Cultural Competence

A Necessary Skill

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Today's faculty, as well as CE planners, content developers, reviewers, editors, and Risk Solutions staff at MedPro Group have reported that they have no relevant financial relationships with any commercial interests.

Speaker bio

Jeanne Mapes, JD, CPCU, CPHRM, Senior Risk Analyst, PLICO Inc. (jmapes@plico.com)

Jeanne has more than 25 years of experience working with professional liability insurers, working first in claims and then in risk management. She has worked with multiple insurers in various states throughout the Midwest and South. She presents patient safety programs to physician office groups and provides risk management consults to insured providers. Jeanne currently provides services to physicians and nursing homes in Oklahoma and Arkansas.

Jeanne is a graduate of Creighton University, with both bachelor of arts and master of arts degrees in history. She earned her juris doctorate from the University of Missouri-Kansas City. She has been a member of the bar in Missouri, Kansas, and Wisconsin. She is a member of the American Society for Health Care Risk Management, and she is a certified professional in healthcare risk management. She is also a member of The Institutes CPCU Society, and she holds the chartered property casualty underwriter designation.

Objectives

At the conclusion of this program, participants should be able to:

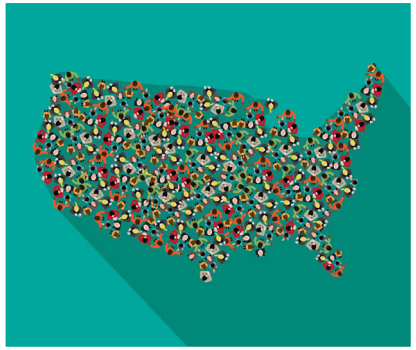
- Understand the concept of cultural competence
- Identify the impact of health disparities
- Describe how cultural competence influences health literacy
- Identify resources and best practices that support cultural competence

Overview

What is culture?

Values

Beliefs



Customs

Language

Behavior

Communication

Healthcare through a cultural lens

Patients

- Where/how they seek care
- How they describe symptoms
- How they select treatment options
- Whether they follow care recommendations

Healthcare Providers

- Personal cultural orientation
- Culture of medicine
- How they deliver healthcare
- Facility operations and environment

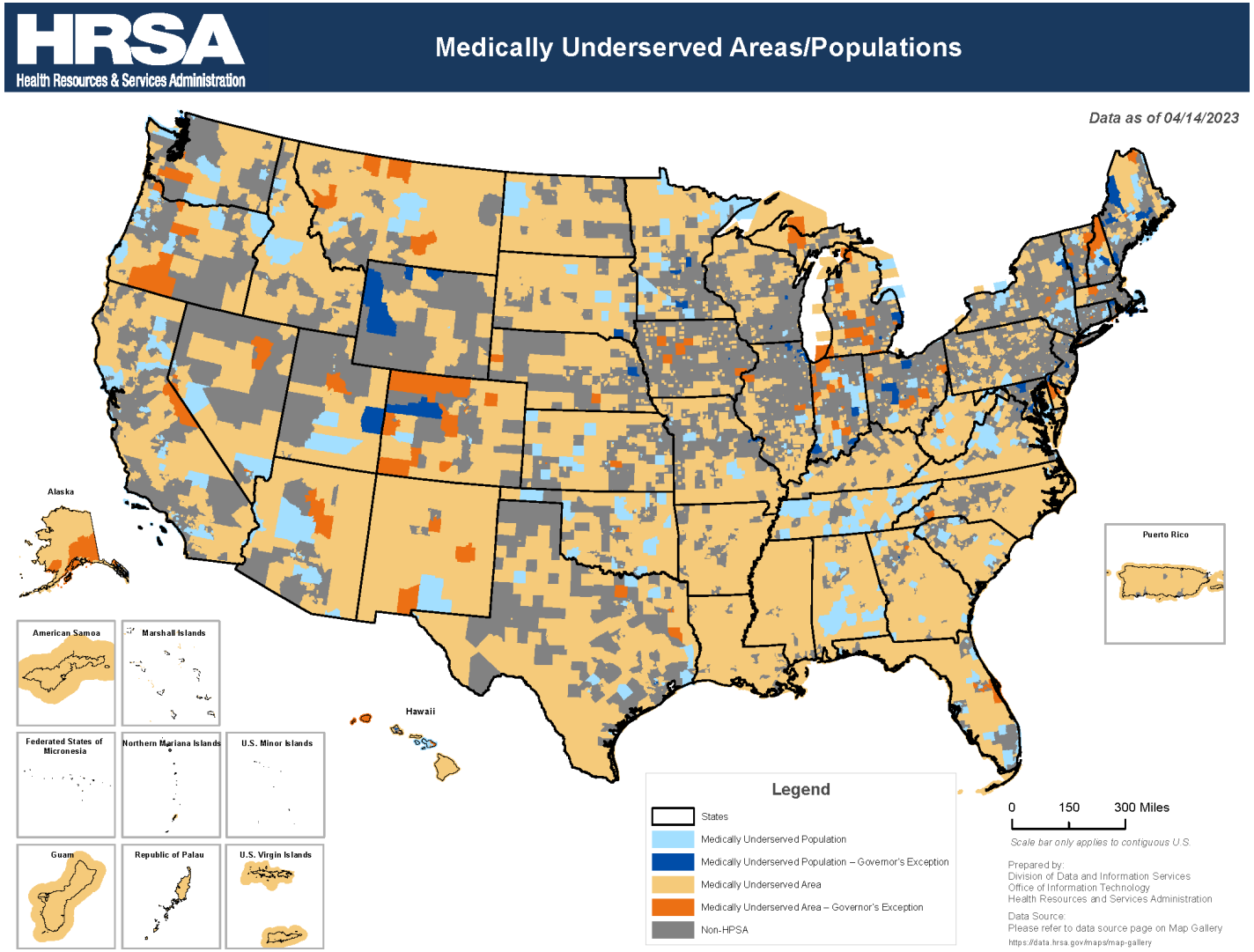
Brach, C., Hall, K. K., & Fitall, E. (2019, December 27). *Perspectives on safety: cultural competence and patient safety.* Agency for Healthcare Research and Quality. Retrieved from https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety

Biases in clinical decision-making

The patient	The healthcare provider	The practice setting
• Age • Gender • Socioeconomic status • Race/ethnicity • Language • Insurance status	• Specialty • Level of training • Clinical experience • Age • Gender • Race/ethnicity	• Location • Organization and operations • Compensation • Performance expectations • Incentives

Disparities in healthcare

- Increased medical errors
- Prolonged length of stay
- Avoidable hospitalizations
- Avoidable readmissions
- Over/underutilization of procedures



Cultural competence

What is cultural competence?

To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture.

What it means is that you hold a deep respect for cultural differences and are eager to learn, and are willing to accept, that there are many ways of viewing the world.

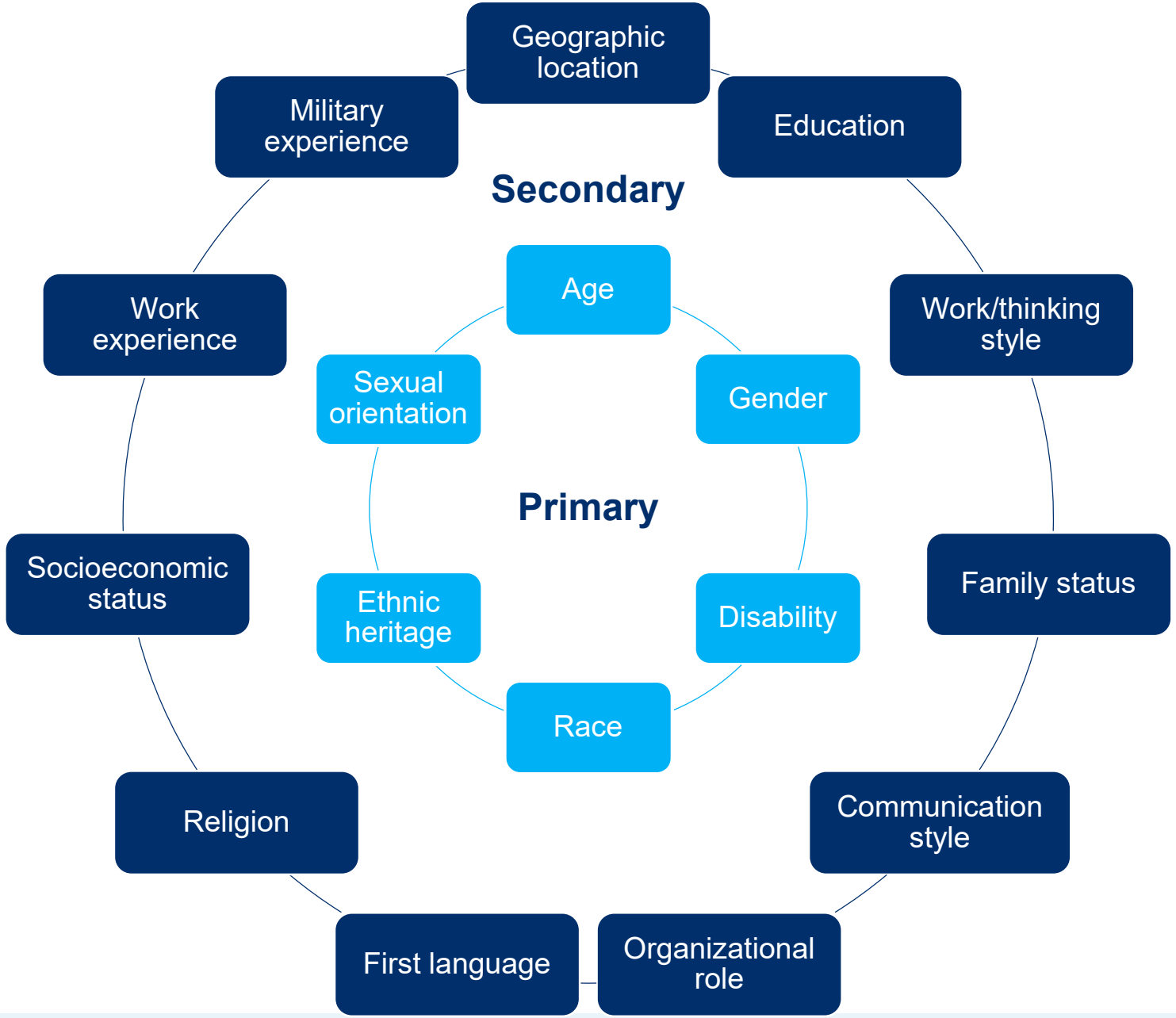
— Okokon O. Udo, PhD

Cultural considerations

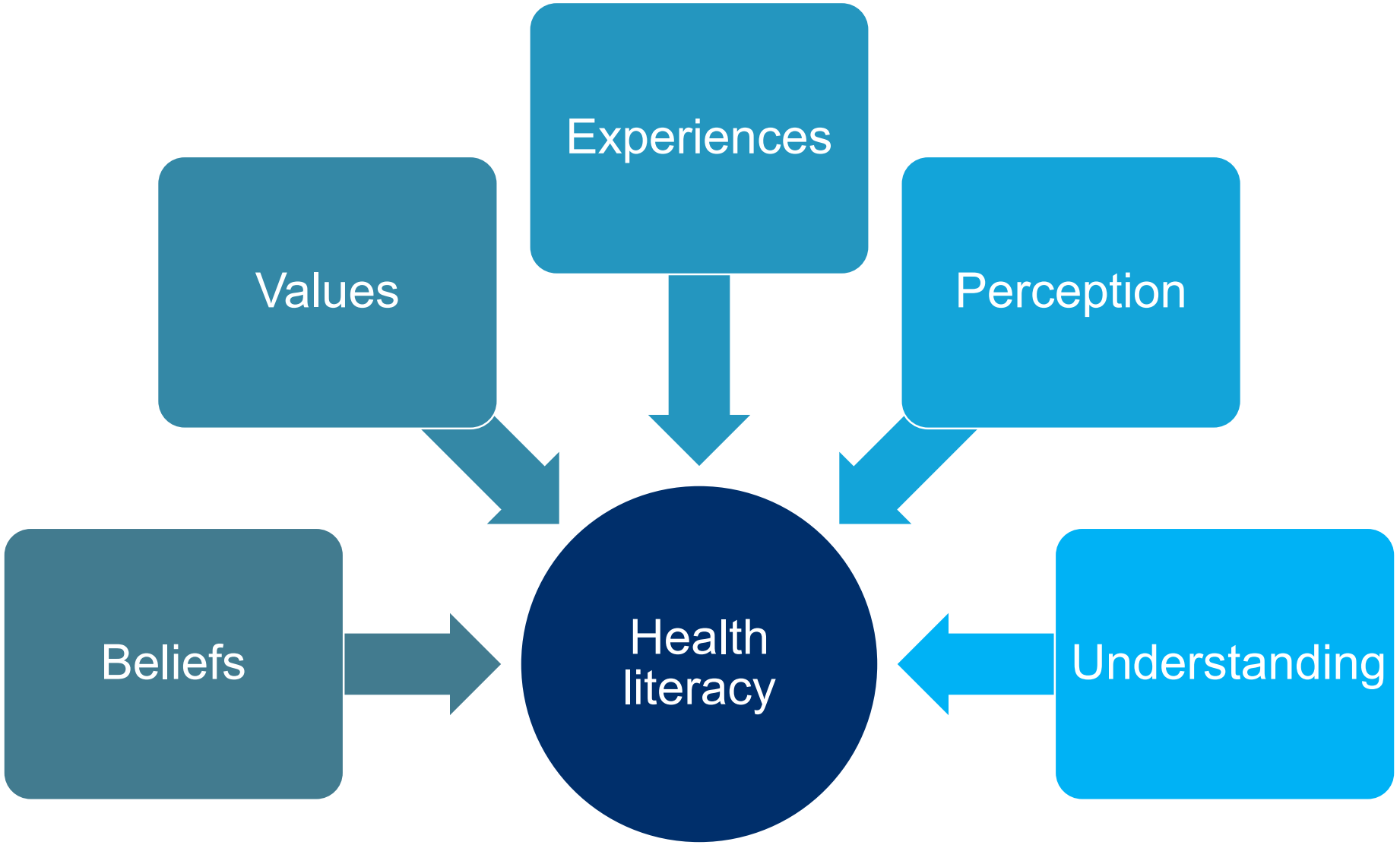
Who are some of the diverse groups of people for whom you provide care?

What makes you and your team diverse?

Dimensions of diversity



Cultural competence and health literacy

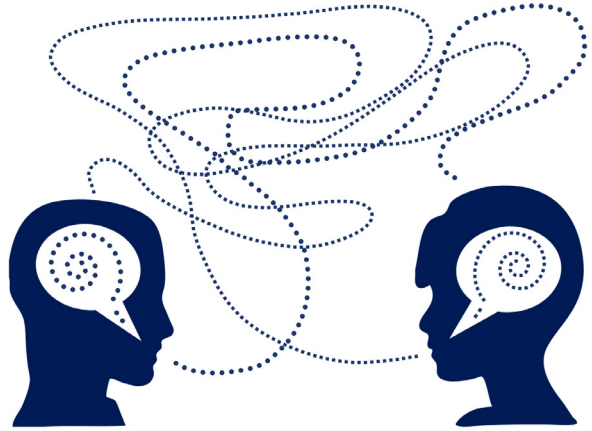


Cascella, L. M. (2023 [last updated]). *Acknowledging cultural competence as a key element of health literacy and patient-centered care.* MedPro Group. Retrieved from www.medpro.com/cultural-competence-health-literacy

Case study: failure to provide explicit instructions

Patient	Two-year-old female.
Summary	A physician assistant (PA) at a pediatric practice performed a finger stick test on the patient for anemia and lead poisoning.
	Following the test, the PA applied gauze and a bandage to the patient's finger, and the family returned home.
	No verbal guidance or written follow-up instructions were provided to the parents regarding the bandage.
	Three days later, the patient's family brought the patient to an urgent care clinic because she was in pain
	The child's finger was still bandaged, and it had turned necrotic.
Outcome	Partial amputation of finger.

Case study: risk factors



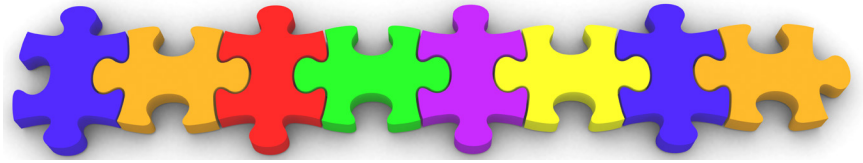
Absence of explicit verbal guidance and written follow-up instructions

- Low health literacy and poor comprehension

Inadequate documentation

- Failure to document the rationale for the testing decision or any differential diagnoses in the patient's health record

Benefits of cultural competence



Social

- Increased mutual respect, understanding, and trust
- Increased community involvement
- Promotes health responsibility and inclusion

Health

- Improved data collection
- Increased preventive care
- Reduced disparities
- Reduced medical errors
- Improved compliance

Business

- Incorporates diverse perspectives
- Decreases barriers
- Improves regulatory compliance
- Improves efficiency
- Increases value

Health Research & Educational Trust. (2013). *Becoming a culturally competent health care organization.* Chicago, IL: Author. Retrieved from www.aha.org/system/files/hpoe/Reports-HPOE/becoming-culturally-competent-health-care-organization.PDF

Cultural competence journey

Acknowledge the importance of culture

Incorporate the assessment of cross-cultural relations

Recognize the potential impact of cultural differences

Expand cultural knowledge

Adapt services to meet culturally unique needs

Risk mitigation strategies

Knowledge and awareness

- Participate in education and training about cultural impacts on healthcare.
- Conduct a self-assessment.
- Identify situations that might increase the likelihood of stereotyping or making biased decisions.

Techniques and tools

- Use techniques and methods that can aid in cross-cultural communication.

Organizational infrastructure

- Consider ways to address health disparities and foster cross-cultural knowledge sharing.
- Use clinical pathways, adhere to established standards of care, and practice evidence-based medicine.

Knowledge and awareness

Reflection and education

Ask yourself:

- Who are my patients, families, and coworkers?
- How can I learn about them?
- What are my beliefs about these groups?

Learn about the cultural values, beliefs, and practices of your patients:

- Ask questions.
- Listen.
- Account for language issues.
- Be aware of communication styles.

Training

Diversity training

- Acknowledging and valuing cultural differences

Implicit bias training

- Identifying unconscious assumptions and attitudes

Cultural competence training

- Developing cultural awareness, knowledge, and skills to provide care to diverse populations

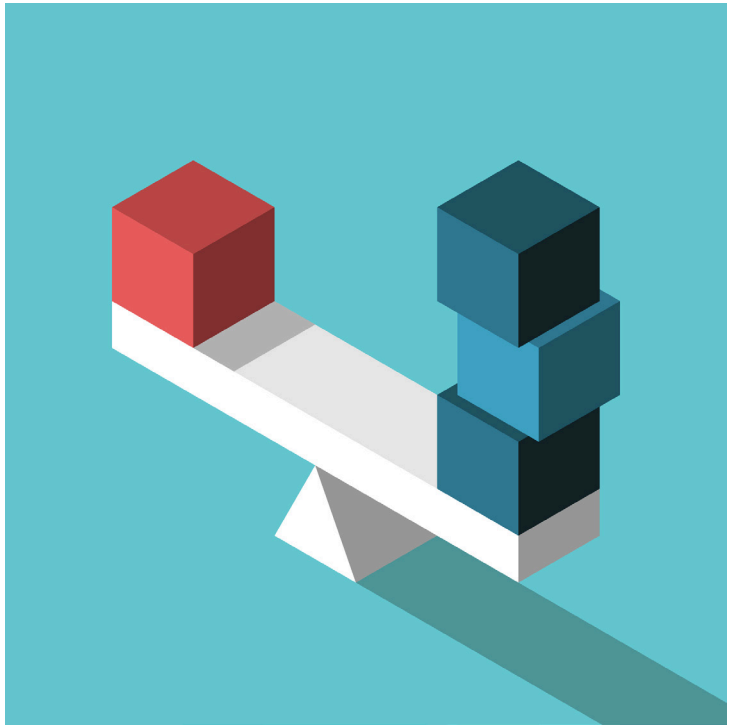
Identifying unconscious assumptions and attitudes

Understanding implicit bias

- Imprecise nature
- Complicated and/or emotionally charged
- Lack of awareness or denial that biases exist

Examining your own implicit bias

- The Implicit Association Test (IAT) — https://implicit.harvard.edu/implicit/



Examples of implicit bias

58% of Fortune 500 CEOs are men over 6' tall.

Only 14.5% of American men are 6' tall.

Do you think that being a tall male is an important qualification for being a CEO?

30% of CEOs are over 6’2”, while only 3.9% of the American male population is that tall.

Only 5% of CEOs are women.

Conducting a self-assessment

Techniques and tools

Learning and implementing skills

- Stereotype replacement
- Counter-stereotype imaging
- Perspective-taking
- Emotional regulation
- Partnership-building

Archetype

- Men are typically taller than women.

Stereotype

- Every man is taller than every woman.

Cultural competence resources

Cleveland Clinic Diversity Toolkit
https://my.clevelandclinic.org/-/scassets/files/org/about/diversity/2016-diversity-toolkit.ashx

Know Your Bias
https://som.Georgetown.edu/diversityandinclusion/knowyourbias/

National CLAS (Culturally and Linguistically Appropriate Services) Standards
https://thinkculturalhealth.hhs.gov/clas

CLAS principal standard

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Setting realistic goals

There is no such thing as a “race recipe.”

Cultural competence is a journey.

Many cultural factors are invisible, while others — such as race and gender — can be obvious.

Communicating effectively

Addressing cultural competence

Providing quality patient care

Improving patient satisfaction

Engaging patients in healthcare decisions

Patients should understand their health information and their treatment plans so they can:

- Participate in the decision-making process
- Adhere to care recommendations
- Manage their own health

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Communicating effectively

- Build your self-awareness.
- Demonstrate respect at all stages of the care process.
- Build trust and establish rapport.
- Include family members and significant others.
- Acknowledge any discomfort, hesitation, or concern.
- Practice respectful, inclusive communication.
- Give your full attention.
- View every patient as a unique individual.

Communicating effectively

LEARN model

Explanatory model

RESPECT model

Teach-back method

Motivational interviewing

Translators

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Communicating effectively

Nonverbal communication

- Eye contact
- Physical contact
- Personal space
- Privacy/modesty

Communicating effectively

Strategies to improve nonverbal communication:

- Smile and maintain appropriate eye contact.
- Show interest in what the patient is saying.
- Sit when possible and be engaged.
- Avoid electronic documentation habits that create barriers.
- Avoid a judgmental or disapproving attitude.

Communicating effectively

Translation services

- Create awareness and easy access.
- Use qualified interpreters to provide relevant, meaningful, and accurate interpretations.
- Offer additional resources that are culturally appropriate and easy to understand.

Note: Although including families and significant others in patient care is a strategy for improving cultural competence, these individuals should not be used as interpreters.

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Case study: failures in communication

Patient	A 66-year-old Hispanic male who did not speak English; he was referred to an ophthalmologist (Dr. A) by his regular optometrist (Dr. B) for early cataracts.
Summary	Patient's intraocular pressures (IOPs) were within the normal range. However, his cup-to-disc ratio was borderline elevated (possibly indicative of glaucoma).
	During the patient's appointment, Dr. A relied on her very limited Spanish proficiency to communicate with the patient instead of using an interpreter.
	Because the cataracts were affecting the patient's daily life, Dr. A performed surgery.
	Postop Day 1, Dr. B recognized that the patient's IOP was 55–70 (an alarming elevation), and faxed findings to Dr. A's practice.
	Patient returned to Dr. B rather than Dr. A, as directed.
Outcome	Permanent blindness.

Case study: risk factors

Poor communication

- A qualified medical interpreter was not used, which hindered patient comprehension.
- Information regarding when and where follow-up appointments would occur was not communicated to the patient.
- Dr. B never called Dr. A's practice and spoke directly to her.

Inadequate informed consent

- The informed consent discussion did not include the elevated risk factor of glaucoma.

Jousting (criticizing another provider's care)

- The ophthalmologist who subsequently treated the patient at the university practice was very critical of Dr. A's care.

Cultural competence for patients with disabilities

Barriers to care

- **Physical**
  - Environment
  - Equipment
- **Communication**
  - Respect
  - Knowledge deficits
- **Biased attitudes**
  - Entitlement
  - Special needs

Cultural competence for patients with disabilities

Strategies

- Seek education on the Americans with Disabilities Act (ADA) and communication techniques.
- Ask patients about accommodations and communication preferences.
- Speak directly to and engage patients in discussions and decisions.
- Determine whether the practice has appropriate equipment/training.

Case study: failure to protect the rights of disabled individual

Patient	Patient requires a full-time, around-the-clock caregiver due to Type 2 spinal muscular atrophy. She has very limited use of the muscles below her neck and requires a wheelchair, ventilator, and tracheostomy tube.
Summary	She was admitted to the defendant hospital for treatment of bacterial meningitis.
	The hospital had implemented a policy limiting visitors, and the patient was denied access to her caregiver.
	The patient alleges improper positioning, which increased her risk for mucus plugs in her tracheostomy tube.
	She also alleges that she was left to "lay in [her] own excrement" until a nurse came to her room.
Outcome	Successful treatment of meningitis, but patient still sued.

ECRI. (2023, May 31). Hospital's denial of visitors during COVID-19 may represent state, federal violations. *Strategic Insights for Health System.* Retrieved from www.ecri.org/components/HRCAlerts/Pages/HRCAlerts053123_Hospital.aspx

Case study: risk factors

The court noted that the hospital failed to meet ADA standards:

- Other types of patients were allowed visitors under the same policy.

Claims under the federal Rehabilitation Act, ADA, and Patient Protection and Affordable Care Act:

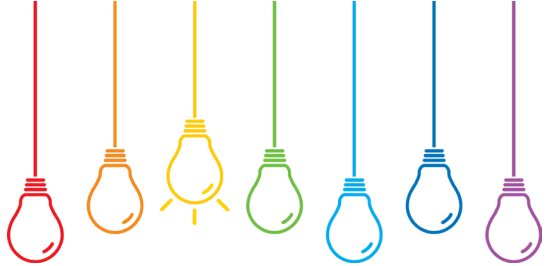
- Requiring modifications of future no-visitor policies.
- Entering a written accommodation plan in the patient's medical record.
- Hiring an onsite disability coordinator.
- Training managers who are responsible for allowing or denying requests for accommodations.
- Training managers on the rights of disabled individuals.

ECRI. (2023, May 31). Hospital's denial of visitors during COVID-19 may represent state, federal violations. *Strategic Insights for Health System.* Retrieved from www.ecri.org/components/HRCAlerts/Pages/HRCAlerts053123_Hospital.aspx

Cultural competence for LGBTQ+ patients

Barriers to care	Stigma
	Lack of awareness
	Mistreatment
	Inequitable policies and practices
	Lack of inclusion
	Inappropriate restrictions or limitations

Cultural competence for LGBTQ+ patients



Organizational policies/practices	• Identify potential gaps in policies and services related to LGBTQ+-inclusive care. • Consider your documentation systems and practices.
Patient care	• Implement strategies to promote patient dignity throughout the course of patient care and treatment.
Education/training	• Build awareness within your organization about the LGBTQ+ community and considerations for care.

LGBTQ+ resources

Promoting Patient Dignity in Healthcare
www.medpro.com/promoting-patient-dignity-in-healthcare

Providing Culturally Competent Care for LGBT+ Patients
www.medpro.com/culturally-competent-care-lgbt-patients

Risk Q&A: Documenting Care for Transgender Patients
www.medpro.com/documents/10502/3019648/Risk+Q%26A_Documenting+Care+for+Transgender+Patients_MedPro+Group.pdf

Risk Resources: LGBT+-Inclusive Care
www.medpro.com/documents/10502/2824311/Risk+Resources_LGBT-Inclusive+Care.pdf

Cultural competence for personal health beliefs and practices

Key factors

- Special foods, drinks, objects, or clothes
- Avoidance of certain foods, people, or places
- Customary rituals or people used to treat illnesses

Key considerations

- Will the patient take the medicine even when they don't feel sick?
- Is the patient taking other medicines or anything else to stay healthy?
- Who in the family makes healthcare decisions?
- Are illnesses treated at home or by a community member?

Cultural competence for religious and spiritual beliefs

Key considerations

- Birth
- Labor
- Blood products
- End-of-life care
- Pain
- Grief
- Prayer
- Worship
- Gender practices

Organizational infrastructure

Supporting cultural competence and patient-centered care

Evaluate your organization's commitment to supporting diverse populations and establishing a culture of dignity and respect.

Review codes of conduct and ethics.

Ask employees to play an active role.

Evaluate available technologies.

Ensure marketing, advertising, and informational materials reflect diverse populations.

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Accountability

Make sure everyone is held to the same standards.

Establish a consistent and transparent process for:

- Investigation.
- Documentation.
- Follow-up.

Make employees aware of disciplinary actions.

In summary

Be aware and knowledgeable

Patients have varying needs in relation to communicating and understanding health information and navigating the complex health system.

Commit to developing a better understanding of culturally competent care.

Implement strategies and best practices that support a patient-centered approach to communication and comprehension.

Initiate the journey

- Assess your own feelings about working with different cultural groups.
- Identify and learn about cultural groups within your patient population.
- Review common cultural barriers.
- Develop culturally competent approaches to these challenges.
- Implement organizational policies and procedures that support cultural diversity.

Learn more

Access more great resources and information with MedPro's *Risk Resources: Health Literacy and Cultural Competence* at www.medpro.com/documents/10502/2824311/Risk+Resources_Health+Literacy+and+Cultural+Competency_MedPro+Group.pdf

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Risk Resources

Health Literacy and Cultural Competence

Agency for Healthcare Research and Quality

- AHRQ Health Literacy Universal Precautions Toolkit
- Culturally and Linguistically Appropriate Services
- Health Literacy
- Patient Safety Perspective: Cultural Competence and Patient Safety
- The Patient Education Materials Assessment Tool (PEMAT) and User's Guide

AHA Institute for Diversity and Health Equity

- AHA Disparities Toolkit
- Health Equity Resource Series

American Hospital Association

- Becoming a Culturally Competent Health Care Organization

American Medical Association

- Advancing Health Equity: A Guide to Language, Narrative and Concepts

Centers for Disease Control and Prevention

- Cultural Competence in Health and Human Services
- Health Literacy
- Preferred Terms for Select Population Groups & Communities
- Simply Put: A Guide for Creating Easy-to-Understand Materials
- The CDC Clear Communication Index
- Understand Your Audience

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