

Cultural Competence


18. Home


18.1 Main menu

Cultural competence

Click the links below to browse the learning topics. When you're ready to complete this course, click **Scenarios & Wrap Up**.

- [Why must I take this training?](#)
- [Why culture matters](#)
- [Self-assessment](#)
- [Action plan](#)
- [Cultural influences and guidance](#)
- [References and attachments](#)
- [I am ready for the **scenarios and wrap up!**](#)

 This course is not narrated.



Notes:

1. Cultural influences & guidance

1.1 Cultural influences & guidance

“One of the biggest misperceptions about culture is that it’s something that other people have ...The truth is that everybody has a culture... We see the world through the lens of whatever culture we are from and that is how we make decisions.”

Shelley Adler, Ph.D.

Source: The Bravewell Collaborative™

1.2 Reflecting on Your Culture

Reflecting on your culture

Culture includes all of the aspects shown here.

Your culture

Take a moment to **select the top 3-5 cultural factors** that you think have the strongest influence on your personal identity, beliefs & decisions.

Then click **Next**.



1.3 Reflecting on Your Culture

Reflecting on your culture

Cultural changes

This time, **select any factors that have changed** over the course of your life.

Think about how these changes might have affected your perspectives.

Then click **Next**.

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1.4 A Closer Look at Culture

Reflecting on your culture

Instructions

Now, for a closer look at how culture contributes to decision-making and health care, **click each cultural component**.




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2. Scenarios & wrap up

2.1 Scenarios & wrap up

Scenarios

Which would you like to do?

-  [Watch a video about Mrs. Wong](#)
Uses audio
-  [Read about Mrs. Morris & Ms. Morris-Silva](#)
Text only
-  [Wrap up this course](#)

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Notes:

3. Action plan

3.1 Action plan



Notes:

3.2 Action plan

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

One area that is a stretch for many of us is knowledge of culture. You may be thinking... How do I learn everything about every culture? That's not the expectation!

While learning more about cultures in our community is an excellent goal, enlisting the other skills (without knowledge of culture) helps carry us through challenging situations.

Click each cultural competency component to review common recommendations for achieving it.

Awareness and acceptance
of cultural differences

Awareness
of ourselves and our own biases

Knowledge
of a patient's or teammate's culture

Interpersonal skills
to bridge cultural gaps

Flexibility
to adapt our skills

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Awareness and acceptance (Slide Layer)

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

Recognize differences in communication styles:

Consider cultural differences in language, speech, tone, eye contact, touching, personal space and gestures. Follow the individual's lead on physical distance and touching. Never force someone to make eye contact; direct eye contact is considered disrespectful in many cultures. People vary in how quickly they respond to questions/comments, the speed of their speech and their willingness to interrupt—Tolerate these differences.

Avoid making judgements:

Welcome each teammate and patient with respect and value diversity. Don't allow cultural differences to become the basis for criticism and judgements.

Awareness and acceptance
of cultural differences

Awareness
of ourselves and our own biases

Knowledge
of a patient's or teammate's culture

Interpersonal skills
to bridge cultural gaps

Flexibility
to adapt our skills

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Awareness (Slide Layer)

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

Make a special effort to develop awareness:
Take a look at your own biases and prejudice. Become aware of cultural norms, attitudes and beliefs.

Avoid making assumptions:
Your perception of an individual's culture, communication style, literacy, etc. may be incorrect and cause you to assume the individual understands your message. To avoid making assumptions, ask questions. Adopting a positive, curious, nonjudgmental approach toward all individuals will help you to avoid making assumptions.

Flexibility
to adapt our skills

Interpersonal skills
to bridge cultural gaps

Knowledge
of a patient's or teammate's culture

Awareness
of ourselves and our own biases

Awareness and acceptance
of cultural differences

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Knowledge (Slide Layer)

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

Ask open-ended questions:
If you aren't familiar with a certain topic or term, ask others in your office. Ask the patient with respect. Learn more just by saying, "What does this mean?", "Help me understand ..." or "Thank you for sharing that. What else should I know?"

Avoid "yes" or "no" questions:
In some cultures, people may answer a question in the affirmative to signify they are listening or to save face when they don't know the answer. Ask open-ended questions, rather than questions that require a "yes" or "no" response.

Expand your knowledge:
Review details in course attachments for cultures you commonly encounter. Attend classes or seminars offered by health plans, professional organizations or academic institutions.

Flexibility
to adapt our skills

Interpersonal skills
to bridge cultural gaps

Knowledge
of a patient's or teammate's culture

Awareness
of ourselves and our own biases

Awareness and acceptance
of cultural differences

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Interpersonal Skills (Slide Layer)

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

Show that you want to help:
Show that you care about the person and that you honestly want to help. People can usually sense when others are really trying to be understanding.

Confirm understanding:
If you don't understand (or you are not being understood), take the time to find out why. When giving instructions, be sure the patient/teammate understands what has been said. Encourage them to ask you follow-up questions. Ask patients to repeat important information back to you, and provide additional information and education to improve their understanding as necessary.

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Flexibility (Slide Layer)

Action plan

Sources: AMSSA; CLAS Toolkit; SHRM; ICE

Be flexible and adapt:
People often skew from trends or norms. Adapting in the moment is key. Your willingness to adapt your personal style to meet patient and teammates needs will go a long way in making them feel more comfortable.


Politely apologize for mistakes:
Did you goof? We all make mistakes. Politely apologize.

Reflect on your interactions:
Since every interaction is an opportunity to grow, a very good habit is to reflect on what you did right and what could be improved.

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4. Read Case Study


4.1 Details




[Details](#) [Discussion](#) [Responses](#)

Click each person below to view the scenario details.


Ms. Morris-Silva



Mrs. Morris



Dr. Lucero



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Mrs. Morris (Slide Layer)




[Details](#) [Discussion](#) [Responses](#)

Click each person below to view the scenario details.

Ms. Morris-Silva




Mrs. Morris




88 years old, 5'3" and 95 lbs
Has glaucoma, high blood pressure, emphysema and arthritis
Speaks English natively

Dr. Lucero



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Ms. Morris-Silva (Slide Layer)



Details > Discussion > Responses


Click each person below to view the scenario details.

Ms. Morris-Silva




Ms. Morris's daughter and primary caretaker
67 years old
Retired
Reluctant to get outside care

Mrs. Morris




Dr. Lucero



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Dr. Lucero (Slide Layer)




Details > Discussion > Responses

Click each person below to view the scenario details.


Ms. Morris-Silva



Mrs. Morris



Dr. Lucero



Ms. Morris's primary care physician
Speaks English natively

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4.2 Discussion

Details Discussion Responses

Use the scroll bar on the right to read the conversation.

How have you been feeling, Mrs. Morris?

Mrs. Morris shrugs.

Are you in any pain?

Mrs. Morris waves her hand in dismissal.

Have you been taking your medications?

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4.3 Responses

(Drag and Drop, 10 points, 1 attempt permitted)

Details Discussion Responses

Drag each "appropriate response" to the related "cultural cue" from this scenario. Try once before moving on – But remember, this is not a test!

Cultural cues	Appropriate response
Patient has multiple chronic conditions and takes multiple medications.	Ask caregiver about responsibilities and stress levels. Offer caregiver support services.
Patient looks frail, but clean and well dressed.	Adjustments can be made to help vision such as decreasing glare and using bright indirect lighting.
Patient is demonstrating isolative behavior. She begins to cry when sister's death is mentioned.	Ask open-ended questions about the patient's daily life, meals, bathing. Make appropriate referrals.
Patient no longer enjoys reading and was previously diagnosed with glaucoma.	Assess Mrs. Morris for depression, dementia and cognitive ability.
Patient gives vague responses to questions.	Consider that difficulty hearing is common in seniors. Adjust speech: slow down and enunciate.
Caregiver is tired from the burden of caring for her mother and getting no help from family.	Communicate with both the patient and caregiver.
Caregiver rubs her temples frequently, which could be the sign of a medical condition.	Recommend that caregiver makes an appointment with her own primary care physician.
Caregiver speaks on behalf of her mother.	Look carefully at Mrs. Morris's health history.

Drag Item	Drop Target
Look carefully at Mrs. Morris's health history.	Patient has multiple chronic conditions and takes multiple medications.
Ask open-ended questions about the patient's daily life, meals, bathing. Make appropriate referrals.	Patient looks frail, but clean and well dressed.
Assess Mrs. Morris for depression, dementia and cognitive ability.	Patient is demonstrating isolative behavior. She begins to cry when sister's death is mentioned.
Adjustments can be made to help vision such as decreasing glare and using bright indirect lighting.	Patient no longer enjoys reading and was previously diagnosed with glaucoma.
Consider that difficulty hearing is common in seniors. Adjust speech: slow down and enunciate.	Patient gives vague responses to questions.
Ask caregiver about responsibilities and stress levels. Offer caregiver support services.	Caregiver is tired from the burden of caring for her mother and getting no help from family.
Recommend that caregiver makes an appointment with her own primary care physician.	Caregiver rubs her temples frequently, which could be the sign of a medical condition.
Communicate with both the patient and caregiver.	Caregiver speaks on behalf of her mother.

Drag and drop properties
Return item to start point if dropped outside the correct drop target

Snap dropped items to drop target (Stack random)

Allow only one item in each drop target

Correct (Slide Layer)

Correct! You selected the right responses.

CONTINUE

Cultural cues

Appropriate response

Patient has multiple chronic conditions and takes multiple medications.

Ask caregiver about responsibilities and stress levels. Offer caregiver support services.

Patient looks frail, but clean and well dressed.

Adjustments can be made to help vision such as decreasing glare and using bright indirect lighting.

Patient is demonstrating isolative behavior. She begins to cry when sister's death is mentioned.

Ask open-ended questions about the patient's daily life, meals, bathing. Make appropriate referrals.

Patient no longer enjoys reading and was previously diagnosed with glaucoma.

Assess Mrs. Morris for depression, dementia and cognitive ability.

Patient gives vague responses to questions.

Consider that difficulty hearing is common in seniors. Adjust speech: slow down and enunciate.

Caregiver is tired from the burden of caring for her mother and getting no help from family.

Communicate with both the patient and caregiver.

Caregiver rubs her temples frequently, which could be the sign of a medical condition.

Recommend that caregiver makes an appointment with her own primary care physician.

Caregiver speaks on behalf of her mother.

Look carefully at Mrs. Morris's health history.

Incorrect (Slide Layer)

Incorrect. Here are the correct responses:

CONTINUE

Cultural cues	Appropriate response
Patient has multiple chronic conditions and takes multiple medications.	Look carefully at Mrs. Morris's health history.
Patient looks frail, but clean and well dressed.	Ask open-ended questions about the patient's daily life, meals, bathing. Make appropriate referrals.
Patient is demonstrating isolative behavior. She begins to cry when sister's death is mentioned.	Assess Mrs. Morris for depression, dementia and cognitive ability.
Patient no longer enjoys reading and was previously diagnosed with glaucoma.	Adjustments can be made to help vision such as decreasing glare and using bright indirect lighting.
Patient gives vague responses to questions.	Consider that difficulty hearing is common in seniors. Adjust speech: slow down and enunciate.
Caregiver is tired from the burden of caring for her mother and getting no help from family.	Ask caregiver about responsibilities and stress levels. Offer caregiver support services.
Caregiver rubs her temples frequently, which could be the sign of a medical condition.	Recommend that caregiver makes an appointment with her own primary care physician.
Caregiver speaks on behalf of her mother.	Communicate with both the patient and caregiver.

4.4 Wrap Up

The recommendations in this scenario were adapted from the Industry Collaborative Effort (ICE), Cultural Competency Training Workgroup. Read the course attachments to increase your cultural knowledge for working with seniors and other cultural groups.



5. Video Case Study


5.1 Part 1

Video Reflection Alternative approach

Source: American College of Obstetricians and Gynecologists (ACOG)

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5.2 Reflection

Video Reflection Alternative approach

After this visit with her doctor, Mrs. Wong never went to the lab. What could have been done differently to address Mrs. Wong's concerns about getting blood taken out of her?

Take a moment to reflect. Then click **Next** to see a more culturally competent approach.

Type your answer here

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Notes:

5.3 Part 2

 **Video** **Reflection** **Alternative approach**



00:00 / 01:34

Source: American College of Obstetricians and Gynecologists (ACOG)

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5.4 Wrap Up

Did you notice the key improvements in the doctor's approach?

In the second video, the doctor avoids making assumptions. While he thinks the blood test is important and helpful, he notices that this is a cultural perspective that Mrs. Wong might not share. He takes times to step back, observe, ask questions and seek understanding.



This video scenario was used with permission from the American College of Obstetricians and Gynecologists (ACOG). © 2013. The information in this program should not be construed as legal advice or medical advice, nor should it be construed as dictating an exclusive course of action or response. Variations may be warranted based on patient needs or the setting in which care is provided. Physicians should consult their personal attorneys about legal requirements in their jurisdictions and for legal advice on a particular matter.

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6. Wrap Up

6.1 Wrap Up

Meeting your goal

As we've uncovered in this course, many cultural groups are tremendously underserved, and one of the cited reasons is a lack of cultural competence of some health care providers. This lack of competence is something we can change. We can make a positive impact on the cultural groups we serve by becoming more culturally competent.

At the beginning of this training, we set a goal to move towards the positive end of the cultural competence continuum.

Given what you know now, what steps will you take to meet this goal?

Type your planned next steps here.

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6.2 Evaluation

Evaluation

Please share your feedback on this course, if you would like.
Then close this window.

Web Object

Address:
<https://www.surveymonkey.com/r/QLT09021CulturalCompetence>

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Notes:

7. Age

7.1 Working with Our Senior Patients

Working with our senior patients



Much of our patient population consists of seniors. We should remain aware that some seniors may...

- Have **multiple diseases**, conditions or medications.
- Experience **cognitive impairment** due to medications, aging, hypertension, pain and other issues.
- Have **physical, hearing or visual impairments**. Visual impairments may lead to problems with reading, depth perception, contrast, glare and loss of independence.
- Suffer **more losses** than people in other age groups.
- Experience **neglect, financial problems** or other factors that affect their well-being and health.
- Be less willing to discuss feelings.
- Require **caregivers** for daily functions. Caregivers have a higher likelihood of depression and can experience burnout, and some caregivers are seniors themselves.


8. Physical Ability

8.1 Physical Ability


Physical ability

Awareness of people with disabilities is key for professional interaction.

According to the 2010 U.S. Census, about **56.7 million people**—or nearly **1 in 5 people**—had a disability, according to a broad definition of disability.



More than **1 in 10** reported the disability was severe.



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8.2 Physical Ability

Physical ability

Some of the most commonly reported conditions included...

Difficulty walking or climbing stairs or used a wheelchair, cane, crutches or walker	30.6 million people
Difficulty lifting and grasping	19.9 million people
Difficulties with one or more instrumental activities of daily living*	15.5 million adults
Required assistance with instrumental activities of daily living*	12 million adults
Difficulty seeing	8.1 million people
Difficulty hearing	7.6 million people

*Instrumental activities of daily living include housework, using the phone and preparing meals

Source: 2010 U.S. Census

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8.3 Physical Ability

Physical ability

The risk of having a disability increases with older age groups.

Source: 2010 U.S. Census

Think about it:
A large portion of our patient population includes older adults!



Disability prevalence by age



Age Group	Disability Prevalence (%)
Under 15	8%
15-24	10%
25-44	12%
45-54	20%
55-64	30%
65-69	38%
70-74	45%
75-79	55%
80 & over	70%

8.4 Physical Ability

Physical ability

What can you do?

Review these best practices. Check the actions that you take consistently.

When working with people with disabilities, I...

- Keep in mind that people want to be independent and treated with respect.
- Ask before I help.
- Think before I speak.
- Speak directly to the person.
- Don't make assumptions.
- Realize that people are the best judge of what they can or cannot do.
- Respond graciously to requests.
- Understand that request for accommodation is not a complaint.

Source: Office of Disability Rights, DC.gov

9. Ethnicity

9.1 Ethnicity

Ethnicity

According to the 2014 U.S. Census...

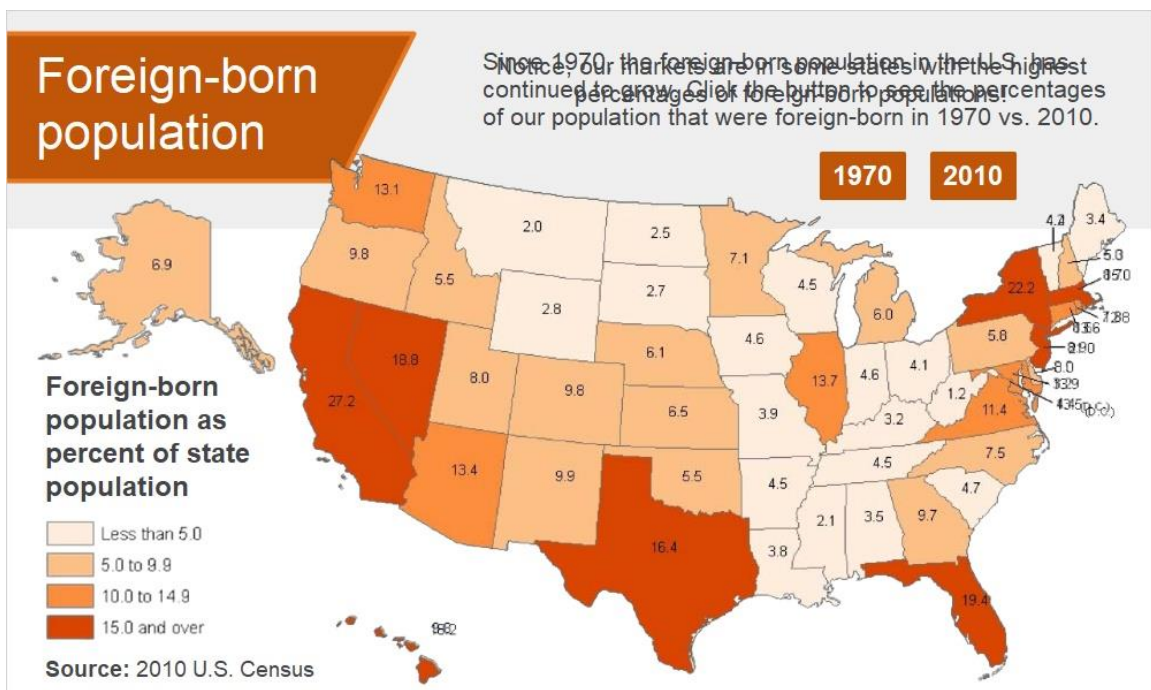
More than **1 in 10 people** living in the U.S. are foreign-born (not a U.S. citizen at birth).

About **1 in 4 children** under 18 have at least one foreign-born parent.

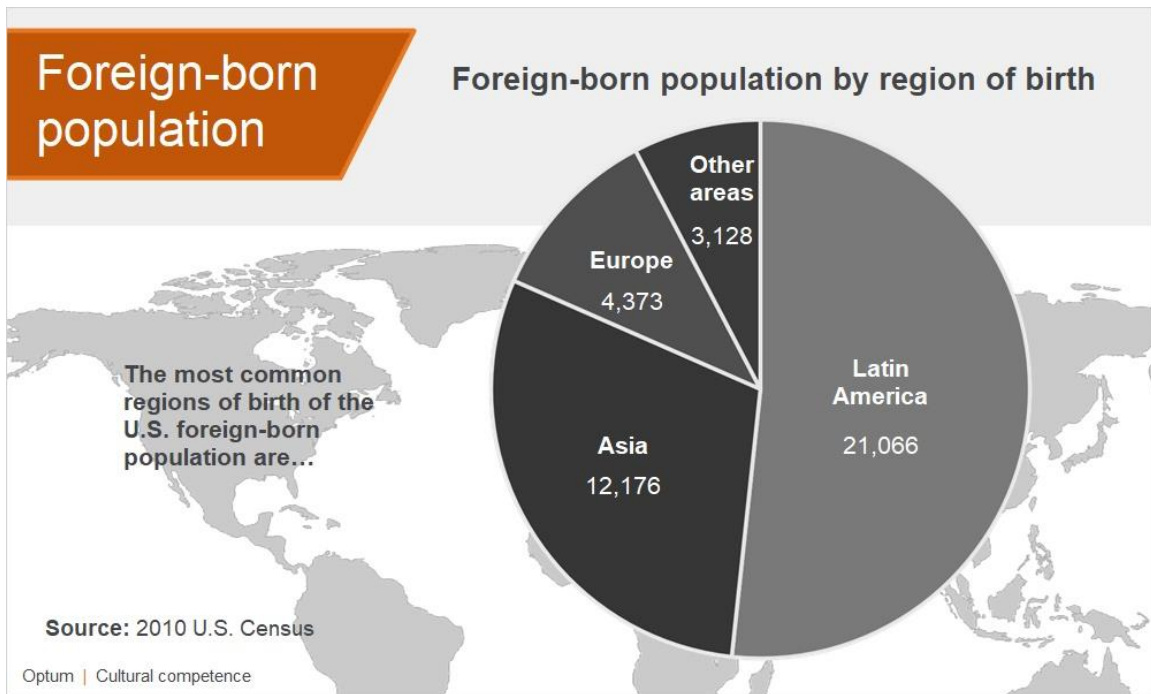
Unlike race, which is based on physical differences, ethnicity refers to population groups whose members identify with each other on the basis of **common nationality** or shared cultural **traditions, practices and perspectives.**

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9.2 Foreign-Born Population



9.3 Foreign-Born Population



10. Race

10.1 Race

Race

The term **race** refers to population groups distinguished by physical characteristics and biological traits (which usually result from genetic ancestry). There are so many exceptions to this type of social grouping that many sociologists indicate that no clear-cut race exists—only assorted physical and genetic variations across human individuals and groups.

The Census Bureau projects that in 2043, the U.S. will be a “majority-minority” nation. While non-Hispanic white people will remain the largest single group, no group will make up a majority.

Sources: Diffen.com and U.S. Census Bureau

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11. Geography

11.1 Geography



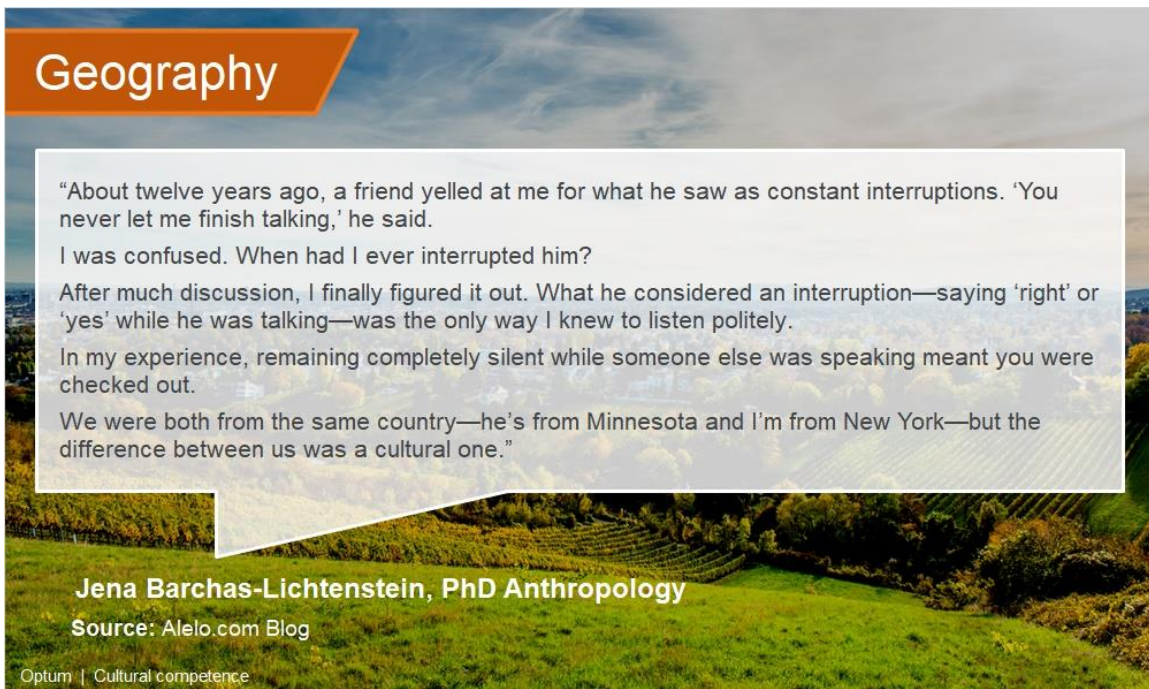
Geography

Our world view can be impacted by whether we grew up in a rural, urban or suburban environment.

It can also be impacted by the particular region we grew up in. People from the Midwest, South, West and Northeast sometimes see things differently from one another.

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11.2 Geography



Geography

“About twelve years ago, a friend yelled at me for what he saw as constant interruptions. ‘You never let me finish talking,’ he said. I was confused. When had I ever interrupted him? After much discussion, I finally figured it out. What he considered an interruption—saying ‘right’ or ‘yes’ while he was talking—was the only way I knew to listen politely. In my experience, remaining completely silent while someone else was speaking meant you were checked out. We were both from the same country—he’s from Minnesota and I’m from New York—but the difference between us was a cultural one.”

Jena Barchas-Lichtenstein, PhD Anthropology
Source: Alelo.com Blog


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12. Language

12.1 Language

Language

Did you know that speaking to someone in his or her native language prompts much more than simple understanding? It creates a deeper sense of belonging.



According to the 2009-2013 U.S. Census, about **1 in 5** U.S. citizens age 5 and over speak a language other than English at home.

When language differences are combined with differences in frame of reference due to age or other factors, communication can become quite complex.

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12.2 Language

Language

After English, Spanish is the second most commonly spoken language in many states. Other common languages vary across the country.

Click the marker in your market to review the common foreign languages in your geographic area.

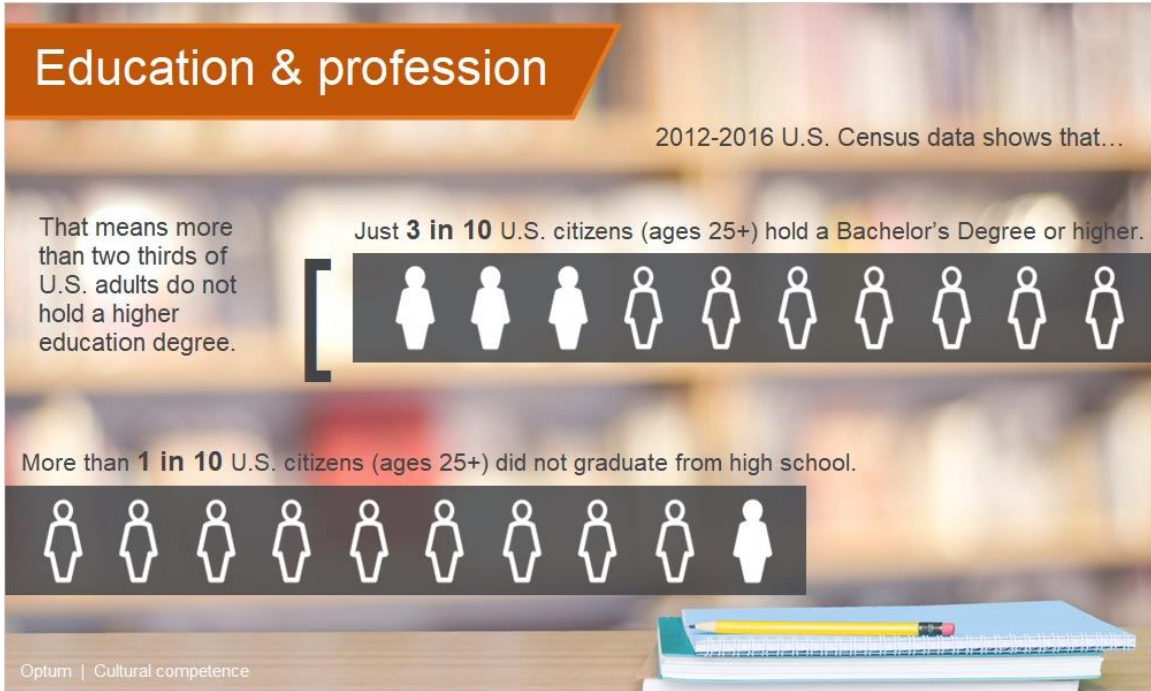


Source: DataUSA.io

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13. Education & Profession

13.1 Education & Profession



13.2 Education & Profession

Our patients and teammates come from diverse educational and professional backgrounds. Some hold advanced degrees. Even amongst those with advanced degrees, a teammate with a Master's of Business Administration (M.B.A.) experienced a much different educational path than a clinician.

Health and workplace communications can become particularly difficult if those with specialized knowledge do not make an effort to speak in ways that can be easily understood by others, without appearing condescending.

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13.3 Health Literacy

Health literacy

Sources: Joint Commission; Think Cultural Health, hhs.gov; ICE

Did you know that patients are more likely to be hospitalized if they have limited health literacy skills?

Poor health outcomes are more prevalent among groups with lower levels of health literacy and those that face language barriers. Such factors make it more difficult to understand and navigate the health care system and limit the ability to communicate effectively with health care professionals.

What can you do?

Follow these best practices to ensure mutual understanding. Check the boxes for the practices that you follow already, and make a mental note of the others.

When working with patients, business partners or teammates from another expertise, I...

- Avoid heavy use of jargon and technical or medical terms. (For those in patient-facing roles, this includes when speaking to patients who do NOT require communication or language assistance.)
- Use plain language that is easy for anyone with basic language skills to understand.
- Verbally confirm understanding. "What questions do you have?"
- Ask the patient or teammate to summarize or repeat back information as they understood it.

14. Socio-Economics

14.1 Socio-Economics

Socio-Economics

Consider how socio-economics may affect a person's values, beliefs and behaviors.

According to a study by Jennifer DeVoe, M.D., Ph.D., **low-income** families face certain barriers when accessing health care, including **unaffordable costs**. In the study, even families with health insurance had trouble affording copays, premiums, deductibles and medications, resulting in unmet health care needs.

Families with public health insurance (such as Medicaid) reported **feeling unwelcome** and having to **travel long distances** to access care.

Source: Annals of Family Medicine

According to the Pew Research Center, in 2016:

Income Level	Percentage of Adults
Low-income households	29%
Middle-income households	51%
Upper-income households	20%

15. Religion

15.1 Religion

Religion

A person's observed religion may influence their decisions. For example, in relation to health care, religion may influence diet, end-of-life decisions, views pertaining to modesty and decisions about medical treatments.

Click the buttons to review a few examples.

- Diet
- End-of-life decisions
- Views pertaining to modesty
- Decisions about medical treatments

Source: Department of Pastoral Care, Hospital of the University of Pennsylvania

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Diet (Slide Layer)

Religion

A person's observed religion may influence their decisions. For example, in relation to health care, religion may influence diet, end-of-life decisions, views pertaining to modesty and decisions about medical treatments.

Click the buttons to review a few examples.

- Diet
 - Some religions involve fasting or have dietary restrictions. For example, some Buddhist and Hindu diets avoid any foods that are produced using animals, and some Jewish and Muslim diets avoid pork and gelatin. Patients following these dietary restrictions may also avoid these ingredients in medications.
- End-of-life decisions
- Views pertaining to modesty
- Decisions about medical treatments

Source: Department of Pastoral Care, Hospital of the University of Pennsylvania

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End of life decisions (Slide Layer)

Religion

A person's observed religion may influence their decisions. For example, in relation to health care, religion may influence diet, end-of-life decisions, views pertaining to modesty and decisions about medical treatments.

Click the buttons to review a few examples.

- Diet
- End-of-life decisions
Religion may influence a family's views on life-sustaining treatment, family rituals, visitation, prayer and how a patient's body is treated after death.
- Views pertaining to modesty
- Decisions about medical treatments

Source: Department of Pastoral Care, Hospital of the University of Pennsylvania

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View pertaining to modesty (Slide Layer)

Religion

A person's observed religion may influence their decisions. For example, in relation to health care, religion may influence diet, end-of-life decisions, views pertaining to modesty and decisions about medical treatments.

Click the buttons to review a few examples.

- Diet
- End-of-life decisions
- Views pertaining to modesty
Some patients (from Muslim, Buddhist, Hindu and Jewish cultures, for example) may express religiously or culturally-based concerns about modesty that cause them to resist treatment by someone of the opposite sex. As a function of modesty, some Muslim patients may need to cover their bodies completely before anyone enters the room, and some may avoid eye-contact and physical contact (such as shaking hands).
- Decisions about medical treatments

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Decisions about medical treatments (Slide Layer)

Religion

A person's observed religion may influence their decisions. For example, in relation to health care, religion may influence diet, end-of-life decisions, views pertaining to modesty and decisions about medical treatments.

Click the buttons to review a few examples.

- Diet
- End-of-life decisions
- Views pertaining to modesty
- Decisions about medical treatments

Patients may avoid certain medical treatment options based on religious beliefs. For example, Jehovah's Witnesses generally have a strict prohibition against receiving blood and commonly carry a card stating directives for treatment without blood. Buddhist patients or family members may value mindful awareness of all experiences and may try to avoid pain medications, out of worry of clouding awareness.

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16. Sexual Orientation & Gender

16.1 Sexual Orientation & Gender


Sexual Orientation & Gender

Gender-sensitive care: Using a chaperone

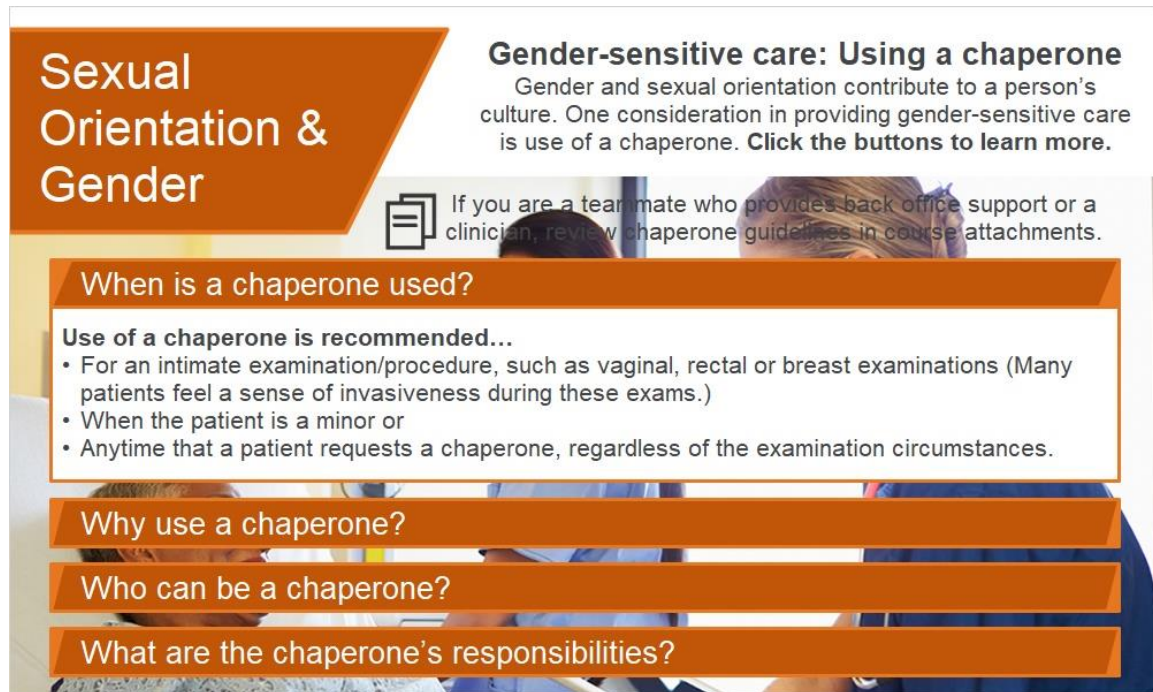
Gender and sexual orientation contribute to a person's culture. One consideration in providing gender-sensitive care is use of a chaperone. **Click the buttons to learn more.**

 If you are a team mate who provides back office support or a clinician, review chaperone guidelines in course attachments.

- When is a chaperone used?
- Why use a chaperone?
- Who can be a chaperone?
- What are the chaperone's responsibilities?




When (Slide Layer)



Sexual Orientation & Gender

Gender-sensitive care: Using a chaperone

Gender and sexual orientation contribute to a person's culture. One consideration in providing gender-sensitive care is use of a chaperone. **Click the buttons to learn more.**

 If you are a team mate who provides back office support or a clinician, review chaperone guidelines in course attachments.

When is a chaperone used?

Use of a chaperone is recommended...

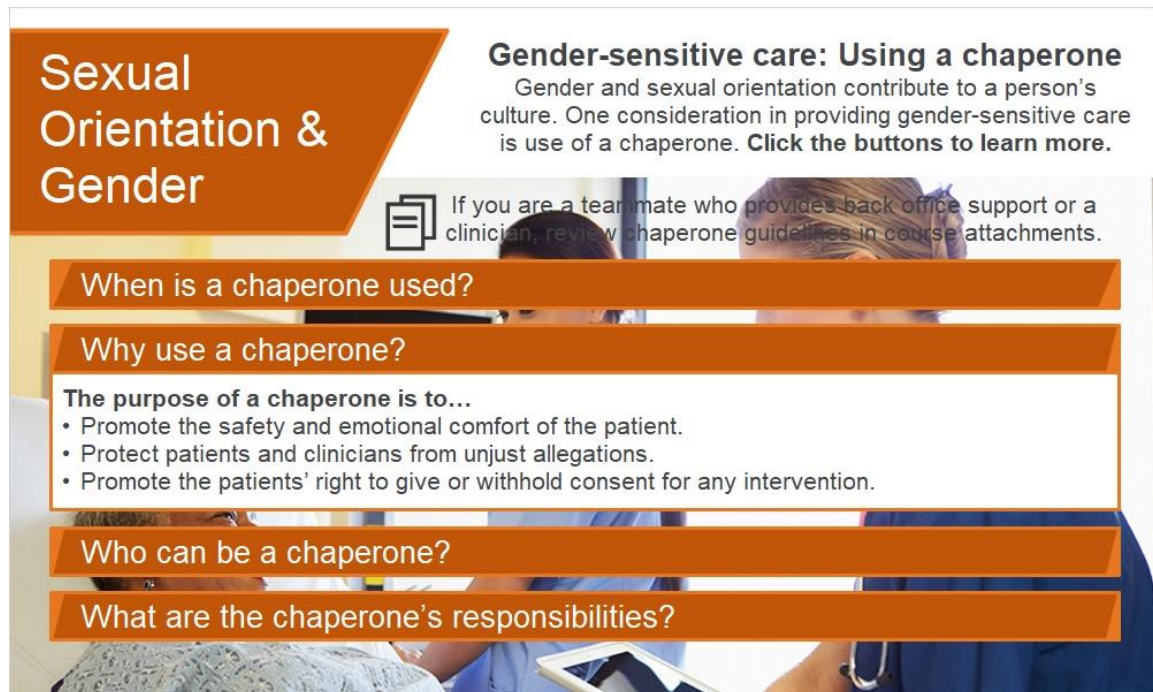
- For an intimate examination/procedure, such as vaginal, rectal or breast examinations (Many patients feel a sense of invasiveness during these exams.)
- When the patient is a minor or
- Anytime that a patient requests a chaperone, regardless of the examination circumstances.

Why use a chaperone?

Who can be a chaperone?

What are the chaperone's responsibilities?


Why (Slide Layer)



Sexual Orientation & Gender

Gender-sensitive care: Using a chaperone

Gender and sexual orientation contribute to a person's culture. One consideration in providing gender-sensitive care is use of a chaperone. **Click the buttons to learn more.**

 If you are a team mate who provides back office support or a clinician, review chaperone guidelines in course attachments.

When is a chaperone used?

Why use a chaperone?

The purpose of a chaperone is to...

- Promote the safety and emotional comfort of the patient.
- Protect patients and clinicians from unjust allegations.
- Promote the patients' right to give or withhold consent for any intervention.

Who can be a chaperone?

What are the chaperone's responsibilities?

Who (Slide Layer)



Sexual Orientation & Gender

Gender-sensitive care: Using a chaperone
Gender and sexual orientation contribute to a person's culture. One consideration in providing gender-sensitive care is use of a chaperone. **Click the buttons to learn more.**

 If you are a teammate who provides back office support or a clinician, review chaperone guidelines in course attachments.

When is a chaperone used?

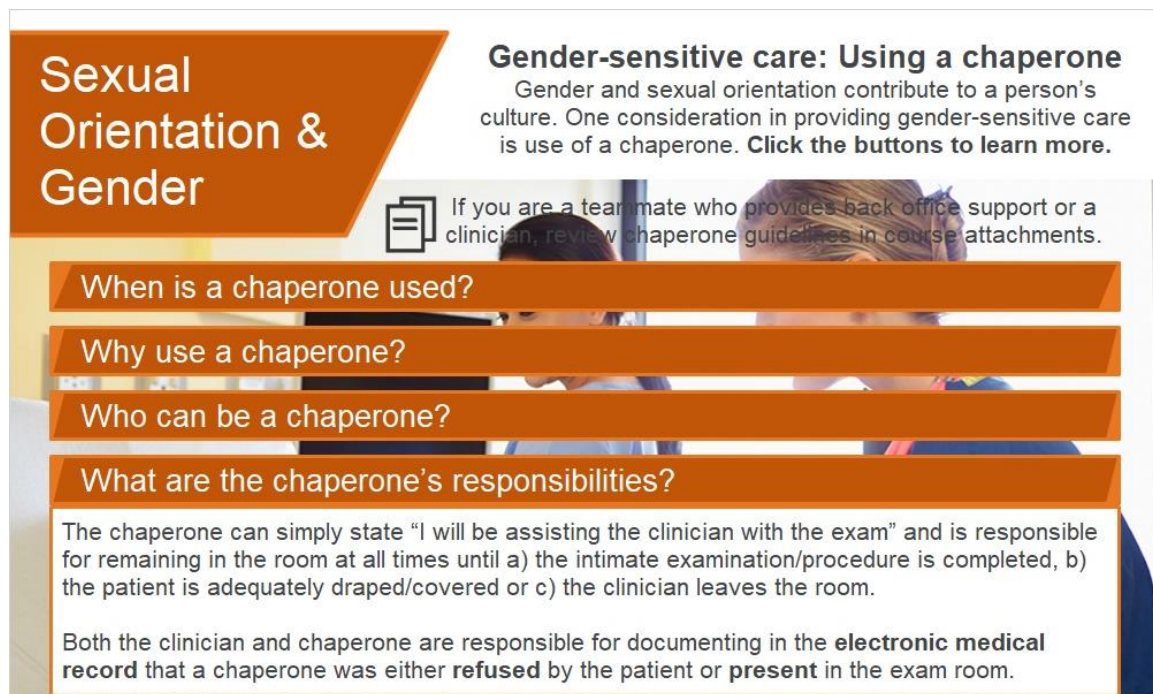
Why use a chaperone?

Who can be a chaperone?

A chaperone is a third-party to a clinical examination or procedure. Chaperones are teammates who provide back office support (RN, LVN, MA, CTM2 or clinician). They should be the same gender as the patient when possible.


What are the chaperone's responsibilities?

What (Slide Layer)



Sexual Orientation & Gender

Gender-sensitive care: Using a chaperone
Gender and sexual orientation contribute to a person's culture. One consideration in providing gender-sensitive care is use of a chaperone. **Click the buttons to learn more.**

 If you are a teammate who provides back office support or a clinician, review chaperone guidelines in course attachments.

When is a chaperone used?

Why use a chaperone?

Who can be a chaperone?

What are the chaperone's responsibilities?

The chaperone can simply state "I will be assisting the clinician with the exam" and is responsible for remaining in the room at all times until a) the intimate examination/procedure is completed, b) the patient is adequately draped/covered or c) the clinician leaves the room.

Both the clinician and chaperone are responsible for documenting in the **electronic medical record** that a chaperone was either **refused** by the patient or **present** in the exam room.

16.2 Sexual Orientation & Gender



What else can you do?

Review the checklist. These actions demonstrate cultural sensitivity in working with LGBT (lesbian, gay, bisexual, transgender) communities. Check the actions you take consistently.

As a standard practice, I...

Source: lgbthealtheducation.org

- Welcome teammates and patients with heart. A little warmth can make all the difference!
- Anticipate that not all teammates and patients are heterosexual.
- Only ask information that is required. Ask myself: What do I know? What do I need to know? How can I ask in a sensitive way?
- Listen to how teammates and patients refer to themselves and loved ones (pronouns and names). Use the same language they use. Ask questions if I'm unsure.
- Avoid using gender terms like "sir" or "ma'am." Avoid using pronouns when possible ("Your patient is here in the waiting room."). Use "partner" instead of "spouse" or "boy/girlfriend".
- Politely ask if I am unsure of a teammate or patient's preferred name. Ask respectfully if names do not match in our records. ("Could your chart be under another name?")
- Always respect the teammate or patient's privacy and confidentiality. Sharing personal health information, including sexual orientation or gender identity, is a violation of HIPAA.

17. Why culture matters

17.1 Why culture matters

Did you know...

Low-income individuals have higher mortality rates than high-income individuals, even when health insurance is universally available.

Members of racial and ethnic minorities, even among insured populations, are less likely to receive preventive health services than members of the majority population.

People with disabilities get fewer health screenings and have more difficulty accessing health services than people without disabilities.



Sources: American Journal of Public Health, Institute of Medicine, World Health Organization (Retrieved from Cigna)

Notes:

17.2 Health Disparities

Despite decades of attention and awareness, health disparities exist across the United States.

Sexual and gender minorities, racial and ethnic minorities, people with limited English proficiency and people with disabilities

experience **lower quality** care, **worse health** outcomes and **decreased access** to health care services compared to the general population.

Source: Office of Minority Health CLAS Toolkit

17.3 Did you know?

As a team...

By improving our cultural competency, we can:

- ▶ support positive health outcomes
- ▶ reduce health disparities
- ▶ provide high-quality health care that is responsive to the needs of our diverse patient community



Source: National Institutes of Health (NIH)

17.4 Did you know?

<p>As a team...</p> <p>By improving our cultural competency, we can:</p> <ul style="list-style-type: none">▶ support positive health outcomes▶ reduce health disparities▶ provide high-quality health care that is responsive to the needs of our diverse patient community	<p>As individuals...</p> <p>Cultural competency allows:</p> <ul style="list-style-type: none">▶ teammates to empower patients to make informed decisions and understand their treatment plans▶ clinicians to make more accurate diagnoses
---	--



Source: National Institutes of Health (NIH)

17.5 Culture in Health Care Visits



Culture in health care visits

Health care interactions occur in a cross-cultural environment.

Many cultures are at work, with each individual carrying their own cultural perspectives.

Diagram labels: Interpreter's culture, Patient's culture, Provider's culture, Teammates' cultures, Company culture.

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17.6 Culture in Health Care Visits



Culture in health care visits

Because health care is a cultural construct, based in beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services. A number of elements can influence health communication, including behaviors, language, customs, beliefs and perspectives.

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17.7 Culture in Health Care Visits

Culture in health care visits

Culture informs health care, coloring such things as...

- Delivery of health care services
- Health** Who provides treatment
- How patients feel about clinicians
- Where care is sought
- Wellness Disease**
- Illness** What type of treatment to seek
- What is considered a health problem
- How symptoms are expressed
- Healing Patient behaviors**
- Patients' rights and protections

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17.8 Commit to Care

 **Commit to Care**
Every Patient, Every Teammate, Every Time

Part of our commitment to care involves coming together to provide **personalized** and **culturally competent** care to meet the needs of our diverse patient population.

Can you remember our **Commit to Care** service guidelines? Type in your answers. Then click **Next**.

W Type your answer here.

E Type your answer here.

C Type your answer here.


A Type your answer here.

R Type your answer here.

E Type your answer here.

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17.9 Commit to Care








Every Patient, Every Teammate, Every Time

Part of our commitment to care involves coming together to provide **personalized** and **culturally competent** care to meet the needs of our diverse patient population.

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Our service guidelines are...

- W**elcome with heart. 
- E**xplain what you're going to do. 
- C**onnect personally. 
- A**sk about needs. 
- R**espond with respect. 
- E**nsure needs are met & Exit with thanks.

Notes:

19. Self-assessment

19.1 Self-assessment



Cultural competency self-assessment

You were likely hired because you are a good match for our company's culture and values. Your **interpersonal skills** are important to our everyday mission to be the **provider, partner and employer** of choice. At Optum, of course we treat every patient and teammate with respect!

Cultural sensitivity and competency go **beyond respect**. Cultural sensitivity starts with an **awareness of differences** in culture and its effects on our communications. **Cultural competency** involves adapting services to meet culturally unique needs.

19.2 Self-assessment



Cultural competency self-assessment

According to Terry L. Cross, M.S.W., we should think of cultural competence as a **continuum** with "cultural destruction" at the negative end and "cultural competency" at the positive end. How you respond to cultural differences determines where you fall on the continuum.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

19.3 Self-assessment

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage. Then click to select where you think you may fall and click **Next**.

Destruction Incapacity Blindness Pre-Competence Competency

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

The image shows a person from behind, looking out over a sunlit forest. At the bottom, a horizontal arrow contains five colored boxes representing the stages of the continuum: Destruction (red), Incapacity (orange), Blindness (dark blue), Pre-Competence (teal), and Competency (green).

Destruction (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage. Then click to select where you think you may fall and click **Next**.

Most negative end of the continuum

People and systems in this stage...

- ✓ Demonstrate blatant prejudice towards others who are culturally different.
- ✓ Use power to control, exploit or destroy others.

Destruction Incapacity Blindness Pre-Competence Competency

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

This slide layer is overlaid on the 'Destruction' stage of the continuum. It features a white box with a red border containing the text 'Most negative end of the continuum' and 'People and systems in this stage...'. Below this, there are two bullet points with checkmarks: 'Demonstrate blatant prejudice towards others who are culturally different.' and 'Use power to control, exploit or destroy others.' The background image and the continuum arrow are visible behind the slide layer.

Destruction - Copy (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then **click** to select where you think you may fall and click **Next**.

Most negative end of the continuum **CANCEL SELECTION** **SELECTED STATE**

People and systems in this stage...

- ✓ Demonstrate blatant prejudice towards others who are culturally different.
- ✓ Use power to control, exploit or destroy others.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

The image shows a person from behind, looking out over a sunlit forest. The interface includes a title bar, instructions, a callout box for the 'Destruction' stage, a horizontal arrow containing five stage labels, and a source note at the bottom.

Incapacity (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then **click** to select where you think you may fall and click **Next**.

Negative side of the continuum

People and systems in this stage...


- ✓ Have no capacity to help minority clients or communities.
- ✓ Create or promote negative stereotypes.
- ✓ Have unrealistic fears of people who look, act or believe differently.
- ✓ Believe dominant cultural group is superior to others.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

The image shows a person from behind, looking out over a sunlit forest. The interface includes a title bar, instructions, a callout box for the 'Incapacity' stage, a horizontal arrow containing five stage labels, and a source note at the bottom.

Incapacity - Copy (Slide Layer)



Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then **click** to select where you think you may fall and **click Next**.

Negative side of the continuum CANCEL SELECTION SELECTED STATE

People and systems in this stage...

- ✓ Have no capacity to help minority clients or communities.
- ✓ Create or promote negative stereotypes.
- ✓ Have unrealistic fears of people who look, act or believe differently.
- ✓ Believe dominant cultural group is superior to others.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Blindness (Slide Layer)



Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then **click** to select where you think you may fall and **click Next**.

Midpoint

People and systems in this stage...

- ✓ Think they are unbiased but in fact are blind to differences.
- ✓ Believe that culture makes no difference and “we are all the same”.
- ✓ Believe that everyone can access services in the same way.
- ✓ Do not see the need to adapt their oral/written communication.
- ✓ Encourage assimilation to dominant culture.
- ✓ Believe that “helping techniques” used by the dominant culture are universally applicable.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Blindness - Copy (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then click to select where you think you may fall and click **Next**.

Midpoint CANCEL SELECTION SELECTED STATE

People and systems in this stage...

- ✓ Think they are unbiased but in fact are blind to differences.
- ✓ Believe that culture makes no difference and “we are all the same”.
- ✓ Believe that everyone can access services in the same way.
- ✓ Do not see the need to adapt their oral/written communication.
- ✓ Encourage assimilation to dominant culture.
- ✓ Believe that “helping techniques” used by the dominant culture are universally applicable.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Pre-Competence (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then click to select where you think you may fall and click **Next**.

Positive side of the continuum

People and systems in this stage...

- ✓ Realize their own weaknesses and attempt to improve.
- ✓ Accept and respect differences.
- ✓ Seek to learn more about individuals and cultures.
- ✓ Self-assess their own culture and pay attention to differences in other cultures.
- ✓ Adapt service to meet needs of minority populations.
- ✓ Feel comfortable knowing there is not one right answer.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Pre-Competence - Copy (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then click to select where you think you may fall and click **Next**.

Positive side of the continuum CANCEL SELECTION SELECTED STATE

People and systems in this stage...

- ✓ Realize their own weaknesses and attempt to improve.
- ✓ Accept and respect differences.
- ✓ Seek to learn more about individuals and cultures.
- ✓ Self-assess their own culture and pay attention to differences in other cultures.
- ✓ Adapt service to meet needs of minority populations.
- ✓ Feel comfortable knowing there is not one right answer.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Competency (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage.
Then click to select where you think you may fall and click **Next**.

Most positive end of continuum

People and systems in this stage...

- ✓ Hold culture in high esteem, understanding that it adds strength to a community.
- ✓ Hire staff who are specialists in culturally competent practice.
- ✓ Advocate for cultural competence throughout system and improved relations between cultures throughout society.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

Competency - Copy (Slide Layer)

Cultural competency self-assessment

To review the continuum, **hover your mouse** over each stage. Then **click** to select where you think you may fall and click **Next**.

Most positive end of continuum CANCEL SELECTION **SELECTED STATE**

People and systems in this stage...

- ✓ Hold culture in high esteem, understanding that it adds strength to a community.
- ✓ Hire staff who are specialists in culturally competent practice.
- ✓ Advocate for cultural competence throughout system and improved relations between cultures throughout society.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

19.4 Self-assessment

Cultural competency self-assessment

Our goal is to move our behavior toward the positive end (right-hand side) of the continuum. We're counting on you! Every teammate can work toward improvement.

If it seems like a huge goal, it is! But this course presents some tools to help you get there.

Destruction **Incapacity** **Blindness** **Pre-Competence** **Competency**

Source: Terry Cross Cultural Competence Model (Retrieved from NACHC Community HealthCorps)

20. Why must I take this training

20.1 Why must I take this training

National & state standards

National standards, state regulations and specific health plan contracts call for training on cultural competence.

If you want to learn more, click the buttons below.

National standards Market-specific standards

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This slide thumbnail features a white background with a light gray geometric pattern of overlapping triangles. An orange banner at the top left contains the text 'National & state standards'. To the right, there is a paragraph of text and a call to action. At the bottom, two orange buttons labeled 'National standards' and 'Market-specific standards' are positioned. The footer 'Optum | Cultural competence' is at the bottom left.

National Standards (Slide Layer)

National & state standards

National standards, state regulations and specific health plan contracts call for training on cultural competence.

If you want to learn more, click the buttons below.

The Centers for Medicare and Medicaid Services (CMS) require that we deliver care in a culturally competent manner. For more information, see 45 CFR §438.206(c)(2) and CFR 422.112(a)(8).

Health disparities across cultures have also been recognized by the U.S. Department of Health & Human Services (Office of Minority Health) as a significant health concern. The National Standards for Culturally and Linguistically Appropriate Services (CLAS) are intended to help bridge this gap. One of the standards is to “educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis”.

National standards Market-specific standards

Optum | Cultural competence

This slide content features a white background with a light gray geometric pattern of overlapping triangles. An orange banner at the top left contains the text 'National & state standards'. To the right, there is a paragraph of text and a call to action. Below this, a gray box contains two paragraphs of text. At the bottom, two orange buttons labeled 'National standards' and 'Market-specific standards' are positioned. The footer 'Optum | Cultural competence' is at the bottom left.

Market-Specific Standards (Slide Layer)

National & state standards

National standards, state regulations and specific health plan contracts call for training on cultural competence.

If you want to learn more, click the buttons below.

Individual states may have legislation requiring training on cultural competence. In California, for example, the Department of Managed Health Care requires cultural competency training for all staff and providers serving Medi-Cal members. Health care plans also set their own requirements for training on cultural competency.

[National standards](#) [Market-specific standards](#)

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21. Attachments

21.1 References & attachments

References

 Use the scrolling bar to see the references.

In the course attachments, you can find a references list with direct hyperlinks to these resources.

Resource Sheets. Affiliation of Multicultural Societies and Service Agencies of BC (AMSSA).

Semega JL, Fontenot KR, Kollar MA. Income and Poverty in the United States: 2016. U.S. Census Bureau.

Shah R. 'The Culture Map' Shows Us The Differences In How We Work Worldwide. Forbes.

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Think Cultural Health. U.S. Department of Health & Human Services.

U.S. Census Bureau Projections Show a Slower Growing, Older, More Diverse Nation a Half Century from Now. U.S. Census Bureau. Published December 12, 2012.

What Did the Doctor Say? Improving Health Literacy to Protect Patient Safety. The Joint Commission.

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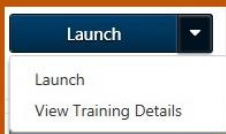
Notes:

21.2 References & attachments

Course attachments

For more information and resources to improve your cultural competence beyond what's provided in this course, review the attachments.

To access the course attachments:



1. Find the course in your curriculum or your Completed Training.
2. Next to the button, click the drop-down arrow.
3. Click View Training Details.
4. In the Resources section, click the links to view the attachments.