and aware of cultural differences in effects?   |
|               | Are staff members aware of confidentiality requirements, including the Health Insurance Portability and Accountability Act of 1996, and is it confidentially respected? |
|               | Do staff attitudes and behaviors welcome diversity?   |

| <b>Answer</b> | <b>Materials</b>  |
|---------------|---|
|               | Do signs appear in languages appropriate to practice and community profiles?  |
|               | Are written materials of all types (including magazines) available in languages appropriate to the practice and community profiles? |
|               | Do written materials take into account the literacy levels of patient's receiving services?   |
|               | Do videos or other media for education, treatment, and so on reflect the cultural and ethnic background of the patients?            |
|               | Are materials free of negative cultural, racial, or ethnic stereotypes?   |

| Answer | Environment   |
|--------|---|
|        | Is the waiting area comfortable, with pictures, decorations, refreshments, and so on being appropriate to the delivery of patient community?                |
|        | Do the office reception practices welcome patients of all backgrounds and make it equally easy to register, with questions answered, and receive treatment? |
|        | Do telephone manners acknowledge and account for differences in patients' needs?  |
|        | Is a mission plan visible to patients, and does it include a statement about commitment to delivering culturally competent services?                        |

| Answer | Organizational Strategies   |
|--------|---|
|        | Are staff (including nurses) aware of policies about behavior and attitudes toward all patients, including minority patients?   |
|        | Is there an organizational statement of nondiscrimination?  |
|        | Are there rewards for appropriate behavior and sanctions for inappropriate behavior?  |
|        | Do all staff members receive training in areas that will contribute to cultural competence?   |
|        | Is someone responsible for oversight about culturally competent care-related issues?  |
|        | Does the organization have a strategic plan for developing culturally and linguistically appropriate services?  |
|        | Is the community involved in decisions about the care and services that are offered?  |
|        | Does the practice know which patients need language access services and have a method to supply the services when needed?   |
|        | Are staff members aware of social practices, beliefs, history, traditional practices, medical approaches, and other culturally based factors that may affect health care decisions for the minority or ethnic groups represented in the practice? |
|        | Do patients believe they can receive culturally competent care?   |

### *Handout III-3: Role-Playing Activity*

This vignette shows Ida Wilson, an African American, age 75, who is diabetic along with additional health problems. She appeared in a vignette in an earlier course. The nurse in this scenario is asking Ida about her medication use.

**Nurse:** Ms. Wilson, have you been regularly taking your medication?

**Ms. Wilson:** I take it, honey, but you got to realize it's out of my hands. It's in God's hands.

**Nurse:** So would it be fair to say that you have not been taking your medication as prescribed?

**Ms. Wilson:** Well, I take it as often as I remember it, you know, but it's nothing I can do. I have to let go and let God, because you know it's in the hands of the Man up there.

**Nurse:** Well, we have had you on those medications at the right dosage and regularly scheduled since you have been here at the hospital. Have you felt any different here than you were feeling at home?

**Ms. Wilson:** Well, I really can't say that I do. I'm just so tired. I'm just—I'm just so weary. All I want to do is just sleep like I was when I left home. I was so tired I couldn't even make it to my little volunteer job at the library. All I want to do is just stay in the bed all day long. But you know what, honey? Don't worry about Miss Ida. God will take care of me, right?

**Nurse:** All right.

**Ms. Wilson:** You just go along and take care of the other people now.

**Nurse:** Well, I'll make sure that we help take care of you, too, Miss Ida, okay?

**Ms. Wilson:** Well, all right.

**Nurse:** All right. I will be back to check on you.

### *Handout III-4: Role-Playing Activity*

This case shows Rob Ocuca, an American Indian teenager who is a member of the Pima tribe and has diabetes. He has been disruptive at school and has been suspended. He arrives at the community clinic for a checkup. The nurse at the community clinic that serves the Pima community learns that Rob's behavior resulted, in part, from his being teased and bullied.

**Nurse:** Rob Ocuca?

**Rob Ocuca:** Yeah.

**Nurse:** You know, Rob, if you lost some weight and got more exercise, it would be a lot better for your blood sugar.

**Rob Ocuca:** I know. They always tell me that.

**Nurse:** Well, your people, the Pima, frequently develop diabetes. You need to get control over your diet. Fast food and diabetes don't go well together and you need to get more exercise. Get outside and play more. It's important and fun to exercise.

**Rob Ocuca:** Yeah, yeah, I know, I know.

**Nurse:** Now, what can we do to get you back in school to stay in school?

**Rob Ocuca:** Keep the kids from teasing me. That's it.

**Nurse:** Why are they teasing you?

**Rob Ocuca:** Because I'm fat, I take medicines, and I'm Pima.

**Nurse:** What do they say about being a Pima?

**Rob Ocuca:** I don't know. They just like making fun of Pima.

**Nurse:** Oh, I see. Well, we have to do something about that. Well, your blood sugar is 130 which is okay. Go back out to your mom and let's get over this teasing thing and stand up for yourself.

**Rob Ocuca:** Yeah, right.

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